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Local welfare systems supporting female employment in Dublin

FLOWS: Impact of local welfare systems on female labour force participation and social cohesion
About the FLOWS project:

The FLOWS project has been funded under the EU FP7 program, grant Agreement no: 266806. The project started January 1 2011 and ended April 30 2014.

The FLOWS project analyses the causes and effects of women’s labour market integration, which is an issue that represents a major challenge for the European Union and its member states, and is supposedly also a precondition for the sustainability of the European social model. The overall aim is to analyse (1) how local welfare systems support women’s labour market participation, as well as (2) the extent to which (and under which conditions) female labour market integration has contributed to the strengthening social cohesion. The project focuses on how public and private welfare services such as care and lifelong learning intended to support women’s labour market integration have been designed; on how women of different classes, qualifications, ethnicities, and geographical locations have grasped and made use of such policies, and on how the increase in women’s labour market integration has affected structures of inequality and social cohesion.

The study is based on in-depth analysis of eleven cities, i.e. one city in eleven different countries. The cities/countries are: Brno/Czech Republic, Aalborg/Denmark, Tartu/Estonia, Jyväskylä/Finland, Nantes/France, Hamburg/Germany, Székesfehérvár/Hungary, Dublin/Ireland, Bologna/Italy, Terrassa/Spain, and Leeds/UK.

The FLOWS project is composed by 6 academic work packages:

WP 1: Degree and structures of women's labour market integration
WP 2: Local production systems
WP 3: The local welfare system
WP 4: Local policy formation/local political actors
WP 5: Survey questionnaire
WP 6: Women's decision making
WP 7: Social structures: cohesion or cleavages and segregation

This working paper series reports work conducted in the seven work packages.
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1. Local policies towards childcare in the city

The childcare policies in Dublin City are driven by the national childcare policies, and there is no difference in terms of family leave schemes, child benefit payments or subsidy for childcare for Dublin compared with nationally.

There is no ‘social right’ for children to receive public day care, or to receive financial support for childcare. There is no national public provision of childcare in Ireland for those aged under three years old.

Universal publicly funded childcare scheme for 3/4 year olds:

ECCE scheme

However, since January 2010, all children are entitled to take part in the Early Childhood Care and Education (ECCE) scheme in the year prior to them starting in primary school. This is a national scheme and provides children aged 3 years and 2 months and 4 years and 7 months (on 1st September each year) with a one year place in a pre-school for between 2 hours and 15 minutes to 3 hours and 30 minutes each day (depending on whether the service provider runs during school terms only (38 weeks) or year round (50 weeks)). The service providers are paid a fee directly from the Department of Children and Youth Affairs (Department of Children and Youth Affairs), so that parents are not charged for this scheme and it is a form of public provision. Take up of this scheme has been high, with 94% of children and 95% of pre-school services taking part in 2010-11 (Department of Children and Youth Affairs, 2011). Parents and their children are provided with between 11 hours 15 minutes per week and 17 hours 30 minutes per week of childcare under this scheme.

According to the Department of Children and Youth Affairs (personal communication, January 2012) there are 4,740 children (full-time equivalent) availing of the free pre-school year in childcare facilities within the catchment area of Dublin City Childcare Committee.

The ECCE initiative was introduced partly in response to the Barcelona targets of making childcare available to 90% of children aged between 3 and the mandatory school age in addition to 33% of children under 3 years by 2010. It was also introduced to replace the Early Childcare Supplement (ECS) payment (2005-2009) of €1000 which had been paid to mothers for each child under the age of six. This previous universal scheme had an annual cost to the state of €480 million and was scrapped in 2009 in response to the economic crisis. In contrast the ECCE scheme has an estimated annual cost of €166 million in 2011.
Subsidised childcare for disadvantaged parents and their children:

**Community Childcare Subvention programme**

The CCS programme was introduced in September 2010, to replace the previous, similar CCSS (Community Childcare Subvention Scheme). The CCS programme is restricted to community/non-profit childcare services and allows eligible parents to access childcare places in a community childcare facility at a reduced cost.

Families or parents in receipt of social welfare payments, or Family Income Supplement\(^1\) (FIS), who are referred by the Health Service Executive (HSE) or who are entitled to a Medical Card\(^2\)/GP Visit Card are entitled to childcare subsidies under the Community Childcare Subvention (CCS) programme. The maximum weekly payment rate through the CCS programme is currently €100 for those parents on social welfare payments or FIS, and €50 for the children of those qualified through Medical or GP cards. The subsidy covers children aged 0 to 12 years old, at which point most children start secondary school. From September 2012 the weekly payment rate will be reduced to €95. From this date eligibility will also change, so that a welfare recipient will only get the full rate of subvention if they also qualify for the means-tested medical card. If they don’t then they will be paid the lower rate of €50 (Department of Children and Youth Affairs website 6 December 2011).

Each childcare service receives the subsidy directly from the Department of Children and Youth Affairs, and the subsidy is deducted from the weekly cost of childcare fees and parents pay the balance. It therefore reduces the total cost of childcare for these parents. According to the Department of Children and Youth Affairs (2011) up to 30,000 parents avail of childcare under the CCS programme nationally and the annual cost of the programme in 2011 is estimated at €45million. The programme is designed to support parents in low income employment and those returning to work under the Jobs Initiative, as well as labour market activation, quality childcare and safeguarding the capital investment into childcare services under the previous EOCP and NCIP funding programmes. The subsidy means that on average parents contribute €60 per week for a full-time childcare place (Department of Children and Youth Affairs, 2011). Nationally there are approximately 1000 childcare services providing the CCS programme (Department of Children and Youth Affairs, 2011).

According to the Department of Children and Youth Affairs only a minority of parents avail of full-time daycare under the scheme (as they are not in full-time employment), and most use sessional, half-day or after-school places, often for less than 5 days per week.

In practical terms, as the subsidy is tied to the community and non-profit service providers, access to a place on the scheme is limited by whether there is a community/non-profit childcare facility in the local

\(^1\) Family Income Supplement (FIS) is a weekly tax-free payment available to employees with children. It gives extra financial support to people on low pay. You cannot qualify for FIS if you are only self-employed - you must be an employee to qualify. You must have at least one child who normally lives with you or is financially supported by you.

\(^2\) A medical card issued by the Health Service Executive (HSE) allows the holder to receive certain health services free of charge. To qualify for a medical card your weekly income must be below a certain figure for your family size. Certain people who do not qualify for a medical card may apply for a GP (family doctor) Visit Card. GP Visit Cards allow individuals and families who qualify, to visit their family doctor for free.
area and whether that childcare unit has a place available. Waiting lists for community/non-profit facilities are reported to be in existence for 72.4% of childcare centres for future childcare places (eg the following September) and there are also waiting lists in 40.4% of centres for immediately available places (Pobal, 2011). This suggests that provision is inadequate for the demand.

**Childcare Education & Training Support (CETS) programme**

In addition to this the Childcare Education and Training Support (CETS) programme was introduced in September 2010. Under this scheme 2,800 childcare places are available nationally to parents who are completing a FAS or VEC training or education course in a local childcare service (community/non-profit and private facilities that have been approved) while they are completing their course. The scheme covers children aged 0 to 12 years old and includes afterschool cover for some children. The Department of Children and Youth Affairs estimated that the cost of the scheme in 2011 was €20 million nationally. Nationally there are approximately 1600 childcare services providing the CETS programme (Department of Children and Youth Affairs, 2011a) and the number of places has been capped at 2,800 (Department of Children and Youth Affairs website, 6 December 2011) with full-time, part-time and afterschool places provided in approved childcare services.

Currently the childcare services receive a capitation payment of €170 per week. However, from September 2012 this amount will be reduced to €145, and services will be allowed to charge a top-up fee of up to €25 per child to eligible parents.

Both the CCS programme and CETS are national policies that are available in Dublin. According to the Dublin City Childcare Committee database 95 childcare services currently offer the CCS programme, and 130 offer places under the CETS scheme (own calculations, January 2012).

**Other childcare funding**

In addition to the ECCE, CCS and CETS programmes the Department of Children and Youth Affairs also funds the 33 City and County Childcare Committees, which received approximately €11.2 million in funding in 2011 (Department of Children and Youth Affairs, 2011a). Dublin City Childcare Committee was awarded €790,390 in 2011 (personal communication, Mary Hogan, Department of Children and Youth Affairs). The childcare committees are responsible for providing information to parents on childcare services in the local area, and are also a point of contact for childcare providers. Childcare committees offer advice and support on setting up a childcare business; childcare information workshops and training courses, and advice and support on applying for funding under the ECCE, CCS and CETS programmes.

An additional €2.75 million in funding was provided to eight Voluntary Childcare Organisations (VCOs) which support the ECCE, CCS and CETS programmes and facilitate police vetting of childcare workers. The VCOs are the children’s charity Barnardos which helps vulnerable children and families, providing services through 40 community based centres. The Border Counties Childcare Network supports
childcare development in the counties bordering the Republic of Ireland and Northern Ireland, and operates at local, regional, cross border and national levels with both voluntary and statutory agencies. **Childminding Ireland**, provides information, advice and support to childminders and parents employing childminders. **Forbairt Naíonraí Teo**, is an organisation promoting education and childcare through the Irish language. The Irish Pre-school Playgroups Association (IPPA) and the National Children’s Nursery Association (NCNA) recently merged to form **Early Childhood Ireland**, a membership organization which supports and represents those working in the development, delivery and oversight of early childhood care and education. The **Irish Steiner Waldorf Early Childhood Association** supports childcare professionals working within the Steiner Waldorf educational system and the **St. Nicholas Montessori Society of Ireland** supports Montessori teachers and schools.

**Family Leave**

Family leave is a term not generally used in Ireland. The major form of leave has been maternity leave, which was introduced as a result of the EU directive of 1992. Maternity leave of 14 weeks was introduced under the Maternity Protection Act 1994 and in 2004 maternity leave was increased to 18 weeks and since then has been increased to 26 weeks. Employers are not required to pay the employee during her maternity leave, but women are entitled to a statutory maternity benefit based on their social insurance contributions.

There is no variation in family leave schemes at local level, compared with national policy. There is a distinction between the maternity paid leave schemes, which were introduced with equality legislation to protect women’s employment and pay, which was a result of European Directives.

**Paid maternity leave**

**Maternity leave** is the major form of family leave in Ireland. Employed women are currently entitled to take 26 weeks paid maternity leave, and an additional 16 weeks unpaid leave, with the option of returning to their employment afterwards.

**Table 1: Maternity benefit recipients 2005/2009/2010**

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity benefit awards during year</td>
<td>32,843</td>
<td>48,367</td>
<td>48,447</td>
</tr>
<tr>
<td>Recipients at 31 Dec (national)</td>
<td>10,791</td>
<td>23,294</td>
<td>23,456</td>
</tr>
<tr>
<td>Recipients at 31 Dec (Dublin county)</td>
<td>2920</td>
<td>6554</td>
<td>6632</td>
</tr>
<tr>
<td>Cost</td>
<td>€132 million</td>
<td>€331 million</td>
<td>€324 million</td>
</tr>
</tbody>
</table>


There has been a substantial increase in the cost of maternity benefit. This is as a result of an increase in the number of recipients due to an increase in fertility rates, which rose from 1.9 in 2000 to 2.07 in 2010 (CSO, 2010 and 2011) and costs have also increased due the extension of maternity benefit in 2006 from 18 weeks to 22 weeks, and again in 2007 from 22 weeks to 26 weeks.
Self-employed women may be entitled to state maternity benefit depending on their history of social insurance payments and that their tax and social insurance contributions are up to date (there is no disaggregated figure for self employed women from the Annual SWS Report).

**Annual leave:** Employees are also entitled to four weeks paid annual leave (holiday), which they continue to accrue during unpaid leaves.

**Unpaid leave**

**Unpaid maternity leave:** Women are entitled to take an additional 16 weeks unpaid maternity leave.

**Parental leave:** Both mothers and fathers are entitled to take 14 weeks unpaid parental leave, (see Table 2: Family Leave Schemes below). Again these are national policies and there is no variation at local level. The 14 weeks of unpaid parental leave that each parent is entitled to per child may be taken in one continuous period or in 2 separate blocks of a minimum of 6 weeks. There must be a gap of at least 10 weeks between the 2 periods of parental leave per child. However, if an employer agrees parents can separate their leave into periods of days or even hours.

**Paternity leave:** There is no statutory right to paternity leave in Ireland, paid or unpaid. Some employers in Ireland, (for example, the civil service), do provide a period of paid leave from work for male employees following the birth or adoption of their child. Fathers employed in the civil service are entitled to a period of special (paternal) leave of three days with pay. Similar arrangements outside the civil service are entirely at the discretion of employers.

<table>
<thead>
<tr>
<th>Table 2: Family Leave Schemes</th>
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</thead>
<tbody>
<tr>
<td><strong>Maternity benefit/leave</strong></td>
</tr>
<tr>
<td>Minimum: €217.80</td>
</tr>
<tr>
<td>Maximum: €262</td>
</tr>
<tr>
<td><strong>Parental leave (both parents)</strong></td>
</tr>
<tr>
<td><strong>Paternity leave</strong></td>
</tr>
<tr>
<td><strong>Annual leave</strong></td>
</tr>
</tbody>
</table>

In theory it is possible for a mother to take all her maternity leave, parental leave and annual leave in one chunk, which would be a total of 60 weeks, although only 30 weeks of this would be paid leave (26 maternity leave and 4 weeks annual leave). After this time an employer would not be under any

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3 Payment rate from January 2011
4 At least 2 weeks have to be taken before the end of the week of the baby’s expected birth and at least 4 weeks after.
5 While on parental leave, you must be regarded for employment rights purposes as still working. This means that you can build up annual leave while on parental leave.
6 The Organisation of Working Time Act 1997 provides for a basic annual paid leave entitlement of 4 weeks, although an employee’s contract could give greater rights.
obligation to allow the woman to return to her job. The maximum statutory payment of €262 per week is the equivalent to an annual €13,624 pro rata.

**Family leave and public servants**

According to the CSO National Employment Survey 2007 64% of public sector workers were women. Figures for 2010 show that 84% of primary school teachers were women (CSO, 2011). The publication Women and Men In Ireland 2010 reports that in 2009 65% of civil servants were women, and 77.3% of clerical officers and 79% of staff officers were female (CSO, 2011b).

Public sector employees and civil servants are an advantaged group when it comes to family leave arrangements. They continue to receive their basic pay during their 26 weeks maternity leave, minus any amount received in respect of the state maternity benefit.

**Special leave/Term leave**: Those employed in the public sector are entitled to unpaid special leave or term leave, which is designed to allow employees to balance working arrangements with outside commitments, in particular the school holiday periods of their children. The “Term Leave” is taken to coincide with long summer holidays, and mid-term week breaks that school children get. Without childcare parents have to look after children during these periods.

In the Health Service Executive special leave may be taken for 2/4/6/8/10/or 13 consecutive weeks. In effect this is a form of a shorter working year, with corresponding salary adjustments. The leave may be for one continuous period of up to 13 weeks or it may be for a maximum of 3 separate periods with each period being a minimum of 2 weeks and the total leave not exceeding 13 weeks. Arrangements can be made to adjust salary payments for employees availing of unpaid special leave so that annual earnings are spread throughout the year and salary payments are received during the period of special leave (HSE HR Circular 018-2009 18th May 2009). In the civil service this leave is referred to as Term Leave and is available only for periods of 8, 10 and 13 weeks between the period from June to August (Civil service equality initiative report 2006).

**Career breaks** were introduced during the 1980s. Civil servants may apply for a career break for a period of between 6 months and 5 years. A maximum of two career breaks may be taken. The regulations (DoF:Circular18/98 Special Leave without pay for Career Breaks) stipulate that career breaks are to accommodate child-care and other domestic duties such as the care of a sick relative, education and travel abroad.

For teachers the minimum period of a career break is one year which must commence at the beginning of the school year. A career break may be extended on an annual basis for up to 5 years. Teachers may seek a career break for a variety of reasons including childcare/dependent care, Oireachtas leave and for self-employment. Teachers also benefit from the school holidays and a relatively short working day. Permanent teachers with a minimum of two years service (subject to certain exclusions e.g. principal teachers) are entitled to apply for a job-share, but with certain criteria in place.
Flexible working: Public servants may also be able to tailor their working arrangements to suit their personal circumstances - such arrangements are discretionary and are likely to depend on the nature of an individual’s responsibilities. Flexible work arrangements include flexitime and worksharing. Persons work sharing are paid pro-rata. The part-time arrangements that are possible are varied and include:

- Mornings only
- Afternoons only
- 3 or 4 days per week
- 9am-3pm each day
- Week on/ week off
- 3 weeks out of 4

(Civil Service Equality initiatives Report 2006)

Political ‘atmosphere’ in relation to childcare provision:

Is it supportive of public services/commercial services/home care? Or a mix?
Broadly speaking the political ‘atmosphere’ in relation to childcare provision is supportive of a mix of public and commercial services and home care (eg childminding). The Fianna Fail led coalition governments (1997-2011) did not support full-time childcare provision due to the costs involved. Instead the focus was on capital investment, through the EU funded Equal Opportunities Childcare Programme (2000-2007) and the National Childcare Investment Programme (2006-2010).

Has the situation changed in recent years/decades?
The past decade has seen the development of childcare policies and an investment in childcare infrastructure through the EU funded Equal Opportunities Childcare Programme (2000-2007) and the National Childcare Investment Programme (2006-2010). This investment saw the development of approximately 70,000 new childcare places in community and private facilities. The NCIP was originally allocated €358 million for capital spending, but capital investment was frozen in 2008 as a result of the economic crisis, and the capital spending figure was reduced to €218 million. Funding for childcare is now restricted to the universal ECCE pre-school scheme and the means-tested CCS and CETS schemes which are aimed at low income and disadvantaged families.

Have the Barcelona targets been taken into account locally? The Barcelona targets certainly had an impact on the development of the ECCE scheme (January 2010) which was introduced at a national level. The high take-up of the scheme has allowed the government to fulfill the Barcelona target of 90% of children aged between 3 years and primary school age being in childcare.

How generous is local public spending on childcare? How much from the city budget goes to childcare services or subsidizing childcare? Are there any central government grants for childcare received by local authorities?
State funding for childcare comes directly from the national government. The Dublin City Council does not provide childcare services directly, and subsidies for childcare come via the ECCE, CCS and CETS
schemes. Dublin City Childcare Committee received €790,390 in 2011. Statistics from the OECD Family Database (PF3.1) show that Ireland spent 0.3% of its GDP on childcare and pre-primary education in 2007.

Table 3: National funding for childcare 2011

<table>
<thead>
<tr>
<th>Funding recipients</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECCE scheme</td>
<td>€166m</td>
</tr>
<tr>
<td>CCS scheme</td>
<td>€45m</td>
</tr>
<tr>
<td>CETS programme</td>
<td>€20 m</td>
</tr>
<tr>
<td>Childcare Committees</td>
<td>€11.2 m</td>
</tr>
<tr>
<td>VCOs</td>
<td>€2.83 m</td>
</tr>
<tr>
<td>Pobal</td>
<td>€5.27 m</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>€250.22 m</strong></td>
</tr>
</tbody>
</table>

Source: Comprehensive Review of Expenditure, Department of Children and Youth Affairs (2011)

2. The use of formal childcare services

*What is the proportion of those parents (or children) who are using public day care to all those who have in principle the right to get public day care?*

Parents in Ireland and Dublin have no “right” to public day care. All children are entitled to attend the ECCE scheme, which operates in community (public/non-profit) services and private services, in the year before they start school, and as outlined previously 94% of children of the cohort are enrolled in this scheme.

The two other schemes (CCS and CETS) are related to the parents’ entitlement to avail of childcare, rather than the children’s rights.

*What is the proportion of mothers, and of fathers, who are using any of the different kinds of family leave (maternity/parental/paternity/care leave) to those who in principle have the right to take leave?*

Details of the proportion of mothers and fathers using family leave in Ireland are hard to find. The OECD Family Database (Section PF2.2) dealing with the proportion of parents on leave with a child under one

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7 There are no figures for Ireland’s expenditure per child in the OECD Family Database. This data is missing.
8 The amounts paid to each of the VCOs in 2011 is as follows:
Childminding Ireland €358,352
Border Counties €253,074
IPPA €771,560
Forbairt Naionraí €254,768
Barnardos €582,610
St Nicholas €57,446
NCNA €501,832
Irish Steiner Waldorf €53,674
In addition, the NCNA and the IPPA received €36,000 each to assist with the costs of the merger.
year of age has no data on Ireland\(^9\). As outlined above, 48,447 women were awarded maternity benefit in 2010 nationally.

*What are the forms of formal childcare for children in different age categories, including pre-school and care for young school children (mandatory school age to 12-year-olds)? To what extent these are part-time or full-time childcare services?*

Mandatory school age for children in Ireland is 6 years old, but the majority of children begin primary school when they are between 4 and 5 years old, depending on when their birthday falls during the academic year and their parents’ preferences. This means that school is a major provider of childcare from the age of 4 onwards.

The main forms of formal non-school childcare in Ireland are centre-based care in a crèche/Montessori/playgroup or after-school facility, or care provided by childminders/nannies. Nationally the QHNS data for 2007 (2009) shows that 9% of children aged 0-12 are cared for in childcare facilities and 9% were cared for by childminders/nannies. However, this figure increases to 19% of preschool children and a recent study on 3 year olds in Ireland (Growing Up in Ireland, 2011) shows that 30% of three year olds were in some form of centre-based care.

The 2007 data also shows that 12% of pre-schoolers were cared for by childminders, for primary-school aged children 3% were in childcare facilities and 7% looked after by childminders (see Table 4). Dublin figures show that there is a slightly higher use of childcare facilities in Dublin than nationally in the preschool age group, but practically identical patterns in the primary school age group.

| Table 4: Percentage of children cared for by parents or in formal childcare (2007) |
|---------------------------------|-----------------|-----------------|-----------------|
|                                 | Pre-school children | Primary-school children | All children 0-12 |
|                                 | Dublin | National | Dublin | National | Dublin | National |
| Parents                        | 63%    | 64%      | 82%    | 81%      | 75%    | 75%      |
| Childcare facility             | 23%    | 19%      | 3%     | 3%       | 11%    | 9%       |
| Childminder/nanny              | 9%     | 12%      | 7%     | 7%       | 8%     | 9%       |

Source: QNHS (2009)

According to the Dublin City Childcare Committee database of childcare facilities in 2011, there are currently a total of 491 childcare facilities in Dublin City, with 56% being privately run and 44% community non-profit facilities. Around 47% of all childcare facilities offer full-time childcare, with 40% providing part-time care and 13% being parent and toddler groups or drop-in facilities, which do not provide care for children who have working parents, but act as a support to parents. Excluding the drop-in services there are 429 facilities in Dublin City.

There are currently 323 childcare facilities (excluding the drop-in services) in Dublin currently offering the ECCE scheme, 75% of the total facilities, which is lower than the national figure of 95% of facilities.

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\(^9\) The OECD Family Database does provide a figure for the employment and maternity rate (Chart LMF1.2D), which shows that of the 51.1% of women in Ireland with children under 3 years in 2002, 6.6% were on leave.
participating. This compares with 22% participating in the CCS scheme and 30% in the CETS scheme, both of which are targeted at low-income families or those receiving training or education. This would seem to indicate that the access to the subsidised CCS and CETS schemes is limited, as noted earlier.

Estimates as to the number of childminders operating, both nationally and at local level, are extremely difficult to make, as the majority of childminders are relatively unregulated. Unless they have more than three pre-school children from different families (besides their own) in their care, they are exempt from notifying the Health Service Executive\(^\text{10}\) of their service. Childminders are also exempt from taxation on income up to €15,000 annually.

A recent report attempted to quantify the number of childminders caring for children aged 0-5 nationally and suggested that approximately 48,000 children in this age group are being cared for by approximately 19,000 childminders (Goodbody Economic Consultants, 2011, p50). Basing an estimate on the number of children under 5 in Ireland in 2011 (404,580) (Department of Children and Youth Affairs, 2011) and the percentage cared for by a childminder in the QNHS 2007 data (12%) approximately 48,500 children aged 0-5 in Ireland are being cared for by childminders.

The 2006 Census showed that there were were 26,363 children aged 0-4 in Dublin City (DCCSC, 2007)\(^\text{11}\). Taking the pre-school age 0-4 figure and the 9% of pre-schoolers cared for by childminders in Dublin according to the QNHS (2007), it is possible to estimate that approximately 2,370 children aged 0-4 are cared for by childminders in Dublin City. The Growing Up in Ireland study of 3 year olds also found that 10% of three year olds are cared for by childminders.

**After-school childcare**

The recent Pobal questionnaire (2011) shows that 21.7% of children attending childcare facilities are attending for after-school services (age 6-14). In October 2009 Dublin City Childcare Committee undertook research into after-school childcare in Dublin City. The research found that 48% of school age care capacity was provided in schools, with 36% provided in community facilities and 16% by private facilities (p14). Childminders also provide after-school care for children, and there is no restriction on the number of children a childminder can look after once they are school age.

3. Informal childcare

*What is known about informal childcare by grandparents, other relatives, neighbours and friends? What is known concerning compensations for this informal childcare?*

The last national study of childcare is the QNHS data from 2007 (2009), and this showed that nationally 9% of children (both pre-school and primary school aged) were cared for by an unpaid relative\(^\text{12}\), while 4% of pre-school children and 3% of primary school aged children were cared for by a paid relative.

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10 The HSE is responsible for regulating and inspecting childcare facilities.
11 The figures for the 2011 Census will be available soon.
12 Paid relatives also included “family friend”.
In Dublin the rate of childcare provided by relatives was slightly lower than the national rate, with 7% of pre-school children and 8% of primary aged children receiving care from an unpaid relative, while 3% of pre-school children and primary school children were cared for by a paid relative (Table 1.3 of the QNHS report).

The more recent Growing Up in Ireland Study of 3 year olds (Department of Children and Youth Affairs, 2011) showed that 11% were cared for by a grandparent, 2% by an aunt or uncle and 2% by another relative.

*Is it common that working-age grandmothers take care of their grandchildren (full-time or part-time)?*

The most recent report of the Growing Up in Ireland study\(^\text{13}\), which is a longitudinal study following 11,000 children born in 2008, found that 11% of the three year olds in the study were cared for by grandparents, 10% by childminders and 30% in centre based care\(^\text{14}\). The same study found that 4% of three year olds were cared for by an aunt, uncle or other relative, 2% by a friend or neighbour and 1% by an au pair or nanny, and the remaining 42% of three year olds were cared by their parents.

The earlier 2007 QNHS data (in Table 2.2) shows that 85% of unpaid relatives caring for children aged 0-12 years provide 1-30 hours care per week, 45% of them are providing 1-10 hours care per week – the largest group. A similar pattern emerges with paid relatives, with 82% providing 1-30 hours care per week, though the largest category of hours worked is among those working 11-20 hours per week (36%).

These figures seem to suggest that the pattern of care for both paid and unpaid relatives is to provide part-time rather than full time care. They are most likely to provide after-school care for older children, while younger children require more full-time care.

4. Local welfare mix in childcare

*What is the role of private (for-profit/commercial), non-profit, and informal childcare provisions in the city in relation to public services?*

Data from the Dublin City Childcare Committee database shows that 56% of childcare facilities in Dublin are private and 44% are community/non-profit facilities. The pattern of private vs community provision varies a great deal from one area of the city to another. For example, in the North Central area 76% of facilities are private, where as in the South Central Area only 34% are private. Full-time vs part-time provision also varies, with the highest level of full-time available in the South East Area (57%) and the lowest in the North West Area (38%) (see Table 4: Private and Community Childcare Facilities in Dublin for further details).

\(^{13}\) The Growing Up in Ireland Study is also following a cohort of nine year olds, but unfortunately their use of childcare, outside the school system, is not analysed.

\(^{14}\) This figure is higher than the 23% of pre-schoolers in a childcare facility reported by the QNHS data in 2007, and this in part could be explained by the high level of participation in the ECCE scheme, which would capture some of the 3 year olds in the Growing Up in Ireland study.
<table>
<thead>
<tr>
<th>Area</th>
<th>Private</th>
<th>%</th>
<th>Community</th>
<th>%</th>
<th>Total facilities in area</th>
<th>Full-time</th>
<th>%</th>
<th>Part-time or sessional</th>
<th>%</th>
<th>Drop-in or parent/toddler</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Area</td>
<td>49</td>
<td>49</td>
<td>50</td>
<td>50</td>
<td>99</td>
<td>49</td>
<td>37</td>
<td>37</td>
<td>11</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>North Central</td>
<td>94</td>
<td>76</td>
<td>29</td>
<td>24</td>
<td>123</td>
<td>54</td>
<td>44</td>
<td>58</td>
<td>47</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>North West</td>
<td>31</td>
<td>52</td>
<td>29</td>
<td>48</td>
<td>60</td>
<td>23</td>
<td>38</td>
<td>34</td>
<td>57</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>South Central</td>
<td>39</td>
<td>34</td>
<td>77</td>
<td>66</td>
<td>116</td>
<td>50</td>
<td>43</td>
<td>43</td>
<td>37</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td>South East</td>
<td>63</td>
<td>68</td>
<td>30</td>
<td>32</td>
<td>93</td>
<td>53</td>
<td>57</td>
<td>26</td>
<td>28</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td><strong>Dublin City total</strong></td>
<td><strong>276</strong></td>
<td><strong>56</strong></td>
<td><strong>215</strong></td>
<td><strong>44</strong></td>
<td><strong>491</strong></td>
<td><strong>229</strong></td>
<td><strong>47</strong></td>
<td><strong>198</strong></td>
<td><strong>40</strong></td>
<td><strong>62</strong></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>

Source: DCCC database and own calculations

However, the percentage of private and community facilities in each area does not capture the degree to which community childcare facilities are clustered in areas of high levels of deprivation. Closer analysis reveals that there is a strong correlation between the location of community childcare facilities and areas of high levels of disadvantage.

A recent report from Pobal\(^{16}\) found that the average number of childcare places on offer in private facilities in 2010 was 39.8, while the average number in community facilities was 50.1, with an overall average of 47 places per facility. Taking this average and multiplying it by the number of facilities available in Dublin City (429) would suggest that there are approximately 20,163 childcare places in Dublin.

**Are for-profit and non-profit services purchased directly by families or via local authorities?**

Private and community non-profit services are purchased directly by families, except in the case of the ECCE, CCS and CET schemes, which are state funded directly by the capitation fees and subventions paid directly to the childcare facility, through the Department of Children and Youth Affairs.

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\(^{15}\) Central: North Inner City and Cabra/Glasnevin (not Phoenix Park).
North Central: Clontarf, Artane/Whitehall, Donagmede
North West: Ballymun/Finglas
South Central: South West Inner City, Ballyfermot/Drimnagh, Crumlin/Kimmage
South East: South East Inner City, Pembroke/Rathmines

\(^{16}\) Pobal is a not-for-profit company with charitable status that manages programmes on behalf of the Irish Government and the EU, including the ECCE childcare programme.
Are there any public subsidies (e.g. vouchers, tax deductions) to support direct purchase of childcare services?
As previously stated, there are no tax deductions or vouchers to support the direct purchase of childcare services.

What is the role of informal, paid childcare by childminders which are employed (formally and informally) by private households? And what is the role of female migrants among these childminders?
As outlined previously, childminders remain a relatively unregulated source of childcare, although one that is in use by a significant number of parents. However, details of the number of childminders, nannies and au pairs used by parents are hard to establish beyond what has already been stated. With regard to the role of female migrants, again beyond the anecdotal evidence, very little is known about the role of female migrants as childminders\(^{17}\). Since April 2009, work permits for workers from outside the European Economic Area are not issued for the job categories of childminding and childcare workers, although those with existing permits of more than five years are allowed to continue working in childcare. According to the Migrant Rights Centre Ireland, there are an estimated 30,000 ‘undocumented’ migrants in Ireland. A recent report (MRCI, 2011) suggested that 34% of these undocumented migrants were women, and around 15% are employed in domestic work, though childcare was not specified in this report.

5. Quality of childcare services

What is the group size in formal childcare services (is it regulated, different for different age groups etc.), the staff–child ratio?
Under the Child Care Regulations (2006) the adult to child ratios are set for different age groups in formal childcare facilities.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Adult/child ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 year</td>
<td>1:3</td>
</tr>
<tr>
<td>1-2 years</td>
<td>1:5</td>
</tr>
<tr>
<td>2-3 years</td>
<td>1:6</td>
</tr>
<tr>
<td>3-6 years</td>
<td>1:8</td>
</tr>
</tbody>
</table>

Ratios of adults to children for sessional pre-school services are slightly different:

\(^{17}\) There is a distinction between migrant workers from within the European Economic Area (EEA) and those outside this area. Migrant workers outside the EEA require an employment permit to work in Ireland. Since April 2009 (Department of Jobs, Enterprise and Innovation, 2009) work permits have not been issued for certain job categories including childminders and childcare workers.
The maximum number of children in one room is also regulated, so that specific space requirements of between 3.5sq m per child and 2sq metres per child (depending on age group) are also regulated.

The 2011 Pobal questionnaire found that the average number of staff in childcare facilities was 8.7, with community services having a higher average of 9.8 and private providers 6.2 per facility. Some of those providing the childcare are staff on various employment schemes (such as the Jobs Initiative (JI), Community Employment (CE) or Community Services Programme (CSP) schemes) and they are counted towards the ratio of staff-to-children but are not employees per se. The 27 of all staff in community facilities are composed of people employed through these schemes, whereas just 1% of those employed in the private services are in such schemes. Both services also depend on volunteer unpaid staff, who make up 5.4% of staff (p16).

Childdminders should not look after more than 5 pre-school children, including her/his own pre-school children, and no more than two children should be under 5 years of age. However, childminders caring for 3 or fewer children, or children of primary school age are not required to notify the HSE, and are therefore neither inspected or regulated.

**Educational level and qualifications of the childcare staff?**

There have been virtually no minimum qualification requirements for staff in non-school childcare settings, the exception to this being the Early Start programme\(^{18}\), which requires staff to be educated as primary school teachers. There is a requirement within the Childcare Pre-school Services Regulations (2006) that the person in charge of the pre-school service ensures that there is an adequate number of competent staff, and that staff have to be competent to ensure the health, welfare and development of the children in their care.

However, for the first time the introduction of the ECCE scheme has resulted in a minimum qualification requirement being phased in by September 2012, which requires pre-school leaders to have a major award in childcare/early education at a minimum of Level 5 FETAC. Where the pre-school leader holds a bachelor degree (Level 7 FETAC), has 3 years experience and where all the pre-school assistants have Level 5 qualifications, the childcare service is paid a higher capitation fee of €75 per week, compared

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\(^{18}\) The Early Start Pre-School Programme was introduced in 1994 in 8 schools in disadvantaged areas. It is a one-year preventative intervention scheme offered in selected schools in designated disadvantaged areas. The objective of the pre-school programme, which is managed, funded and evaluated by the Department of Education and Skills, is to tackle educational disadvantage by targeting children who are at risk of not reaching their potential within the school system. It operates in 40 schools nationally, and the 55 classes now in place can cater for a total of 1,650 children.
with €64.50 as the standard capitation level. This is seen as a means to incentivise increasing qualification levels among childcare staff.

The Pobal survey (2011) found that 71.4% of staff had a qualification level equal or higher than FETAC Level 5 (the equivalent of upper secondary education). On average 9% of staff had no childcare training completed, 7.3% had FETAC Level 4 awards and 4.4% had awards accredited from abroad. Another 7.9% had non-accredited childcare training.

*Are these different for public services and for other service providers?*

There was little difference between community and private services in terms of education and training level, with 70.8% of staff in community services and 73.4% of staff in private services holding awards of FETAC Level 5 or higher.

*What quality indicators for childcare are used and controlled by the municipality?*

The municipality does not have control over inspections of childcare facilities. Instead inspections are carried out by HSE inspectors, to ensure that facilities are fulfilling the regulations set out in the Childcare Regulation Act (2006). There are pre-school officers or inspection teams in each of the 32 local HSE offices nationally. Standardised templates are used by the HSE inspection teams during the inspection process, including Standardised Pre-school Inspection Tool, Inspection Outcome Report and Guidance Note on the Inspection Tool and Outcome Report. The HSE has stated its intention to place reports on inspections of pre-schools on its website in the future, but these are not available at the current time.

The standardised inspection tool used is a lengthy and comprehensive document which covers pre-school setting; management and staffing; premises and facilities; health, welfare and development of the child; safety measures; food and drink; record keeping; and general information.

It also sets out the reason for inspections, which can be a standard review, a follow-up inspection or an inspection following up on a complaint etc.

*Is there any information on the quality of formal care in comparison to informal childcare?*

At the current time there is no information on the quality of formal care in comparison to informal childcare.

*Are there specific inspection mechanisms of the quality of services and possibilities for parental influence with respect to childcare?*

All community and private childcare facilities for preschool children are inspected by the HSE, and those childminders who notify the HSE that they are caring for more than three children are also inspected by the HSE. However, the primary means that parents have for influencing the quality of services is market driven, for example by withdrawing their child if they are dissatisfied with a particular service.
The Department of Education and Skills also developed Siolta, the National Quality Framework for Early Childhood Education. This was published in 2006, following a three-year developmental process, which involved consultation with more than 50 diverse organisations, representing childcare workers, teachers, parents and other interested groups. Siolta is designed to define, assess and support the improvement of quality across all aspects of practice in early childhood care and education (ECCE) settings where children aged birth to six years are present. These settings include full and part-time daycare settings, sessional childcare, childminding and infant classes in primary schools.

Since its publication many childcare facilities and workers have informally engaged with the Siolta framework, and an implementation model was developed in 2008 which involved selecting and training Siolta Coordinators and then recruiting a diverse range of ECCE settings to complete the 12 steps of the Siolta Quality Assurance Programme. Currently 25 Siolta Coordinators are working nationally with 135 ECCE services across the broad spectrum of service provision including sessional, full and part-time daycare, childminding and infant classes in schools. An evaluation of the current field test is underway and the final report was due by the end of 2011. The future implementation of Siolta will be informed by the outcome of this evaluation.

6. Affordability, accessibility and flexibility of childcare services

What are the costs of childcare for the parents/families in different forms of childcare? How large share of family income goes to childcare in different family forms (one- and two-parent families) and, if there is information available on this, on different income levels?

The cost of childcare in Ireland is high. The QNHS 2007 (2009) report found that costs for childcare were higher per hour for primary school age children (€6.00) than for pre-school children (€4.90) and also found that the highest hourly costs were recorded in Dublin (€5.70 per hour and €7.50 per hour for pre-school and primary school children respectively, see Table 7: Hourly costs of childcare 2007).

<table>
<thead>
<tr>
<th></th>
<th>Pre-school</th>
<th>Primary school</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Paid relative</td>
<td>Childminder</td>
</tr>
<tr>
<td>State</td>
<td>4.00</td>
<td>4.70</td>
</tr>
<tr>
<td>Dublin</td>
<td>4.60</td>
<td>6.60</td>
</tr>
</tbody>
</table>


The Pobal report (2011) shows that the average full-time weekly childcare fees for babies (under 1 year old) was €165.96, for children aged 1+ it was €161.18, and for after-school care €65.76 per week (see Table 8 below).
A recent National Consumer Agency report (2011) looked specifically at private childcare fees in Dublin and found that the average weekly cost for babies was €226 and for preschoolers average cost was €218 (see Table 9: Summary of fees in private childcare facilities in Dublin below).

Data from the OECD Family Database shows that childcare fees for a two year old (2004) were 25% of average wages, compared with an EU-24 figure of 14%. Comparing net childcare costs after benefits/rebates/tax deductions for different family types (PF3.4) reveals that for a dual earner family (167% of average wage) childcare costs represent 29% of family income, while a lone parent family (67% of average wage) the childcare costs represent 52% of family income.

Are there any subsidies for the parents or for the service providers, e.g. direct payments, tax concessions, reductions in social contributions, vouchers for the purchase of services?

As outlined previously, some subsidies are available through the CETS and CCS schemes and the ECCE scheme is provided directly through government funding and parents do not incur any costs for this one year part-time scheme.
Flexibility and accessibility of the services

What are the opening hours (during the day, week and year and during non-standard hours, evenings, nights, weekends, school holidays)?

There is no record of any services being available outside of non-standard hours (eg 8am-6.30pm) and any parents working evenings, nights or weekends would have to rely on either informal childcare from family and friends or on an individual arrangement with a nanny or childminder.

The Pobal report (2011) found that 45.7% of services were open for over 40 hours per week, although there was a variation between private and community services, with 42.2% of community services and 53.9% of private services open over 40 hours. Community services (34%) were also more likely than private services (20%) to operate for 25-40 hours per week (see Table 10).

<table>
<thead>
<tr>
<th></th>
<th>Community</th>
<th>Private</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 15 hours</td>
<td>0.9%</td>
<td>2.2%</td>
<td>1.3%</td>
</tr>
<tr>
<td>15-24 hours</td>
<td>22.8%</td>
<td>24.1%</td>
<td>23.2%</td>
</tr>
<tr>
<td>25-40 hours</td>
<td>34.1%</td>
<td>19.8%</td>
<td>29.8%</td>
</tr>
<tr>
<td>Over 40 hours</td>
<td>42.2%</td>
<td>53.9%</td>
<td>45.7%</td>
</tr>
<tr>
<td>Average hours</td>
<td>36.8</td>
<td>39</td>
<td>37.5</td>
</tr>
</tbody>
</table>

Source: Pobal report (2011)

The report also shows that only 42.9% of services are open for 50+ weeks per year, meaning that 57.1% of services operate for less than the full calendar year, with 24.1% operating for under 46 weeks per year. Clearly this results in a shortfall of services for many parents and children, especially during the school holidays. Recent statistics show that the average working hours in Ireland are 39.4 hours for men and 30.9 hours for women (CSO, 2010).

Distance from home (if there is information available on this)

There is no information available on this.

How flexible is the use of the facility

There is little information on the flexibility of childcare services, but anecdotally and through the key stakeholder interviews, the pattern is that most facilities are unable to offer much flexibility. Some facilities have become more flexible since the economic downturn, but many still have a minimum requirement, for example requiring at least three days per week or five mornings per week as a commitment from parents.

How well do child care services meet the needs of different groups of women e.g. those working atypical hours or with temporary work contracts?

The needs of women working atypical hours are not met by formal childcare services, and those with temporary contracts may also find it difficult to access services. For example, many services have a waiting list for a place, with 33.3% of services having an immediate waiting list (eg for places required
immediately) and 68.4% having a future waiting list (eg for places required in the future). In terms of the type of places sought, 13.4% are for babies, 36.7% are for toddlers, 37.9% for pre-schoolers and 12% are for afterschool places (Pobal, 2011).

7. Conclusions

How would you describe the overall childcare situation in the city? Are there some major issues/problems which are limiting women’s labour market integration? Do demand and supply of childcare meet? Are there some specific groups of women/families who have more problems than others to find (affordable) childcare?

Childcare remains largely market driven, and in general if women are employed they have to pay childcare and get assistance from relatives and friends via informal arrangements.

The major issues and problems limiting women’s labour market integration are the costs of childcare. There is also a lack of flexibility in terms of work terms and conditions except for those working in the public sector, and also a lack of flexibility in relation to the childcare services provided.

Demand is likely to be dampened by cost, some low income women, with the exception of those able to avail of the subsidised schemes, are excluded from the labour force by the prohibitive cost of childcare.

Problems of access are hidden – so as an issue it isn’t highlighted. Access to subsidised schemes is patchy due to the geographical differences in the community/non-profit services available in particular areas. The CETS scheme is also capped at 2,800 places nationally.
3. 2. Local policies and the welfare mix in relation to the provision of elderly care

A Profile of Older People in Ireland and Dublin

Ireland’s population grew by almost 6% in the 5 years from 2006-2011. A combination of high birth rates, inward migration and increased life expectancy explain this trend. Both the proportion and the number of people aged 65 and over in the population have also increased. Between 2006 and 2011 the proportion of people aged 65 and over in the Irish population increased from 10.9% to 11.7%; despite this increase the proportion of people aged 65 and over is significantly below the EU-27 average of 17.4% (Department of Health 2011a).

The material well-being of older people has improved in recent years, indeed the age cohort with the lowest levels of consistent poverty in the Irish population is people aged 65 and over (Central Statistics Office (CSO) 2011). The self-reported health status of older Irish people has also improved. A SILC report on the elderly indicates that more than six out of ten respondents surveyed in 2009 reported their health status as ‘very good’ or ‘good’ (CSO 2011). A considerably smaller proportion of respondents reported their health status as ‘very good’ or ‘good’ in 2004 when a similar survey was conducted. Positive reports of the health status of older Irish people are consistent with increases in both life expectancy and the number of healthy life years at age 65 which exceed the EU-27 average for both men and women (Department of Health 2011b).

While the proportion of older people in the population is increasing it is the oldest age cohort of 85 and over which is increasing most rapidly. The number of people aged 65 and over increased by almost 62,000 or over 13% in the five years to 2011. In 2006 people aged 85 and over accounted for 10.6% of those aged over 65. In 2011 that proportion had grown to 11.6% with an absolute increase in the number of people aged 85 and over of almost 13,000, an increase of 26.8%. In Dublin the number of people aged over 65 increased by 12% between 2006 and 2011, a rate below the national average. However, the number of people aged 85 and over increased by 41.4% in the same period; a rate of increase which was substantially higher than the national average.

Census 2006 indicates that over 94,000 people aged 65 and over, or just over 20% of all those aged over 65, had a ‘substantial’ physical disability (Wren 2009). The definition of ‘disability’ in Census 2006 was broader than that used in previous Census instruments and also broader than that used in many research studies. The level of disability indicated in an earlier small-scale study was considerably lower. The study found that 8% of respondents were severely impaired and a further 6% had major.

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21 CSO database; http://www.cso.ie
22 In 2009 63.3% of respondents aged 65 or older described their health status as very good (19.8%) or good (43.5%). In 2004 the proportion of respondents reporting their health status as very good or good was 58% (CSO 2011).
23 See http://www.CSO.ie
24 The definition of disability includes psychological and emotional conditions, chronic illness and pain (CSO 2008).
25 Respondents were persons aged 65 and over living in the community and were selected from two health board areas.
difficulties with activities of daily living (ADLs) (Garavan et al. 2001:101). The research conducted indicates that a significant proportion of the care needs of older people are not addressed by formal home services as 37% of respondents with a severe impairment had had no home services at all in the previous year. Just over a quarter (27%) of respondents assessed as severely impaired had home help services while one in eight (13%) attended a day centre (ibid). The proportion of people requiring assistance increases rapidly as people age so that people aged 80 and over, and especially women aged over 80 are more likely to require assistance (ibid). More recent results from the Irish longitudinal study on ageing also highlight the increased care needs of the ‘old old’. The results indicate that while just 1.3% of persons aged 60-69 were in receipt of home help services the proportion of persons aged 80 years and older in receipt of home help services was 19.2% (Normand et al. 2011:213) and the authors conclude that ‘the most pressing effects of ageing are likely to be on demands for a range of community-based health and social care services (Normand et al. 2011:217).

The steady increase over time in the number of older elderly people points to an increase in the number and proportion of older people with disabilities and of the ‘frail’ elderly all of whom are likely to be in need of care. The research conducted suggests that many older people do not have their needs addressed by formal services. It seems that their care needs are often provided in an informal manner mainly by family members. Informal care is most often provided by spouses (Normand et al. 2011) and longer life expectancy may mean that this source of informal care may be available to a greater extent in the future.

**Institutional arrangement of care provision in Ireland**

Women and men provide informal “free” care as part of a family commitment for which they get no financial support. It is difficult to quantify the extent of this care.

Care allowances/benefits are given to carers themselves. While not formalising this work as employment it could be called semi-formal care.27

**Domiciliary Care**

A range of domiciliary services are provided to older people to assist them to remain living in the community. The key services for frail older people are home care packages and home help services. Home care packages (HCPs) are targeted at individuals who need assistance to remain in their homes or to return to their homes after a period of hospitalisation. HCPs are tailored to individual needs and may include a range of services including nursing and personal care and physiotherapy and occupational therapy. HCPs may be provided directly by the HSE or by for-profit or not-for-profit providers. In some instances funding may be provided directly to individuals or their families who then contract services privately. HCPs packages have largely replaced the ‘cash for care’ grants which were introduced in 2001 (see Doyle & Timonen 2008); direct cash supports are not offered to new recipients of HCPs but in some

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26 Home services are public health nurse, personal care attendant, home help, social worker, meals-on-wheels, physiotherapy, occupational or respite care.

27 It could be compared to the lone parent allowance provided to single parents who care for their child/children.
cases long-standing recipients of care may continue to receive direct cash supports. Home help services are provided to a wider group of older people and offer limited assistance with day-to-day tasks.

Residential Nursing Home Care
Government policy is to enable the elderly to be cared for in their homes as long as possible; residential nursing home care is a form of care which is only considered appropriate for very frail older people who cannot be provided with adequate support to continue living at home. However, this policy if reliant on informal unpaid care is likely to reduce female labour force participation rates. Greater female participation in the labour force by Irish women may mean that the care needs of older Irish people will increasingly have to be provided by formal rather than informal services.

Informal and Semi-Formal Care
The available evidence suggests that older people in Ireland would prefer to access domiciliary care rather than residential care (Garavan et al. 2001; McGee et al. 2005; O’Hanlon et al. 2005) and government policy is to maximize the use of community and home-based care (Government of Ireland 2006). Government policy also explicitly recognises the important role of family and informal care (Government of Ireland 2006), although as Timonen & Doyle (2008) point out, roughly equal proportions of older people find formal and informal domiciliary care acceptable which suggests that the importance attributed to family care may be based on cost considerations rather than the preferences of older people. This section begins by describing adult carers in Ireland and then sets out formal supports for carers (who are overwhelmingly but not exclusively family members of care recipients).

Results from a Quarterly National Household Survey (QNHS) in Q3 2009 indicate that 8% of Irish adults provided unpaid help or assistance to another person or persons and of these one third were caring for someone who needed care due to old age. Adults who provided unpaid care were predominantly women (64%) and were largely concentrated in the 30-44 (28%) and 45-64 (48%) age cohorts. The proportion of female carers was especially high in younger working age cohorts as men and women aged over 65 were equally likely to be carers (7% of men and 8% of women). Half of the carers in these key age cohorts cared for a parent or parent–in-law. The QNHS results indicate that a third of adults who provided care work full-time, and a further 16% reported working part-time. However, just under a third (31%) of those who provided care were economically inactive (CSO 2010).

Official statistics may not always capture persons who combine employment with caring. In 2009 an online survey of working carers employed by Dublin City Council indicated that 60% of respondents do not declare their caring status in the national Census.28

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28 See [http://www.eurofound.europa.eu/areas/populationandsociety/workingcaring/cases/ie002.htm](http://www.eurofound.europa.eu/areas/populationandsociety/workingcaring/cases/ie002.htm)
Results from the QNHS indicate that the time spent caring varied considerably; for over half of those who provided care the time spent caring was less than 15 hours per week but a significant proportion (21%) spent in excess of 57 hours per week caring for another person or persons. Those caring for a person living in the same household spent the greatest amount of time in their caring roles (CSO 2010).

The Irish social welfare system provides for both a means tested and an insurance based income support for carers. There is no area-based variation in the supports for carers.

**Carer’s allowance**

Carer’s allowance is a means tested support payable to those who care for one or more persons who require full-time care. The care needs of the recipient must be medically certified. If a person is in receipt of another social welfare payment (other than a jobseeker’s allowance or jobseeker’s benefit) a half-rate carer’s allowance may be paid in addition to the primary social welfare payment. Over 40% (20,981) of those in receipt of carer’s allowance in 2010 received a half-rate payment (Department of Social Protection 2011). Those who care for more than one person receive higher rates of allowance. As set out in Table 1 there were over 50,000 recipients of carer’s allowance in 2010 and Dublin based recipients numbered 9,374 or 18.5% of national recipients.

**Carer’s benefit**

Carer’s benefit is paid to people who leave paid employment in order to provide full time care for a person who requires such care. The care recipient must be certified as being in need of full time care and the carer must meet stipulations in relation to their history of social insurance contributions in order to qualify for this insurance based payment. Carer’s benefit is a short-term benefit which is paid for a maximum period of two years. As can be seen from Table 3 below it accounts for only a small proportion (4.3%) of the total supports provided to carers. Dublin based recipients of carer’s benefit accounted for just over 20% of total recipients of carer’s benefit in 2010.

| Table 11: Number of Recipients and Cost of Carers Income Supports and Respite Grants - 2010 |
|---------------------------------------------------------------|----------|----------|----------|----------|
| Type of Support                                              | Ireland  | Dublin   | Ireland  | Dublin   |
| Carer’s benefit                                              | 1,642    | 334      | 26,305   | 5,351    |
| Carer’s Allowance                                            | 50,577   | 9374     | 501,822  | 93,008   |
| Respite Care Grant                                           |          |          | 85,216   | 15,842   |

(Source: Department of Social Protection 2011)

29 The first €332.50 per week of income or in the case of a married couple €665 per week is not taken into account in assessing the means of claimants.

30 Estimated.

31 Respite care grants are automatically paid to persons in receipt of carer’s benefit, carer’s allowance and the domiciliary care allowance paid in respect of disabled children aged 16 and under. In 2010 23,428 carers were in receipt of a domiciliary care allowance in respect of 25,234 qualifying children. The total amount paid in respect of Respite Care Grants (€128,114,000) (DSP 2011) has been adjusted to exclude amounts paid in respect of disabled children.
Persons who have been in continuous employment for a minimum period of 12 months may take a period of leave of up to two years from their employment for the purposes of providing care to a person who has been medically certified to be in need of full-time care. Carer’s leave can be taken as a continuous block of 104 weeks for each relevant person, or, by agreement with the employer, for a number of shorter periods which total to 104 weeks. If the leave is broken up there must be at least six weeks between the leave periods. The employer may refuse to permit an employee to take a period of leave shorter than thirteen weeks. Persons on carer’s leave may spend up to 15 hours per week in education or training, in home based self-employment, or in employment outside the home.

Working carers may not be aware of the provisions in place with regard to carer’s leave or have information about other supports for carer’s. A 2009 survey of working carers employed by Dublin City Council indicated that just 3% of respondents had availed of carer’s leave while 56% were not aware of the various supports and services available to assist them in their caring role. All respondents indicated that they had used holiday leave to provide care and 50% indicated that they had used more than half of their holiday leave entitlement to provide care.

Approximately four out of every five recipients of both carer’s allowance and benefit are female. The recipients of carer’s benefit have a younger age profile than those in receipt of carer’s allowance. The difference in the age profile of the two groups is also reflected in a significant difference in the proportions receiving additional payments in respect of qualifying children; 57% of those in receipt of carer’s benefit compared to just 27% of those in receipt of carer’s allowance.

Credited social welfare contributions are allocated in respect of all recipients of carer’s benefit. Persons in receipt of carer’s allowance may be entitled to credited social welfare contributions but any entitlement is dependent on their previous work history. Both paid and credited social welfare contributions are important in that they determine whether individuals qualify for various social insurance based payments.

A Respite Care grant (€1,700) is paid to all those in receipt of carer’s allowance and carer’s benefit. The grant is not treated as income for tax purposes. It is paid in respect of all those who are receiving care. Therefore an individual carer will receive more than one respite care grant if they are caring for more than one person. Carers are free to spend the Respite Care Grant in the manner that they see fit.

The income supports paid to carers have been described as an integral part of a financially sustainable system of long-term care. Providing income supports to carers is seen as a means of enabling people to remain in their homes for as long as possible.

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33 See http://www.eurofound.europa.eu/areas/populationandsociety/workingcaring/cases/ie002.htm
34 In 2010 79% of those in receipt of carer’s allowance and 83% of those in receipt of carer’s benefit were women (DSP 2011).
35 See for example the speech by Minister Martin Cullen on 27/09/2007 following the introduction of the half-rate carer’s allowance http://www.welfare.ie/EN/Press/Speeches/2007/Pages/sp270907.aspx
Domiciliary Care

Domiciliary care is provided to older people through home help and home care packages which are administered by the HSE and delivered by a mix of HSE staff, agencies contracted by the HSE, and agencies contracted by the care recipients. The model of service delivery varies. The Dublin area has the highest level of home help services provided by non-HSE staff; but the model of service delivery also varies significantly within the Dublin area. While in some areas in Dublin home help services are provided by not-for-profit organisations there is no uniform model of service delivery as local area features shape the presence and structure of such organisations.

In 2010 home help was provided nationally to just over 54,000 clients. In the Dublin area home help was provided to 13,135 clients in 2010 (HSE, Personal Communication). Despite the stated government policy of assisting people to stay at home longer budget cuts have resulted in home help being provided to a reduced client base in 2011 (50,600 clients) with further cuts targeted in 2012 (50,000 clients) (HSE 2012).

The number of home help hours delivered declined slightly in 2010 to 11.68m (-2%) and further declined in 2011 to 11.2m. Further reductions are planned in 2012 and the HSE has announced that non-personal care will be ‘de-prioritised’ (HSE 2012). In 2010 the average number of home help hours received per week was 4.15. However, this assumes that all clients received home help throughout the year when in fact many clients may only receive home help over a period of months or even weeks.

Home care packages (HCPs) are targeted at those with higher levels of need and are tailored to individual needs. The majority (77%) of HCP recipients are over 75 years of age and 38% of recipients are over 85 (Department of Health and Children, 2009: 7 cited in Pierce et al. 2010). The introduction of HCPs followed recommendations made by the Inter-Departmental Working Group on Long-Term Care regarding the care of older people who require assistance to remain living in the community or to return to living in the community (Interdepartmental Working Group on Long Term Care 2008:7). HCPs are increasingly provided through for-profit agencies that recruit and employ care staff.

Nationally HCPs were delivered to just under 10,000 people in 2010, a very substantial increase on the level of provision in 2009 (HSE 2011:48). In 2010 3,209 people were in receipt of home care packages in the Dublin area (HSE- personal communication). Nationally the number in receipt of home care packages increased in 2011 to 10,870 and the target for 2012 is set at this level. The model of delivery of HCPs varies but is increasingly dominated by for-profit agencies. In one local health office in Dublin HCPs are currently provided mainly by for-profit agencies with not-for-profit agencies providing a minor but significant proportion of HCPs. However, as the local not-for-profit service providers did not tender

36 Personal communication; HSE official
37 This is the projected outturn for 2011 (HSE 2012:46).
38 This is based on total home help hours of 11,680,515, 54,011 clients, and 52 weeks (see HSE 2011:48).
39 The report refers to ‘Home Support Packages’.
40 Projected outturn for 2011 (HSE 2012:46)
for new HCP contracts it seems likely that over time their role in the provision of HCPs will reduce and eventually disappear. It should be noted that home help services and HCPs are provided to a wide range of persons and not exclusively to people aged 65 and over. The persons that receive home help services and HCPs include people with mental illness, people with physical disabilities, mothers in need of special assistance and older people. Despite the range of people who benefit from these services all the costs of home help services and home care packages are presented by the HSE as costs associated with older persons. In 2010, 11,362 (86.5%) of the 13,135 people in the Dublin area in receipt of home help services were aged 65 and over. Similarly in 2010, 2,786 (86.8%) of the total of 3,209 people in receipt of a home care package in the Dublin area were aged 65 and over (HSE-Personal Communication).

Most people who receive HCPs also receive home help services and HCP recipients have been described as being largely a subset of home help recipients. Under the new HCP guidelines most recipients will be in receipt of 5 hours per week of mainstream home help services. However, some clients will only receive services under the HCP (HSE-Personal Communication). In the Dublin area home help services are provided to 8.3% of those aged 65+ while just 2% of persons aged over 65 are in receipt of HCPs.

The cuts in community based supports for older people have invoked criticism including criticism from within the government. The Minister of State at the Department of Health with responsibility for primary care has claimed that “the fair deal incentivizes residential over community care. Reform is needed to ensure that older people needing long-term care are assisted in remaining in their own homes” (Shortall 2012). The Minister’s statement suggests that there is an absence of consensus regarding the targeting of funding for elder care; the statement is also consistent with the views expressed by carers’ advocacy groups.

The elderly have no legal right to home help in Ireland and funding for home help services and HCPs is ‘budget-capped’. This means that access to home help services and HCPs is dependent on local resources and local demand. A HSE manager of older persons’ services described access to services as being ‘on a one in and one out basis’ meaning that new clients could only be taken on as a replacement for an existing client. Although the stated policy is that these supports are not means tested the limitations on local resources may mean that services are targeted primarily towards those on low levels of income. The manager of a not-for-profit provider of home help services for older people in Dublin city indicated that the means of family members may be taken into consideration when assessing the needs of applicants for home help services. A Dublin based HSE manager of services for older persons also indicated that financial resources might be considered relevant when assessing which persons had the greatest need for services. The discretionary nature of home help provision has been identified as a potential barrier to the expansion of community care and as a reason why some older people are unable to remain living in their own homes for longer (NESF 2005; Timonen, Doyle and O’Dwyer 2010).

Recipients of publicly funded domiciliary care services can ‘top-up’ the services they receive by contracting additional services from a for-profit provider of care services or from an individual carer.

\[41\] Information provided in an interview with a HSE manager for older persons in a Dublin local health office.
Care services may also be contracted privately by persons who do not receive any publicly funded domiciliary care services.

A range of ancillary services such as meals-on-wheels and day-care centres are also provided for older persons. There is no standard model for the delivery of such services which may involve HSE staff; not-for-profit and for-profit agencies and unpaid volunteers. Recent research indicated that 3.3% of persons aged 80 and over availed of meals on wheels and 6.8% of persons aged 80 and over availed of day centre services (Normand et al. 2011:213)

Support for Employment of Carers

Tax relief is available to persons who employ a carer either directly or through an agency on behalf of themselves or a family member. The relief was claimed by 1,362 Irish taxpayers in 2009; 411 of those who claimed the relief were employed in the Dublin city area. The total amounted claimed was €16.1m (Dublin €4.8m) and the cost to the exchequer was €5.4m (Dublin €1.6m). Individual tax-payers may claim relief in respect of up to €50,000 of costs per annum and relief is allowed at the individual’s marginal rate of tax. This relief is only of value to individuals with taxable income and is especially attractive to those paying higher rates of income tax. The relief is conditional on carers being in formal insurable employment with attendant social welfare rights.

Residential Care for Older People

Less than one in twenty of those aged over 65 are in residential care in Ireland. The utilization of residential care increases rapidly with age. Those aged 65-69 had a utilization rate of 0.8% whereas for persons aged 95 and over the rate was 33.7%.

<table>
<thead>
<tr>
<th>Aged Years</th>
<th>65 to 69</th>
<th>70 to 74</th>
<th>75 to 79</th>
<th>80 to 84</th>
<th>85 to 89</th>
<th>90 to 94</th>
<th>95 Years and Over</th>
<th>Total 65 Years and Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,098</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>143,396</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source: Wren 2009:104</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Residential care for older people in Ireland is supplied by a mix of for-profit, not-for profit and public providers and is co-financed by the individual and the state. The provision of long term residential care for older people has become increasingly marketised in recent years. The state’s role as a provider of

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42 The latest available statistics are for 2009. Employees are associated with the city or county in which their employer is registered for income tax purposes regardless of the address of the actual workplace or the home address of individuals.

43 Information provided in a communication from the Office of the Revenue Commissioners on 15/12/2011.
care has declined while it has assumed a more active role in the regulation and inspection of residential care facilities. The state regulates the provision of long-term care by setting standards and monitoring the quality of care and by controlling prices but consumers retain autonomy as it is the frail elderly and their families who choose the provider of care, although the options for those with high levels of dependency may be constrained.

The growth in the population of older people and in particular the increase in the number of ‘old old’ has resulted in a greater demand for long-term residential beds. The increase in demand has been met by an increase in the supply of beds by the private sector which includes for-profit and not-for-profit providers.

In 1995 the stock of nursing home beds provided by the for-profit and not-for-profit sectors in Ireland was 10,500 or 55% of all long stay beds (McEnery 2007). The supply of nursing home beds by the for-profit sector was boosted by tax incentives and tax allowances which made investment in nursing homes attractive, particularly for investors with high marginal tax rates. By 2006 the supply of private nursing home beds had increased to 18,000 (McEnery 2007) and by the end of 2011 it was estimated that there were just under 21,000 beds in private nursing homes (McDonagh 2011; www.nhi.ie44), almost twice the number available in 1995.

In 1995 there were 9,500 public long stay nursing home beds (McEnery 2007) and for many subsequent years the number of long-stay beds in the public sector remained relatively static (Cowman et al. 2010). However, the supply of nursing home beds by the public sector has recently decreased and plans to cut the 5,880 public long stay nursing home beds currently available by 555 beds have been announced with further cuts possible45 (HSE 2012). Cuts in the number of public nursing home beds have stemmed from staff shortages which have arisen as a result of the embargo on recruitment in the public sector. The reduction in the number of public long-stay beds has also stemmed from the physical condition of many public nursing home facilities which do not meet the standards stipulated by the Health Inspection Quality Authority (Houses of the Oireachtas 2011; The Irish Times Sat. 26/11/2011). The poor condition of public nursing homes may result in further as yet unannounced cuts. It seems likely therefore that in the short to medium term the role of private for-profit suppliers in the delivery of long-term residential care will be increasingly dominant.

The increased reliance on market provided long term care for older people is partially driven by the higher cost of care in the public sector. In 2010 the average weekly cost of residential long-term care in the private sector was estimated at €865; this compares to an average weekly cost in the public sector of €1,245 (Comptroller & Auditor General 2011). As can be seen from Table 3 below the weekly cost of care in 21 of the 122 public long-stay residential facilities for older people exceeded €1,500 per week in 2010.

44 A stock of ‘nearly 20,600’ beds is indicated by Nursing Homes Ireland (www.nhi.ie accessed on 30/11/2011)
45 The stock of beds in public long-stay care facilities was 7942 in November 2011. Of these 5,880 beds were designated long-stay beds under the FDS. However, the HSE performance report for October 2011 indicates that just 5,490 persons in receipt of state support for nursing home charges were in public long-stay residential beds (http://www.HSE.ie ).
**Table 13: Cost of Residential Long-Term Care-2010**

<table>
<thead>
<tr>
<th>Weekly Cost</th>
<th>Private</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under €600</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>€600-€900</td>
<td>286</td>
<td>7</td>
</tr>
<tr>
<td>€900-€1200</td>
<td>116</td>
<td>61</td>
</tr>
<tr>
<td>€1200-€1500</td>
<td>29</td>
<td>32</td>
</tr>
<tr>
<td>Over €1500</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>Total Nursing Homes</td>
<td>436</td>
<td>122</td>
</tr>
<tr>
<td>Average cost</td>
<td>€865</td>
<td>€1,245</td>
</tr>
</tbody>
</table>

(Source: Comptroller & Auditor General 2011:653)

A number of factors contribute to higher costs in the public sector including the greater dependency level of residents in the public sector which necessitates a more highly skilled staff mix and in particular a higher ratio of nursing staff (PA Consulting Group 2009).\(^{46}\) Higher salaries and ancillary costs including pensions also contribute to higher costs in the public sector. The differential in the wage rates and pay increments paid by public and for-profit nursing homes may largely account for the higher proportion of migrant care workers employed by for-profit nursing homes (37%) compared to those employed in public long-stay facilities (14%) (Walsh & O'Shea 2010).

While cuts in the number of public long-stay beds may mean that the state funding for residential care can be extended to more people in need of care\(^{47}\) there are concerns that the planned reduction in the number of public nursing home beds may particularly impact on patients with maximum levels of dependency who may have difficulty accessing care in the private sector.

The Irish Nursing Homes association has claimed that there is a shortage of residential care in Dublin because the alternative use value of land is prohibitively high. Given the high cost of land residential care homes in central urban locations may have to be large multi-storey facilities if they are to be commercially viable (Bassett 2007).\(^{48}\) It has been suggested that a significant number of people in Dublin who need long term residential care have to access care outside the area (Bassett 2007). If residential care facilities are not available locally some families may be reluctant to access more remote facilities and some Dublin based residential care units have long waiting lists.\(^{49}\)

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\(^{46}\) A survey conducted by PA consulting group indicates that on average public nursing homes have a significantly higher proportion of residents with maximum dependency levels and a lower proportion of residents with low and medium levels of dependency than private nursing homes (dependency levels are divided into four categories; low; medium; high; and maximum). The survey indicates that over 80% of residents in public nursing homes were in the maximum and high dependency categories. This compared to just over 70% of those in private nursing homes. The biggest difference was in the proportion of residents in the maximum dependency category. In public nursing homes more than 6 out of 10 residents had maximum levels of dependency whereas in private nursing homes the proportion was 4 out of 10 (PA Consulting Group 2009).

\(^{47}\) The HSE National Service Plan for 2012 indicates that an additional 1,270 people will receive support under the FDS although additional monies have not been allocated to this scheme (HSE 2012).

\(^{48}\) The current Dublin City Development Plan does not allow planners to zone land specifically for the purpose of nursing homes or residential care.

\(^{49}\) Personal communication; HSE official.
The cost approved by the HSE for care in private long-term residential facilities in Dublin is higher on average than in the rest of the country. This reflects higher land costs and higher salary costs. The average weekly cost of private residential care in Dublin is €1,077 and in County Dublin the average weekly cost is slightly higher at €1,132. In the counties adjacent to Dublin costs are lower; the average weekly cost in Louth is €890; in Meath the average weekly cost is €908 and in Carlow the figure is €800.50

The absence of a fair, transparent and standardised basis of allocation of beds in public nursing homes in the past led to ongoing disquiet, controversy and complaints (Office of the Ombudsman 2010; Timonen 2006). Responsibility for the cost of long-term care was not clearly and unambiguously assigned due to a persistent lack of clarity regarding the right to nursing home care in Ireland. The Ombudsman’s report on the right to Nursing Home Care in Ireland notes that, ‘for more than 30 years, the question of what the State’s obligation is in providing nursing home care for the elderly has been fraught with confusion, uncertainty, inconsistency and, not least, controversy’ (Office of the Ombudsman 2010:5). The supply of public long-term nursing home beds has never been adequate to meet the needs of all frail elderly people in need of long-term care. Before the introduction in 2009 of the current scheme of support for nursing home costs this meant that those who could not access a bed in a public nursing home had to find the means of paying the very high cost of private nursing home care for a period of uncertain and indeterminable duration and could only claim a very limited subvention in respect of the cost incurred from the State. This meant that in many cases family members had to meet a large portion of the costs of care even though they had no legal obligation to do so.

Controversy also arose in relation to the charges levied on residents in public nursing homes. The charges sought to recoup a portion of the cost of their stay from residents. However, legal challenges established that there was no legal basis for the charges which had been levied on residents in public nursing homes for many years. Although legislation has now been put in place to allow patients in public nursing homes to be levied, the state was forced to refund residents and their families in respect of the amounts deemed to have been unlawfully charged.51

A new subvention scheme for nursing home costs known as the ‘Fair Deal Scheme’ (FDS) was introduced in 2009. The FDS applies equally to residents in private52 and public nursing homes. When it was launched it was claimed that the FDS was ‘accessible, affordable, and anxiety free’53 (The Herald 10/10/2008).

The FDS provides a standardised basis for determining the state’s contribution towards the cost of long-term residential care services (a new category of services created by the Nursing Homes Support

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50 Average costs are based on the maximum agreed prices with private and voluntary nursing homes as listed by the HSE. The listing indicates that it was last modified on 16/09/2011 (see http://www.hse.ie).

51 The Health (Amendment) Act 2005 now provides the legislative basis for levying a charge on residents in public nursing homes. The act restricts the entitlement to free in-patient services to a period of 30 days and provides for a charge to be levied for in-patient services in excess of this period. The maximum weekly charge cannot exceed 80% of the state non-contributory old age pension.

52 Private nursing homes include for-profit and not-for-profit nursing homes.

53 The claim was made by the then Minister for Health Mary Harney.
Scheme Act, 2009). State subvention of nursing home costs continues to be paid under the subvention scheme which predated the FDS. In 2011 a small number of people received support under the old subvention scheme (Department of Health 2011a) but new entrants to long-term residential care must apply for state support under the FDS. The scheme is premised on the basis that the primary responsibility for meeting the cost of long-term care rests with the individual and the state’s contribution to such care is voluntary and subject to the availability of resources54 (Office of the Ombudsman 2010).

The care needs of applicants must be assessed and certified by a HSE appointed medical professional before they can apply for a nursing home subvention. The assessment takes into account applicants’ ability to carry out activities of daily living as well as the health of the applicant and the medical and social services available in the community.

The contribution towards an individual’s nursing home costs payable by the state under the terms of the FDS is dependent on the individual’s income and assets as well as the cost of care. Individuals are required to pay 80% of their income and 5% of the value of their assets towards the cost of their care55 but the contribution payable cannot exceed the cost of the care. Individuals with high incomes and/or high levels of wealth may not be entitled to any state contribution to their care.

The contribution payable in respect of the monetarised value of the family home is capped at 15%. This means that even when care extends beyond a period of three years the total contribution payable in respect of the family home will not exceed 15% of the asset value. The scheme provides for loans in respect of assets such as land and property which essentially defers the contribution due in respect of those assets until after death.

In the case of couples where one spouse continues to live in their private residence the contribution payable by the spouse receiving care will be based on half of the combined income and assets of the couple.

Once a subvention has been approved individuals and their families choose a nursing home from a list of approved nursing homes provided by the HSE. The cost of care payable by the individual is not dependent on the choice of nursing home.

The latest available details regarding persons receiving state support towards the costs of long-stay residential care are set out below:

54 This is the position of the Department of Health which may be open to contestation.
55 The first €32,000 of assets (€72,000 for a couple) is disregarded for the purposes of calculating the contribution payable.
Table 14: Persons in State Funded Long-Term Residential Care

<table>
<thead>
<tr>
<th>Number of Persons</th>
<th>Oct-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>5,490</td>
</tr>
<tr>
<td>Private</td>
<td>13,301</td>
</tr>
<tr>
<td>Subvention</td>
<td>1,438</td>
</tr>
<tr>
<td>Contract</td>
<td>1,908</td>
</tr>
<tr>
<td>Total</td>
<td>22,137</td>
</tr>
</tbody>
</table>

(Source: http://www.HSE.ie)

Persons included under the heading ‘subvention’ are persons who have opted to continue to receive funding for nursing home costs under the conditions of the old Nursing Home Subvention Scheme. Persons included under the heading ‘contract’ are persons for whom the HSE has contracted beds in private nursing homes when no public beds were available. Contract beds are likely to predate the FDS. The numbers in both the ‘subvention’ and ‘contract’ category will decrease over time.

The total number of public and private long-stay residential beds currently available appears to be in the region of 26,100. The details set out above in relation to persons covered by the FDS suggest that around 4,000 private nursing home beds are not covered by state supports. This gap may indicate over-capacity in the private sector but it may also be explained by some beds in the private sector being used for short-term convalescent purposes and some beds being occupied by persons who do not qualify for any state support towards the cost of nursing home care and who pay for the full cost of care from their own resources.

The FDS is a ‘budget capped scheme’. This means that resources allocated towards the cost of nursing home care are not determined by demand but rather are limited by the funds designated under the HSE budget. This reflects the state’s position that individuals do not have a right to state support towards the costs of long-term residential care and any support provided is provided on a voluntary rather than on a statutory basis.

The controversy regarding the allocation of beds in public nursing homes has largely been diffused by the introduction of the FDS as the scheme treats residents in public and private nursing homes on an equal footing. However, both the number of applications and the average length of stay in care facilities have exceeded the projected levels. These factors along with the limit on the funds available have resulted in a delay in processing and approving applications. There is some uncertainty regarding the sustainability of the costs of the scheme which is due for review in 2012. In addition, a lack of clarity persists regarding the right to nursing home care in Ireland (Office of the Ombudsman 2010).

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56 This figure is based on total private nursing home beds of 20,600 as indicated by Nursing Homes Ireland (www.nhi.ie) accessed on 30/11/2011) and 5,490 public nursing beds.
57 This assumes all contract beds are private and all persons on the subvention scheme are in private beds. In practice persons on the subvention scheme may be in a mix of public and private beds.
58 Minister for Older People Kathleen Lynch’s Seanad Statement on Thursday, 16th June 2011, accessed online on 13/12/2011 at http://healthupdate.gov.ie
Quality Standards for Residential Care

The Health Information and Quality Authority (HIQA) has developed and published national quality standards for residential care settings for older people in Ireland. The standards apply uniformly to all residential care settings for older people and therefore regulate public, for-profit and not-for-profit providers.

The standards deal with a range of issues including the rights of older people, protection, health and social care needs, quality of life, staffing, the care environment, and management and governance. Supplementary criteria for units that specialise in the care of people with dementia are also contained within the standards.

The quality standards draw on research findings and best practice and were developed following an extensive consultation process with key stakeholders and the wider public. Service users, service providers, healthcare professionals, older people’s representative groups, the Department of Health and Children and the Health Service Executive all contributed to the development of the standards.

The standards developed require providers of nursing home care to determine minimum staffing levels and staff mix by applying a nationally validated assessment tool which takes into account the care needs and dependency levels of the residents. Providers are also required to ensure that newly recruited care staff commence training up to FETAC level 5 within 2 years of commencing employment. They are also required to carry out an assessment of the competency and skills of long-standing care staff and address any training deficits.

Residential care settings for older people are subject to inspection and comprehensive inspection reports are published online and are therefore accessible by the public. Nursing homes which fail to meet the standards set out may ultimately be subject to closure.

Quality Standards for Domiciliary Care

Quality standards in relation to the provision of home care are in the process of being drafted. The draft standards have not been released as a consultation process is ongoing. In the interim home care services for the elderly are essentially unregulated.

Conclusion

This report outlines the range of elder care services in Dublin and in Ireland. Elder care is delivered by a mix of informal and formal providers and is funded by personal, family, and state resources. Informal unpaid care is provided in a familial setting; semi-formal care is supported by carer allowances/benefits and respite grants; state funded domiciliary services are delivered by a mixture of direct state employees and for-profit and not-for-profit organisations; and residential care which is state regulated and funded subject to means testing. The state is responsible for the establishment and monitoring of
standards of care in residential settings but standards in respect of domiciliary care have not yet been agreed. The welfare mix is shifting increasingly towards services funded by a public/private mix and delivered by for-profit organisations.
3.3. Local policies and welfare mix in relation to employment oriented lifelong learning

3.4.1. Educational level of women and participation in employment oriented education

Table 15: Educational level (highest educational attainment) of women and men aged 25-64 in Dublin and in Ireland (2011)

<table>
<thead>
<tr>
<th>Educational level of women and men by age group</th>
<th>basic level (ISCED 0-2) % of the age group</th>
<th>secondary (ISCED 3-4) % of the age group</th>
<th>tertiary (ISCED 5-6) % of the age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Dublin</td>
<td>women</td>
<td>men</td>
<td>women</td>
</tr>
<tr>
<td>25-39</td>
<td>11</td>
<td>13</td>
<td>32</td>
</tr>
<tr>
<td>40-54</td>
<td>26</td>
<td>24</td>
<td>36</td>
</tr>
<tr>
<td>55-64</td>
<td>37</td>
<td>36</td>
<td>34</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In Ireland</th>
<th>women</th>
<th>men</th>
<th>women</th>
<th>men</th>
<th>women</th>
<th>men</th>
<th>women</th>
<th>men</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-39</td>
<td>11</td>
<td>17</td>
<td>36</td>
<td>42</td>
<td>53</td>
<td>42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-54</td>
<td>24</td>
<td>30</td>
<td>41</td>
<td>37</td>
<td>35</td>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>44</td>
<td>49</td>
<td>33</td>
<td>29</td>
<td>24</td>
<td>22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Communication from CSO- based on QNHS Q2 2011

Table 1 shows that the educational levels of both men and women in Dublin and nationally is higher for younger age cohorts. It also highlights that on average adults aged 25-64 who live in Dublin have higher levels of education attainment than the national average. The gap between the proportion of Dublin men with a tertiary level education compared to the proportion of men nationally with a tertiary education level is especially large. This may be due to the occupational structure of Dublin which includes a large service sector, and an especially large financial services sector, and few jobs in agriculture, fishing, or manufacturing. While the proportion of Dublin women with a tertiary level of education is higher than the national average for all age groups between 25-64 the gap between Dublin and national levels of educational attainment is not as high for women as it is for men.
Table 16: Number of women and men (by age group) who participated in employment related education and training (lifelong learning) in the city and in the country (2008)

<table>
<thead>
<tr>
<th>Age group</th>
<th>Women in the city</th>
<th>Women in the country</th>
<th>Men in the city</th>
<th>Men in the country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>abs</td>
<td>%</td>
<td>abs</td>
<td>%</td>
</tr>
<tr>
<td>25-39</td>
<td>41</td>
<td>41%</td>
<td>31</td>
<td>31%</td>
</tr>
<tr>
<td>40-54</td>
<td>30</td>
<td>25%</td>
<td>25</td>
<td>25%</td>
</tr>
<tr>
<td>55-64</td>
<td>22</td>
<td>18%</td>
<td>16</td>
<td>16%</td>
</tr>
</tbody>
</table>

Source: (Communication from CSO-data extracted from QNHS Q3 2008)

The highest rates of lifelong learning were reported by Dublin men aged 25-39. While the levels of LLL for men and women in Ireland aged 25-39 were almost identical (32% of men and 31% of women) when we look at the picture in Dublin we see that men aged 25-39 report considerably higher levels of employment related education and training than women in the same age cohort (49% - men; 41% - women). Participation in LLL decreases with age for both men and women; men aged 55-64 report the lowest level of LLL in Dublin (18%) and the lowest level nationally (15%). Nationally both men and women have similarly low participation rates. The QNHS suggest that there are greater opportunities for training in the Dublin region.

3.4.2. Educational Policies of the city towards life-long learning

Policy in relation to adult education and training in Ireland is devised at national level only. The Department of Education and Skills (DES) provides a policy, legislative and funding framework for all levels of education including adult and second chance education. Since 2010 the DES also has responsibility for policy with regard to training and skills. Although responsibility for policy development is centralized a process of consultation with relevant stakeholders routinely precedes the production of new policy documents. The consultation process provides local actors with a means of influencing national policies. A consultation process is currently ongoing in relation to the establishment of a new Further Education and Training Authority which is to be known as SOLAS. A consultation paper was issued by the Minister for Training and Skills in December 2011 (DES 2011) and responses have been received from various stakeholders including Vocational Education Committees (CDVEC 2012); employer organizations (Irish Business and Employer’s Confederation 2012); adult literacy organizations (NALA 2012); youth organizations (Youth Work Ireland 2012) and other NGOs (Focus Ireland 2012).

Government policy on adult education is set out in a number of key documents. The National Strategy on Higher Education to 2030 (Strategy Group 2011) sets out a vision for developing Higher Education in Ireland over the period to 2030. One of the aspirations set out in The National Strategy on Higher

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59 The Quarterly National Household Survey defined Lifelong Learning (LLL) as formal and/or non-formal education. Respondents were asked to indicate whether they participated in LLL in the past 12 months.

60 SOLAS is an acronym derived from An Seirbhísí Oideachais Leanúnaigh Agus Scileanna. Solas means light in Irish.
Education to 2030 is that the higher education system will be “fully accessible throughout *student’s+ lives and changing circumstances” (2011:4). The policy set out in the National Strategy on Higher Education could be said to be gender blind; it does not include any references to women or to any potential barriers to women’s engagement with Higher Education. Learning for Life- **White Paper on Adult Education** (Department of Education and Science 2000) is also an important policy document. This document presents a comparison of the participation rates of men and women in various forms of adult education. It also highlights the particular contribution of local community groups in providing educational opportunities to marginalized women in disadvantaged communities. It points out that women with low levels of education have lower labour market participation rates than men with similar levels of educational attainment. It identifies inadequate childcare as a barrier to adult education and points out that women in the home are disadvantaged when education opportunities are allocated by reference to live register status.  

The **National Development Plan (NDP) 2007-2013** sets out Government policy in relation to training and skills development. The policy outlined in the NDP 2007-2013 is reflected in the strategy for up-skilling the Irish population which is set out in *Tomorrow’s Skills: Towards a National Skills Strategy* (Expert Group on Future Skills Needs 2007).  

While the DES provides policy support for the development of third-level education through its Higher Education Unit, and State and EU funding for third level education is provided through the Higher Education Authority (HEA). Higher Education Institutions (HEIs) are governed on a day to day basis by institute specific Boards and Academic Councils. A governance code has been established for both Universities (HEA/IUA 2007) and Institutes of Technology (Institutes of Technology 2009) and some HEIs have also developed their own specific code of governance (see Trinity College Dublin 2008). The framework for the governance and funding of HEIs is set out in various legislative provisions (see Higher Education Authority Act, 1971; Institute of Technology Act, 2006; Universities Act, 1997).  

The legislative and funding framework promotes accountability but also grants significant autonomy to HEIs. Section 14 (1) of The Universities Act, 1997 highlights this point. It provides that a university shall “have the right and responsibility to preserve and promote the traditional principles of academic freedom in the conduct of internal and external affairs and be entitled to regulate its affairs in accordance with its independent ethos and traditions”. The legal autonomy enjoyed by Irish HEIs is identified by The National Competitiveness Council (NCC) as a “major strength”. The NCC also points out that the level of autonomy is high “*compared with equivalent publically- funded counterparts in other OECD countries* “(NCC 2009:28). However, the NCC has also suggested that the autonomy of HEIs needs to be balanced by collaboration and co-operation to avoid duplication of programmes and to achieve optimum results from research initiatives (NCC 2009). This point is echoed in the **National Strategy for**

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61 Persons actively seeking employment are included on the live register. Many women working in the home may not be actively seeking employment, or they are ineligible for benefits or allowances so they do not sign on the live register.  
62 The targeted up-skilling of the Irish population is that by 2020 48% of the population will have National Framework Qualifications (NFQ) at level 6-10; 45% at NFQ Level 4 and 5 and the remaining 7% at NFQ level 1. The National Framework of Qualifications was established in 2001 under the Qualifications (Education and Training) Act, 1999 and provides a means of comparing and measuring qualifications.
Higher Education to 2030 which recommends regional clusters of collaborating institutions and institutional consolidation (Strategy Group on Higher Education 2011). Collaboration between HEIs has also been recommended by the Higher Education Authority which has recently directed that each HEI submit a plan to the HEA by August 2012 with regard to institutional alliances and clusters (HEA 2012a). The Dublin Region Higher Education Alliance is already established and is described by the HEA as a ‘nascent cluster’ (HEA 2012a:8). The Dublin Region Higher Education Alliance (DRHEA) is a strategic alliance of the Higher Education sector in the wider Dublin city-region. It includes four Universities and their linked Colleges and four Institutes of Technology. The DRHEA has been created to strengthen the region’s higher education sector as an important contribution to the growth of Dublin’s competitive advantage in a European and broader international context.

Providers of Further Education and Training also enjoy a certain degree of autonomy. The City of Dublin Vocational Education Committee (CDVEC) has pointed to the ‘ground-up development’ of Further Education programmes which are tailored to local needs (CDVEC 2012). CDVEC notes that it caters for the educational needs of groups which are only found in large urban settings such as unaccompanied minors, refugees and participants in court directed drug treatment and contends that ongoing local flexibility of provision is essential (CDVEC 2012).

3.4.3. Provision and providers of employment oriented education in the city (welfare mix)

A wide variety of educational opportunities can be accessed by adults in the Dublin City area including many general interest education courses. General interest education courses are provided by a range of organizations and individuals and often cater for leisure interests or promote personal development. In general they do not lead to formal qualifications or provide vocational training. These courses are not covered by this report.

The adult educational system in Dublin is broken down into two categories which are outlined below: Higher Education and Further and Vocational Education.

Higher Education
Higher Education is education provided by Third Level Institutions which include Universities, Institutes of Technology and Colleges. The proportion of the Irish population educated to tertiary level is high when compared to the proportion in other countries. Research carried out by ECOFIN found that Ireland

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63 The four participating universities are Trinity College Dublin (TCD), Dublin City University (DCU), University College Dublin (UCD) and National University of Ireland Maynooth (NUIM). TCD and DCU are in Dublin City and UCD and NUIM are outside the City but in the Greater Dublin area.

64 The four participating Institutes of Technology are Dublin Institute of Technology; Dun Laoghaire Institute of Art and Design; the Institute of Technology Tallaght and the Institute of Technology Blanchardstown. Only the Dublin Institute of Technology is located in the Dublin City area.

65 See http://www.drhea.ie/ Information accessed on 29/02/2012.
came first out of 28 countries in terms of the number of graduates per 1,000 inhabitants\(^{66}\) (St. Aubin et al. 2009). The study also ranked Irish graduates first in terms of employability (\textit{ibid} 2009:30).

Levels of tertiary education are especially high amongst younger age cohorts. In 2010 almost half (49.9\%) of Irish adults in the age cohort 30-34 had a tertiary level of education (Eurostat 2012). This proportion was significantly higher than the average attainment level in the EU (EU-27). Tertiary educational attainment by Irish adults has increased markedly in recent years. The rate of change can be appreciated by comparing the 55.3\% of Irish women aged 30-34 with tertiary level education in 2010 to the level in 2001 of 32.5\% amongst the same age cohort. Indeed in 2010 Irish women had the highest level of tertiary level of education of men and women aged 30-34 in the EU (Eurostat 2012). As highlighted in Table 1 above the proportion of adults in Dublin who have attained a tertiary education is above the national average for both men and women. An especially large proportion of young Dublin women (25-39) have attained a tertiary level of education (57\%).

The most prestigious Higher Education Institutes in Ireland are those that are publicly funded. In contrast private second level schools, especially in Dublin, are more highly ranked in terms of academic success than public second level schools. Publicly funded Higher Education Institutes (HEIs) in Dublin City include Trinity College Dublin; Dublin City University; St. Patrick’s College; Mater Dei Institute of Education; National College of Art and Design; Royal College of Surgeons and Dublin Institute of Technology. University College Dublin, the HEI with the largest student body in the state\(^{67}\), is located in South Dublin, outside but adjacent to the Dublin City area. Public funds also aid a number of HEIs located in the Dublin City area including the Marino Institute of Education; Church of Ireland College of Education; Milltown Institute; All Hallows Institute; Kimmage Development Centre and the National College of Ireland. Privately funded Dublin based HEIs include King’s Inns; The Law Society; American College, Dublin; Griffith College, Dublin; Westmoreland College; IBAT College; Fitzwilliam Institute; Montessori AMI and the Institute of Public Administration. A number of other institutions offer courses which are validated by the Higher Education authority; the largest of these in Dublin City is the Dublin Business School. HEIs attract students from beyond the area in which they are located and this is especially the case in Dublin which is a national centre of excellence for Higher Education.

In 2010/2011 53\% of full-time students enrolled in publicly funded HEIs located in the Dublin City Area were female; there were no significant differences in the proportion of female undergraduate (53.4\%) and postgraduate (52.3\%) students (HEA 2012b). However, if we separate universities from the Dublin Institute of Technology the picture that emerges is somewhat different. In 2010/11 over 58\% of full-time students enrolled in Dublin city universities were female and the proportion of females was especially large in the undergraduate student body (59.5\%). In the Dublin Institute of Technology however just 41\% of full-time students in 2010/11 were female although the proportion of female postgraduate students (47.9\%) was considerably higher than the proportion of female undergraduates (40.3\%) (HEA 2012b). The underrepresentation of females in the student body of DIT is consistent with

\(^{66}\) This ranking was based on 2005 statistics.

\(^{67}\) In 2010/11 the number of full-time enrolled students in University College Dublin was in excess of 20,000 (HEA 2012b).
the continuing underrepresentation of women in science and technology courses nationwide and in employment in the science and technology sectors (Women in Technology and Science 2004).

Further and Vocational Education

Further Education and Training is defined by CDVEC as ‘an education and training service provided to learners over 16 years of age who are no longer attending mainstream second level education or higher education’ (CDVEC 2012:4). The main providers of Further Education and Training in Dublin City are the Dublin Institute of Technology (DIT), FÁS the National Training Authority and the 16 Colleges of Further Education operated by the City of Dublin Vocational education Committee (CDVEC). CDVEC also provide courses in 100 centres throughout the Dublin City area. In some instances these providers collaborate with each other and with various industry bodies and state agencies in deciding on the location, structure, and content of courses. Females are notably underrepresented amongst apprentices and in many science and technology courses but overall female participants greatly outnumber male participants in almost all further education initiatives. An analysis of participants in the Back to Education Initiative (BTEI), an adult education scheme primarily targeted at adults who have not completed secondary education, highlights this gender imbalance. In both 2007 and 2004 77% of BTEI participants were female (Aontas 2009; O’Connor 2007). The over-representation of female participants in BTEIs and other further education initiatives has resulted in efforts to attract more men into adult education (Aontas 2009).

Dublin Institute of Technology

In 2010/11 2,388 students were enrolled in DIT in part-time courses accredited by the Further Education Training Awards Council (FETAC). The overwhelming majority (91%) of students on DIT FETAC courses are apprentices who combine workplace and classroom training to acquire a qualification in various crafts which largely serve the construction industry. Apprenticeships are contingent on employment. In 2010/11 females accounted for only 3.4% (76) of all students enrolled on FETAC courses in DIT and less than 1% of students on apprenticeship courses (HEA 2012b). Efforts are ongoing to address the gender imbalance in apprenticeships. Apprenticeships for women are promoted by the national training authority (FÁS) through an action programme for women (Women in Focus) which provides opportunities for women to avail of career options in non-traditional areas of work. As part of this action programme FÁS offers a bursary to employers in both the public and private sectors to encourage an increased level of recruitment of women apprentices. The bursary provides a total grant of €2,667 to each employer for each female apprentice recruited68.

FÁS

The number of unemployed persons in Ireland is currently at an unprecedented high. As a result the training courses offered by FÁS, the national training authority, are primarily oriented towards unemployed persons. Due to the current high level of unemployment the courses provided by FÁS are usually oversubscribed and there are lengthy waiting lists for many courses.

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68 See [www.fas.ie](http://www.fas.ie) Information accessed on 27/02/2012.
FÁS provides courses which allow job seekers or persons wishing to retrain to acquire specific job related skills and formal vocational qualifications to facilitate re-entry to the workforce. The majority of the courses offered lead to FETAC awards at level 4, 5 or 6 or to industry recognized certification. Both full and part-time courses are offered and the entry requirements and duration vary depending on the course. Courses offered in the Dublin city area include Domestic Gas Installer (6 weeks– 2 days per week–no entry requirements); Healthcare Assistant (36 weeks– full-time– Garda vetting and medical screening required in addition to aptitude test in English); Equestrian International Instructor Level 1 (49 weeks – full-time-basic riding ability a prerequisite)\(^69\).

Evening courses are also now offered by FÁS. Evening courses are free to the unemployed. Employed persons can opt to enroll on FÁS provided evening courses but unlike unemployed persons they are charged a modest fee in respect of any courses they attend. Evening courses tend to be shorter in duration than day-time courses and are less likely to lead to a formal qualification. FÁS evening courses currently offered in the Dublin City area include Digital Imaging using Photoshop (5 weeks); Computer Basics (5 weeks); and Adobe Illustrator (10 weeks).

FÁS also provides a limited range of courses to employed persons. These include a number of courses for persons employed in the construction industry and specialized courses for professionals in the film and television industry which are promoted internationally as well as nationally.\(^70\)

In 2010 31,080 people in the Dublin region completed training provided by FÁS. Evening courses have become an important mode of delivering training; 50% of those who received training in Dublin received it via an evening course. More than 80% of the participants on FÁS evening courses in 2010 were unemployed persons who accessed the courses free of charge (F ÁS 2011).

City of Dublin Vocational Education Committee (CDVEC)

CDVEC provides courses to a diverse range of adult learners. The courses cater for students who wish to retrain or up-skill or progress to higher education as well as for ‘second-chance’ learners who need assistance to acquire basic literacy skills.

CDVEC provides over 300 Further Education courses at FETAC Level 5/6. FETAC Level 5/6 awards offer vocational training and also provide an opportunity of progression into third level studies. Vocational training courses are tailored to suit labour market needs; the wide range of employment oriented courses offered includes ‘Dot.Com Skills for Business Development’; ‘Renewable Energy’; and ‘Facilitation and Mediation Skills’ (CDVEC 2009). Courses are open to students who have completed secondary education or who have qualifications equivalent to secondary level education. Courses are also open to mature students who have not attained formal second level qualifications but who have suitable life/work experience.

\(^{69}\) Information accessed from www.fas.ie/ on 27/02/2012.
See www.screentrainingireland.ie/
CDVEC also provides education programmes in the workplace. CDVEC works in collaboration with FÁS, local partnerships, employers, employees, local government, and organisations throughout Dublin to tailor, promote, and deliver courses from basic level through to FETAC accreditation. Some courses are funded through FÁS funded initiatives. The Learning @ Work initiative has delivered FETAC accredited courses through to level 5 including but not limited to the following: Customer Care, Information Technology, Computer literacy, Special Needs Assisting, Computer Applications, Basic Education within the Workplace (CDVEC 2009). CDVEC also organizes and provides the SkillVEC programme which is an up-skilling programme for Health Service Executive lower and middle grade staff. To date 3,720 learners have graduated with full level 5 or 6 awards from SkillVEC (CDVEC 2012:7).

The Vocational Training Opportunities Scheme (VTOS)
VTOS offers unemployed people an opportunity of returning to structured learning in an adult setting. VTOS is funded by the DES under the National Development Plan 2007 - 2013 and it is delivered in over 100 locations throughout the country by the thirty-three VECs.

VTOS courses are offered in 15 CDVEC colleges. Learning opportunities offered by VTOS courses include Junior and Leaving certificate courses and courses leading to FETAC awards at levels 3-5. VTOS courses are open to persons over the age of 21 who have been in receipt of job-seeker’s allowance/ benefit for more than six months. They are also open to recipients of other social welfare supports including those in receipt of a one parent family allowance. In addition dependent spouses of qualifying persons may also attend a VTOS course. The duration of courses varies but they can extend for up to 2 years.

Persons participating in VTOS courses continue to receive income supports and may also receive a small lunch and travel allowance. A bonus payment of €31.80 per week is payable to course participants who have been in receipt of certain eligible social welfare payments for at least one year directly before joining VTOS. The scheme does not guarantee participants childcare facilities but participants may be able to access childcare facilities.

Further Education courses are also offered by CDVEC to adult Foundation Learners who are ‘usually unemployed early school leavers or persons holding less than upper secondary qualifications with poor levels of literacy, numeracy and IT skills’ (CDVEC 2012:6). These learners do not have adequate basic skills such as literacy/numeracy/IT and life skills. Where appropriate these skills deficits are met through the provision of FETAC Level 1-4 programmes or through a combination of individualized learning programmes and mentoring programmes, which are often not formally certificated. Progress for these learners is often initially measured on the basis of achievement of learning objectives rather than on the achievement of national certification.

Many Foundation Learners participate through the Back to Education Initiative (BTEI) which is part financed by the European Social Fund. The BTEI’s primary target group is adults who have not completed upper second level education, particularly the so called “hard to reach” that experience strong barriers to participation. The BTEI enables learners to combine family, work or personal
responsibilities with learning opportunities as courses are part-time and tailored to reflect the circumstances of the learners. The targeted groups include lone parents; persons with caring responsibilities which make participation in a full-time course impossible; and unemployed persons not eligible for inclusion on the live register. Younger learners attend one of the ten Youthreach centres provided by CDVEC.

A number of Further Education courses are tailored to meet the needs of specific disadvantaged groups. The disadvantaged groups targeted include Travellers; early school-leavers; ex-offenders; prisoners and people for whom English is not their first language. A large proportion of the courses targeted at disadvantaged groups are targeted at people with disabilities; the courses offered for people with disabilities tend to be more lengthy in duration than other courses. Courses for disabled persons are varied and include courses on Horticulture, Art and Crafts and Business Studies and Finance. These courses are funded by CDVEC and FÁS and may be organized in partnership with local community groups or partnerships.

**Other Providers**

Training and education opportunities are also provided through employer based initiatives organized by Skillnets. Skillnets is a state funded enterprise-led support body which facilitates training and up-skilling by supporting and funding networks of enterprises to engage in training under the Training Networks Programme (TNP). These networks, referred to as 'Skillnets', are led and managed by the enterprises themselves so that the training programmes that are designed and delivered reflect current industry specific needs.

Until recently Skillnets training programmes were only offered to employed persons. However, Skillnets have responded to the growth in unemployment by extending the training offered to job-seekers, who are trained in most instances alongside persons in employment. By training with those in employment, job-seekers can access networking opportunities and keep up to date with their sector while also participating in relevant industry-specific training programmes. Courses include evening and short duration full and part-time courses.

Education initiatives may span higher and further/vocational education. The Digital Skills Academy (DSA) based in the Digital Hub in Dublin has developed a number of innovative courses in Digital Technology in collaboration with Institutes of Technology in Dublin, Cork, Limerick and Galway and also with a number of colleges of Further Education including the Liberties College and St. Kevin’s College in Dublin. The DSA was established in 2008 to re-skill the unemployed for the Digital Technology Sector and to disseminate technology skills among Small and Medium Enterprises (SMEs) in Ireland. WebActivate is a programme developed by DSA and partially funded by the European Social Fund. The pilot programme was launched in August 2010 and included modules in Internet Publishing; i-Marketing; Social Media Marketing and

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71 All of the courses with a duration of 52 weeks or more were targeted at people with disabilities. The longest course currently on offer in the Dublin area is for 99 weeks.

72 See www.skillnets.ie/ Information accessed on 27/02/2012
Working in Freelance Media. After 6 weeks in the classroom participants spent a further 12 weeks in 3 different SMEs. WebActivate covered a suite of FETAC modules with successful participants achieving 4 credits at Level 6 on the National Framework of Qualifications. The course was free to both participants and SMEs. The overall programme goal is to engage at least 2,000 unemployed people in a hybrid enterprise development and re-skilling initiative that will result in ‘Web-Activating’ thousands of Irish SMEs over a 2-3 year period, thereby developing Ireland’s digital economy and stimulating business growth across a range of sectors, while also encouraging job creation73. Other programmes offered by the DSA include Digi Media; Digi Film & TV and Creative Digital Media.

Private colleges also offer both Further Education courses and Vocational training which are designed to give students the skills necessary for progression to employment or further study. There is considerable variation in the duration and intensity of the courses offered and in the level of the qualifications attached to the courses. The courses offered cover a wide and eclectic range of subjects such as web design, sound engineering, child-care, graphic design, hair-dressing, horticulture, beauty therapy, and tree inspection.

Some professions require members to complete a minimum level of Continuing Professional Development (CPD) each year. CPD course may be offered by the institutes or by private providers of education.

Vocational training is also provided through ‘JobBridge’ a Government initiative which links new entrants to the labour market or job-seekers seeking to acquire new skills with employers offering internships. During the period of the internship job-seekers receive a weekly payment of €50 in addition to their existing job-seeker’s allowance/benefit. Internships are for a period of 6-9 months. To date over 5,000 job-seekers nationally have secured internships through this scheme and have thus gained valuable on-the-job training74. Job-seekers must be registered as unemployed for a minimum period of three months in order to qualify for this scheme. Organisations are required to assign a mentor to provide support as required during the internship.

Many local training initiatives are run by local employment services in conjunction with local community groups and local area based partnerships. Local employment services and local partnerships are located in designated disadvantaged areas marked by high unemployment. Services are designed to suit individual needs and local area features including local industry and employment opportunities. Local community projects and partnerships are encouraged to access funding for training initiatives from a variety of sources. Learners on local training initiatives include men and women who are distant from the labour market and who need considerable assistance before they are ‘job ready’.

73 See www.digitalskillsacademy.com/
74 See www.welfare.ie/ Information accessed on 27/02/2012.
Finance of Education

The Department of Education and Skills (DES) is the principal funder of adult education and since 2010 of training both nationally and in the Dublin City area. Education is therefore largely funded from tax revenues. In its submission to the National strategy for Higher Education the Higher Education Authority pointed out that approximately 84% of higher education is publicly funded and the level of private funding which is low by international standards has declined over recent years (HEA 2009). The HEA claims that this is contrary to the international trend towards increasing private contributions to the costs of Higher Education. The HEA concluded that the funding base for Irish Higher Education is ‘unsustainable because of its over reliance on public investment’ (HEA 2009:6). Certain education costs are borne by individuals rather than by the state. These costs are outlined in Section 4 below.

Most monies expended by local authorities in Ireland are on behalf of the Department of Education and Skills and are matched by grants from the DES (see Indecon 2005:122). However, local authorities do pay a small contribution towards the costs of vocational education committees, even though they do not directly control or devise education policy (Oireachtas Library and Research Service 2010). Student grants paid by Dublin City Council are recouped from the DES although the related administrative costs are borne by Dublin City Council (DCC). The cost to DCC of administering Higher Education Grants in 2012 is forecast to be €252,300 (DCC 2011). The contribution payable by DCC in 2012 towards the funding of CDVEC is forecast to be €450,600 (DCC 2011). The budgeted expenditure by DCC in 2012 is €795.9 million; this includes €18 million in respect of student grants which is recoupable from the DES. If the student grant administration costs and contribution to CDVEC are both taken to be expenditure in relation to employment related education then the share of Dublin City’s budgeted expenditure (net of student grants) which is used for employment related education is 0.09%. This equates to spending of around €1.34 per inhabitant76.

3.4.4. Affordability and Accessibility of Education

Cost of Education

Most undergraduate students attending full-time third-level courses in publicly funded universities and colleges do not have to pay tuition fees as under the terms of the Free Fees Initiative introduced in the late 1990s the DES pays fees on behalf of students to the relevant HEIs. However, publicly funded HEIs charge an annual student contribution, also known as a registration fee. The charge covers student services and examinations. The maximum rate of the student contribution for the year 2011/2012 is €2,000 and this rate was charged by all Dublin based HEIs. Students may also have to pay additional levies; for example in 2011/2012 undergraduate students in Trinity College Dublin paid levies of €85

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75 Apart from the contribution to CDVEC the main education related costs paid by DCC relate to the cost of school meals provided in certain primary schools and unspecified ‘service support costs’(DCC 2011:72-5).

76 This calculation is based on the Census of population in 2011 which revealed the population of Dublin City to be 525383. See www.cso.ie/
while students in Dublin City University paid a levy of €38. Levies may be waived in respect of students facing financial hardship\textsuperscript{77}.

The Free Fees Initiative does not extend to students attending private colleges or to students in publicly funded HEIs who have to repeat a year. Third level fees charged by private colleges in Dublin vary but students on most undergraduate degree courses can expect to pay in the range of €4,500-€6,000 per year. Tax relief in respect of the cost of third level education is available in certain circumstances. The maximum qualifying expenditure in the academic year 2010/11 is €5000 per student and in 2011/12 the maximum is €7,000. A claim may be made in respect of fees paid for more than one student. For the tax year 2010 and prior years the tax relief is confined to tuition fees only and does not extend to registration fees or administration fees. For the tax year 2011 and subsequent tax years, the tax relief is allowable in respect of tuition fees including the Student Contribution. However, for the year 2011 and subsequent years the first €2,000 of each claim is disregarded for relief, where any one of the students in respect of whom the claim is being made is a full-time student. In the case of a claim for relief where all the students concerned are studying part-time, the first €1,000 of the claim for relief is disregarded\textsuperscript{78}. The changes in the rules regarding tax relief were designed principally to extend tax-relief to tax-payers paying registration charges for more than one student.

The cost of post-graduate courses offered by HEIs in Dublin varies considerably. Students can expect to pay fees of around €5-6,000 in respect of most research based Masters degree courses and considerably higher fees in respect of taught Masters degree courses. The course fees for one Dublin based Masters in Business Administration are €29,500. Fees in respect of courses under the graduate skills conversion programme are subsidized by the Government and in 2011/2012 the fees payable by students were €2,750 per annum. The aim of this programme is to provide graduates with the opportunity to acquire qualifications for employment in the ICT area. The programme is funded under the National Development Plan (www.hea.ie).

For the most part participants in Further education and training course provided by FÁS and CDVEC do not have to pay fees. However, fees are payable in respect of courses accessed through private providers. The fees charged by Dublin based private providers of vocational skills training vary considerably and can be very burdensome. The fees for an 18 month hair-dressing course run by a hair-dressing school attached to a well known Dublin hair salon are €12,500. A four month marketing course which provides one ½ hour class per week costs €1,395, while a ten week distance learning course on Child development which is a component module of a FETAC Level 6 award costs a more modest €395. Such fees are clearly prohibitive for persons who are unemployed or low income earners. Some employers may support the up-skilling of their employees by paying for privately provided vocational training.

\textsuperscript{77} Students from low-income household can apply for a waiver from the levies.
\textsuperscript{78} Information accessed online on 09/03/2012 at http://www.revenue.ie/en/tax/it/leaflets/it31.html
Financial supports

Limited financial supports are available for students in third level and further education and they are mainly targeted at students from low income households. The financial support offered may include a contribution towards the student’s living expenses or may be limited to fees and registration charges. Financial support for third level students is means tested and provided from central government funds although applications are processed by local authorities. Eligibility for student grants is determined by reference to household income and the number of dependent children.

Table 3: Family Income Limits- Maintenance Grants 2012

<table>
<thead>
<tr>
<th>No. of Dependent Children</th>
<th>Full maintenance €</th>
<th>Part maintenance (75%) €</th>
<th>Part maintenance (50%) €</th>
<th>Part maintenance (25%) €</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer than 4</td>
<td>41,110</td>
<td>42,235</td>
<td>44,720</td>
<td>47,205</td>
</tr>
<tr>
<td>4 to 7</td>
<td>45,165</td>
<td>46,415</td>
<td>49,145</td>
<td>51,880</td>
</tr>
<tr>
<td>8 or more</td>
<td>49,045</td>
<td>50,400</td>
<td>53,360</td>
<td>56,320</td>
</tr>
</tbody>
</table>

Students who do not qualify for a maintenance grant may be eligible for a partial fee grant.

Table 4: Family Income Limits- Partial Fee Grants 2012

<table>
<thead>
<tr>
<th>No. of Dependent Children</th>
<th>50% tuition fees and 100% student contribution €</th>
<th>50% student contribution only €</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer than 4</td>
<td>51,380</td>
<td>55,920</td>
</tr>
<tr>
<td>4 to 7</td>
<td>56,460</td>
<td>61,440</td>
</tr>
<tr>
<td>8 or more</td>
<td>61,295</td>
<td>66,700</td>
</tr>
</tbody>
</table>

Since 2011 financial support is provided through a single Student Grant Scheme which merged the four existing grant schemes. The government’s 2012 budget (launched in December 2011) announced cuts in student grants and reduced support for post-graduate students who from the academic year 2012/13 will no longer qualify for maintenance grants. Disadvantaged students who meet with a number of conditions can qualify for a special rate of maintenance grants. Adjacent and non-adjacent rates of maintenance grants are payable; qualifying students who live 45 kilometres or less from the college being attended receive the adjacent rate of maintenance grant, all other qualifying students receive the non-adjacent rate.

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79 Information accessed at www.dublincity.ie/ on 27/02/2012.
80 Post-graduate students may still be entitled to a grant in respect of fees.
Table 17: Maintenance Grant Rates 2012

<table>
<thead>
<tr>
<th>Type</th>
<th>Non-Adjacent €</th>
<th>Adjacent €</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special</td>
<td>5,915</td>
<td>2,375</td>
</tr>
<tr>
<td>Full Maintenance</td>
<td>3,025</td>
<td>1,215</td>
</tr>
<tr>
<td>Part Maintenance (75%)</td>
<td>2,270</td>
<td>910</td>
</tr>
<tr>
<td>Part maintenance (50%)</td>
<td>1,515</td>
<td>605</td>
</tr>
<tr>
<td>Part maintenance (25%)</td>
<td>755</td>
<td>305</td>
</tr>
</tbody>
</table>

A number of targeted student supports are also provided through the National Office for Equity of Access to Higher Education (National Access Office). Funding is also streamed towards students with disabilities, while students who experience financial hardship after commencing their studies can apply for funding under the student assistance fund which is administered by the HEIs but funded by the Irish Government and part-funded by the European Social Fund under the Human Capital Investment Operational Programme 2007-2013. In addition the Millennium Partnership Fund for Disadvantage is channelled by the National Access Office through local partnerships to students from disadvantaged areas.

No direct supports are currently offered to students enrolled on part-time or distance-learning courses. The failure to provide state supports to part-time students has been identified as a barrier to life-long learning (LLL) along with the limited range of part-time Higher Education study opportunities (National Office for Equity of Access to Higher Education 2008). Plans to provide free part-time higher education places to enable unemployed people to up-skill and re-skill in areas of identified skills needs where sustainable employment opportunities are expected to arise were recently announced (FORFÁS 2012). The initiative is known as ‘Springboard 2012’ and the focus is on providing funding for courses for an identified current or future skills need. Skills deficits have been flagged in information and communications technology (ICT); the green economy; biopharma-pharmachem; the food and beverage sector; international financial services; the medical devices sector; and a number of other specialist business areas. Educational institutions have been asked to submit proposals for courses which can be included in the programme (FORFÁS 2012).

Employees may be able to claim some or all of the costs of education from their employers. The amount recoverable, if any, will depend on their terms and conditions of employment. Public sector employees and employees in large organizations are most likely to receive financial support for education and training costs.

**Entrance Requirements**

The bulk of places on third level courses provided by publicly funded HEIs are allocated based on students’ grades in the Leaving Certificate examination which students sit on completion of second level
schooling. Subject to variations in subject choice all students in Ireland sit the same exam. The State Examination Commission (SEC) deals with all aspects of the Leaving Certificate Examination. The responsibilities of the SEC include setting papers; determining marking schemes; issuing results and devising and administering appeals procedures. The process ensures that the assessment system is fair and transparent although it has been criticized for encouraging rote learning (Hyland 2011).

Universities and institutes of technology are responsible for their own policies in relation to the selection and admission of students. Each institution retains control of its own admissions policies and can change these policies if they wish. Applicants for higher education places must satisfy the minimum requirements for their course of choice, and when demand for places exceeds the number of places available, places are allocated on the basis of the rank order of students on a points scale (Hyland 2011:2). The points scale is based on an applicant’s results in six subjects of the Leaving Certificate examination. This system is administered by the Central Applications Office (CAO) which is a limited company set up by third-level institutions in the Republic of Ireland as a mechanism for dealing with applications and admissions. All universities, institutes of technology, colleges of education and many private and partially publicly funded HE institutions use the CAO to select applicants.

Admission policies may stipulate that applications will be assessed on criteria in addition to leaving certificate points. Applicants for music courses may be required to undergo a performance test while students who apply for a place on a course in art or visual communication or design or architecture must be prepared to submit a portfolio of their work and may also have to attend for interview; courses in drama or theatre studies include an interview, and since 2009, applicants for Medicine are required to sit an additional test called HPAT-Ireland.81

Hyland notes that the points required for a particular course are largely a factor of the ‘supply-demand ratio for that course’ and not necessarily indicative of the difficulty or the prestige of the course. However, for many years courses in medicine have consistently required the highest entry points. As students who achieve high points in the leaving certificate are more likely to be offered a place on a course of their choice they strive to achieve a high point tally in their Leaving Certificate. The ‘points race’ may result in students selecting subjects on the basis of the likelihood of getting a high grade rather than on its relevance to their preferred higher education course or aptitudes (Hyland 2011).

Higher Education is also increasingly accessed by non-traditional students. Mature applicants are assessed by application form and by interview. In some instances candidates may also be filtered by aptitude tests. Recognition is given to relevant prior learning through work experience and/or community activism.

The number and proportion of mature students accessing Higher Education in Ireland has grown steadily in recent years. Data for 2010-11 reveals that nationally 34,803 students enrolled in full-time education in HEA funded institutions were aged over 25, representing 21.6% of the total full-time student

81 HPAT-Ireland is the acronym for Health Professions Admission Test-Ireland.
population (n= 160,972). Of these students (25 years +) 18,005 (51.7%) were male and 16,798 (48.3%) were female (HEA 2012:44). In 2011 mature\textsuperscript{82} students accounted for 15% of new entrants on undergraduate programmes and 92% of new entrants on part-time undergraduate programmes (HEA 2012:71). In 2011 mature full-time new entrants constitute 11% (2,189) of all full-time new entrants in Irish Universities compared to 20% (3,755) in Institutes of Technology (HEA 2012:74). The regional spread of Institutes of Technology may make them more accessible to mature students who may have to combine family and work commitments along with their studies. Mature students may also consider that the courses offered by Institutes of Technology provide them with a training which is more likely to result in their progression in the job market than courses offered by Universities.

New undergraduate entrants to HEIs in Dublin for the years 2008-09 and 2009-10 are described in Table 6 below. The figures show that in 2009-10, 11.2% of new undergraduate entrants in Dublin were mature students and 7.8% of all undergraduate entrants in Dublin were aged over 25 years. Similarly in 2008-9 mature students accounted for 11.3% of new undergraduate entrants in Dublin and 8.6% of all undergraduate entrants in Dublin were 25 years or over. The proportion of mature students amongst new undergraduate entrants to HEIs in Dublin is considerably below the national average. The low proportion of mature students may be partially explained by the dominance of universities rather than Institutes of Technology amongst HEIs in Dublin.

Table 18: Mature undergraduate entrants to higher education institutions in Dublin 2008-09/2009-10

<table>
<thead>
<tr>
<th>College</th>
<th>TCD</th>
<th>DCU</th>
<th>SPD</th>
<th>MDEI</th>
<th>NCAD</th>
<th>RCSI</th>
<th>DIT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23-24</td>
<td>27</td>
<td>55</td>
<td>14</td>
<td>20</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>25 yr +</td>
<td>82</td>
<td>158</td>
<td>52</td>
<td>90</td>
<td>13</td>
<td>45</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>109</td>
<td>213</td>
<td>66</td>
<td>110</td>
<td>13</td>
<td>48</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Mature</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1082</td>
<td>1782</td>
<td>845</td>
<td>946</td>
<td>113</td>
<td>506</td>
<td>32</td>
<td>70</td>
</tr>
<tr>
<td>23-24</td>
<td>22</td>
<td>42</td>
<td>32</td>
<td>31</td>
<td>3</td>
<td>11</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>25 yr +</td>
<td>108</td>
<td>151</td>
<td>85</td>
<td>97</td>
<td>18</td>
<td>36</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>193</td>
<td>117</td>
<td>128</td>
<td>21</td>
<td>47</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Mature</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1316</td>
<td>1901</td>
<td>863</td>
<td>1017</td>
<td>141</td>
<td>451</td>
<td>38</td>
<td>74</td>
</tr>
</tbody>
</table>

\textsuperscript{82} A mature new entrant is defined as a student who was 23 or over on the 1st of January of the year of entry to the higher education institution, i.e. 1st of Jan 2010 in relation to entrants to the academic year 2010/11.
The HEAR\textsuperscript{83} and DARE\textsuperscript{84} access schemes also facilitate the entry to higher education of students from disadvantaged backgrounds and students with disabilities. The Higher Education Links Schemes ensures that a proportion of Further Education students can access Higher Education. Under this scheme over 2,000 University and Institute of Technology places are reserved for holders of FETAC level 5 and some level 6 awards.

Childcare Facilities
As only a small number of ‘on campus’ childcare facilities are offered by HEIs and Further Education providers most parents who participate in Higher or Further Education or Training have to independently source childcare facilities at a suitable location. The limited provision can be seen from the size of the ‘on campus’ crèche in Trinity College Dublin which provides 52 places and caters for children of students and staff aged 3 months to 4½ years.

Full-time Higher Education students can apply to the Student Assistance Fund for assistance with childcare costs. The Student Assistance Fund is jointly funded by the Irish government and the European Social Fund. Assistance is means-tested and the funds available are limited. Parents who qualify under the terms of the Community Employment and Training Scheme (CETS) and who participate in training provided by FÁS or an educational programme provided by the CDVEC can claim for childcare costs in an approved facility up to a maximum of €170 per week.

Vocational and Career Guidance
HEIs and colleges of Further Education offer vocational and career guidance services which are normally accessible by students and recent graduates. The guidance services offered include information and assistance with career choice and advice about career progression. Career guidance services may offer courses on CV preparation and interview techniques. On campus career fairs may also be organized which provide students with opportunities to meet prospective employers. Guidance services also offer information regarding progression options for learners and counselling for those who are having personal or learning difficulties. Disability Support Services are also provided for learners with a disability. The guidance services offered are free of charge.

Guidance counsellors can also be consulted privately. The cost of such consultations varies widely.

Supply and Demand
The continued economic recession and unprecedented levels of unemployment have resulted in increased numbers of adults in Dublin and Ireland seeking to retrain or to up-skill in order to improve their position in relation to the labour market. Due to the increase in the number of unemployed persons publicly funded training opportunities are primarily being directed towards those who are

\textsuperscript{83} Higher Education Access Route.
\textsuperscript{84} Disability Access Route to Education.
unemployed. It is likely that there is substantial unmet demand for up-skilling amongst those who are in employment.

The supply of part-time and flexible Higher Education opportunities in Dublin is especially limited. It seems likely that more adults would demand Higher Education if it was provided in a format which allowed them to combine learning with work and family responsibilities.

3.4.5. Education policies and programmes for specific groups of women

The training provided by local organizations and partnerships is tailored to meet the needs of local job-seekers. These community based organizations are located in areas designated as disadvantaged. Most training courses are open to both men and women. The training courses provided by one area based Dublin City partnership cover Computer skills, Office Skills, Receptionist Training, Computerised Accounts, First Aid, Paediatric Emergencies, Manual Handling and Safe Pass\(^{85}\). The courses are free to persons registered with the Local Employment Service Network.

While in general training courses are offered to both men and women a number of courses in the Dublin City area are targeted at various categories of disadvantaged women. The courses offered include ‘\textit{Comhra}’- Work Preparation for women whom English is not their first language\(^{86}\); ‘\textit{Focus on Your Future}’- a project aimed at supporting lone parents to return to education or take up mainstream training or work opportunities\(^{87}\); and ‘\textit{PACE accessing employment}’- a support programme for women from an offending background who are preparing for employment\(^{88}\).

3.4.6. Conclusion

The proportion of the Irish population with a tertiary level of education has increased substantially in recent years and amongst Irish adults aged 25-64 the cohort with the highest level of tertiary education is Dublin women aged 25-39. However, while adults in Dublin report higher levels of LLL than adults nationally the highest level of LLL is reported by Dublin men aged 25-39.

Adults in Dublin can access an extensive range of both Higher and Further Education and Training opportunities. Dublin is the pre-eminent location for adult education in the state; no other location in Ireland offers such a comprehensive range of education and training opportunities. Whilst the principal providers of adult education are publically-funded there is also an array of private providers who offer both Higher and Further Education and Training opportunities. Due to the high numbers of unemployed persons training and up-skilling courses are mainly offered to unemployed adults. Adult learners who access education or training from private providers may face considerably

\(^{85}\) Courses provided by the Canal Communities Partnership. See \url{http://www.canalpartnership.com/jobseekersoptions.html}

\(^{86}\) Provided by the Tolka Area Partnership.

\(^{87}\) Provided by Doras Bui a parents alone resource centre.

\(^{88}\) Provided by PACE.
higher costs than those who access education or training from publically-funded providers. Women from low-income households may receive financial supports including support in respect of childcare costs while they are in an education or training scheme. A number of adult education courses are targeted at specific groups of disadvantaged men and women.

With the notable exception of science and technology courses female participants in adult education in Ireland and in Dublin outnumber male participants. The women who are likely to experience the most difficulty in accessing adult education are women in low paid employment who seek to combine work education and family responsibilities.
3.5. Conclusions

After collecting data and analysing the three welfare sectors separately the partners are asked to summarize the results and discuss:

**CHILDCARE**

**Which are the main features of the local welfare system?**

The welfare system is a centralised one in Ireland, with no differences between the policies at local and national level. The provisions for childcare in Dublin are mixed between formal and informal care, and between private and publicly funded facilities, but with most childcare - 70% - being provided by parents (CSO, 2009).

Since 2000 the Equal Opportunities Childcare Programme (EOCP)\(^{89}\) (2000-06) and the National Childcare Investment Programme (NCIP) (2006-10) have resulted in the development of approximately 63,000 childcare places in formal private and public/community facilities nationally. These programmes also saw the setting up of the City and County Childcare Committees which were established to develop local childcare strategies.

Over half the EOCP budget (53%) was allocated to capital investment and it is estimated to have contributed to the development of an extra 38,000 childcare places by 2007 (Justice, 2007, p. 49).

EOCP was replaced by the National Childcare Investment Programme (NCIP) to run 2006-2010. The five year €575 million programme aimed to build on the EOCP programme and provide up to 50,000 new childcare places and 17,000 additional trained childcare workers by 2010. €358 million was earmarked for capital investments.

In September 2008 Ireland entered recession and the subsequent Budget 2009 led to radical cuts in public expenditure, including the freezing of capital grants under the NCIP – which given that the majority of the budget was earmarked for capital projects, was a significant blow to childcare development. The number of new childcare places resulting from the NCIP was revised down to 25,000 (Dept of Community, 2009, p36).

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\(^{89}\) The €500 million Equal Opportunities Childcare Programme 2000-2006 was funded by the Irish Government and part-financed by the European Union Structural Funds. It was created to develop childcare to meet the needs of parents in employment, education and training. Until recently, it operated under the remit of the Department of Justice, Equality and Law Reform. The Programme operated under three sub-measures to meet its aims and provides grant assistance in the form of: capital funding for both community/not-for-profit groups and for private providers; staffing supports for community/not-for-profit groups in disadvantaged areas; supports for Quality Improvement projects, including supports to the City/County Childcare Committees and the National Voluntary Childcare Organisations. (Dept. of Children and Youth affairs website)
Meanwhile, informal non-parental childcare using childminders remains relatively unregulated, given that unless a childminder has more than three pre-school children from different families (besides their own) in their care, they are exempt from notifying the Health Service Executive of their service.

Women’s role as carers for children is primarily supported via the maternity benefit scheme, which allows women in employment to take paid and unpaid leave for most of the first year of their child’s life (26 weeks paid, 16 weeks unpaid, plus annual holiday, 4 weeks = 46 weeks).

After this initial support, the only universal cash transfer for women is via the child benefit payment, which is an average of €140 per month per child (€1,680 per year) until a child reaches the age of 16, or 18 if they remain in full-time education. The only other universal scheme is that their child becomes entitled to a place on the Early Childhood Care and Education (ECCE) scheme at aged 3 years and 2 months. This provides children with a part-time place (approximately 3 hours per day) in a pre-school setting for the year prior to starting primary school. Mandatory school age for children in Ireland is 6 years old, but the majority of children begin primary school when they are between 4 and 5 years old, depending on when their birthday falls during the academic year and their parents’ preferences.

Once children start at primary school there is no universal scheme to provide care for children outside school hours. Primary schools in Ireland have a relatively short day (4 hours 40 minutes for the first two years, and 5 hours and 40 minutes subsequently) generally finishing at between 1.30 and 2.30pm. There are a total of 192 primary schools in Dublin.

Parents who require childcare outside the provision outlined above have to make their own arrangements with paid formal childcare facilities or childminders, or informally with family and friends.

According to the Dublin City Childcare Committee database of childcare facilities\(^{90}\), there are a total of 491 childcare facilities in Dublin City, including crèches, Montessori schools, Irish language Naoinra, nursery schools, playgroups, parent-toddler groups and afterschool services, with 56% being privately run and 44% community non-profit facilities. Around 47% (229) of all childcare facilities offer full-time childcare places (own calculations). This is similar to the national picture provided by a recent Pobal report (2011) which found that 45.7% of facilities were open for 40+ hours per week (p12).

The DCCC database (accessed 20 February 2012) also shows that there are 82 childcare facilities offering afterschool care. Of these 26 (32%) are community facilities, including one HSE service, and 56 are private facilities. These figures do not include schools which provide an afterschool facility. Research carried out by Dublin City Childcare Committee (Committee, 2009) revealed that there were 67 primary schools in Dublin City providing afterschool care, although only 17 provided care for those aged up to 10 years old.

Childcare in private facilities is expensive. Full-time places for babies and pre-schoolers in private facilities in Dublin cost an average of €222 per week, which is over €11,500 per year (NCA, 2011) own calculations). National figures for non-profit community childcare facilities suggest that fees for full-time places are approximately €170 per week in urban areas (Pobal, 2011), which is €8,840 annually.

\(^{90}\) Database accessed Oct/Nov 2011. I note that in February 2012 I checked the database and found a total figure of 482. There is bound to be ongoing fluctuation in numbers as services close and open.
Some women are able to avail of means tested subsidies for childcare through the Community Childcare Subvention (CCS) programme and the Childcare Education and Training Support (CETS) scheme. These schemes provide support for women in receipt of social welfare payments or on low-incomes, or for those who are completing a FAS or VEC training or education courses, or who are in receipt of the Back to Education Allowance (BTEA).

The high costs of childcare and the relatively limited availability of subsidised childcare places contributes to a relatively low proportion of children using non-parental care, and this proportion decreases with an increase in the number of children in a household. For example, according to the QNHS Childcare Module (2009) 36% of single children aged between 0-12 use non-parental childcare, compared with 31% of two children families and just 22% of three children families. Looking at primary school age children, the proportion of children using non-parental care is even lower, with 27% of single children, 23% of two children families and just 17% of three children families using non-parental care. This suggests that the lack of afterschool care acts as a significant barrier to women’s participation in the labour force, particularly for those who have larger families.

The most recent data on men and women’s principal economic status (in “Women and Men in Ireland” (CSO, 2011)) shows that of those describing their principal economic status as “looking after home/family” 505,000 (98%) are women and 9,600 (2%) are men. This shows that it is women who remain outside the labour force in order to provide care for their families.

Are the different welfare provisions horizontally integrated?

The welfare provisions of childcare and adult education and training are integrated to a certain extent, given that certain women with childcare responsibilities may be able to access subsidised childcare if they fulfil certain means-tested criteria.

The childcare provision available through the CCS and CETS schemes does mean that women who are involved in publicly-funded adult education and training may be able to access financial support for their childcare responsibilities, while they are involved in the training. The challenge for many women comes when they integrate into the labour market, as having a job usually means that entitlement to social welfare payments ends, and thus women no longer qualify for the related schemes and benefits.

Government policy documents, such as the Learning for Life - White Paper on Adult Education (DOE&S, 2000) identify the fact that inadequate childcare acts as a barrier to adult education and points out that women in the home are disadvantaged when education opportunities are allocated by reference to live register status.\textsuperscript{91}

\textsuperscript{91} Persons actively seeking employment are included on the live register. Many women working in the home may not be actively seeking employment, or they are ineligible for benefits or allowances so they do not sign on the live register.
What is the role of different welfare provisions locally in labour market integration for women, what are the major problems and strengths of the local system?

Given that the vast majority of childcare is provided by parents, and the vast majority of parents providing care are women, clearly the lack of affordable non-parental childcare provision remains a major barrier to women’s labour market integration.

Childcare remains largely market driven, and in general if women are employed they have to pay childcare and get assistance from relatives and friends via informal arrangements.

The major issues and problems limiting women’s labour market integration are the costs of childcare. There is also a lack of flexibility in terms of work terms and conditions except for those working in the public sector, and also a lack of flexibility in relation to the childcare services provided.

“Childcare still comes up consistently as one of the most significant barriers. It has changed, in that before it was about basic provision, and that’s shifted now, although it’s a concern in some rural areas, the huge issue is cost... The cost of quality full-time care is so prohibitive that women make a lot of choices in trying to juggle family support with care, working part-time and so on. The other big issue in terms of basic support is out of school care. That’s just not there.” Women’s policy campaigner

Demand is likely to have been dampened by cost, with the exception of those able to avail of the subsidised schemes, many low income women are excluded from the labour force by the prohibitive cost of childcare.
ELDER CARE

The various provisions for Elder Care in Dublin and Ireland constitute a very complex welfare mix. Increasingly formal domiciliary and residential care is provided by for-profit organizations rather than directly by the State or by not-for-profit organizations. There are several private organizations providing domiciliary care services in Dublin and in Ireland which are ‘purchased’ by both the Health Service Executive (HSE) and private individuals. In the past the provision of community based services for the elderly by not-for-profit organizations was an especially strong feature of the welfare mix in Dublin. As explained below the role play by not-for-profit organizations in the delivery of community based services for older people in the Dublin area has declined in recent years.

Community based services for the elderly in Dublin and Ireland expanded rapidly from 2000-2009 and the government policy of supporting older people to stay in their homes became a substantive reality as a greatly increased allocation of funds allowed for a higher level and expanded range of community based supports for older people (Timonen et al. 2011). The introduction in 2006 of Home Care Packages (HCPs) for people with high levels of care needs stemmed from recommendations of the Interdepartmental Working Group on Long Term Care (2008) and marked an especially important addition to the supports offered to older people to remain in their home92. As the number and proportion of older people receiving HSE provided services increased much of the additional supply of services has been provided by for-profit providers who increased their supply of services in response to the increased ‘market’ for care services. For-profit providers, with a large part time flexible workforce, are also able to provide a more flexible service than HSE staff or not-for-profit providers who are employed to work full time, during normal day working hours only (Timonen et al. 2011).

Recent efforts to make the HSE procurement process more transparent and accountable have resulted in the tendering process becoming more complex93. This has dissuaded some not-for-profit providers from engaging with the tendering process94 and is likely to increase the role of the for-profit sector in the provision of services. Regulations and standards in relation to home care services have not yet been issued but it seems likely that they will include a requirement for individual care providers to have some form of accredited training; the greater emphasis that is now placed on care providers having formal qualifications may also constrain the activities of the not-for-profit sector. However, it is likely that some people now employed as carers (who are mainly women) on a formal basis, by for-profit care providers, might previously have worked on a formal or informal basis for a not-for-profit organization.95

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92 Although HCPs were introduced in 2006 standard eligibility criteria and a uniform needs assessment tool was not introduced until 2011.
93 See http://www.hse.ie/eng/services/News/enhancedhomecaretenderupdate.html re enhanced home care tender process.
94 Information provided by Dublin based not-for-profit provider of home help services and confirmed with a senior official from the Department of Health.
95 However, care providers are unlikely to be offered full-time employment. They may be offered part-time employment or be employed on a casual basis with no guaranteed minimum hours.
Recent budgetary restrictions have resulted in cuts in the number of recipients receiving home help services although the numbers in receipt of HCPs increased in 2011 and the budgeted level of provision for 2012 is the same as for 2011 (HSE 2011, 2012). This suggests that services for people with the highest needs are being protected while services for older people with lower levels of dependency have not been ring-fenced from budgetary cuts.

For the most part recipients of publicly funded domiciliary care services are not required to pay a contribution towards the services they receive. However, as the supply of publicly funded community home-care services is capped by a fixed budgetary allocation some rationing of services is inevitable. The services provided are not ‘rights’ based and are contingent on both funding and local level demand.

Community based care consists largely of home-help services and HCPs. Persons in receipt of home help services normally receive less than 5 hours care per week. For many people the publicly funded care provided is not comprehensive enough to meet all their care needs, and although the policy is to allocate services based on need, in practice services may be targeted towards those with limited means and with limited family support. Persons in receipt of HCPs have higher levels of need and may receive a range of supports in addition to home-help services of five or more hours a week.

Publicly funded community based services for the frail elderly in Dublin could therefore be framed as being ancillary to informal services provided by family members, or in some cases to services provided by for-profit providers and funded from private resources. Tax-payers who fund care can claim tax relief on expenditure up to €50,000 per annum. If publicly funded care services cannot be accessed, or if those provided are not considered sufficient to meet the care needs of the frail elderly, individuals and/or their family members can, subject to means, buy additional services from private providers; or family members may provide the care directly; or long-term residential care may be sought. Tax relief was claimed by 1,362 tax-payers in 2009 and 411 of these were employed in the Dublin city area (Personal Communication: Office of the Revenue Commissioners). The number of tax-payers availing of this relief is very small and suggests that it is not common practice for family members to make a financial contribution to the costs of caring for their elderly relatives. The current residential care policy does not provide any means of obliging family members to pay for care. It could therefore be described as being de-familistic as the State makes a major contribution to this form of care.

Informal care services continue to be an important but difficult to measure element of the local and national welfare mix. National policy has sought to ensure a continuing supply of informal care by offering a range of mainly means tested supports to persons not in full-time employment who provide care to persons who are assessed as being in need of full time care. Persons in employment may take Carers Leave of up to two years in order to provide care to a person who has been assessed as being in need of full-time care. Persons who avail of Carers Leave can return to their employment at the end of

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96 A small charge may be levied in respect of meals-on-wheels and for attendance at Day Centres. The charges and the practices vary from area to area. The official policy is not to charge for home help services but it is not clear if this is followed by all local health offices.
97 Persons who receive 5 or more hours of home help services are normally in receipt of a home-care package.
98 Persons in receipt of Carers Allowance can engage in paid employment for up to 15 hours per week.
their leave and subject to their history of social welfare contributions may be entitled to Carers Benefit during the period of their Carers Leave.

The income supports provided to Carers in Ireland cost over €656m in 2010\textsuperscript{99}. This is equivalent to approximately two thirds of the financial support provided towards the cost of long-term residential care in 2010 (Department of Health 2011) but it should be acknowledged that elderly people only constitute a sub-group of people cared for by persons in receipt of Carers Allowances and Benefits. In 2010 income supports in the form of Carers Allowance and Carers Benefit were paid to 9,708 Carers in Dublin, and nationally supports were paid to over 52,219 Carers. The bulk of the recipients of both Carers Allowance and Benefit are female (79%: Carer’s Allowance; 83%: Carer’s Benefit).

It is important to note that in 2010 almost 97% (96.9% nationally and 96.6% in Dublin) of those who received income support as Carers were in receipt of Carers Allowance rather than Carers Benefit. This suggests that for the most part Carers supports are not paid to people who have left employment to provide care but to people, of whom the overwhelming majority are women, who combine part-time work with care\textsuperscript{100}, or people who might otherwise be designated economically inactive or retired, or who are in receipt of some other form of social welfare support. Indeed, over 40% of those who received a Carer’s Allowance in 2010 received a half-rate allowance which is payable when a person is already in receipt of a social welfare payment or is accounted for as a qualified adult in the amount paid to another social welfare claimant. It seems likely that the majority of women who receive carers income supports are women who are distant from the labour market or who have a tenuous link to the labour market through part-time employment. Such women may need to access training/ education before they can be fully integrated into the labour market when their caring role concludes. Recipients of Carers Allowance and Carers Benefit can participate in education and training programmes for up to 15 hours per week without losing their entitlement to income support. There is therefore some horizontal integration between the policy in relation to elder care and the policy in relation to Lifelong Learning (LLL).

There is no requirement that there should be a familial relationship between persons who claim income supports as carers and the persons for whom they provide care. This policy may have been adopted because of the difficulty of defining kinship ties at a time when family formation patterns have become more diversified and more complex.

Government policy has encouraged the supply of long-term residential care facilities through a range of tax incentives for investors. The expansion in the supply of residential care facilities by for-profit providers has allowed the state to reduce its role as a provider of residential long-term care. The provision of public residential facilities for long-term care looks likely to further reduced due to the poor physical condition of some public facilities (Houses of the Oireachtas 2011) and the higher costs associated with long-term beds in public facilities (Comptroller & Auditor General 2011; PA Consulting

\textsuperscript{99} The total cost is a composite of Carers Allowance (€501.8m), Carers Benefit (€26.3m) and Respite Care Grants (€128.1m).

\textsuperscript{100} Recipients of Carers Allowance can work for up to 15 hours a week or engage in training or education for up to 15 hours per week without losing their allowance.
Although funding and efficiency considerations have led to the state playing a reduced role as a provider of residential long-term care it seems unlikely that the state can fully abandon its role as a provider of long-term residential care as the dependency profile of patients in public long-term residential facilities indicates that public long-term residential care facilities cater for residents with higher levels of dependency than those cared for in private long-term residential facilities. Public long-term residential beds are also seen as being an important means of ensuring a geographical dispersion of long-term residential care facilities (Department of Health 2011).

The high cost of land in the Dublin City area has meant that residential care-facilities in the city are expensive to develop and consequently long-term residential care facilities in the Dublin City area are in short supply (Bassett 2007). Older persons living in the Dublin city area who require long-term residential care may therefore have to access care outside the Dublin City area. Higher development costs along with higher wage costs result in residential care in the Dublin area being especially expensive compared to costs elsewhere in Ireland.

The funding arrangements for long-term residential costs treat the costs of care as being primarily the responsibility of the individual receiving care with the state making a contribution when the individual’s means are not sufficient to meet the costs of care. The contribution towards the cost of long-term residential care services paid by the state is essentially a voluntary contribution in that individuals do not have a legally enforceable right to state support (Office of the Ombudsman 2010). Under the terms of the Nursing Home Support Scheme introduced in 2009, which is known as the Fair Deal Scheme (FDS), funding for the cost of residential long-term care is provided from the resources of the individual receiving care with a contribution from the state to meet any shortfall. Some individuals will have sufficient resources to fund their own care but as the average weekly cost of long-term residential care in the Dublin area is €1,077 per week for most people there is a substantial shortfall between their resources and the cost of care.

The FDS allows care recipients and their families to select their preferred care facility from the residential care facilities approved by the HSE under the scheme. All residential care facilities must comply with standards set by the Health Information and Quality Authority (HIQA) and are subject to inspection. Inspection reports are published online and a number of unsatisfactory inspections have led to highly publicized closures of nursing homes and to some prosecutions. State regulations therefore ensure that ‘consumers’ of long-term residential care can make an informed choice when selecting a care facility and can be confident that the standard of care provided is of a high quality.

Financial support under the FDS is not dependent on whether the person is in a public/for-profit / not-for-profit care facility. Under previous schemes the costs payable by persons resident in private nursing homes greatly exceeded those payable by those in public nursing homes (Office of the Ombudsman 2010); the equitable treatment of persons resident in public and private long-term care facilities is a key feature of the FDS. It was hoped that by providing the same level of financial support to persons in

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101 Average costs are based on the maximum agreed prices with private and voluntary nursing homes as listed by the HSE. The listing indicates that it was last modified on 16/09/2011 (see [http://www.hse.ie](http://www.hse.ie)).
public and private long-term residential care facilities under the FDS the pressure on beds in acute hospitals which stems from the delayed discharge of older persons would be eased (Department of Health 2011). However, delays in processing applications under the FDS mean that the hoped for reduction in delayed discharges has not been fully achieved.

For the purposes of the FDS individual resources are assessed by reference to both income and assets. When a person requiring care has a spouse or partner the resources of the individual requiring care will be considered to be half of the combined income and assets of the couple, subject to the conditions set out below. A person is considered to be part of a couple when they are living with their married spouse or are cohabiting with a same sex or heterosexual partner for at least three years. The income of the spouse/partner remaining in the home cannot be reduced below 50% of the couple’s income or the maximum rate of the state non-contributory pension if this is greater. In calculating the contribution payable by an individual assets up to €36,000 (€72,000 for a couple) are disregarded. The scheme also provides that the contribution payable in respect of the family home is capped at 5% of the value per annum or 15% of the value after three years. In the case of a couple where one partner remains in the home while the other enters long-term nursing home care the annual contribution based on the principal residence will be 2 ½ % and the total contribution will be capped at 7.5%.

Under the FDS therefore spouses/partners who remain in the family home retain rights to 50% of the couple’s assets and income but they cannot claim that they are entitled to more than half of the couple’s resources. There is no provision for assessing the income or assets of any children or other relatives of the person receiving care. The current scheme therefore extends limited responsibilities in relation to the cost of long-term residential care to the spouse/partner of the person receiving care and does not seek to attribute financial responsibility to any other family members. At the same time it could be argued that it provides protection to the inheritance rights of family members by limiting the contribution payable in respect of the family home.

State support towards the cost of long-term residential care is only extended to persons who are assessed as requiring nursing home care. The care needs assessment of applicants takes account of the person’s level of dependency but also takes account of the level of support available to the person. In particular the assessment takes account of any other household members and their ability to provide care for the person. In certain cases therefore familial support may result in a person being assessed as not requiring nursing home care. It is possible that family members may be reluctant to consider living with a frail elderly relative if such an arrangement is likely to prevent access to state support towards the cost of long-term residential care.

The FDS frees the family members of long-term residential care recipients from caring responsibilities and ensures that they are free to participate in the labour force. In addition it frees family members other than spouses/partners from any financial obligation to contribute to the cost of care. This may influence the behaviour of family members and make them less likely to support the community based care of elderly relatives. The current policy may therefore increase demand for long-term residential care and reduce the supply of informal care.

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The FDS is a resource capped scheme. There is no facility to respond to levels of demand which are higher than expected. If demand exceeds the available resources a time lag between application and approval ensues; funding constraints led to a temporary suspension of the scheme in 2011. The FDS is due for review in 2012. The current government has stated that it will seek to develop a secure and equitable system of financing long-term care; it seems most likely that some form of insurance scheme is planned.
LIFELONG LEARNING

Adult education is presented in Irish policy documents as a means to achieve positive outcomes which benefit individuals and advance both economic and social objectives; the multi-faceted role attributed to adult education includes enabling and empowering individuals and communities; promoting social responsibility and social awareness and encouraging active citizenship; developing social capital and fostering social cohesion (DES 2000). Successive policy documents stress the contribution of lifelong learning (LLL) to achieving targeted economic outcomes and to promoting social inclusion (DES 2000; NESC 2005; Government of Ireland 2006; Department of Finance 2007); the explicit recognition of the interdependence of economic development and social inclusion has been described as a particular characteristic of Irish policies on LLL (Educational Disadvantage Centre 2008) and influences the public discourse around education in Ireland. So prospective students of Higher Education are advised that ‘the average earnings of a graduate in Ireland between the age of 25-64 are 55% higher than someone without a higher education qualification’ but also that ‘adults with higher levels of education are more likely to report their health as “good” than those with lower levels of education and graduates enjoy greater job satisfaction than non-graduates’ (www.hea.ie).

Irish policy on LLL is based on a view of education as a means of realizing a core economic objective of raising the employment rate for men and women through increased skill levels which make individuals more employable and more self-reliant. A commitment to adult education is therefore a commitment to providing new skills or adapting the existing skills of adults in line with labour market requirements and therefore promoting labour market integration for both men and women in Ireland. Recent high levels of unemployment have resulted in training initiatives being especially focused on the activation of the unemployed. Successful training initiatives are characterized as providing transferable skills or specific skills for targeted growth areas (NESC 2012).

Social objectives are advanced through adult education by providing educational initiatives which assist individuals in realising their potential and enrich the cultural fabric of society. Adult education is also a means of empowering people and groups that are disadvantaged and at risk of marginalization (DES 2000; NESC 2005; Government of Ireland 2006); it is a tool to build stronger communities and a means of nurturing social cohesion and encouraging more engagement with community and societal decision-making (DES 2000). In the current labour market the link between education and labour market integration may be tenuous for men and women who have low levels of education and an intermittent or no history of employment. Training provided to such adults may be successful in improving participants’ life skills but may not lead directly to employment. However, in the long-run this training will benefit individuals, families and communities.

102 Opportunities in HE, accessed online on 12/04/2012.
103 This was acknowledged during an interview with staff in a local area partnership. It was also noted that participants’ willingness to participate in training has reduced due to the prevailing conditions in the labour market.
Policy in relation to adult education and training is devised at national level. However, local and institutional actors contribute to the policy formation process via a consultation period that precedes major policy initiatives. Local and institutional actors also enjoy a considerable amount of autonomy which allows them the discretion to tailor educational initiatives to suit local needs. As Higher Education Institutions (HEIs) are now required to engage in regional inter-institutional collaborations to avoid unnecessary duplication of programmes and to maximize the output from research initiatives (HEA 2012a) institutional alliances may result in the emergence of informal policy initiatives at the local level. Further Education providers also enjoy a good deal of autonomy and can design their programmes to meet local needs. In addition to providing courses for mainstream learners the adult education courses offered in Dublin serve the needs of a number of diverse groups only found in large urban settings (CDVEC 2012).

**Gender, Labour Market Integration and Education**

Men and women in Dublin are on average more highly educated than Irish adults in general. The proportion of men and women in Dublin who have attained a tertiary level of education is higher than the national average for all age cohorts. Similarly a smaller proportion of men and women in Dublin have attained only a basic level of education compared to the proportion of men and women with a basic level of education nationally (see Table 1 Appendix C).

The highest rates of lifelong learning are reported by Dublin men aged 25-39. While the levels of LLL for men and women in Ireland aged 25-39 were almost identical (32% of men and 31% of women) men in Dublin aged 25-39 report considerably higher levels of employment related education and training than Dublin women in the same age cohort (49% - men; 41%-women). Participation in LLL decreases with age for both men and women; men aged 55-64 report the lowest level of LLL in Dublin (18%) and the lowest level nationally (15%). Nationally both men and women have similarly low participation rates (see Table 2 Appendix C). Given that Irish women participate in both higher and further education in greater numbers than men one might have expected women to report higher rates of LLL. The results suggest that women are motivated to engage with adult learning by a range of factors and not simply access to or progression within the labour market. Alternatively it suggests that men are more likely to be facilitated and encouraged to attend job related training in management or other specialist skills than women.

Education produces differential returns in terms of labour market integration for men and women in Ireland. Higher levels of educational attainment promote higher employment rates for both men and women. Education level is especially useful in predicting differential rates of employment and unemployment within men and women; however education levels do not satisfactorily explain differences between the employment rates of men and women. So, although Irish women and Dublin women are more likely than their male counterparts to have attained a tertiary level of education, and are less likely than men in the same age cohort to have left school before completing secondary level education (CSO 2012), they continue to have lower rates of labour market participation than Irish men (CSO 2012).
Higher levels of educational attainment reduce the risk of being outside the labour market for both men and women but other variables such as children and marriage can dilute the positive effects of education on female labour market participation (Watson et al. 2011). A comparison of the employment rate of childless cohabiting men and women aged 20-44 reveals that in 2011 the employment rate for women was marginally higher than that of men (85.7% compared to 84.8%)(CSO 2012:22).

The employment rate of men aged 20-49 increases when they have one or two children but the employment rate of fathers with three or more children is slightly lower than for fathers with two children. However, for women aged 20-49 motherhood results in a decline in employment, even for women who have only one child. So in 2010 the employment rate of Irish women aged 20-49 with one child and with a tertiary level of education was 77.6% but for women in the same age cohort and with the same level of education but with no children the employment rate was 87.6%. Employment rates of mothers continue to decline with additional children (see Table 19 below).

<table>
<thead>
<tr>
<th>Table 19 Employment rates, educational level and number of children</th>
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<tr>
<td>Employment Rate 2010: Men (aged 20-49)</td>
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<tr>
<td>No. of Children</td>
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<td>3 or more</td>
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Source: Eurostat (lfst_hheredch)

Marriage also affects labour market integration. If we look at the combined impact of marriage and children on employment we see that married fathers in Ireland are better educated than cohabiting fathers, are less likely than cohabiting fathers to be unemployed, but more likely to be outside the labour market. Irish fathers aged 25-44 are more likely to be outside the labour market than childless Irish men in the same age cohort. Although the proportion of fathers outside the labour market is low (2% of cohabiting fathers and 4% of married fathers) it may be an “early indication of fathers taking a greater level of responsibility for childcare” (Watson et al. 2012).

In Ireland cohabiting mothers have lower levels of education and higher levels of unemployment than married mothers but are more likely than married mothers to participate in the labour market (Watson et al. 2012). The higher education levels of married mothers compared to cohabiting mothers might be expected to result in married mothers having a higher rate of labour market participation than cohabiting mothers but the opposite is the case. O’Connor has pointed to the ‘confused and complex’ construction of gender roles in Ireland (2007:73); the differential impact of motherhood for married and cohabiting mothers may reflect the competing gender ‘norms’ in Irish society. We can postulate
that married mothers may hold more traditional views with regard to gender roles and the provision of child care than mothers who do not opt for marriage, and these views may explain, at least partially, their lower rates of participation in the work force.

It is not clear to what extent these patterns of employment reflect personal choice as the high cost of childcare constrains the choices of many parents and especially mothers. Irish women are 1.3 times more likely than Irish men to be low paid (Russell et al. 2009) and many Irish women cannot command a sufficiently high market wage to cover the costs of childcare and have a residual net income which ‘makes work pay’. Women with young children who can only aspire to low paid jobs may not be motivated to access job related training. While lone parents and those receiving training under initiatives such as the Back to Education Initiative (BTEI) and Vocational Training Opportunities Scheme (VTOS) may be able to access subsidized childcare while they are in education or on a training course only a very small cohort of working parents can access subsidized childcare. For some women therefore it may not seem worthwhile to access training if they will ultimately be unable to afford the cost of childcare if they gain employment.

Older Irish adults are less likely to participate in the labour market than younger Irish adults. Nationally older men and women have lower levels of educational attainment than younger adults and older Irish men have on average lower levels of educational attainment than older Irish women. In Dublin however a greater proportion of men aged 55-64 have attained a tertiary level of education (34%) than women of the same age (29%). In general however the different rates of employment of older Irish men and women are not explained by differences in educational attainment. Almost half (48.5%) of Irish women aged 55-64 were outside the labour market in 2010 (QNHS Q2; CSO – Personal Communication). The percentage of women aged 55-64 at work was 42.1% with a further 2.8% unemployed, a further 40.8% of women in this age cohort were ‘on home duties’ and 7.7% were retired. Men in the same age cohort were far more likely than women to be working (57.3%) or unemployed (11.8%) or to be retired (17.7%); just 0.5% of men were ‘on home duties’. The use of the ‘household’ unit in determining social welfare income supports may discourage many older Irish women, especially women distant from the labour force from registering as unemployed. Unless a married or cohabiting woman is entitled to receive a non means tested social welfare payment there is unlikely to be a financial incentive to register as unemployed. Low labour force participation rates of older women may also result from traditional attitudes in relation to the roles of men and women. Older women are also more likely than men of the same age to have had an intermittent pattern of employment as a result of time spent in caring roles. Such women may find it increasingly difficult to re-enter the workforce as they get older particularly if

104 Parents may be able to access a subvention towards the cost of childcare under the Community Childcare Subvention (CCS) Programme. The scheme is open to low waged parents in receipt of Family Income Supplement or Back to Work Allowance and a reduced subvention is also available to parents entitled to a medical card or GP visit care. However, parents can only claim the subvention if they can access a place at a participating community childcare facility. Less than half of the community childcare facilities in the Dublin City area (95 out of 215) participate in the CCS; these represent around 19% of all childcare facilities in the Dublin City area. Parents who do not live adjacent to a participating community childcare facility may be unable to claim the subvention. Even those who live near a participating community childcare facility may not be able to access a childcare place as many have waiting lists for places.
they have not undergone training to update their skills. Working in a low paid job may also have a lower social status than being ‘on home duties’ (O’Connor 2007). The higher educational attainment of younger Irish women may mean that they will be less likely to become detached from the labour force as they get older.

**Adult Education in Dublin –The Welfare Mix**

The Department of Education and Skills (DES) is the principal funder of adult education and since 2010 of training both nationally and in the Dublin City area. Adult education is therefore largely funded from tax revenues.

Dublin is the pre-eminent location in Ireland for adult education; no other location in Ireland offers the comprehensive range of educational and training opportunities that can be accessed by adults in Dublin.

A cluster of Higher Education Institutions, which cater for a national and indeed international student body, are located in the Dublin City area. Adults who live in Dublin and who wish to access Higher Level Education are less likely than their rural counterparts to face the costs of living away from home in order to pursue their studies. Higher Education may therefore be more readily and more cheaply accessible for adults in Dublin than for adults living elsewhere in Ireland; this may partially explain why the levels of tertiary education amongst men and women in Dublin are higher than the national averages.

Higher Education Institutions in Dublin include a mix of public and private institutions but the most prestigious HEIs are publicly funded.

A wide range of Further Education and Training is available in Dublin with courses catering for a broad spectrum of needs including adults with limited literacy; adults with disabilities and adults seeking to progress to Higher Education. Vocational Educational Committees are the most important providers of Further Education in Ireland. In Dublin the City of Dublin Vocational Education Committee (CDVEC) has pointed to the ‘ground-up development’ of Further Education Programmes which are tailored to local needs (CDVEC 2012) and include courses for marginalized groups such as unaccompanied minors, refugees and participants in court directed drug treatment. CDVEC contends that local flexibility of provision is essential and must be preserved (CDVEC 2012). CDVEC is funded mainly from general taxation which is channeled through the Department of Education and Skills. Dublin City Council (DCC) contributes only a very small proportion of the funding needs of CDVEC (DCC 2011).

Further Education schemes which form part of the Back to Education Initiative (BTEI) provide adult learners opportunities to address deficits in literacy numeracy and life skills. Courses under the BTEI are part-time and allow participants to combine family/work responsibilities; female participants greatly outnumber male participants on BTEIs (Aontas 2009). Vocational Training Opportunities Scheme (VTOS) offer adults who have not completed upper secondary education a chance to complete courses leading to FETAC awards at levels 3-5. VTOS courses and courses under the BTEI are provided or organized by the CDVEC and may be in schools or colleges or in community centres. Adults participating in these initiatives continue to receive social welfare supports and may also receive lunch and travel allowances. Childcare facilities may be available but are not guaranteed.
The National Training Authority known as FÁS, which is in the process of being replaced by another organization to be known as SOLAS is the main provider of vocational training in Ireland and in Dublin. The vast majority of funding received by FÁS comes from the Irish government through a number of different departments and through the National Training Fund. In 2010 government funding amounted to €978m, of this an amount of €354.7m came from the National Training Fund. European funding in 2010 amounted to €567,000 (FÁS 2011). Most FÁS courses are provided free to participants. Persons who are not registered as unemployed may not be able to access training provided by the state. Many older women may therefore be excluded from training opportunities that might allow them to re-enter the workforce. Privately provided further education and training is available but it is expensive and hence not affordable for many women.

The ongoing economic recession and consequent high rates of unemployment have prompted a review of training provided by the Further Education sector in Ireland. It has been contended that the current system is unduly ‘provider-driven’ and does not adequately take account of the specific education and training needs of unemployed persons and the labour requirements in the economy. It has been suggested that to ensure the training provided is appropriately tailored to individual and market needs the current welfare mix may need to be adjusted to incorporate a bigger element of training supplied by private providers but funded from public resources so that the role of the government may become that of “broker to acquire high quality, appropriate and effective education and training from the market on behalf of its clients” (McGuinness et al. 2011: xii).

Many local training initiatives are run by local employment services in conjunction with local community groups and local area based partnerships. Local employment services and local partnerships are located in designated disadvantaged areas marked by high unemployment. Services are designed to suit individual needs and local area features including local industry and employment opportunities. Local community projects and partnerships are encouraged to access funding for training initiatives from a variety of sources. Learners on local training initiatives include men and women who are distant from the labour market and who need considerable assistance before they are ‘job ready’. A review of labour market programmes found that local training initiatives had a high non-completion rate and included a lower than expected proportion of learners with low levels of educational attainment (Forfas 2010).

Accessibility and Affordability

For traditional students access to publicly funded HEIs is determined on the basis of students’ results in a standard nationwide examination (the Leaving Certificate) which students sit on completion of secondary education. For some courses students are also assessed on the results of relevant supplementary examinations / portfolio assessments. Despite the removal of third level fees the entry rate to Higher Education in Ireland is still influenced by the socio-economic background of students (see inter alia Watson et al. 2012; MacVeigh 2006; O’Connell et al. 2006; Smyth 1999). This is very evident in the Dublin area where a disproportionate number of students from private fee paying schools transfer
into courses which require high Leaving Certificate points\textsuperscript{105}. In addition the socio-economic groups with the highest entry rates also achieve the highest rates of progression through higher education while the lowest rates of progression are found among students from the lower socio-economic classes who also have the lowest entry rates. A disproportionate number of Irish third-level graduates therefore come from a higher-socio economic background (Mooney \textit{et al.} 2010).

Higher education places for non-traditional students are normally allocated based on interviews and assessments which take account of prior learning and relevant life/vocational training. The National plan for Equity of access to Higher Education 2008-2013 set a target to increase the participation of full-time mature students in Higher Education from 13\% in 2006 to 20\% by 2013 (HEA 2008). Estonia and Ireland have been described as the ‘\textit{countries with the most concrete policy objectives for the participation of adults in Higher Education}’ (Eurydice 2011:44). While the target of 20\% by 2013 seems unlikely to be achieved the proportion of mature students amongst undergraduate entrants has increased and in 2011 mature students accounted for 15\% of all full-time undergraduate entrants to Irish HEIs.\textsuperscript{106} Mature students are more heavily concentrated in Institutes of Technology (20\% of full-time undergraduate entrants in 2011) than in Universities (11\% of full-time undergraduate entrants in 2011) (HEA 2012b). Mature students accounted for just over 11\% of all undergraduate entrants to HEIs in Dublin in 2009-10 and 2008-9 (HEA 2012b). Dublin HEIs may attract a smaller proportion than the national average of mature undergraduate students because of the dominance of universities in the HEIs located in Dublin and also because of the wide range of further education opportunities for adults that are accessible in the Dublin area. The prestige of the universities located in Dublin may also mean that competition for places is especially keen\textsuperscript{107}.

Females account for almost 60\% of undergraduate students in Dublin universities but only just over 40\% of undergraduate students in the Dublin Institute of Technology (DIT). In 2009-10 just over half (51\%) of mature entrants to HEIs in Dublin were female but only 36\% of mature entrants to the DIT were female. The different gender composition of these HEIs is consistent with the continuing underrepresentation of women in science and technology courses in Ireland and indeed with the gendered segregation of the Irish labour force (see Russell \textit{et al.} 2009).

\textsuperscript{105} A ranking of secondary schools in 2010 based on the number of students transferring to high point courses in HEIs indicates that eight out of the ten highest ranked schools are located in the greater Dublin area. Of these eight schools six are private fee paying schools and the remaining two are Gaelscoileanna (Gaelscoileanna are schools which teach through Irish- the gaelscoileanna in the Dublin area in the ‘top ten’ include one boys and one girls school). The private schools in the Dublin area ranked in the top ten schools based on the highest number of students transferring to high point courses in 2010 included three boys schools and three girls schools (\textit{The Irish Times} 18/11/2010).

\textsuperscript{106} It should be noted that in the Irish context the difference between ‘full-time’ and ‘part-time’ students is based on the number of ECTS credits that can be obtained by students in an academic year. Part-time students are defined as students who obtain less than 60 ECTS credits per academic year. Part-time students will therefore take longer to complete a course than full-time students (see Eurydice 2011).

\textsuperscript{107} It has been claimed that the presence of mature students in HEIs is ‘uneven’ and that ‘less prestigious’ institutions take ‘more than the quota’ of mature students (Educational Disadvantage Centre 2008).
Most students accessing Higher Education in public institutions are not liable to pay fees but do pay a registration charge and levies. The maximum rate of the student contribution for the year 2011/2012 is €2,000 and this rate was charged by all Dublin based HEIs. Financial support is offered to students from low-income households through student grants which take account of the level of household income, the number of dependent children, and the distance from the student’s home to the third-level institute. An international comparison of Higher Education in 16 countries conducted some years ago ranked Ireland fifth in terms of affordability and seventh out of 13 countries in terms of accessibility (Usher & Cervanen, 2005).\(^{108}\)

Third level fees are payable by students attending private colleges in Dublin. Fees vary but students on most undergraduate degree courses can expect to pay in the range of €4,500-€6,000 per year. Tax relief in respect of the cost of third level education is available in certain circumstances.

The cost of post-graduate courses offered by HEIs in Dublin varies considerably. Fees of around €5-6,000 are charged in respect of most research based Masters degree courses and considerably higher fees are payable in respect of taught Masters degree courses. The course fees for one Dublin based Masters in Business Administration are €29,500. Fees in respect of courses under the graduate skills conversion programme funded under the National Development Plan are subsidized by the Government. In 2011/2012 the fees payable by students were €2,750 per annum. The aim of this programme is to provide graduates with the opportunity to acquire qualifications for employment in the ICT area (see www.hei.ie).

Adults who participate in part-time courses in Higher Education must pay tuition fees and are not entitled to student grants. Part-time education is likely to be attractive to many adults with family and work responsibilities but the requirement to pay fees constrains demand and only a limited range of part-time Higher Education courses are offered.

For the most part participants in further education and training course provided by FÁS and CDVEC do not have to pay fees. However, fees are payable in respect of courses accessed through private providers and the fees are often very expensive and not affordable for persons who are unemployed or low income earners. Some employers may support the up-skilling of their employees by paying for privately provided vocational training.

\(^{108}\) A more recent comparison of Higher Education does not include Ireland (see Usher & Medow 2010).
Summary of lifelong learning policy

A host of educational and training opportunities are available for men and women in Dublin and overall female participants in adult education outnumber male participants. Although education policies are devised nationally local providers have the autonomy to tailor programmes to meet local needs.

Education facilitates the labour market integration of women in Ireland and in Dublin, but education does not have the same impact on labour market integration for men and women. In Ireland marriage marginally weakens labour market integration for men but fathers have higher rates of employment than childless men with similar levels of education. Children and marriage result in reduced labour market integration for Irish women regardless of their level of education.

The proportion of mature students in HEIs in Dublin is below the national average. The prestige and high entry levels of the HEIs in Dublin and the dominance of universities – which attract students from the whole county – may explain the smaller proportion of mature students.

There are still obstacles for women to other forms of training. For instance, if mothers wish to access apprenticeship courses the CETS childcare scheme is not on offer to apprentices. Further all courses offered by FAS (The Irish National Training and Employment Authority) are only on offer to those who are registered as jobseekers (formerly called unemployed). Many married women are not registered as unemployed as their husband’s earned income is too high for the wife to claim unemployment allowances. Yet they may wish to access such training to facilitate their future employment prospects.

The cost of accessing private training is prohibitively expensive so women/mothers ‘on home duties’ may therefore be unable to access such employment related training. The introduction of free fees for third level education has improved access for mature women/ mothers, but they do not provide free childcare. Further for women who have completed training courses and availed of CETS childcare the lack of affordable childcare continues as an obstacle to their taking up employment. The jobs many of them are offered on completion of such courses are in low paid sectors. Their wages would not cover their private childcare costs and as noted childcare provision or subsidies for working women are very limited.

As noted mothers of all educational levels have difficulties in accessing affordable childcare in Dublin, which reduces the ability to participate in the labour market. However this constitutes a particular obstacle to disadvantaged women at high risk of poverty who were sufficiently motivated to complete training courses but who can subsequently only command a low wage and yet are expected to buy childcare at market rates.
Summative Comment and Evaluation of Policies and the Welfare Mix in terms of Women and the Labour Market in Ireland.

Childcare services and policies

Childcare Provision in terms of public provision in Ireland has been very limited in Ireland; there is no national public provision of childcare to children under 3. Childcare costs are the responsibility of the parents. This Irish ‘lack of policy’ constitutes a form of ‘famialism’ by default.

However since January 2010 Ireland has introduced an Early Childhood Care and Education Scheme (ECCE) which provided children between the ages of 3 years (and 2 months) and 4 years (and 7 months) with one year pre-school education for approximately 3 hours per day for 38 weeks a year. Responsibility for this is now located in the newly formed Department of Children and Youth Affairs. There is a specialist curriculum designed for this and 95% of pre-school children avail of it. This is successful in terms of availability, affordability and quality if measured using Kroger’s (2011) ‘dedomestication’ index. It gives parents (mostly mothers) some ‘autonomous time’ but because the hours made available are so limited it does not greatly assist their integration into the labour force. However when viewed from the perspective of equality of access to pre-school education for children it is a very important first step.

The Community Childcare Subvention Scheme is designed to support parents in low income employment and those returning to work under activation schemes. The community and non-profit service providers offer childcare places at subsidised costs for full time or part time childcare. Unfortunately demand greatly exceeds supply in these centres.

The Childcare Education and Training Support (CETS) programme was introduced in September 2010. A small number 2,800 places nationally are available in local community childcare services if the parent is completing a FAS or a VEC training schemes. Under this scheme, childcare can be full-time, part-time or an after school service. This provision continues a tradition under which EU funded training grants for women had to be accompanied by the provision of childcare. These services are provided through a variety of community and voluntary organisations.

Due to the small number of childcare places provided and the restriction of the scheme to parents on specified courses only, the degree of horizontally integrated childcare services remains low.

Both the CCSS and CETS schemes can be categorised as ‘female mobilising’ (Szeleva and Polakowshi 2008), while the dominant position is one of traditional ‘breadwinner/housewife/familialism. Public childcare services were never developed so the Irish system cannot be described as one emanating from retrenchment, and consequently ‘new familialism’ is not an appropriate term.

Local welfare mix

National funding for childcare has increased but remains inadequate and does not cater for current demand. The majority of preschool children are looked after by their parents in Dublin. 56% of childcare
facilities in Dublin (2011) are private. The costs of private childcare are extremely high; €226 for babies (up to 12 months) and €218 for pre-schoolers on average per week. This together with the lack of publicly funded or subsidised childcare explains the dominance of ‘familial responsibility’ for childcare in Dublin. A recent focus on labour activation policy is now putting childcare on the political agenda.

The recent success of the part-time free pre-school scheme (95%) shows a great willingness on the part of parents to avail of publicly funded childcare – if made available. Meanwhile the lack of childcare plays a major role in the lower than expected labour force participation of Irish women in the labour force as indicated in WP1.

Quality controls

The Department of Education has developed *Siolta* a National Quality Framework for Early Childhood Education which has since 2008, led to training for *Siolta* coordinators and the implementation of a national quality framework policy. This will ensure the quality of early pre-school education which has initially been made available to all three year olds.

Parental Leave in Ireland

Maternity leave is institutionalised in Ireland in line with an EU Directive and has been extended to 26 weeks of paid leave, which is comparatively short. Public sector employees are paid a full salary during this time. Insured workers can claim a maternity benefit payment during that period. A further 16 weeks unpaid maternity leave can be taken by mothers, who are also entitled to 14 weeks parental leave. There is no paid paternity leave but 14 weeks unpaid parental leave can be taken by a father.

Civil Servants can also negotiate family friendly working hours such a ‘term leave’, which is a shorter working year and they can apply to work half time. Flexitime and career breaks for childcare purposes can also be negotiated. These are likely to help to retain mothers in the public sector labour force and can be categorised as one way of integrating women into the labour force, by facilitating them to provide care for their families.

Elder Care in Ireland

Currently only 11% of the population are over 65 but that is likely to increase to 22% by 2041. A small proportion (5% approx) of the elderly reside in residential care though the rate of utilization of residential care is higher for over 80+ (CSO:2012). This frail elderly group constitute a small cohort. The provision of long-term residential care has become increasingly marketised with a mix of for-profit, not for profit and public providers. As indicated the provision of private beds has increased while the number of public beds has decreased. As the majority of the elderly live in their own homes, or with their families in communities, elder care has not been extensively commodified as yet in Ireland. Recent figures show that 13% of all adults aged between 45 and 64 were carers and 64% of them were women (QNHS 2010).
While the number in residential care is small its costs are great and there is a government orientation towards a policy of ‘home’ based care, in keeping with the demands of the elderly themselves but which is also presented as not being as costly as an expansion of publicly funded residential care. Emergent patterns suggest that this may lead to a privatization of elder care as it becomes commodified for some wealthier families through tax allowances. The latter commodification may create some expansion of the labour force. Lower income families will be expected to provide informal elder care and this has an impact on their integration into the labour force.

Payments for carers

In line with this home based elder care policy, and in response to the carer advocacy groups, the State developed a special welfare policy called, a carer’s allowance. This means-tested allowance (payment) is payable to those who are below a certain income level, and who are not in the labour market for more than 15 hours per week) who care for an elderly person locally who needs ‘full time’ care. Originally the recipient of the carer allowance had to be a relative and to reside with the elderly person in need of care but these conditions no longer obtain. This allowance was claimed by over 50,000 nationally and 9,374 in Dublin in 2010. The allowance paid to a carer ranged from €204 for a carer under the age of 65 who looks after one elderly person to €358.50 a week for a carer aged over 66 caring for 2 persons. However, a carer’s allowance is not considered ‘income’, is not taxed, and no pay related social insurance is paid, so the net cost of the service to the State is far less than formal employment would be. It offers an income for care work where formal care work is not provided. It constitutes a “semi-formal family based care work” (Geissler and Pfau-Effinger, 2005) or one can also say to an extent that ‘care has been commodified without being de-familiarised’ in Ireland (Izzo, 2010).

The State extended a version of that policy to employees who can request to leave their employment to care for a dependent relative. While on leave they can claim a carer’s benefit which is insurance based. Carer based policies invoke familial care which underlies and forms the basis of ‘community’ care.

The domiciliary home care system and the labour force

The domiciliary care system for the elderly who remain in their homes but need assistance with daily living is the main focus of community care provision by the Health Services. The ‘home help’ and home care packages as outlined have in the past created full time employment opportunities in the Health Services. However this service is currently being re-structured and while paid for by the State, it is subcontracted to profit, non-profit and community based providers. The latter is creating employment opportunities in full-time and part-time, flexible work.

To an extent the expansion of home based care packages should lead to increased employment. The policy is designed to reduce the need for residential care. Either form of care promotes some form of defamilialism or commodification. Home based care in contrast to residential care is more likely to supplement rather than replace family care, so it is likely to have an on-going impact on women’s integration into the labour market.
Life Long Learning

Our report shows extensive educational provision at all levels for women in Dublin. However disadvantaged women with children still face difficulties in accessing the full range of training opportunities. They are also impeded in their abilities to transfer to employment by the lack of affordable childcare which they could avail of while being trained. The level of initial training on offer is low level ‘back to work’ courses which build up personal skills and confidence which are necessary before taking up employment orientated skills based training. Apprenticeships and higher level courses are more difficult for women to access. Finally, the employment offered to women who have completed lower level courses is low paid, so they cannot afford private childcare. To enter the labour market mothers need subsided childcare. If not, their training will fail to translate into a labour market advantage (Weedon and Riddell, 2007).
BIBLIOGRAPHY


Department of Children and Youth Affairs (2011b) Growing Up in Ireland, Key Findings: Infant Cohort (at 3 years), No. 2 Family Life and Childcare for 3-year-olds, Dublin: ESRI


Department of Jobs, Enterprise and Innovation (2009) Employment Permits Arrangements Guide To Work Permits, Dublin: DJEI


Dublin City Childcare Committee (2009) School Age Childcare in Dublin City: Research Report, Dublin: DCCC


Dublin City Childcare Services Committee (2007) Strategic Plan 2007-2010, Dublin: DCCSC


Higher Education Authority (2012b) *10/11 Higher Education: Key Facts and Figures*, Dublin: HEA.


PF1.1 Public spending on family benefits
PF2.2 Use of leave (Irish data missing)
PF3.1 Public spending on childcare and early education
PF3.4 Childcare support/costs to families


Pobal (2011) Results from the 2010 Childcare Annual Beneficiary Questionnaire, Dublin: Pobal


## Tables

### CHILDCARE TABLES

Table 1: Children (0-12 years) in childcare in the Dublin\textsuperscript{109} 2010 (most recent year)

PLEASE SEE EXPLANATORY NOTE ON DATA AT THE END OF THIS DOCUMENT.

<table>
<thead>
<tr>
<th>Number of children in each age group (abs. and % of the population in the city)\textsuperscript{110}</th>
<th>0-2 years</th>
<th>3- mandatory school age (specify)</th>
<th>mandatory school age (specify) – 12 years</th>
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</table>

<table>
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<tr>
<th>Forms of care</th>
<th>abs</th>
<th>% of the age group</th>
<th>abs</th>
<th>% of the age group</th>
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<tr>
<td><strong>Formal care</strong></td>
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<td>23% - 3%</td>
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<td>Forms of formal care</td>
<td>No breakdown of formal care is available from QNHS 2007.</td>
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<td>- a collective creche or day-care centre</td>
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<tr>
<td>- family day-care organised/controlled by a public or private structure</td>
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<tr>
<td>- pre-school or equivalent</td>
<td>4,740 children (or full-time equivalent) are availing of the ECCE scheme in Dublin 2011 (see report).</td>
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<td>- centre-based services outside school hours</td>
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<td>- other (please, specify)</td>
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<tr>
<th>Full-time vs. part-time formal care\textsuperscript{111}</th>
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<tr>
<td>- full-time (30 hours or more a week)</td>
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<td>- part-time (up to 29 hours a week)</td>
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<td>- average weekly attendance hours (if available)</td>
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<tr>
<th>Use of formal care services (welfare mix)</th>
<th>No figures available on numbers of children in private/community childcare services (see report).</th>
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<tr>
<td>- public services</td>
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<td>- for-profit services</td>
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<td>- non-profit services</td>
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<tr>
<th>Other forms of care</th>
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<tr>
<td>- childcare by a professional minder at the child’s home or at the childminder’s home</td>
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<td>9%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>7%</td>
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<tr>
<td>- informal care (by grandparents, other household members, relatives, friends, neighbours)</td>
<td>-</td>
<td>10%</td>
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<td>11%</td>
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<td>(paid or unpaid)</td>
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\textsuperscript{109} The most recent data for Dublin Region is the QNHS Childcare Module 2007 (pub 2009). Dublin City is within the Dublin region, but is not disaggregated. Data here is from this report unless otherwise stated.

\textsuperscript{110} Most recent data for Dublin City is 2006 Census, but ages are only given in 4 yearly groupings.
If the classification of 30 hours or less is not used in the city/country, please specify the classification used.
**Full-time vs. part-time other forms of care**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Part-time</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Average weekly hours (if available)</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

**Children taken care by their parents**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>82%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care by mother</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Care by father</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Care shared by both parents</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 2: Children (0-12 years) in childcare in Ireland 2010 (or most recent year)

<table>
<thead>
<tr>
<th>Number of children in each age group (abs. and % of the population in the country)</th>
<th>0-2 years</th>
<th>3- mandatory school age (specify)</th>
<th>mandatory school age (specify) – 12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>214,207 (4.46%) (2009)</td>
<td>127,441 (2.65%) (2009)</td>
<td>484,824 (10.1%) (2009)</td>
</tr>
</tbody>
</table>

**Forms of care**

<table>
<thead>
<tr>
<th></th>
<th>abs</th>
<th>% of the age group</th>
<th>abs</th>
<th>% of the age group</th>
<th>abs</th>
<th>% of the age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal care</td>
<td>-</td>
<td>20%</td>
<td>-</td>
<td>87%</td>
<td>-</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Forms of formal care**

- a collective creche or day-care centre
- family day-care organised/controlled by a public or private structure
- pre-school or equivalent
- centre-based services outside school hours
- other (please, specify)

**Full-time vs. part-time formal care**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time (31+ hours) (2007)</td>
<td>-</td>
<td>24%</td>
<td>n/a</td>
<td>-</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Part-time (1-30 hours) (2007)</td>
<td>-</td>
<td>77%</td>
<td>n/a</td>
<td>-</td>
<td>99%</td>
<td></td>
</tr>
<tr>
<td>Average weekly attendance hours (if available)</td>
<td>19.1 hr</td>
<td>---</td>
<td>21.7 hr</td>
<td>---</td>
<td>28.2hr</td>
<td>---</td>
</tr>
</tbody>
</table>

**Use of formal care services (welfare mix)**

---

112 Source: State of the Nation’s Children 2010 (2010), figures for 2009
113 Source: EU SILC data (2009) [ilc_caindformal]
114 QNHS: Full-time is classified as 31+ hours, part-time as 1-30 hours
115 QNHS: Children’s age groups are pre-school 0-5 and primary school 4-12
116 Source: QNHS Special Module on Childcare 2007 (pub 2009)
117 Source: QNHS Special Module on Childcare 2007 (pub 2009)
118 Source: QNHS Special Module on Childcare 2007 (pub 2009)
119 Source: QNHS Special Module on Childcare 2007 (pub 2009)
120 Source: EU SILC data (2009) [ilc_camnforg0]
<table>
<thead>
<tr>
<th>Type of Care</th>
<th>2009</th>
<th>2007</th>
<th>2011</th>
<th>2012</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Services</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>For-profit Services</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Non-profit Services</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Other forms of care</strong></td>
<td>-</td>
<td>29%</td>
<td>21%</td>
<td>16%</td>
<td>-</td>
</tr>
<tr>
<td>- Childcare by a professional minder at the child's home or at the childminder's home</td>
<td>-</td>
<td>12%</td>
<td>11%</td>
<td>7%</td>
<td>-</td>
</tr>
<tr>
<td>- Informal care (by grandparents, other household members, relatives, friends, neighbours)</td>
<td>-</td>
<td>13%</td>
<td>17%</td>
<td>-</td>
<td>12%</td>
</tr>
<tr>
<td>(paid or unpaid)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Full-time vs. part-time other forms of care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Full-time (31+ hrs) (2007)</td>
<td>-</td>
<td>29%</td>
<td>n/a</td>
<td>-</td>
<td>3%</td>
</tr>
<tr>
<td>- Part-time (1-30 hrs) (2007)</td>
<td>-</td>
<td>69%</td>
<td>n/a</td>
<td>-</td>
<td>95%</td>
</tr>
<tr>
<td>- Average weekly hours (if available) (2009)</td>
<td>23hr</td>
<td>---</td>
<td>18.5hr</td>
<td>---</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Children taken care by their parents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Care by mother</td>
<td>-</td>
<td>64%</td>
<td>42%</td>
<td>-</td>
<td>81%</td>
</tr>
<tr>
<td>- Care by father</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>- Care shared by both parents</td>
<td>-</td>
<td>64%</td>
<td>n/a</td>
<td>-</td>
<td>81%</td>
</tr>
</tbody>
</table>

---

121 Source: EU SILC data (2009) [ilc_caindother]
122 QNHS: Children’s age groups are pre-school 0-5 and primary school 4-12
123 Data from Growing Up In Ireland Infant Cohort at 3 (2011)
124 QNHS: Children’s age groups are pre-school 0-5 and primary school 4-12
125 Data from Growing Up In Ireland Infant Cohort at 3 (2011)
126 QNHS: Full-time is classified as 31+ hours, part-time as 1-30 hours
127 Source: EU SILC data (2009) [ilc_camnothg0]
128 QHNS: Special Module on Childcare 2007
129 Data from Growing Up In Ireland Infant Cohort at 3 (2011)
Explanatory Note to Tables 1 and 2 Children and Childcare in Ireland and Dublin.

Data
The main source of data for figures relating to childcare is a special module of the Quarterly National Household Survey carried out in 2007 and published in 2009. This survey looked at childcare in Ireland and in the NUTS 2 regions, which includes the Dublin region (Dublin City, Dun Laoghaire-Rathdown, Fingal and South Dublin).

Other sources of data include, the 2006 Census the State of the Nation’s Children 2010, a report brought out every on other year, Growing Up In Ireland (2011), a longitudinal study following children born in 2008, and EU SILC data.

Number of children
The national figures for the number of children are available for every age year, but not the Dublin figures. Dublin figures from the 2006 Census group ages into 0-4, 5-9, 10-14.

Children’s age groups
In the QNHS report children were split into three categories:

- preschool children
- primary school children.
- all children aged 0-12

Mandatory school age in Ireland is 6 years old, but most children start school aged between 4-5, usually in the academic year that they turn 5, depending on their parent’s preferences.

Types of childcare – formal/informal
The type of childcare used by children was defined as:

- Parent/guardian
- Unpaid relative
- Paid relative
- Childminder/au pair/nanny
- Creche/Montessori/Playgroup/After-school facility
- Other

Clearly this results in all the forms of ‘formal’ childcare being amalgamated into one category. Some figures are available on the number of children participating in the ECCE pre-school scheme introduced in 2010, both for Dublin City and Ireland, and this is detailed in the Childcare Report.

Welfare mix
No data on the type of childcare facilities, whether they were private or community/non profit was collected.

The Childcare Report goes into detail about the mix of facilities available in Dublin, but there are no available figures on the numbers of children in the facilities.

Full-time/part-time
The average number of hours per week spent in childcare by children receiving non-parental care was collected. This data was disaggregated by the type of care and the number of hours:
Parental care
The division of childcare between mothers and fathers, or the extent it is shared, was not collected in the QNHS report.
However, the 2006 Census did collect data on men and women describing their principal economic status as “looking after home/family”, for Ireland and Dublin, and also collected those with the “looking after home” status with children (either as part of a couple or as a lone parent) for Ireland, but not Dublin.

<table>
<thead>
<tr>
<th>Looking after home/family in Dublin City, Dublin Region and Ireland (2006)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>Dublin City</td>
</tr>
<tr>
<td>Dublin Region</td>
</tr>
<tr>
<td>Ireland</td>
</tr>
</tbody>
</table>

Source: Census 2006

<table>
<thead>
<tr>
<th>Looking after home/family couples with children/lone parents with children in Ireland (2006)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couple with children</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Men</td>
</tr>
<tr>
<td>Women</td>
</tr>
<tr>
<td>Column Total</td>
</tr>
<tr>
<td>% men</td>
</tr>
</tbody>
</table>

Source: Census 2006

What these figures show us is that around 96% of those whose principal economic activity is looking after home and family are women. However, this does not include those parents who are combining working and family care.

The QNHS report does detail the use of non-parental childcare by parents with different working patterns. This shows that, for example, 68% of parents who both work and have pre-school children use non-parental care, compared with 14% where only the father is working.
Table 1: Measuring social rights and resources of local welfare systems for elderly care

<table>
<thead>
<tr>
<th>Variables</th>
<th>Possible values of the variables</th>
<th>Regulation in the city/country</th>
<th>Main level of political regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Forms</strong></td>
<td></td>
<td></td>
<td>Local</td>
</tr>
<tr>
<td>a) access to home based services to public or publicly paid services</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b) How far does the municipality offer public services for older people?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) cash-for-care system with the option to choose extra-familial care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) tax credit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree of comprehensiveness of definition of care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) limited mainly to physical care</td>
<td>Please indicate which definition (a-d) No standard definition applied.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) physical care and household work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) physical care, household work and communicative needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generosity in relation to individual care need</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>a) full coverage of individual care need</td>
<td>Please indicate degree of generosity (a-d)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) or partly coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) or standardized</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessability of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) home based services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) institutional care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) No limitations of access, access is needs based</td>
<td>Please indicate accessibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Access limited through</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• the degree of sickness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Membership in care insurance or else</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Means test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• professional needs-testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
very short period. Insurance in respect of the cost of long term residential care is not available. This can mean that older people are reluctant to move from a hospital setting to a long-term residential care setting. The delayed discharge of older people contributes to a shortage of acute hospital beds.

<table>
<thead>
<tr>
<th>Regulation and control of quality of care in the context of these schemes</th>
<th>is there public regulation of care quality?</th>
<th>Please indicate yes/no</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>National standards of care have been set for long-term residential care facilities. Standards for home-care are being drafted.</td>
</tr>
<tr>
<td>Is there public monitoring of care quality? Yes/no</td>
<td>Please indicate yes/no</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Long-term residential care facilities are subject to inspection. There is no public monitoring of the quality of home-help services.</td>
</tr>
<tr>
<td>- required share of professional carers per care service agency n home-care services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- required share of professional carers in institutional care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- staff-resident rations in institutional care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- average duration of professional education of professional carers (in months) (please indicate this for different professional groups of professional carers, if there are, and the importance of each of these groups)</td>
<td>....... % N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The required level of staffing and the staff skill mix in long-term residential settings is dependent on the level of dependency of residents.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Care assistants may undertake a FETAC level 5 qualification. The duration of training varies- course provided by private supplies tend to be shorter in duration than those provided by state agencies. The course provided by the national training agency has a duration of 36 weeks.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nurses undergo a period of professional education of 3-4 years prior to qualification.</td>
</tr>
<tr>
<td>Take-up rates</td>
<td>Take-up rates for different types of care provision, and the age groups of older people which are included</td>
<td>Please indicate rate, if available, or an estimate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Residential care: 4.8% persons aged 65+ Home-help: 8.5% aged 65+ (Dublin) Home-care packages: -2% aged 65+ (Dublin)</td>
</tr>
</tbody>
</table>
### 2. Social rights and resources for elderly care by family members that are provided in local welfare systems

*Forms and generosity of welfare state schemes for family care in terms of pay and social security for caring family members* (It should be noted that in Ireland there is no distinction between welfare schemes at local and national level)

<table>
<thead>
<tr>
<th>Forms</th>
<th>Please describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Welfare state schemes that offer pay and social security for caring family members –</td>
<td>a. Carers may be entitled to carer’s allowance/benefit and/or a respite care grant</td>
</tr>
<tr>
<td>b. other</td>
<td>b. Home Carer’s Tax Credit may be available. Tax relief in respect of the cost of a carer who is employed- maximum qualifying expenditure is €50,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of contract of family carer in these schemes</th>
<th>Please indicate (a-d)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. formal contract with municipality</td>
<td>c.</td>
</tr>
<tr>
<td>b. formal contract with relative who is care recipient</td>
<td></td>
</tr>
<tr>
<td>c. informal contract with relative who is care recipient</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of pay of family carer</th>
<th>Please indicate type of pay (a-e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Income substitute in relation to previous income</td>
<td>d. rate payable depends on the age of the carer (higher rate to carers aged 66+) and the number of care recipients (additional payment if 1+). The rate payable also varies if the carer has a qualifying child or children. Carers already in receipt of a social welfare payment may be able to retain this payment and receive a half-rate carer’s allowance. The carer’s allowance may also be shared between two carers. The allowance payable is means tested and is reduced on a sliding scale according to the level of assessable income.</td>
</tr>
<tr>
<td>b. Flat-rate</td>
<td></td>
</tr>
<tr>
<td>c. Hourly pay for family care</td>
<td></td>
</tr>
<tr>
<td>d. Other</td>
<td></td>
</tr>
<tr>
<td>e. none</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of pay for family carers</th>
<th>Please indicate, depending on form</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Size of previous income</td>
<td>c. A number of flat rates apply—see above. 2011 Rates</td>
</tr>
<tr>
<td>b. Income substitute ... % of previous income</td>
<td>2011 Rates</td>
</tr>
<tr>
<td>c. Flat rate of ... Euros</td>
<td>Basic €204 (age 66+ €239)</td>
</tr>
<tr>
<td>d. Hourly pay for the care of ... Euros</td>
<td>More than 1 care recipient €306</td>
</tr>
<tr>
<td>e. other</td>
<td></td>
</tr>
</tbody>
</table>

---

130 Not paid exclusively to those caring for persons aged 65 and over.
131 Not paid exclusively to those caring for persons aged 65 and over.
132 Carers need not be related to the care recipient in order to qualify for carer’s allowance. However, a survey of carers carried out in 2007 indicated that 98% of respondents were caring for a family relative (O’Sullivan 2008).
| social security for family carers | a. Like in formal employment | Please indicate
Duration of care
for which
eligibility
applies |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Restricted to some elements of social security</td>
<td>none</td>
<td>Dependent on previous history of social insurance contributions</td>
</tr>
<tr>
<td>Take-up-rates</td>
<td>To which proportion do old people in need of care make use of care by family members, as far as this is paid in the context of such programmes? (for example, in Germany 100% of the elderly people who are defined as frail and get free in-home care by the public care insurance can decide for paid care by family members, while about 55% of these actually use family care.)</td>
<td>Please indicate: relationship of carer to recipient of care is not recorded. Eligibility for a carer’s allowance is not determined by reference to the relationship between the carer and the care recipient. The carer may or may not be a relative of the care recipient. However the allowance is means tested and to qualify for the carer’s allowance the carer’s household income must be below stipulated limits.</td>
</tr>
</tbody>
</table>

**Generosity of welfare state schemes for care leave for caring relatives of older care recipients**

Regulations in respect of Carer’s Leave apply at both national and city level.

<table>
<thead>
<tr>
<th>Leave options for which purposes?</th>
<th>a. Elderly care</th>
<th>Please indicate (a-d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Final life stage care</td>
<td>General</td>
<td>a. + b.- carer must have minimum of 12 months continuous service and care recipient must be medically certified as requiring full time care. Carers leave is unpaid leave.</td>
</tr>
<tr>
<td>c. other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maximum duration</th>
<th>Please indicate (a-d)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The normal limit is 104 weeks. However, in a situation where two persons residing together are being cared for the limit is extended to 208 weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job security</th>
<th>Please indicate (a-c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Like in standard employment</td>
<td>b. Restricted</td>
</tr>
<tr>
<td>b. Restricted</td>
<td>c. none</td>
</tr>
<tr>
<td>c. none</td>
<td>a.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Option for part-time leave?</th>
<th>Please indicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/no</td>
<td>No. However carer may combine care leave with up to 15 hours of paid employment/education.</td>
</tr>
</tbody>
</table>

3. **Degree to which local welfare systems oblige family members to care for their older frail relatives? (explicit obligation)**

<table>
<thead>
<tr>
<th>obligation to care</th>
<th>Please specify if possible **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family members do not have any legal obligation to care for their frail elderly relatives.</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>obligation to pay</strong></td>
<td><strong>Please specify if possible</strong></td>
</tr>
<tr>
<td>Family members do not have any legal obligation to pay for the care of their elderly relatives.</td>
<td></td>
</tr>
</tbody>
</table>

### 4. Company leave schemes at the local level

<table>
<thead>
<tr>
<th>Number, conditions for access, duration, limitation, social security rights, compensation etc.</th>
<th>Please specify if possible**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees may apply for carers leave if they wish to care for a frail relative. Carer must have minimum of 12 months continuous service and care recipient must be medically certified as requiring full time care. Carers leave is unpaid leave and the normal limit is 104 weeks.</td>
<td></td>
</tr>
<tr>
<td>Some companies may provide more generous leave arrangements than those provided by legislation. Public sector employees can access paid and unpaid leave for a variety of reasons including care of sick relatives.</td>
<td></td>
</tr>
</tbody>
</table>
EDUCATION TABLES

Table 1: Educational level (highest educational attainment) of women and men aged 25-64 in Dublin and in Ireland (2011)

<table>
<thead>
<tr>
<th>Educational level of women and men by age group</th>
<th>basic level (ISCED 0-2) % of the age group</th>
<th>secondary (ISCED 3-4) % of the age group</th>
<th>tertiary (ISCED 5-6) % of the age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Dublin</td>
<td>women</td>
<td>men</td>
<td>women</td>
</tr>
<tr>
<td>25-39</td>
<td>11</td>
<td>13</td>
<td>32</td>
</tr>
<tr>
<td>40-54</td>
<td>26</td>
<td>24</td>
<td>36</td>
</tr>
<tr>
<td>55-64</td>
<td>37</td>
<td>36</td>
<td>34</td>
</tr>
<tr>
<td>In Ireland</td>
<td>women</td>
<td>men</td>
<td>women</td>
</tr>
<tr>
<td>25-39</td>
<td>11</td>
<td>17</td>
<td>36</td>
</tr>
<tr>
<td>40-54</td>
<td>24</td>
<td>30</td>
<td>41</td>
</tr>
<tr>
<td>55-64</td>
<td>44</td>
<td>49</td>
<td>33</td>
</tr>
</tbody>
</table>

Source: Communication from CSO- based on QNHS Q2 2011

Table 2: Number of women and men (by age group) who participated in employment related education and training (lifelong learning\textsuperscript{133}) in the city and in the country (2008)

<table>
<thead>
<tr>
<th>Age group</th>
<th>Women in the city</th>
<th>Women in the country</th>
<th>Men in the city</th>
<th>Men in the country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>abs</td>
<td>%</td>
<td>abs</td>
<td>%</td>
</tr>
<tr>
<td>25-39</td>
<td>41</td>
<td>31</td>
<td>49</td>
<td>32</td>
</tr>
<tr>
<td>40-54</td>
<td>30</td>
<td>25</td>
<td>38</td>
<td>25</td>
</tr>
<tr>
<td>55-64</td>
<td>22</td>
<td>16</td>
<td>18</td>
<td>15</td>
</tr>
</tbody>
</table>

Source: (Communication from CSO- data extracted from QNHS Q3 2008)

\textsuperscript{133} The Quarterly National Household Survey defined Lifelong Learning (LLL) as formal and/or non-formal education. Respondents were asked to indicate whether they participated in LLL in the past 12 months.