EQUAL Tallaght ASSISTS

DISCUSSION PAPER

May 2007

No. 1

Care Works

A discussion paper on new approaches to train carers and provide care in the community

Contents

1. Introduction

Discussions on the role of carers have become increasingly prevalent in the public domain. This has happened for several reasons, including changing demographics, with more older people and (relatively) fewer younger people to care for them; gradually improved services for people with disabilities; changes in the organisation and delivery of health care; changes in labour force participation (especially the growth in female participation) and changes in family structures and relations.

As a result, issues relating to care and carers have moved from being primarily 'private' issues within families to being issues of growing importance in public policy. They have also moved from being unpaid, non-market services to increasingly being provided either by the state or indeed by the private sector on a paid basis.

These trends have been evident for some years and it was to meet a number of challenges generated by this emerging context for care provision that a group of statutory and non-statutory organisations operating in the Tallaght area came together in 2004. These 21 organisations (listed in Annex 1) include Tallaght Partnership (as the lead partner); the County Dublin VEC; the Adelaide and Meath Hospital Dublin incorporating the National Children's Hospital (Tallaght Hospital); the HSE; FÁS; SIPTU; disability organisations and a wide range of local community groups.

The group identified a number of local actions that would help to support the changes taking place in the provision of care; that would encourage greater diversity among care providers; that would provide greater information to young people considering careers in the care sector; and that would help to match local supply and demand for carers. As issues relating to childcare were being addressed by other local projects, the group did not focus on childcare but on other aspects of care provision. In 2005, the group was successful in an application to fund its proposed pilot actions under the EU EQUAL programme[1].

The Tallaght EQUAL Assists project was well into its implementation by early-2007 and was preparing to disseminate learning arising from its actions. In this context, it decided to prepare this paper to set out background information on, and the general trends behind, changes in care provision in Ireland. After a brief discussion below on some of the dimensions to care, Section 2 reviews trends affecting care provision on an international level, referring to the OECD, the EU and the UK. Section 3 presents available facts relating to paid and unpaid carers in Ireland, e.g. their number and gender, and Section 4 describes key elements of current Irish policy and of the institutional context. Section 5 presents aspects of the current Irish policy debate, noting issues raised in recent reports by the NESC, the NESF and the Equality Authority. Section 6 draws some brief conclusions on the trends in care provision and in the policy context and on the emerging Irish response to it. Section 7 then presents a brief overview of the four pilot actions of the Tallaght EQUAL Assists project[2].

Box 1: Dimensions of Care Provision

There are several 'dimensions' or perspectives to care provision in Ireland.

Paid v Unpaid Care Work: The vast majority of care work in Ireland is unpaid (as data later in this paper shows). Given the focus of the EQUAL Programme on the (paid) labour market, the Tallaght project focuses on carers who are paid for their work. However, the boundary between paid and unpaid carers is becoming blurred for three reasons:

- As more women enter the workplace, unpaid caring work which they used to undertake is partly moving to being done by paid carers;
- The importance of providing social welfare benefits to carers that reflect the importance of their work has been at least partially recognised in recent years.
- Linked to the last point, there has been an easing of restrictions on the number of hours that somebody in receipt of a carer benefit can work.

The paid versus unpaid dimension is related to family versus non-family provision, where non-family can mean provision via the state, private or community sectors.

Institutional Care v Care in the Community: Care services in Ireland are partly offered via institutions, either providing day care or residential care. The focus of the Tallaght project is on carers who may provide care services either in institutions or in the community. Community care can be regarded as an attempt to support individuals in a normal 'sustainable' community context. The health report *'Quality and Fairness, a Health System for You'* (2001) referred to the need to rebalance from hospital and institutional care towards more care in the community.

Medical Care Model v Social Care Model: A medical care model approach is concerned with crisis intervention, and short term solutions according to the needs of the patient and carer. The work of the Tallaght EQUAL Assists project relates more to the social model of care. This model complements the community care approach and includes an emphasis on:

- a person centred approach,
- a holistic view of health care encompassing and integrating different levels of community, voluntary and statutory organisations,
- an emphasis on the social and emotional well-being of the patient as opposed to just a purely medical approach,
- greater responsibility for care being taken by the wider community.

1 Further information on EQUAL is available at www.europa.eu.int/comm/employment_social/equal . Further information on EQUAL in Ireland is available at www.equal-ci.ie

2 Further information is available from the project's Annual Report for 2006.

2. International Policy Perspective

2.1 OECD Policy Framework on Care Issues

A 1998 OECD report, *A Caring World*, sets out some of the key trends underlying change in OECD countries:

"The demographic challenge to social policy arises from declining fertility and greater longevity … Ageing has led to an increased demand for care services, compounded to some extent by the growth of independent living among the elderly. Increased labour force participation by women reduces the number of those who traditionally have been the main providers of care".

The focus of the OECD is primarily on economic development issues. In this context, it views care systems in society as important social support systems which need to be maintained in times of change.

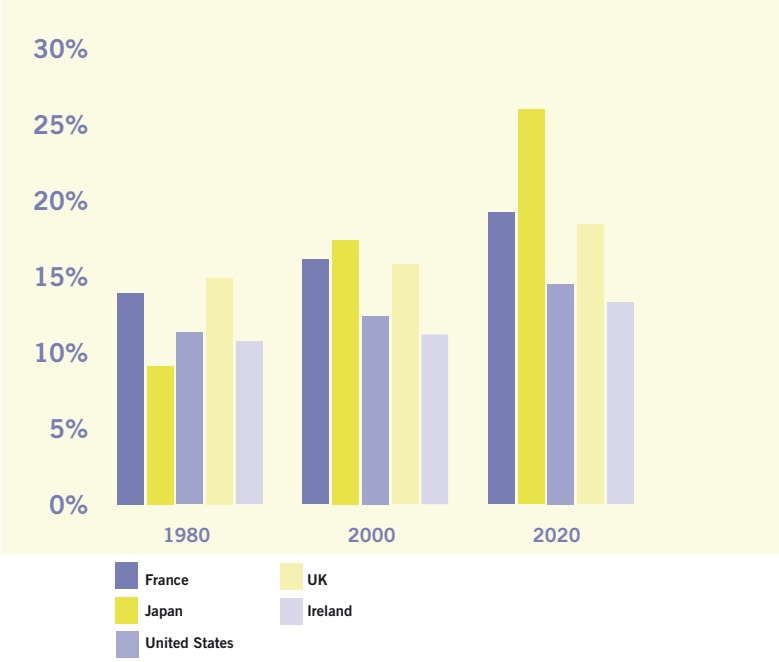
"… the social protection system is an *asset of society*, which needs to be nurtured through adequate investments and by sharing the costs of this investment collectively when benefits accrue to society at large. Achieving sustainable development within each OECD society requires assuring the sustainability of these institutions, i.e. preserving their capacity to respond to the needs of citizens, today and in the future, by adapting to changes in the conditions under which these institutions were first established. This requires not only assuring the financial sustainability of existing programmes, but also adapting programmes to new constraints, responding to new aspirations of individuals, and balancing new and old demands on social protection systems" (OECD, 2003).

Long term care is described as a range of services that is required by people who cannot carry out basic daily activities and includes formal care (institutional care and care provided by professional carers) and informal care (typically unpaid care provided by partners, relatives and friends). The OECD says that informal care is most prevalent across member countries (2006).

Estimates of expenditure on long-term care show that the average rate of expenditure across the OECD in 2005 was 1.1 % of GDP; being 0.9% in Australia, 1.1 % in the UK and France, 1.2 % in Canada and 0.7% in Ireland. Traditionally, long-term care has been the responsibility of family, friends, relatives and voluntary organisations; however in response to demographic and social changes, the issue of long-term care and its associated needs has moved into the public policy domain[3] (Kalish et al, 1998; OECD, 2006).

Changing demographics, combined with greater female labour force participation[4], means that there are more older people, illnesses associated with ageing are more common and there are fewer available informal caregivers. Figure 1 shows the rise in the proportion of people aged 65 years and over.

Figure 1: Proportion of Population aged 65 Years or More, Selected Countries



Source: *OECD, 2006*

Figure 1 shows that the proportion of the populations of the countries shown that is aged over 65 will rise from between 9-15% in 1980 up to between 13-26% by 2020. This trend is being experienced somewhat more slowly in Ireland (although the trend is present), due to a younger population, now being reinforced by the inward migration of people of a younger age cohort.

OECD studies on the prevalence of women as caregivers show that most caregivers are female. For example, one study on informal caregivers for the elderly (Moise et al, 2004) found that 72% of Australian caregivers were female; with 75% of German caregivers being female. A separate study (by Jenson et al, 2000) on those receiving care allowances found that, in Australia, 60% of such carers were female; the figure was 80% in Austria, with the figures rising to over 95% in France and Germany.

In response to these challenges, OECD countries acknowledge the need for greater recognition of forms of informal and long term care with spending on health and long-term care of prime importance. The OECD also projects that men will become more involved in the delivery of care, citing how over one third of primary carers in Australia are male. Greater participation in the caring domain by retired people will occur and, in light of an increased need for carers, 'a more flexible distribution of work, leisure and care-giving over the life cycle' will be encouraged (OECD, 1999).

3 Kalish et al, (1998) refers to the growing number of specialised, yet fragmented services across OECD countries, including consumer-directed approaches, nursing services, expansion and development of home and community services, as well as improvements in housing and access to employment and training for care givers. Similar developments have occurred in long term care for older people and for people with disabilities.

4 OECD data shows that 'over the past few decades, the labour force participation of women has increased strongly in most OECD countries. This process started earlier in some countries (e.g. the Nordic countries and the United States). More recently the increases have been greatest in countries where female participation was particularly low'. This includes Ireland (Jamoutte, 2003).

The OECD has gathered information on social welfare payments for carers across its member countries. It notes that, on receipt of social welfare payments, carers are faced with a number of choices. For example, they may have to reduce their working hours, work within a set number of hours, take early retirement, or work part-time. In attempting to bridge the gap between relatively low levels of expenditure, budgetary constraints and a greater need for care, the OECD supports a community care approach, with more integration between relevant health institutions, other formal settings, including employment, the home and the community, and greater financial and practical supports for carers.

2.2 Policy Framework in the European Union

While the EU has limited competency in health care, the European Commission's 2004 Communication, *Modernising social protection for the development of high-quality, accessible and Sustainable health care and long-term care,* identifies a number of challenges that impact on delivery of health care and maintenance of social protection systems across EU member states.

As well as improvements in medical technology and in living standards, there is a growing population of older people in Europe. Simultaneously, the EU has falling fertility rates. Forecasts therefore show that the age dependency rate will increase to 50% in 2050 compared to 25% in 2004[5]. Table 1 shows the overall changes within the demographic cohorts of the European Union.

Table 1 shows that a significant increase in the number of citizens aged over 65 will occur in the EU over 2005-2050 with a sharp fall in citizens aged under 55.

In this context, care and carers have become issues addressed by the EU. Under the EU Fifth Framework Programme: Quality of Life and Management of Living Resources, Key Action Six related to 'The Ageing Population and Disabilities[6]. The programme funded a number of projects in collaboration with international research bodies, e.g. Eurofamcare, a project focusing on health and social care services for older people, which has a pan-European group as part of the project with organisations as members from 23 Member States, including Ireland. A second project funded was CARMEN, the Care and Management of Services for Older People Network, which brought together organisations from 11 EU Member States, including Ireland.

2.3 Policy Framework in the United Kingdom

As in the wider OECD and EU contexts, an ageing population and wider societal changes means that 'care' and the role of carers have become increasingly important public policy issues in the UK.

Studies on care for older people carried out by the Social Policy Research Unit at the University of York show that, across the UK, the family remains the main source of help and support for those in need of care. The State, through local authorities and relevant health services, serves as the main source of care services and delivery. There is increasing

Table 1: Forecast Demographic Change in the EU, 2005 to 2050

	2005 - 2010	2010 - 2030	2030 - 2050
Total Population	+1.2%	+1.1%	-4.3%
Children 0-14	-3.2%	-8.9%	-8.6%
Young People 15-24	-4.3%	-12.3%	-10.6%
Young Adults 25-39	-4.1%	-16.0%	-8.0%
Adults 40-54	+4.2%	-10.0%	-14.1%
Older Workers 55-64	+9.6%	+15.5%	-14.1%
Older People 65-79	+3.4%	+37.4%	+1.5%
Older People 80+	+17.1%	+57.1%	+ 52.4%
Note: Figures are from the Eurostat 'basic scenario'.			
Source: *Communication from the Commission: Green Paper "Confronting demographic Change: a new solidarity between the generations" (2005)*			

5 The age dependency rate counts the number of people over 65 years in comparison to the number of people aged 15-64. In other words, predictions for 2050 are for one inactive person for every two people of working age. This is in comparison to 2004 when there was one elderly inactive person for every four persons of working age. (Source: European Commission, 2005).

6 The Fifth Framework Programme (1998-2002) identified the R&D priorities of the EU, focusing on technology, industrial, economic and social and cultural aspects.

participation from the independent sector, including organisations based on profit and non-profit principles, as well as charities and voluntary organisations[7].

The UK's 2001 Census included a question on whether individuals provided paid or unpaid care. In response, 5.2 million carers in England and Wales were identified, of which over one million provided 50 or more hours of care a week. The data (Office of National Statistics, 2001) showed that:

- The majority of carers were aged 50 and above, with one in five of those people aged 50-59 providing some unpaid care work.
- Of those providing 50 hours or more of unpaid care per week, approximately 225,000 carers believed that they themselves were 'not in good health';
- Of 15.2 million UK employees between the ages of 16-74 in full time work, 1.6 million were also engaged in caring work in 2001.

According to the Audit Commission (2002), UK policy has recognized a need for coordination between carers and the Health Care system, as well as between carers and the level of service provision. As a result, a number of legislative and policy developments have occurred.

- The Carers (Recognition and Services) Act 1995 was the first to recognise formally the statutory rights of carers in the UK.
- A National Strategy for Carers, *Caring for Carers*, 1999, identified the growing importance of carers in public policy and attempted to acknowledge the role of carers, by focusing on young carers, the role of employment, provision of information, support (financial and otherwise) and care for carers;
- Carers and Disabled and Disabled Children Act 2000 encompassed greater needs assessment by relevant local authority agencies, enabling them to deliver provision following assessment, provide financial support for carers to assess their own needs, support carers in their roles and support their health and well-being. This provision covered carers aged 16 and above, including non-relatives and those not residing with the person for whom they care.
- Carers Act (Equal Opportunities) 2004 recognised the duty of local authorities to inform carers, and in particular 'hidden' carers, of available services. It stated that carers should have opportunities to participate in education, training and leisure activities. It supported greater partnership between local authorities, health services and social bodies such as those in housing and education.

2.4 Summary of International Trends

Section 2 highlights the impact of a number of social, economic and political changes at international level on the policy framework for carers. This framework is being shaped in particular by:

- changes in the demographic structure of Western societies, with a higher proportion of older people and falling fertility rates, resulting in a growth in dependency rates in society;
- a gradually improving care infrastructure for people with disabilities;
- greater participation by women, the main traditional unpaid providers of care, in the formal labour market.

These changes mean that, across OECD countries, issues relating to the role of carers and the nature of care have been moving from the private sphere of the home/family into the public policy arena. Policy responses to these trends have occurred on different levels but all emphasise a need for greater integration across relevant institutions and a need for recognition and enhanced support of the carer role.

7 The Eurofamcare Report on the National Background for the United Kingdom (2004) refers to the growing number of caring based charities and voluntary organisations in the UK, for example Age Concern, Help the Aged, The Princess Royal Trust for Carers and Carers UK.

3. Carers in Ireland

3.1 Context for Carers in Ireland

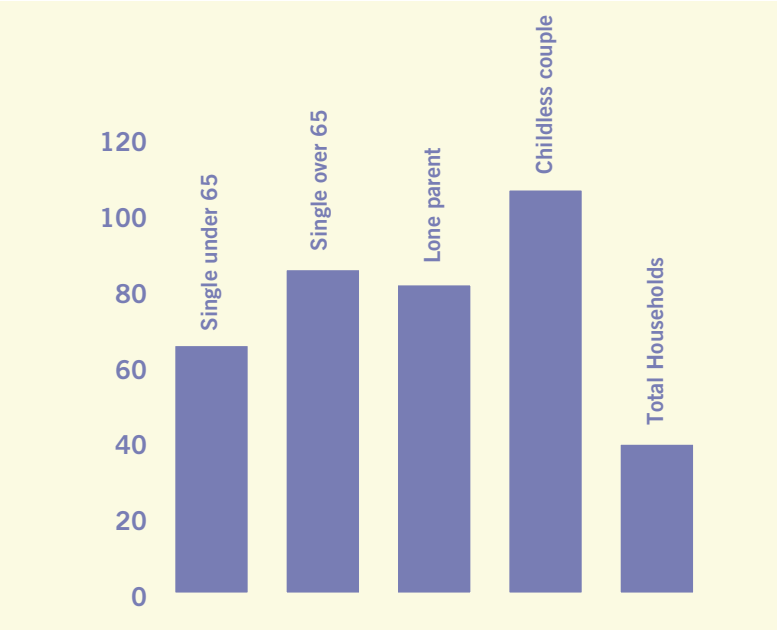
Historically, care giving in Ireland has existed largely in a family/home context. While this has been the case internationally, it may also reflect the emphasis in the Irish constitution on the role of the family as "the natural primary and fundamental unit group of Society" and on the associated caring role of women[8]. The initial development of a policy framework in Ireland concerning carers shows that caring was largely regarded as informal work, not requiring state intervention, e.g. as in the 1968 Inter-Departmental report, *Care of the Aged* (Yeates, 1997).

International trends in relation to care are also visible in Ireland.

Demographic Changes: The population of Ireland is ageing but at a slower pace than in the OECD generally. By 2030, the average life expectancy at birth will be 81.5 years for men and 86 years for women[9]. As a consequence, the age dependency ratio is rising.

Changes in family structure: Patterns of household formation point to changes in the structure of the family in all OECD countries. This is due to greater mobility, a desire for greater independence, higher disposable incomes, fewer children per family, more lone parent families and family break-up. Figure 2 shows the increase between 1981 and 2002 in certain households types which may be more likely to require external carers in future years.

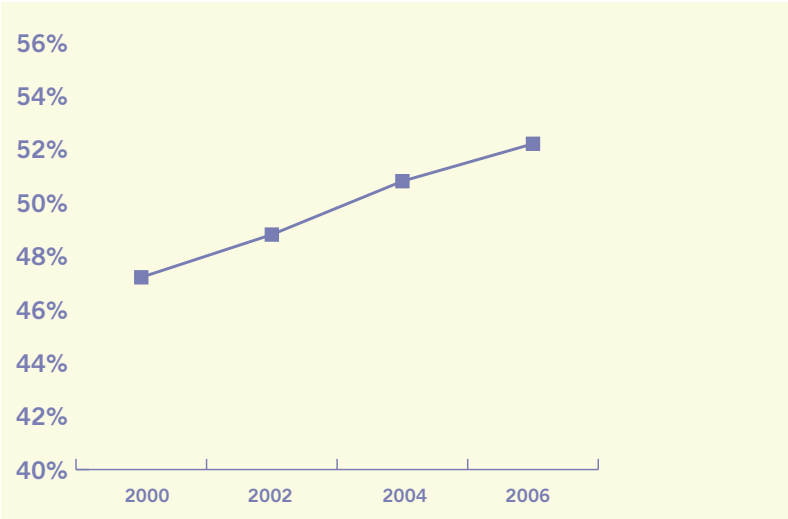
Figure 2: Rate of increase in private households, 1981-2002



Source: *CSO, census data from 1981 and 2002 as quoted in NESC, 2006*

Female labour force participation: Figure 3 shows how the increase in female labour force participation in recent years.

Figure 3: Rate of Female Participation in Labour Force, 2000-2006



Source: *CSO, 2002 and 2006.*

Of those women now in the labour force, the majority work full time. The general rise in women working outside the home has both a short term implication for care (as women who might be working as unpaid carers are in paid employment) and long term implications (as younger women who might have become unpaid carers at a later point are engaging in other careers).

Number of People with Disabilities: Census data from 2002 (the first census in which such data was collected) shows that some 8.3% of the population (322,700 people) had a disability. Of this percentage, 7.8% were male and 8.7% were female. The likelihood of a person having a disability is linked to age. For example, 2.9% of people aged 18 had a disability in 2002, compared to 9% of those aged 50 and 42% of those aged 80. This indicates a link between the requirement for carers by older people and the requirement for carers by people with disabilities[10].

Census 2002 also showed that just over 280,000 people with disabilities lived in private households in that year, of which 20.4% lived alone.

In response to these different trends, which generally mirror the international trends, there has been more state recognition of the role of carers in recent years, especially through financial support. However, the role of unpaid carers, and of the voluntary sector as an advocate for carers, remains strong.

8 Article 41 (2) (1) states: "The state recognises that by her life within the home, woman gives to the State a support without which the common good cannot be achieved".

9 In 2002, average life expectancy at birth for men was 75.1 years and, for women, was 80.3 years (Census, 2003)

10 This is particularly true for those in institutional care. A February 2007 study showed that almost 90% of residents in nursing homes have a disability, compared to 30% of those over 65 years of age living in the community. (Irish Times Health Supplement, 20th February 2007)

3.2 Paid Carers in Ireland

A 2005 Equality Authority report, Implementing Equality for Carers, identified four main types of paid carers in Ireland.

Table 2: Main Types of Paid Carers in Ireland	
Home Help	Provided in all HSE areas, either directly by the area or through arrangements with voluntary organisations. Services across Ireland vary in scope and amount of service available. They are usually free for medical card holders – charging practice for others varies by area.
Family Support	Provides assistance to families in disadvantaged areas in need of support.
Health Care Assistants	Becoming a core part of the nursing team in the new structuring of Healthcare Education and Training. These carers support the existing staff of a hospital or nursing home with practical nursing care and welfare of patients.
Personal Assistant	Working within voluntary organisations through either their local HSE area or through a CE scheme, these provide an individual service to those who are housebound and in need of assistance (e.g. a person with a disability).

Table 2 refers only to paid carers who, as the following section shows, account for a minority of all carers in Ireland.

Reports by Garavan et al (2001) and Bacon (2001) found evidence that the demand in Ireland for all four of the above paid types of carer exceeded supply. The Bacon report stated that services needed to increase significantly in quantity and quality. A report by the Equality Authority (2005) stated: "Home care and community care services in Ireland are underdeveloped and demand exceeds supply in most cases".

Under the occupation category of 'Care Assistants and Attendants', the 2002 Census found that there were 20,249 carers in Ireland, up from 7,549 in 1996 (CSO, 2003).

Figure 4: Increase in Number of Carers between 1996 and 2002

Source: *CSO, 2002*

Figure 4 shows that the number of people recording their occupation as a carer almost tripled in the six years from 1996 to 2002. The proportion of those recording their occupation as a carer in 2002 which was female was 91% (up from 82% in 1996, implying that the rapid increase in the number of paid carers was almost entirely due to women taking up this occupation).

3.3 Unpaid Carers in Ireland

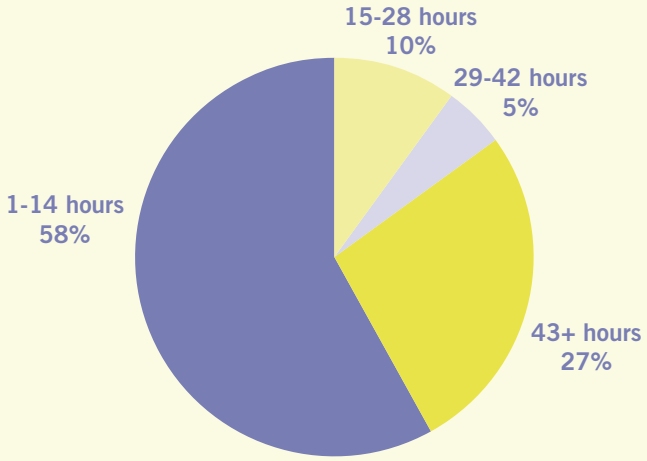
Census 2002 asked the following question on unpaid care work: "Do you provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability?" The respondent was asked to include problems due to old age. Personal help was defined as including help with basic tasks such as feeding or dressing. People were asked to say how many hours per week this work involved.

The results (CSO, 2003) showed that some 149,000 people aged 15 and over defined themselves as unpaid carers in response to this question. This was 4.8% of the population aged 15 and over. Of those providing unpaid care in 2002:

- Some 91,000 were women and 58,000 were men. This implies a higher proportion of male unpaid carers compared to male paid carers, although men still account for a minority of unpaid carers.
- Women tended to provide somewhat more hours of unpaid care per week. Some 61% of the male unpaid carers provided care for 1-14 hours per week compared to 55% of female carers. Some 23% of male unpaid carers provided care for 43 or more hours per week, compared to 30% of female unpaid carers.

For all unpaid carers (male and female), the average number of hours worked per week is shown in Figure 5. This shows that almost 60% of unpaid carers worked for 1-14 hours per week.

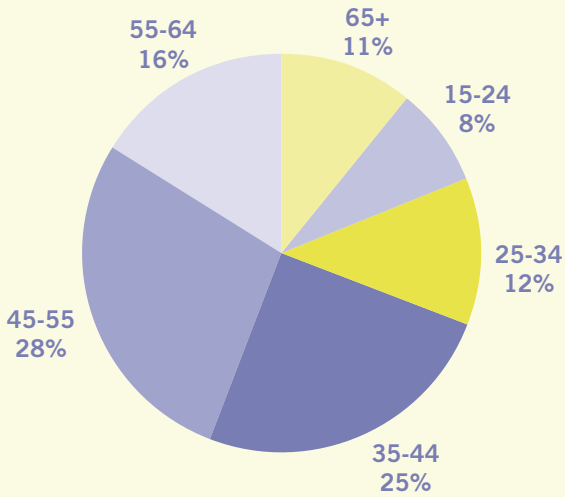
Figure 5: Number of Hours worked by unpaid carers



Source: *CSO, 2003*

In terms of age, Figure 6 shows that the largest number of unpaid carers was in the 45-54 year old age cohort, followed by the 35-44 age cohort and then the 55-64 age cohort.

Figure 6: Age Distribution of Unpaid Carers



Source: *CSO (2003)*

Census 2002 found that 67% of male unpaid carers and 43% of female unpaid carers also were in paid employment.

The data on unpaid care work in Ireland shows the very large amount of unpaid work that takes place. Given the trends already discussed in this paper, it is likely that the proportion of care work which is unpaid will decrease over time, and the proportion that is paid, and in the formal economy, will increase.

4.1 Health Policy and the Role of the HSE

The Health Strategy document *Quality and Fairness* (Government of Ireland, 2001) emphasised the importance of the health and wellbeing of carers and care recipients as well as the delivery and uptake of social services, particularly through partnership between carers, the community and the State. The strategy adopted a community care approach and aimed to build a sustainable, integrated system of care in the community while providing support in the form of social welfare payments and more short-term respite periods.

The section of the Health Services Executive (HSE) that deals with care issues is the Primary, Community and Continuing Care Directorate. This encompasses primary care, mental health, disability, community hospitals and continuing care services. Relevant care services include

- Primary and Community Care Services.
- Services for Older People.
- Mental Health Services (including Child and Adolescent Psychiatry and Old Age Psychiatry).
- Palliative Care Services and Services for Persons with Chronic Illness.
- Services for Persons with Disabilities.

Care institutions include acute hospitals and long term facilities, including residential facilities. Long term facilities usually take the form of nursing homes, both private and public, welfare homes and home service schemes. To avail of public nursing home care, the needs of the patient are assessed in terms of their level of dependency and their means. Welfare homes are run directly by the HSE and provide similar care to nursing homes. Home service schemes adopt a more palliative approach, providing care to those who are terminally ill, and to their family members.

Long term facilities can combine with respite care for the carer, allowing a carer to take a break from caring work. In this instance, a Respite Grant may be available (see below), and services provide alternative care to the care receiver, either through organisations such as the Carers' Association or by a public health nurse.

4.2 Employment Policy and the Role of FÁS

In response to the rapid Irish economic growth since the mid-1990s, unpaid carers have begun to enter the (paid) labour force and labour market policy has reflected this. Policy now aims to support women returners in re-entering the labour market and provides carer training courses with accredited qualifications.

Social welfare benefits for carers, such as Carer's Leave and Carer's Benefit (discussed below), have been increased, with greater flexibility introduced. In addition, the need to integrate carers into formal education is recognised. The White Paper on Adult Education in 2000 highlighted the importance of lifelong learning, skill development and back to education incentives for care workers, addressing in particular how education and care commitments can be combined.

Awareness of caring as a profession has begun to increase,

e.g. as reflected in information available to people when deciding on their career path[11].

By 2006, FETAC had accredited a number of care related courses. Students are expected to undertake a period of work experience to fulfil course requirements and on completion, certification can be a stepping stone towards diploma and degree based courses. These courses are facilitated by a growing number of educational centres across Ireland and compliment schemes such as Youthreach and the Back to Education Initiative (BTEI)[12].

Table 3: Main FETAC Accredited Care-related Courses (2006)

Course Title	Basic Course Units
Care Provision and Practice	• Care Provision • The Care Worker • Care Practice
Care Skills	• Understanding Client Care • Using Equipment • Assisting Skills
Health Care Support	• Relating to the client • Reflection and Development • Working with others • Working in Care
Care of the Older Person	• Ageing Process • Working with the Older Person • Caring for the Older Person with specific needs
Care of People with Mental Illness	• Understanding of mental health and illness • Working with people suffering with mental illness • Caring for people suffering with mental illness • Environments of care

Source: *www.fetac.ie*

FÁS, as the main state training agency, facilitates FETAC certified courses. It also facilitates non exam based traineeships - participants receive a certificate on completion. The main relevant traineeship is Care Assistant (Care for the Elderly), based on a day-time and part-time structure, which adopts a holistic approach to care, looking at personal and professional development as well as wider career planning.

4.3 Social Welfare Benefits for Carers

Table 4 shows the main payments and benefits available to Home-based Carers and Health Care Assistants.

There are three forms of payment for home-based carers:

- The *Carer's Allowance* is a means tested payment targeted mainly at carers on low income who care on a full time basis.
- The *Carer's Benefit,* introduced in 2000, is a social insurance payment for those who leave employment to care for a person needing full-time care.
- The *Domiciliary Care Allowance* is paid to the carers of children who live at home and who have a severe disability. It is assessed on the means of the child as opposed to the carer.

Within these schemes, there is support through Carer's Leave and the Respite Care Grant. The former, introduced in 2001, allows a worker to leave work on a temporary basis to care for a person needing full time assistance.

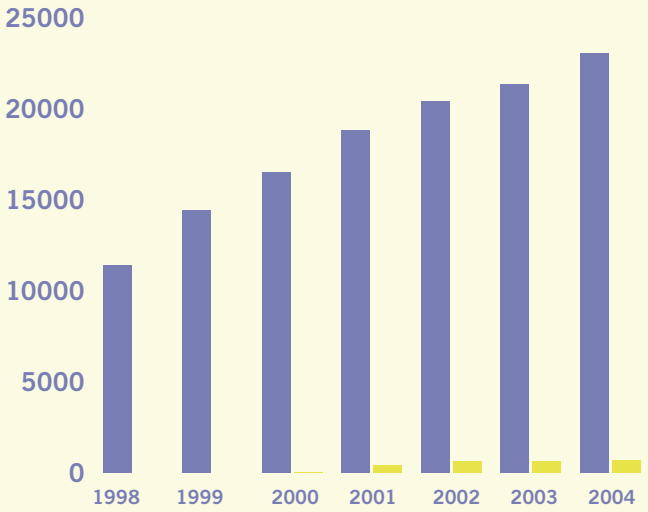
11 Information, particularly targeted at secondary school students can be found on websites such as www.careerdirections.ie, www.qualifax.ie and www.iol.ie/careernet

12 Back to Education Initiatives (BTEI) targets young people and adults who may not have completed secondary education. Extra BETI courses are facilitated under Youthreach, PLC, Traveller and VTOS.

Table 4: Main Social Welfare Payments for Carers, Key conditions of eligibility and Rates (2007)	
Eligibility	**Rates of Payment (2007) (maximum weekly rates)**
Carer's Allowance	
• A resident of the State • Aged over 18 • Living with or in a position to provide full time care to a person in need of care who does not live in an institution. • Non-resident of hospital, convalescent home or similar institution • Not engaged in employment or self employment outside of home for more than 15 hours per week. During work absence, adequate care must be arranged	• Means dependent. • Under 66 years, caring for 1 person = €200 • Under 66 years, caring for 2 or more = €300 • Aged 66+, caring for 1 person = €218 • Aged 66+, caring for 2 or more = €327 • Child dependents of Carer = €22 (full rate), €11 (half rate)
Carer's Benefit	
• Aged between 16 and 66 • Has been employed for 8 weeks during previous 26 week period • Satisfy PRSI contributions (if not, can apply for Carer's Allowance) • Gave up employment (at least 16 hours/week) to care • Not engaged in employment or self employment for more than 15 hours per week • Not living in a hospital, convalescent home or other institution	• Weekly personal rate • Caring for 1 person = €200.70 • Caring for 2 or more = €301.10 • Child dependents of carer = €22 (full rate), €11 (half rate)
Domiciliary Care Allowance	
• Child with severe disability • Aged under 16 (care receiver can apply for Disability Allowance after this age) • Must live at home full time • In need of substantial, full time care	• Monthly means test to means of child • €281.30 per month
Carer's Leave	
• Employee required to have worked at least 12 months continuously • Not more than one employee may be on carer's leave, in respect of any one person, at any one time • Employee may normally not be on leave for two or more persons at a time • Leave from 13-104 weeks. • Six weeks prior to taking Carer's Leave, employee must apply to employer. The person to be cared for should be assessed prior to this	• Carer's Leave is unpaid. However, since June 2006, carer can work up to 15 hours per week while on leave. • Can apply for Carer's Benefit.
Respite Care Grant	
• Available to those in receipt of Carer's Allowance, Carer's Benefit or Domiciliary Care Allowance • As with the eligibility terms of receipt of Carer's Allowance	• Assessed on whether or not carer is in receipt of other financial benefits. • Care Grant of €1,500 annually for each person being cared for (from June 2007).
Note: This table is not comprehensive in terms of conditions etc. – please refer to the Department's website (see below) for full details	
Source: *Department of Social and Family Affairs, www.welfare.ie 2007*	

Table 4 shows the range of social welfare benefits available for carers. Both the range and the amounts have increased in recent years, as has the number receiving benefits.

Figure 7: Number of Recipients of Social Welfare Benefits for Carers



Source: Source: *Department of Social and Family Affairs as displayed in Statistical Year Book of Ireland, 2005, Central Statistics Office*

Expenditure on these benefits also rose significantly over the period. Expenditure on the Carer's Allowance grew from €57m in 1998 to €210m in 2004, and expenditure on Carer's Benefit was €8m in 2004.

According to the Department of Health and Children, additional services for older people in 2007 will cost €255m. This is to fund additional community based supports such as:

- 2,000 extra Home Care Packages;
- 780,000 additional Home Help hours;
- 1,100 more day places;
- 800 extra residential care beds.

These efforts continue trends seen in recent years.

In addition, the Department of Health and Children said it would spend an extra €75m on services for people with disabilities in 2007, to be spent on extra residential places, respite care and day services.

The Department of Social and Family Affairs said that it would invest an extra €100m on support packages and reforms for carers in 2007. It identified the most significant the provision for payment of a half-rate Carer's Allowance on top of the entitlement to a full welfare payment. Other initiatives included:

- Respite Care Grant increased by €300 to €1,500 to benefit 40,000 carers.
- Increases of €18 and €20 in rate of Carers Allowance and Carers Benefit.
- Means test for Carers Allowance eased with increasing of income disregard by €30 to €320 per week for single person and by €60 to €640 for a couple.
- Earnings threshold for Carers Benefit increased €30 to €320 per week

While some of these increases will be used up to match inflation, the increases generally surpassed that level and the emphasis on carers from both government departments again reflects the movement of care issues onto the national policy agenda.

4.4 Care-related Legislation

A number of pieces of legislation and policy initiatives in recent years have related to care and carers.

The ***Carers Leave Act 2001*** allowed carers to provide care in the home without affecting their employment position. This act recognised the importance of home care as well as allowing carers to benefit from work outside the home. Prior to March 2006, carers were entitled to up to 65 weeks unpaid leave from their work to provide full-time care. Under the Social Welfare Law Reform and Pensions Act 2006, this was increased to 104 weeks.

The ***Employment Equality Acts of 1998 and 2004*** were enacted to combat discrimination in the labour market. The Acts are based on nine grounds and primary care falls under family status. However, other grounds can be relevant in terms of equality of treatment, protection from gender discrimination and harassment, indirect discrimination, and discrimination based on age.

The ***National Framework Committee for Work-Life Balance*** focused on the need to maintain a balance between work and other commitments outside of work. Under this initiative, carers are identified for their commitments outside of formal employment. This was supported by IBEC and ICTU under the Sustaining Progress National Agreement 2003-2005.

Also under *Sustaining Progress*, the ***Special Initiative on Care*** recognised that a 'strategic approach to providing an infrastructure of care services should seek to achieve the proper balance between the respective roles of families, the State, the private sector and voluntary organisations' (Government of Ireland, 2003). This approach would focus on:

- identifying various care requirements,
- exploring the potential of different models of care (including providers, regulatory and standards issues etc.),
- addressing manpower and physical infrastructure issues and
- identifying options for longer-term funding of care provision.

Actions under this initiative (Government of Ireland, 2004) included:

- an Inter-Departmental Working Group on Long-Term Care to examine the possibility of a financially sustainable system of long term health care, recognising the needs of relevant parties in health care provision;
- review of the 2002 'Study to Examine the Future Financing of Long-Term Care in Ireland';
- the Department of Health and Children encouraged relevant health authorities to implement alternatives to institutional care such as Home Care packages and a Home Care grant payment. A review of the Initiative commented: 'Personal care packages allow older people and their carers the option of remaining in their own home rather than going into long-stay care (Government of Ireland, 2004);
- as part of building an infrastructure of care, and as described above, there was increased expenditure on carers' payments and in the numbers receiving such payments.

4.5 Voluntary Sector and Carers

The Carers Association of Ireland[13] consists of 57 family carer groups. It facilitates a 12 week course, accredited by City and Guilds, which targets family carers and people in the care profession. This course is both class and home based and modules include Caring for Yourself, Caring at Home, and the Carer as a Person. Other training courses focus on issues such as first aid, entitlements for carers and patient handling.

Caring for Carers Ireland[14] consists of 16 resource centres and two service projects. It facilitates a Caring for Carers Training Programme, particularly based on home care, and other courses e.g. on personal development and on therapeutic hand care.

Care Alliance[15], the National Network of Voluntary Organizations for Carers acts an umbrella voluntary body for unpaid carers in Ireland. Its objectives are advocating and lobbying on issues that affect carer organisations and individual carers at the level of local services, provision of support, and information. Care Alliance represents carers at the statutory and government level.

Crosscare[16] facilitates a number of carer support groups. Its objectives include the provision of information and advice, carer support, counselling, personal development, advocacy and inter-agency collaboration.

The Irish Red Cross and Age-Action Ireland, in association with the HSE and other care professional groups administer care-related courses.

As part of the 2007 Budget, €500,000 was allocated by the Department of Social and Family Affairs to Carers Associations.

Reflecting the emergence of care as a public policy issue, there have been a number of reports in recent years relating to Irish care policy.

Comhairle, the statutory body for provision of citizen information and advocacy on social policy issues, delivered a social policy report on provision of support for carers. *Supporting Carers* (2002) included the following recommendations;

- greater involvement by carers in the decision and implementation process of relevant policies and delivery of services,
- incorporation and integration of information services and co-ordination of services by Health, statutory and voluntary bodies and Citizen Information Centres,
- appointment of development workers, by the HSE, to support the work of voluntary organisations concerned with carers and
- possible development of a network of carer help-lines.

The **Carers Association** is responsible for lobbying and advocating on behalf of carers. Recommendations in its national strategic plan for 2004-07 include:

- introduction of a National Carers day,
- introduction and enhancement of new services to ease the burden on carers, such as counselling, outreach services and support groups,
- expansion of facilities to areas deprived of adequate services,
- greater targeting of carer groups such as young carers and male carers and
- greater integration and development of 'strategic linkages' between the Carers' Association and relevant government departments, voluntary and community organisations, with the possible aim of sharing resources.

As in the 2004-06 *Special Initiative on Care*, an emphasis on developing and improving the structure of care is evident in the **National Economic and Social Council's** (NESC) report, *Investment in Quality: Services, Inclusion and Enterprise* (2003). This called for a New Infrastructure of Care to enhance the status of carers, and enable them to develop their role. It would also facilitate participation by carers in education, training and employment.

In its report, *NESC Strategy 2006: People, Productivity and Purpose*, the NESC reiterated the importance of an efficient infrastructure of care, to involve:

- a sustainable system of care accessible for all,
- state financial support for carers in an equitable manner,
- wider cultural changes towards carers and the caring role to encourage a more gender-balanced approach to caring responsibilities and
- greater public investment in support of carers as part of a 'social wage'.

Implementing Equality for Carers (**The Equality Authority**, 2005) argued that the state continues to maintain a residual

13 www.carersireland.com
14 www.caringforcarers.org
15 www.carealliance.ie
16 www.crosscare.ie - Crosscare is the Catholic Social Agency of the Dublin Diocese.

6. Conclusions on Policy Framework

response to the role and support of carers and care is therefore still primarily seen as a family responsibility. The Authority said that a more systematic, supportive approach was needed by the State. There should be a higher status for carers, identification of carers and referral to services, access to respite care, care management, health promotion, information, training and education and addressing of gender issues.

The **National Economic and Social Forum** (NESF) report, Care for Older People (2005), referred to the importance of informal carers in providing long-term care for older people at home. Drawing on a Strategic Policy Framework for Equality Issues (2002), the NESF concluded that the overall aim in achieving equality to care was to 'develop a public focus in care, design supports to enrich caring and respond to the needs of carers and dependents' (NESF, 2005). The NESF report called for a National Strategy for Carers.

The **Irish Congress of Trade Unions** (ICTU, 2006), in its submission to the National Development Plan 2007-2013 called for a comprehensive National Care Initiative to identify areas of the caring infrastructure in need of development and investment. In doing so, it put forward recommendations on short term and long term approaches;

Short term approaches are,
- to ease the situation for many people struggling to provide/receive care on a day-to day basis i.e. improving home care facilities and other support systems,
- to encourage rather than discourage increased participation in caring and
- to address system failures which undermine progress in developing a seamless, structured range of services which people would access.

Long term approaches would include facilitating greater participation by developing the value of this role and encouraging greater investment of time and resources in its management and standards.

As part of ***Towards 2016***, the 2006 Social Partnership Agreement, the government agreed to develop, by end-2007, a National Carers' Strategy, to focus on supporting informal and family carers in the community. Further commitments include
- improved training for carers through the coming together of the Dept of Social and Family Affairs, FÁS and the Dept of Enterprise, Trade and Employment,
- a structured policy consultation process facilitated by the Dept of Social and Family Affairs, involving carer groups, relevant departments and agencies,
- an increase in income limits for the Carer's Allowance and the grant rate for the respite care,
- a continuation of the work of the National Framework Committee for Work Life Balance Policies to facilitate work and family life,
- further review of the Carer's Allowance, Carer's Benefit and Respite Care Grant while considering the recommendations of relevant policy reports such as the Equality Authority Report, *'Implementing Equality for Carers'*,
- the possibility of improving carer support services and economic and social inclusion supports for carers who have completed their caring duties and
- continuation of support for awareness and information campaigns.

A review of the policy framework on an international and national level has shown a number of contributing factors that influences policy on carers. Policy frameworks across OECD countries, including Ireland, are shaped by demographic and social changes. Trends affecting care policy across the OECD include falling fertility rates, an ageing population, more emphasis on care for people with disabilities, an increase in female labour force participation and changing family structures. These trends combine to mean there is (a) a growing number of people in need of care and (b) a falling number of people providing unpaid care. The situation is evolving in a wider context of debate on expenditure on long-term health care.

Given these trends, the role of carers and carer support has become a major issue of public policy. Previously, the role of caring was seen as largely a family responsibility. Carers are now important in the maintenance of a sustainable, long-term health care system. The number of paid, professional carers is increasing.

In Ireland, the number of paid carers almost tripled between 1996 and 2002, rising from 7,500 to 20,200. However, the number of unpaid carers was still considerably greater, with almost 150,000 unpaid carers in 2002. Most carers in Ireland are women, with women making up 91% of paid carers and 61% of unpaid carers.

The paper describes a number of policy changes that have occurred in Ireland in the past decade in relation to care. These have been attempts to put in place a 'new infrastructure of care' to use the phrase of the NESC. While this work is continuing under the *Towards 2016* national agreement, elements of the new infrastructure that have been emerging are:
- An increase in social welfare benefits for carers, in recognition of the importance of their role;
- More flexibility in benefits, to allow carers to work part-time in the (paid) labour market;
- Attempts to provide greater respite support for carers and to improve sources of information available to carers;
- Greater involvement by FÁS, FETAC and others in providing accredited training courses for people wishing to develop a career in care;
- More flexible supply of care, to cover public, private and community service providers;
- Emphasis on seeing care in a context of work life balance with interventions to support people in balancing their work and home commitments;
- Moves by the HSE to have fewer people receiving institutional care with more people receiving community-based care;
- A growth in the number of HSE employed carers – as Home Helps; Family Support Carers; Health Care Assistants and Personal Assistants.

The evolution of Irish policy in relation to care and carers is continuing. *Towards 2016* commits to developing a National Carers' Strategy by end-2007. There is also an ongoing effort to integrate cross-departmental interventions in relation to carers and to provide carers with an input into the policy decision making process.

7. Work of Tallaght Equal Assists

7.1 Overview of Actions of Tallaght Equal Assists

Section 1 mentioned that the Tallaght EQUAL Assists project is backed by 21 statutory and non-statutory organisations (listed in Annex 1) operating in the Tallaght area of West Dublin. Based on their differing involvements with care work, these organisations identified four strategic areas where they felt pilot actions would be useful on a local level. These strategic areas are as follows:

- Increasing the status and profile of caring as a career;
- Developing qualification routes for people working as carers;
- Attracting a more diverse group of people into care work;
- Setting up a social care brokerage.

Brief information on each of these action areas, and progress to date, is provided in the following sub-sections.

In addition to its work on these pilot actions, the project has three partner projects in Italy, Spain and Belfast. The project held one joint meeting with these partners in 2005 and two joint meetings in 2006. A final joint meeting is planned for 2007. Tallaght EQUAL Assists has emphasised in particular the partnership with Belfast and has undertaken a number of extra visits to Belfast to improve its pilot actions and to share the learning arising from them.

7.2 Increasing the Status and Profile of Caring as a Career

Section 3 noted the rapid growth in the number of paid carers in Ireland. As care work moves from being undertaken within a family context, on an unpaid basis, it moves into the formal labour market and offers job opportunities. People purchasing or receiving a care service, for themselves or for a family member, are likely to demand high standards, and demand carers who are properly trained. This 'professionalising' of care makes a career in care more attractive now than previously both as a long-term option and as a step to nursing or another kind of work in the health or social services sector.

Despite the above, there is a lack of materials for young people considering a career in care work. To this end, the project produced a DVD in 2006 to be targeted at young people considering a career working as a carer, and dissemination of this DVD began.

This DVD has the potential to be disseminated on a national basis, perhaps with modifications. The project plans to gather feedback to the DVD in 2007 from teachers, students and other young people viewing the DVD. This action may be of particular interest to the Department of Education and Children, and the VECs.

7.3 Developing Qualification Routes for People working as Carers

Central to the professionalising of care work is the provision of high quality, flexible training courses for potential carers, providing them with the relevant skills and leading to accredited outcomes. In this regard, the Tallaght Equal Assists project decided to develop flexible delivery options for an existing accredited FETAC course, the Healthcare Support Certificate (accredited at FETAC Level 5).

Flexibility is important both because there are many people who would like to work as carers, perhaps on a part-time basis, but who find it difficult to attend a full-time training course. Also, people may have difficulties with certain sets of skills such as literacy skills but who could have good potential to be care workers – these people need appropriate supports to underpin the training programme.

To this end, the project began to pilot both a part-time training course and a full-time training course with extra supports during 2006. The FETAC accredited Healthcare Support Certificate will be an important course for training carers in Ireland. The project is providing this course, with modifications, and this should be of interest to FETAC, FÁS and other organisations interested in care issues.

7.4 Attracting a More Diverse Group of People into Care Work

This paper showed that 91% of paid carers in Ireland are women. As care work grows, it creates work opportunities for all those interested in paid employment. To promote equality, Tallaght Equal Assists has as an aim the promotion of the diversity of those working in care.

In 2006, the focus of this work was on attracting people from non-traditional backgrounds onto the full-time and part-time courses that were started during the year. Recruitment of participants for the courses involved sustained effort to attract men; non-Irish people and people from the Traveller community into the training courses, with particular success with the non-Irish nationals target group.

As over 90% of paid carers in 2002 were women, there is a need to make carers more reflective of the people they care for. The project has generated learning for a range of target groups in this regard that should be of interest to any organisation interested in delivering a training course for carers.

7.5 Setting Up a Social Care Brokerage

As the 'market' for care workers grows, this has caused social care brokerages to emerge in other countries. Operating in a similar way to recruitment firms, these match the needs of those who seek to find care workers with those who wish to work as care workers.

Such brokerages can operate in the public, community or private sectors. In order to meet a local emerging need, and as a way of generating learning about such brokerages that could influence other areas in Ireland, Tallaght Equal Assists decided to operate a social care brokerage. While some planning work was undertaken for this objective in 2006, the core work of this pilot action will take place in 2007.

This is a strategic action in that the growth in demand for paid carers in Ireland will generate a requirement for intermediary organisations to match people willing to undertake care work with organisations seeking carers. This action may generate learning of interest to the Department of Health and Children; the Department of Social and Family Affairs; and other organisations working with care issues.

7.6 Concluding Remarks

Sections 2-5 of this paper sketched key trends driving the policy agenda as regards care and care issues in Ireland, and these were summarised in Section 6. Section 7 briefly presented the four pilot actions being undertaken by the Tallaght EQUAL Assists project to inform the future direction of care policy in Ireland.

The Tallaght EQUAL Assists project will continue its work until the end of 2007. Further details (including contact details) in relation to the project are provided at the project's website: www.tallaghtequalassists.ie . An evaluation of the project will be published in November 2007.

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Annex:

Members of Tallaght EQUAL Assists Project

Under the EU EQUAL programme, all projects must be run on a co-operative basis, with organisations working through a 'Development Partnership'. The DP for the Tallaght EQUAL Assists project has 21 partners, as listed below.

The project brings together groups with an understanding of employment in the care services from employer and user perspectives; statutory education and training organisations active in the development of career progression paths and vocational education; groups with expertise in assisting people distant from the labour market to access open employment; and groups with expertise in social enterprises. The Designate Partner (Tallaght Partnership) is administratively responsible for project implementation.

Members of the DP for the Tallaght Equal Assists Project	
Designate Partner: Tallaght Partnership (including Partnership projects, Tallaght LES and the Migrant Women's Network)	
• Co. Dublin VEC • Adelaide & Meath Hospital Dublin incorporating the National Children's Hospital (Tallaght Hospital) • Firhouse Day Activity Centre (CRC) • National Training and Development Institute (NTDI) • Partas (Get Tallaght Working Co-op) • HSE – Dublin South West Community Care Area • Tallaght Citizens Information Centre • Tallaght Volunteer Bureau • Tallaght Intercultural Action	• Tallaght Travellers Community Development Project • Tallaght Welfare Society • Centre for Independent Living • St Brigid's Home • EVE Holdings Ltd • Irish Wheelchair Association • Cheeverstown House Ltd • Enable Ireland • FAS • Hospitaller Order of St John of God • IMPACT • SIPTU

Notes:

Prepared for
Tallaght EQUAL
Assists by

HIBERNIAN CONSULTING

This project is funded
under the Equal Community
Initiative Programme

EUROPEAN SOCIAL FUND:
helping develop employment by promoting employability, the business spirit and equal opportunities and investing in human resources

TALLAGHT partnership