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Technical Paper on Social Inclusion and Access to Care Services in Ireland.

An Analysis of the Central Statistics Office (CSO) Survey on Income and Living Conditions (SILC), 2016

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Abstract

In this technical paper, we use the special module on access to services from the Irish SILC data for 2016 to examine differences by social risk group and social class in access to care services. These include childcare and care for people with an illness or infirmity and the services may be publicly or privately provided. We investigate the contribution of this approach to the measurement of access to services. We also examine the association between access to these services and both poverty and employment. We comment on the implications of the results for social inclusion policy and highlight some measurement issues with this approach to capturing group differences in access to services. The analysis shows that most children under the age of twelve are cared by their parents and less than one in five families are using formal childcare services. Disadvantaged families with children are more likely to report unmet needs for formal childcare, most often due to an inability to afford them. As we might expect, the need for home care services is greatest among older adults and those with a disability. However, older adults who need this service are much more likely than those with a disability to be receiving professional home care services. However the level of unmet need for professional home care remains high across all social risk groups, mostly due to the unavailability of services rather than affordability. In the case of childcare there is a stronger relationship between poverty and access to these services than in the case of access to home care services. Finally, while there is some suggestion that the lack of access to childcare services may constrain women's labour supply, we did not find clear evidence of such constraint in the case of home care.

Key words: childcare, home care, social risk group, social class, social exclusion, poverty, SILC; Ireland

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List of Acronyms

AROPE	At Risk Of Poverty or Exclusion
CSO	Central Statistics Office
ESRI	Economic and Social Research Institute
EU	European Union
EU2020	Europe 2020
EU-SILC	European Union Statistics on Income and Living Conditions
NESC	National Economic and Social Council
OECD	Organisation for Economic Co-operation and Development
QNHS	Quarterly National Household Survey
SILC	Survey on Income and Living Conditions
VLWI	Very Low Work Intensity

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Chapter 1: Introduction

1.1 Purpose of the paper

The purpose of this paper is to explore differences in access to care services across the population in Ireland with a specific focus on vulnerable groups. The study uses the Survey on Income and Living Conditions (SILC) and focuses on two types of care: childcare and home care for people with illness or infirmity. For brevity in this report, we refer to home care services for people with illness or infirmity simply as home care services.

The first and main research question that drives this paper is thus:

Which vulnerable groups experience the largest difficulties in accessing care services?

Vulnerable groups are identified on the basis of the concepts of social risk and social class and these concepts are explained more fully below.

This issue is of particular importance because lack of access to services has been shown to be associated with social exclusion, including with poverty and labour force participation (OECD, 2016; Russell *et al*, 2018; Jones and Latreille 2007). In addition, these outcomes are themselves associated with health and well-being. Therefore, for example, not only are health issues associated with the demand for care services, but the lack of (adequate) services may directly and indirectly influence health status (e.g. Bashir, Chabrol and Caux, 2012).

Lack of access to services may be particularly consequential for households where a child or people with illness or infirmity are present (note that elderly people enter into this second group and indeed represent the largest share of people in need of care). As well as affecting the person in need of care, lack of access to these services also affect his/her family. Family members are in fact mainly responsible for care provision in the absence of services. This, in turn, often limits participation in the labour market or leisure activities.

A recent study on the impact of children on parents' labour market related outcomes in Denmark has shown that in the years after childbirth women experience a loss of

25 per cent of earnings on average, and between 10 and 15 percent of mothers withdraw from the labour market (Kleven et al. 2018). The paper also highlights the importance of considering childcare for social exclusion, concluding that childbirth explains about 80% of gender earnings inequality, since it is mainly woman who take care of the children. Importantly, these numbers refer to Denmark, a country considered at the forefront in terms of service provision, including childcare services. Consequently, these figures on the impact of access to care services might be even more dramatic in Ireland where, compared to Denmark, service provision is much more underdeveloped and provision is less generous (Bettio and Plantega, 2004).

Secondly, given the above discussion, we also address the following research questions:

- *Is access to care services related to poverty for vulnerable groups?*
- *Is there evidence that lack of access to services inhibits access to the labour market when other characteristics are controlled?*

Answering these questions is challenging. The main difficulty is the fact that we cannot observe the temporal order of the phenomena under study: is it the lack of services that determine poverty, or is a poor economic situation limiting access to services? Most likely the answer is both. These two phenomena are indeed likely to reinforce each other in a vicious circle. Making causal claims is thus not feasible and is not within the scope of this paper. That said, there is value in describing the associations, portraying the situation of vulnerable groups and the potential risks to which they are exposed.

Therefore, while in the following we interpret the relationships to work in the direction for which access to services impacts on poverty or labour market participation, we are aware and recognize that there may well be causal influences operating in the opposite direction.

This is not the only challenge we encountered in the course of the present analysis. There is also the challenge of interpreting the meaning of ‘need’ and ‘no need’ in the context of survey data. This will be discussed more fully in the concluding chapter.

1.2 Social Protection and services

In developed countries, the welfare state provides social protection in the form of income transfers as well as providing services to the population (Esping-Andersen, 1990). Income transfers might be universal benefits to all those in a specific group (child benefits in Ireland for example) or targeted means-tested benefits provided to specific and vulnerable groups of the population (such as people with disability, those who are unemployed or older adults). In addition, welfare states can provide other forms of support through a range of subsidised or free services (including education, health, housing) corresponding to different needs and life cycle stages of the recipients. Although we include both state-supported and fully private services in this report, state provision can be an important means of reducing inequality in access to services.

In the welfare state literature there is a long-standing tradition of grouping welfare states by looking at their social protection emphasis and their combination of income support and service provision (Kohl, 1981; Castles, 1998; Esping-Andersen and Korpi, 1987; Esping-Andersen, 1990). For example, Esping-Andersen's welfare regime typology (1990) locates Ireland within the liberal regime where it is primarily the individuals' responsibility to take care of their needs (mostly through the market), in contrast to the social democratic regimes (Nordic countries) where the welfare state provides universal and typically free services. The evidence shows that indeed the social protection system in Ireland relies more on income support through cash benefits than on (universal) provision of services. Kautto (2002), using social expenditure data from the 1990s, classified countries into three groups: a "service approach" (high service and high/average transfer inputs: Nordic countries), a "transfer approach" (high transfer and average/low service inputs: Belgium, Austria) and a "third group" with low service and low transfer inputs that includes Ireland as well as Greece, Portugal and Spain.

However, recent policy discussion in Ireland has acknowledged the importance of the provision of services to improve people's standard of living as well as supporting the most vulnerable members of society with the purpose of tackling social exclusion and improving social cohesion (NESC, 2005). The NESC report on the

Developmental Welfare State (NESC, 2005) has contributed to the recognition of the importance of the provision of services and activation to tackle poverty and social exclusion. References to such provision of services are now fully acknowledged and are part of the recent national programmes promoting social inclusion. For example, one goal of the NAPInclusion programme was "to increase investment in community care services for older people, including home care packages". The follow up national programme, National Action Plan for Social Inclusion 2007-2016, had as a stated objective that "Every family should be able to access childcare services which are appropriate to the circumstances and needs of their children". The objective to provide and improve access to services has now being endorsed across a range of policy areas both as part of the broader national anti-poverty strategy and in more specific policy areas such as the national disability strategy (Department of Justice and Equality, 2017, *National Disability Inclusion Strategy 2017-2021*). This is particularly true in relation to childcare services: since 2010, there have been significant initiatives from the Department of Children and Youth Affairs with the introduction of specific schemes to promote early childhood care and education, as described in details in chapter two.

1.3. Social exclusion and access to services

There is a general agreement that social exclusion is a complex multidimensional phenomenon that goes beyond lacking resources by including also lack of access to services (Levitas *et al* , 2007). This is recognised by the United Nations (UN, 1995, p57) who note that absolute poverty "…depends not only on income but also on access to services." Using the Poverty and Social Exclusion Survey of Britain, Fisher and Bramley (2006) draw on a very wide range of public services (health, transport, leisure etc.). The authors found that there was a strong relationship between "service exclusion" and the experience of being in a jobless household and being in a low-income household. While some services benefit mainly the direct recipient (such as health services or education), others have implications for the direct recipient and also for other family members, particularly women. This is especially true of childcare services and home care services for people who have an illness or infirmity. We consider these two types of services in the next sections.

1.3.1 Childcare

Childcare services are designed to provide care for children to ensure their safety and physical and emotional wellbeing. Increasingly, the services fulfil a dual role, particularly in the early years prior to formal schooling, where they are also seen as providing early education (Hillman and Williams, 2015).

There is a general consensus in the international literature of a strong relationship between childcare responsibilities and maternal labour supply (OECD, 2016) such that childcare services may facilitate maternal employment and labour supply; but also between the cost of childcare services and maternal labour supply (Heckman, 1974; Gong, Breunig and King, 2010; Akgunduz and Plantenga, 2017). Ireland often compares unfavourably to other countries in terms of childcare costs. The OECD (2016) found that across the OECD countries in 2012, the average childcare cost for an employed single parent was 15 per cent of the household income while it was 42 per cent in Ireland, the second highest childcare cost for single parent of all OECD countries. Until recently there were no studies looking at the impact of childcare cost and maternal employment in Ireland. Using the *Growing Up in Ireland* data, Russell et al (2018) show that a 10% increase in childcare cost was associated with a half an hour weekly reduction of maternal work (Russell *et al*, 2018).

In terms of social profile, Byrne and O'Toole (2015) found that in Ireland, families from lower social class backgrounds were less likely to use non-parental childcare. Beyond the economic argument for improving access to childcare, an association has been found between participation of infants in centre-based childcare and "positive developmental outcomes" at a later stage (Byrne and O'Toole, 2015). Research by Russell, Kenny and McGinnity (2016) also finds that centre-based care is associated with a reduction in socio-emotional and behavioural difficulties for children in the lowest social class categories and with an increase in the pro-social scores for children from lone parent households.[1]

1.3.2 Home care

As in the case of childcare, research on home care has often focused on the relationship between the care responsibility of the carer and their participation on the

[1] The pro-social score is one of five subscales of the Strengths and Difficulties Questionnaire (Goodman, 1997) to analyse children socio-emotional and behavioural development.

labour market. However, the literature on the relationship between home care and labour force participation for the carer has found mixed patterns, with several research studies finding a negative relationship while others find none. Taking account of the number of hours spent in care duties, Carmichael and Charles (1998) found that people spending more than 20 hours weekly in care duties were less likely to work than non-carers. The same relationship was also found by Jones and Latreille (2007) with a threshold of 20 or more hours to identify a greater care intensity. Looking at the effect of the 2002 Scottish reform on free formal personal care for people aged 65 and over, Hollingsworth et al (2017) found that there was an indirect effect on labour supply of the home carer, on employment and the number of weekly working hours. While there was a non- significant increase of 0.7 per cent in the probability of employment for the carer there was also a significant increase of 0.41 hours in the weekly working hours. On the other hand, Leigh (2010) using Australian panel data finds almost no effect of caregiving on labour force participation.

Beyond labour market participation, however, the literature on home care shows that it brings a wide range of benefits to the person needing care, their family and relatives and to wider society. Home care recipients are helped to maintain a certain level of independence and autonomy, improved social support as well as receiving supports from family members and relatives, which overall contributes to improve their quality of life (Smeenk et al,1998; Thomé et al, 2003). In addition to freeing spaces in acute care settings and reducing costs associated with any hospitalisation, home care has also the advantage of reducing the risk of infection that may arise during hospitalisation (Bashir, Chabrol and Caux, 2012; Benzarti , 2012) .

1.4. Data and measurement

1.4.1 SILC survey

The analysis in this report draws on the Irish SILC Survey on Income and Living Conditions (SILC) for 2016, using both the care dataset and also the special module on access to services. The purpose of SILC is to provide statistics on household and individual income as well as related indicators of living standards, poverty and inequality (CSO, 2012a, p. 87). The SILC survey in Ireland has been conducted by the Central Statistics Office (CSO) since 2004 and it is also the Irish component of

the broader European Union Statistics on Income and Living Conditions (EU-SILC), overseen by Eurostat. Every year, in addition to the core questionnaire there is a new and common ad-hoc module across all European countries. The themes of the ad-hoc modules are related to issues around social inclusion and most are repeated after a few years (material deprivation, housing conditions, Intergenerational transmission of poverty/disadvantages etc.). In this paper we use the 2016 SILC data and the corresponding ad-hoc module on access to services. This module collected information about a wide range of services, childcare, formal education and training, lifelong learning, healthcare, home care. In this technical paper we focus on issues around childcare and home care.

During the household interviews, every adult (aged 16 and over) was interviewed face-to face and detailed information was also collected on the household as a whole, such as household composition and the nature of the dwelling. In 2016 the sample size was 5,219 households and 13,186 individuals (Central Statistics Office, 2017). The analysis in the paper uses weights designed by the Central Statistics Office to ensure that the sample is representative of the total population. The SILC sample is calibrated by using several benchmarks based on estimates for, age by sex, region and household composition.

1.4.2 Access to Services

The 2016 module to EU-SILC included, for the first time, a set of questions on access to services, including childcare and home care services. The services in question might be purchased on the market by the household or provided either directly or indirectly (i.e. through a subsidy) by the state. The questions identified households likely to need these services. In the case of childcare, this involved identifying households where there was a child up to (and including) the age of 12. In the case of home care, this involved identifying households where there was someone in need of help because of an illness, disability or old age – this group is mainly represented by older people. The module then asked about formal services (formal childcare or professional home care), as distinct from unpaid care provided by family members.

The information about whether the household is likely to need the service and about the use of the services allowed us to distinguish between three groups:

(1) People **not in need** of the service: labelled in the analysis as *no need*
(2) People **in need** of the service and **using** formal care services: *met need*
(3) People **in need** of the service but **not using** formal care services: *unmet need*

For those reporting an unmet need, follow-up questions focused on why the need was unmet.

Note that 'no need' implies no need for the formal service, usually because someone in the household provided this service free of charge.

1.4.3 Social class

Social classes are groups that share a common set of determinants of their life chances on the basis of their command over market resources (Goldthorpe, 2007; Weber, 2010). These resources include capital, skill and organisation-specific knowledge. Social classes need not be conscious of themselves as a class or act politically in order to promote their interests. Social class is intended to capture an objective and relatively enduring position with respect to life chances, affecting not just the person's current situation but their circumstances in the event of illness or infirmity, unemployment or retirement.

We adopt the occupation-based European Socio-economic Classification (ESeC), which draws on the work of John Goldthorpe and Robert Erikson (Erikson and Goldthorpe, 1992). We take the social class position of the person responding to the household questionnaire (selected as the person responsible for the accommodation) to characterise the social class position of the household.

Because of the small sizes of some social classes, they are typically aggregated for the purpose of analysis into a smaller number of groups. We distinguish the following social classes in this report:

- High social class – defined as managerial and professional occupational positions (ESeC classes 1 and 2).
- Middle social class, including other technical and white collar occupations, the self-employed and farmers (ESeC classes 3, 4 and 5)
- Lowest class or who were never employed – including skilled and semi-skilled manual and routine non-manual occupations as well as those where the householder never worked (ESeC classes 6 to 9 and 10).

1.4.4 Social risk groups

Social class is not the only relevant principle of differentiation when it comes to social inclusion. In the study of poverty, certain groups have been identified as particularly at risk, including lone parents, older adults, children, the unemployed, those with low levels of education and people with a disability. The conceptual understanding of social risk was developed in contrast to social class as an important principle of differentiation (Watson et al., 2016). Drawing on earlier work which examined the evolution of income poverty and deprivation for different life cycle groups (Russell, Maître and Nolan, 2010), Watson et al. (2016) think of social risk groups as differing in their risk of poverty due to non-class personal or family factors that restrict their capacity to meet their needs through the market.

Here we distinguish challenges to meeting one's material needs that are linked to:

- life-course stage: children and people older than 'working-age';
- personal resources: illness or infirmity may limit a person's capacity to work as well as involving additional costs associated with treatment, medication or disability-specific devices and aids (Cullinan, Gannon and Lyons, 2010);
- non-work caring responsibilities: responsibility for childcare or others who have an illness or infirmity is likely to reduce the time available for paid work;

The services examined in this report – childcare and home care for people with illness or infirmity – have an impact on social risk to the extent that they increase the capacity of (potential) unpaid service providers to access the market to provide for their needs.

Social risk groups include the groups identified in NAPinclusion (2007), following NESC (2005), as having an increased risk of poverty: children, older adults and people with a disability, but with the addition of lone parents (Watson et al., 2016). The remaining group, working-age adults who are neither lone parents nor have a disability, as well as their children, is regarded as the reference group.

In this paper we consider both social class and social risk groups. These two concepts, although both aimed at capturing the socioeconomic resources that individuals and households are able to mobilize, only partially overlap. In fact, while social class captures differences in market power, social risk capture barriers to

accessing the market in the first place. It is thus informative to consider both dimensions of social stratification.[2]

As noted above, we address three research questions in this technical paper:

- Which social risk and social class groups experience the largest difficulties in accessing care services?
- Is access to care services related to poverty for vulnerable groups?
- Is there evidence that lack of access to services inhibits access to the labour market when other characteristics are controlled?

1.5. Outline of the paper

The remainder of the paper is organised as follows. In Chapter 2 we examine the type of childcare used by households across social risk groups and social classes as well as their needs for these services. In Chapter 3 we explore the issue of home care and the need for professional home care services in households of people who have an illness or infirmity. In Chapter 4 we summarize the results for both types of services and outline some of the major policy implications.

[2] See Appendix Table A1 for the distribution of the total population across the two measures of social risk and social class.

Chapter 2: Childcare

2.1 Introduction

In this chapter, we provide a description of the use of childcare services (either public or private) among social risk groups and social classes with a particular focus on the type of childcare used and whether families in need of childcare have their needs met. We then look at the association between access to childcare and poverty. The final section examines the association between access to childcare and employment of mothers.

Children in Ireland can be enrolled in primary school from the age of four years, and legally must have started by the time they are 6 years old, so that a majority of five-year-olds and about half of 4-year-olds would be expected to have started school (Murray, Williams and McNamara, 2019). As noted in Chapter 1, the cost of childcare in Ireland is high by international standards because, until recently, most of it has been fully-paid-for by parents. A number of initiatives in recent years have sought to address this issue. They have mainly focused on the early years and sought to combine elements of early education with childcare.

The first universal Early Childhood Care and Education (ECCE) scheme was introduced in January 2010 and was available in the academic year preceding the start of primary school, although for a limited number of hours (3 hours a day, 5 days a week and 38 weeks in the year). [3] It was open to children between 3 years, 2 months and 4 years, 7 months. A study of children who were five years old in 2013 indicated that nearly all of them (96%) availed of this scheme. Over a third of 5-year-olds in families in the lowest income quintile indicated that they would otherwise have missed out on pre-school compared to just 9 per cent of those in the highest income. Higher income families were much more likely to have paid to 'top up' the free hours available under the scheme (Murray et al, 2019). In Budget 2016, the Department of Children and Youth Affairs (DCYA) announced an increase in entitlement to an average of 61 weeks (ranging from 51 to 88 weeks, depending on date of birth and age starting school) from September 2016.[4] Some of the families

[3] The full title was Free Pre-School Year in Early Childhood Care and Education (ECCE)

[4] https://www.dcya.gov.ie/viewdoc.asp?DocID=4097

interviewed in SILC 2016 would have benefited from this increase. The DCYA estimated that 89,500 children would have benefitted from ECCE in September 2016. There was a further extension of the ECCE scheme since the time of the interviews with families in SILC 2016: in Budget 2018, the entitlement was extended to two full academic years of ECCE from September 2018.[5]

As well as the Free Preschool Year, low-income parents could also avail of means-tested access to subsidised childcare through a number of schemes, such as the Community Childcare Subvention (CCS) scheme which provides access to participating community not-for-profit childcare services and the After-School Child Care Scheme (ASCC) which supports the return to work of low-income unemployed people. The ASCC provides subsidised after-school places to children in primary school to enable parents to take up employment or increase the number of hours they work. The Childcare Education and Training Support (CETS) Programme provides childcare subsidies to parents participating in education or training. The Community Employment Childcare (CEC) scheme provides childcare for children of parents who are participating on Community Employment schemes.[6]

Announced in Budget 2017, a Single Affordable Child Care Scheme is expected to replace existing targeted childcare subsidy schemes, such as the CCS, TEC and ASCC. It is expected to be in place by late 2019. It will involve a means-tested subsidy available for children from 6 months to 16 years of age.[7]

2.2 SILC sample for analysis of access to childcare

As already mentioned, this paper employs the cross-sectional component of SILC 2016 data, which includes a special module on Access to Services. The questions on accessing specific services are filtered on potential need of the service. In this chapter, for example, the filter for the questions on accessing childcare is having at least one child up to the age of 12. Information about childcare utilization is collected for these households. This provides us with an analytical sample of 4,544 individuals living in households with at least one child aged 0-12. The sample of interest in this

[5] https://www.dcya.gov.ie/documents/earlyyears/20171012FAQsEarlyYearsBudget2018.pdf

[6] https://www.dcya.gov.ie/docs/EN/Training-and-Employment-Childcare-(TEC)-Programmes/2200.htm

[7] http://affordablechildcare.ie/ [last accessed November 23 2018]

chapter is thus different from the sample we will use in the next chapter when focusing on professional home care.

2.3 Size of groups

We begin by looking at the total size of the social risk group and social classes and asking for how many of them the issue of childcare is relevant (i.e. they live in a household with children up to the age of 12).

2.3.1 Social risk groups

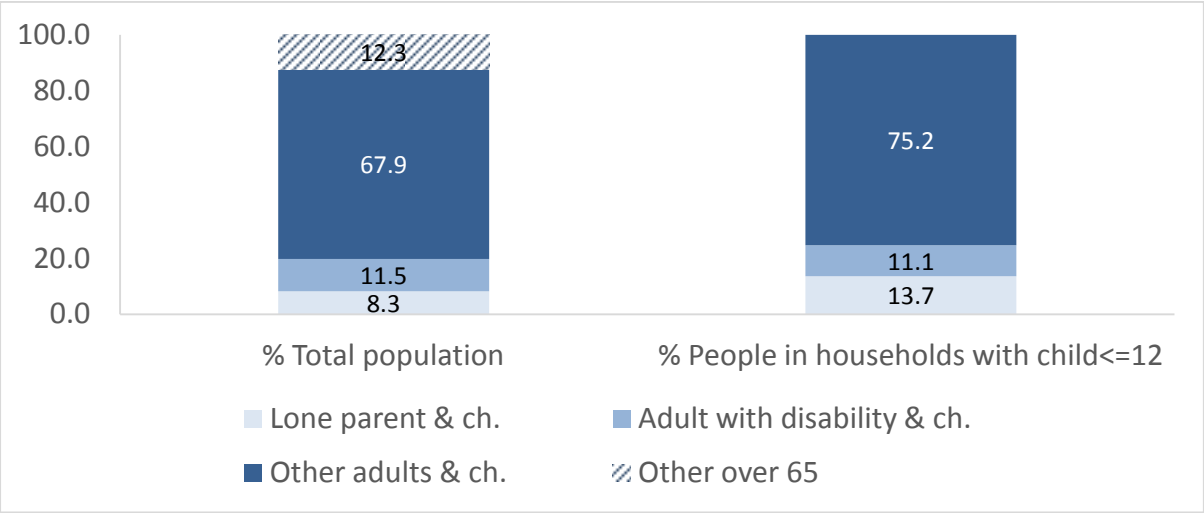
The social risk groups that we identify in the overall population include lone parents; adults with a disability; other adults aged 65 or younger (and their children); and other adults aged 66 and over. For brevity, we will refer to other adults aged 65 or younger (and their children) as ‘others in working-age households’. The distribution of these groups is shown in Figure 2.1.

The first stacked column represents the share of the total population in households belonging to each social risk group (whether or not they have children up to the age of 12). We see that 8 per cent of the population lives in a lone-parent household; 12 per cent lives in a household where at least one adult has disability; a much larger share of the population belongs to other working-age households (68 per cent); while the group of other adults 66 or older make up 12 per cent of the total population.

The second stacked column in the figure reports the size of each group among the households with at least one child up to the age of 12. As we can see, the oldest group does not appear here because the number of adults aged 66 or older in households with a child up to the age of 12 is very small, such that we cannot provide reliable estimates for them. Therefore, we will not present any figure for other adults aged 66 and over in this section on childcare needs.

Focusing thus on our population of interest, Figure 2.1 shows that 14 per cent of those living with a child up to the age of 12 lived in lone-parent households. Adults with a disability and their children represented 11 per cent of our target population, while the remaining three quarters were in other working-age households.

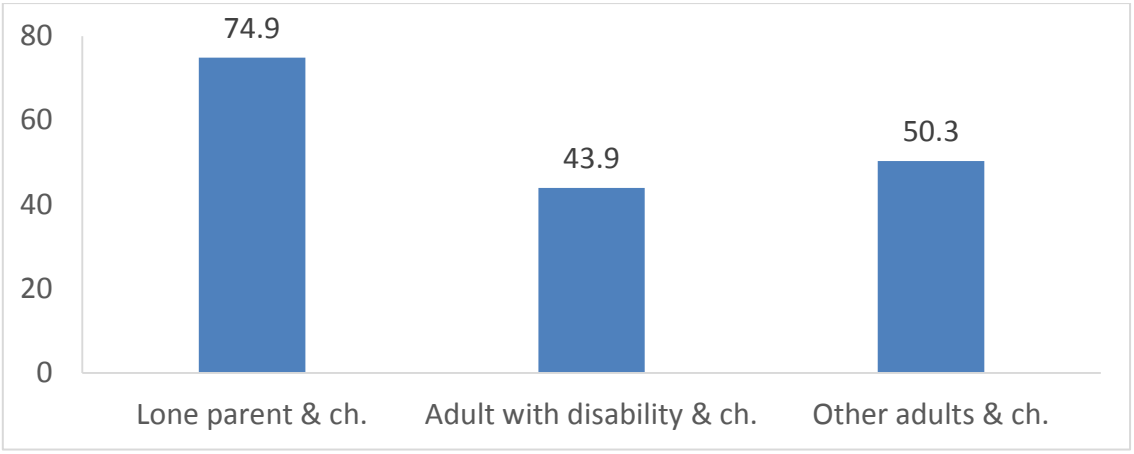
Figure 2.1: Distribution of social risk groups (%), 2016



Source: SILC 2016, analysis by authors.

Further interesting insights can be obtained by looking at the share of households with children aged 0-12 in each social risk group. Figure 2.2 shows that three quarters of people living in a lone-parent household live with at least one child up to the age of 12. The figures are 43.9 and 50.3 per cent respectively for adults with disability and those in other working-age households. This tells us that lone-parent families are much more likely to be in need of childcare given that young children are overrepresented in this group.

Figure 2.2: People in households with child<=12 as a % of their total social risk group, 2016



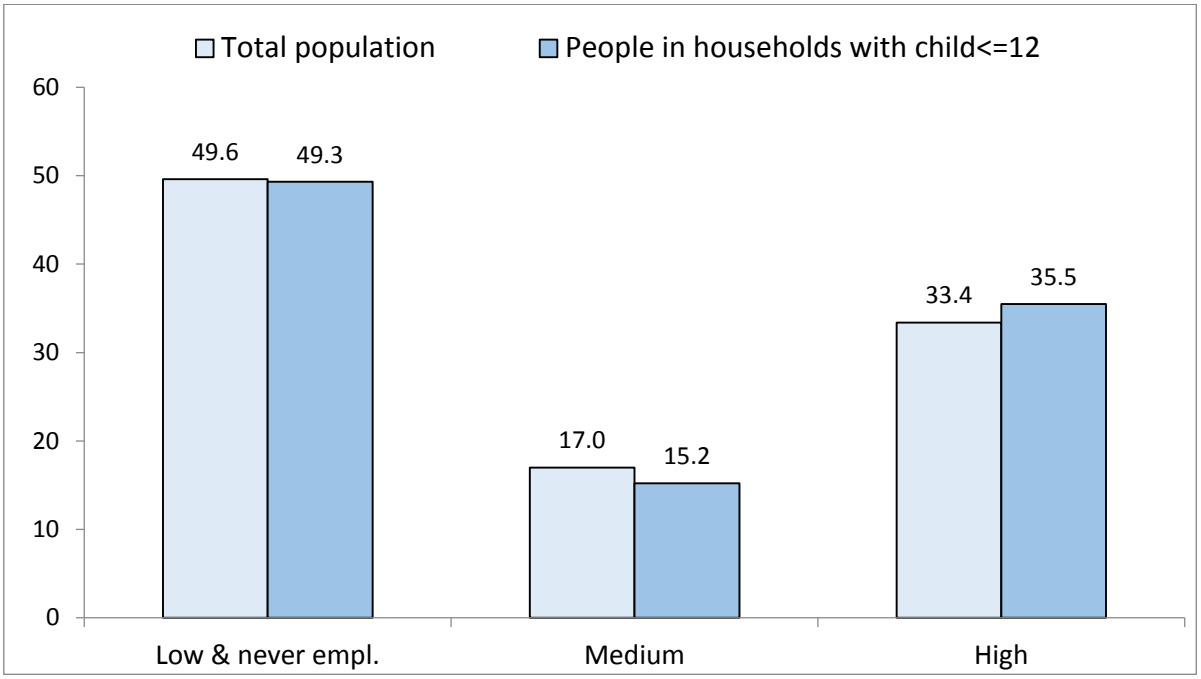
Source: SILC 2016, analysis by authors.

2.3.2 Social class

In this subsection, we show the distribution of the total population and of the population living in households with at least one child aged 0-12 across social classes.

Figure 2.3 shows that one third of the total population (33.4 per cent) belongs to the high social class – defined as the managerial and professional social classes. At the same time, they represent 35.5 per cent of the population in households with children aged 0-12, signalling that young children are overrepresented in the high class. The opposite is true for the medium social class that represents 17 per cent of the total population but 15 per cent of people in households with children up to the age of 12. Finally, people in the lowest class or who were never employed represent about half of the population with respect to both the total population and the population in households with young children.

Figure 2.3: Distribution of social class (%), 2016



Source: SILC 2016, analysis by authors.

2.4 Types of childcare

In this section, we focus on the utilization of childcare among households with children aged 0-12 and distinguish between different types of childcare. Childcare types include formal childcare; a childminder; or care from family relatives (other than the parent(s)). These types of childcare are defined in the SILC data as follows:

Formal centre-based childcare:

- Childcare at centre-based services
- Childcare at day-care centre

Childminder:

- Childcare by a child-minder at child-minder's home or child's home

Family relative:

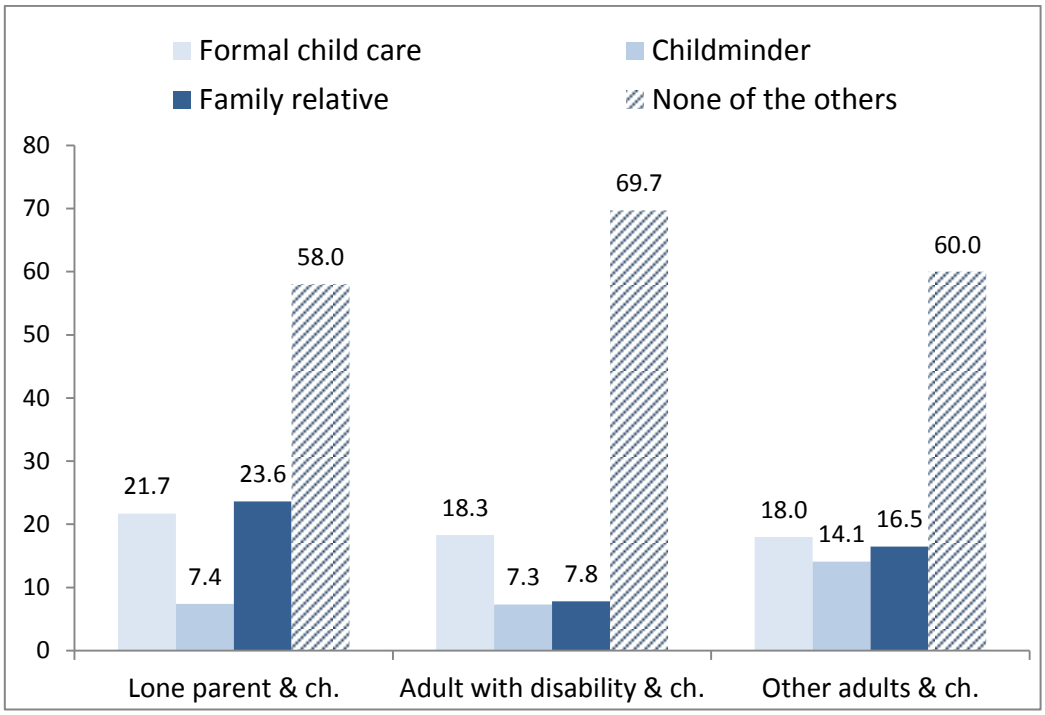
- Childcare by grand-parents, other household members (other than parents), other relatives, friends or neighbours ***(unpaid)***

It is important to note that childcare provided by a family relative is not paid. In addition, we note that households may avail of more than one type of childcare. For this reason, in the figures that we will present below, the sum of the percentages using different childcare types may be higher than 100 per cent.

2.4.1 Childcare utilization across social risk groups

Figure 2.4 presents the utilization of childcare types across social risk groups. In addition, Figure 2.4 shows the share of households which do not avail of any of the above-mentioned childcare types. Parents (or a parent/guardian) are the only childcare providers for this last group.

Figure 2.4: Types of childcare across social risk groups(%), 2016



Source: SILC 2016, analysis by authors.

Concerning the use of formal childcare, lone parents were the group most likely to avail of this type of childcare – about 22 per cent compared with about 18 per cent for the other two groups. However, lone parents tend to use formal childcare for a lower number of hours compared with the most advantaged group of other adults (13 vs 17 weekly hours).

Turning our attention to the use of childminders, other working-age households were most likely to avail of this type of childcare (14 per cent), two times more likely than the other two groups (lone parents and adults with a disability, about 7 per cent).

The use of unpaid childcare by family relatives is also more widespread among lone-parents (23.6 per cent) and less so among other working-age households (16.5 per cent) and especially adults with a disability (7.8).

Restricting the same analysis to households where the youngest child is less than five years old, shows that all social risk groups are using more formal childcare and

childminder services (at the exception of lone parents for the latter) but family relative services remains broadly unchanged.[8]

Finally, the vast majority of those potentially in need of childcare (i.e. living in a household with young children) reported not using any of these forms of childcare, although with differences across groups: about 60 per cent of those in lone parent and other working-age households do not use these forms of childcare; while the same is true of about 70 per cent of those in households containing an adult with a disability. As mentioned, in cases where none of the above childcare types is used, parents or guardians are the sole carers of their children.

2.4.2 Childcare utilization across social class

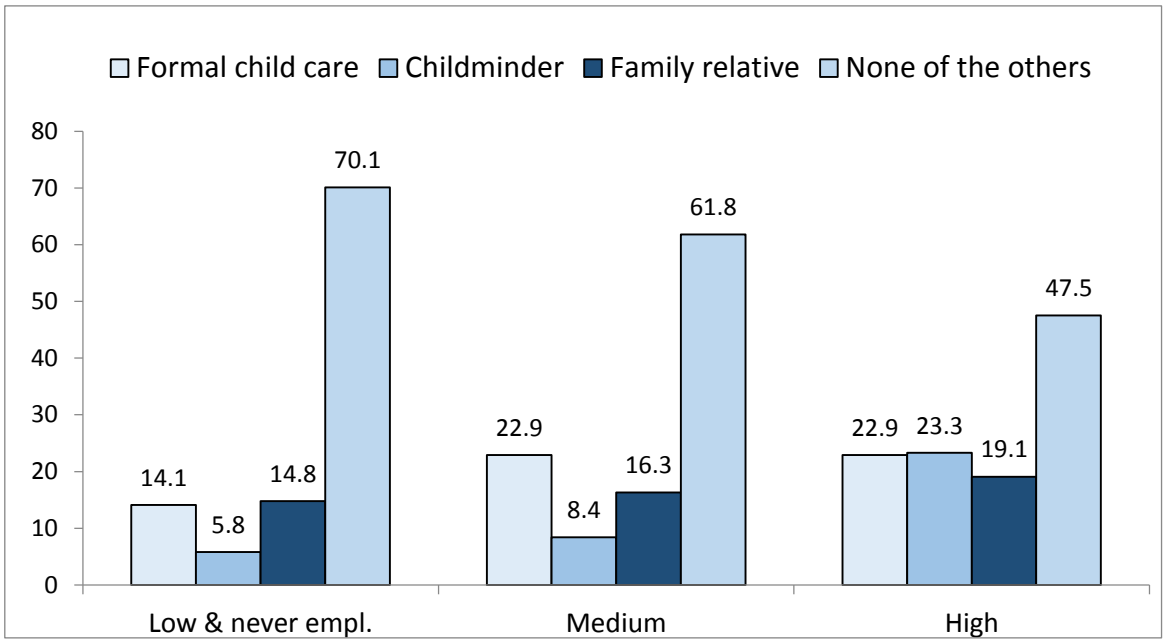
We now turn to the use of different types of childcare across social classes. A rather clear stratification pattern emerges. The lowest social classes are more likely to care for children themselves. For example, in the lower social classes, 14.1 per cent use formal childcare and 5.8 use a childminder compared to 23 per cent for both types of childcare in the highest social classes. Interestingly, the use of unpaid relative care increases with social class. Overall, middle social class households fall in between high and low social class households.

Results focusing on households where the youngest child is less than five years old, shows almost no change in the type of childcare used from lone parents, a large increase in the utilisation of formal childcare and family relatives from medium social class, while higher social class seems to have substituted formal childcare for care by childminders and family relatives. [9]

[8] Results available from the authors.

[9] Results available from the authors.

Figure 2.5: Types of childcare across social class (%), 2016



Source: SILC 2016, analysis by authors.

These results provide a picture of stratification of childcare types across social classes. However, these results do not tell us the reasons for the use of different care types.

2.5 The need for formal childcare

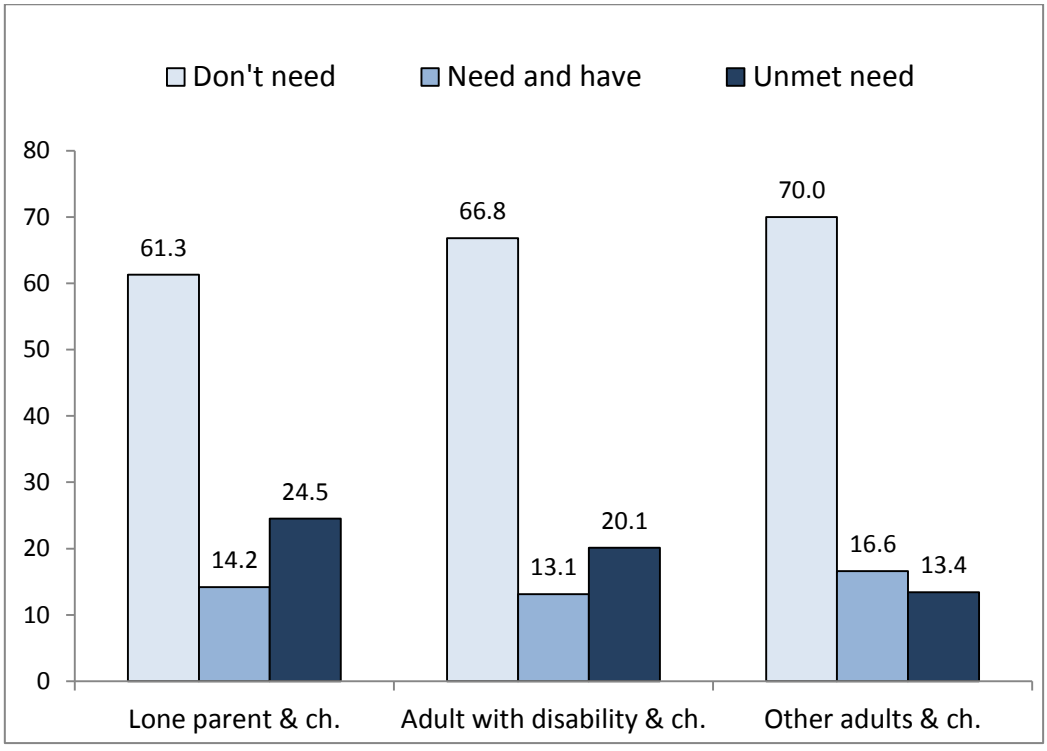
During the interviews, the examination of the need for childcare focused only on formal childcare. So as a next step, we focus only on formal childcare and investigate the need for formal childcare that households report. In particular, we distinguish between not having a need for formal childcare (labelled *no need*); having a need for formal childcare and having access to it *(met need);* and having a need but not having access to childcare (*unmet need*). It is worth looking at the precise way in which this was measured, as this has a bearing on interpretation of the responses. The household respondent in households containing at least one child up to the age of 12 was asked several questions allowing the following classification:

- If the child did not attend a centre-based service or a day-care centre and the household did not have *unmet needs* for formal childcare services ***(no need)***.

- If the child is attending a centre-based service or a day-care centre and the household did not have *unmet needs* for formal childcare services ***(met need)***.
- The householder reports an unmet need for formal childcare whether or not the child is attending formal childcare (i.e. the need may be for a greater number of hours, weeks etc.) ***(unmet need)***.

Figure 2.6 shows the need for formal childcare across social risk groups. First, we see that the largest proportion of households did not report needing formal childcare – either because the required care was provided by the parents/guardians or because their childcare needs were already satisfied by other types of childcare (such as unpaid care by relatives or a paid childminder). Variations across groups are also present: 70 per cent of those in other working-age households do not need formal childcare; this figure compares to 67 and 61 per cent, respectively, for households containing adults with a disability and lone parent households.

Figure 2.6: Formal childcare needs across social risk groups (%), 2016



Source: SILC 2016, analysis by authors

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This result is particularly interesting if considered in light of the results presented in Figure 2.4 showing that other working age adults is the group that makes more use of childminding. It seems that the more advantaged social risk group (other adults) is more likely to *not* be in need of formal childcare because it is more likely to have access to other types of childcare already, i.e. childminder.

Importantly, Figure 2.6 also shows that other working age adults are more likely to have their needs met (17 per cent) rather than unmet (13). The opposite is true for the other groups: households with *unmet need* represent, respectively, one quarter and one fifth of lone parent households and households containing adults with disabilities. On the other hand, households which *need and have* formal childcare are 14 and 13 per cent respectively, of lone parent households and households containing an adult with a disability.

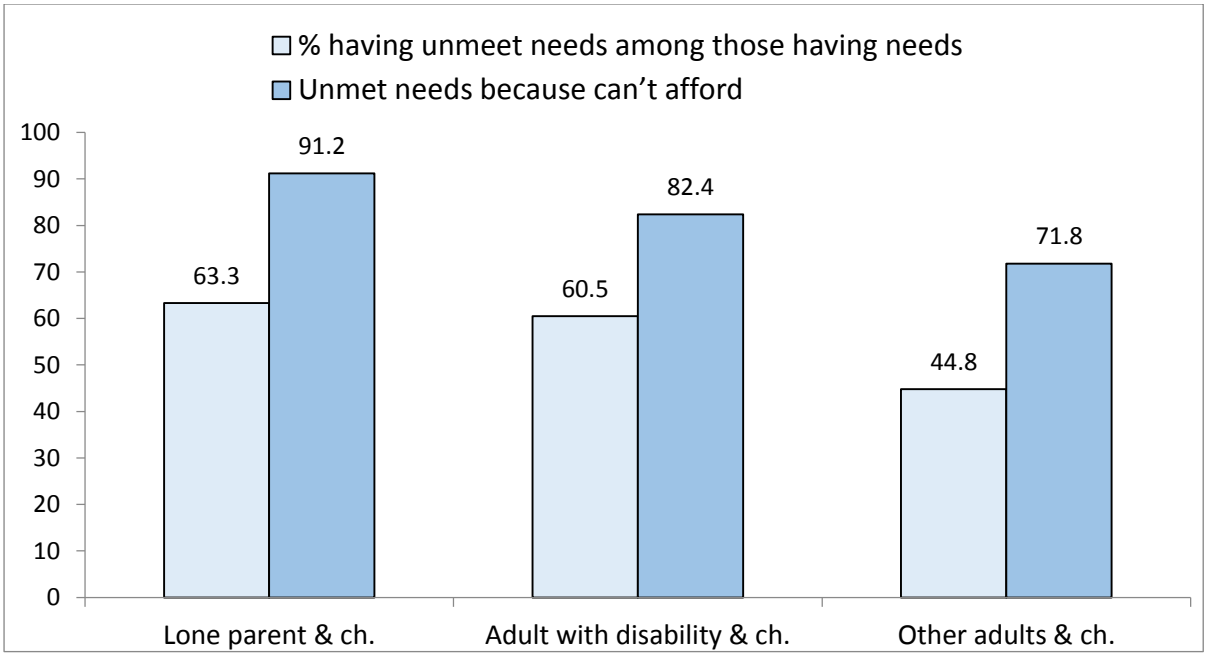
2.5.1 Met and unmet needs among people in need of formal childcare

These differences between *met* and *unmet needs* are highlighted by focusing only on those who have formal childcare needs. The first bar within each social risk group in Figure 2.7 shows the share of people with unmet needs among people in need of formal childcare. The figure clearly shows a stratification in access to formal childcare. Indeed, while almost two thirds of people who need formal childcare in the two disadvantaged groups – 63 per cent of lone parents and 61 per cent of adults with disability – do not have access to as much formal childcare as they need; less than one half (45 per cent) of other working age households are in the same situation.

Turning to the reasons for *unmet needs* for formal childcare (also shown in Figure 2.7), the issue of affordability emerges as the main barrier. Indeed, across groups, between about 70 and 90 per cent of people with *unmet needs* report the reason as inability to afford formal childcare. Again, lone parents emerge as the group facing the worst situation with 91 per cent reporting that they cannot afford the required formal childcare. The lack of economic resources seems thus to be the main reason behind the inability to access formal childcare. This result is in line with other research showing how affordability issues play a great role in hindering many families from accessing this service (Russell et al, 2018).

At the same time, this is also an indicator of the above mentioned potential vicious circle between access to services and economic resources. Indeed, economic resources may not only be an outcome of access to services – where for example the inability to access to services impedes labour market participation as shown by Russell et al (2018) – but they may also hinder access to the service in the first place.

Figure 2.7: Unmet needs among people in need of formal childcare and reason across social risk groups (%), 2016



Source: SILC 2016, analysis by authors.

2.5.2 Statistical model of childcare needs

So far we have seen that some groups are more likely to have unmet needs, such as lone parents and adults with disability, while other groups such as other working-age households are more likely to have their needs met or to not need formal childcare.

In order to ascertain the association between membership of social risk groups and social class, and the need for formal childcare, we employ regression models which allows us to evaluate the association while controlling for other relevant characteristics. Characteristics that we anticipate being associated with both childcare needs and membership of social risk groups are education, the number of children, and the age of the youngest children. We expect that parents with higher

levels of education (especially mothers) are more likely to participate in the labour market, thus leading to a greater probability of needing formal childcare. The age of the youngest child is also relevant, in that the need for childcare is likely to be greater for younger children and also more costly as they are not in school for a certain number of hours each day. Similarly, we anticipate that a greater number of children will lead to higher childcare costs, making affordability more of an issue.

In Table 2.1 we present a set of multinomial logistic regression models. In each model, the likelihood of having *no need* and having *unmet needs* is compared with having *met needs* (the reference category, corresponding to the most privileged group). Coefficients are expressed as odds ratios, where values greater than 1 indicate a positive association or greater likelihood while values between zero and one indicate a reduced likelihood.

Model 1 includes only our variables of main interest: social risk groups and social class. The first column of Model 1 reports the differences by social risk and social class in the likelihood of reporting *no need* for formal childcare versus *met need*. In the case of social risk group, the reference category (which implicitly has a coefficient of 1.0) consists of other working-age households. Lone parents have a non-significant coefficient of 0.93. The coefficient is very close to 1 and indicates that lone parents have substantially the same likelihood as other working-age households of having *no need* of formal childcare rather than being in the *met need* group. The same is true for adults with disability, with a non-significant coefficient close to 1.0 (1.07). Therefore, across social risk groups, the chances of reporting *no need* of formal childcare versus *met need* are very similar.

The second column of Model 1 compares the likelihood of having *unmet need* vs having *met need*. In this case, we observe larger differences by social risk groups: lone parents are more than twice as likely (odds ratio of 2.20) as other working age households to have *unmet need* rather than *met needs*. The odds ratio for adults with disability is not statistically significant, however.

Turning our attention to social class, we see that middle class households are not significantly different from higher class households. Conversely, lower social class households are almost twice as likely as higher social class households to have either *unmet needs* (1.89) or *no needs* (1.77) vs. having *met needs*.

Table 2.1: Multinomial logistic model for childcare needs, 2016

	Model 1		Model 2		Model 3	
	No need	**Unmet needs**	**No need**	**Unmet needs**	**No need**	**Unmet needs**
Social risk group (ref. Other adults & ch)						
Lone parent & ch	0.93	2.20*	0.86	2.08*	0.77	2.32**
Adult with disability & ch	1.07	1.70	0.99	1.64	0.94	1.67
Social class (ref. High)						
Medium	0.98	0.47	0.90	0.45	0.90	0.45
Low & never employed	1.77*	1.89*	1.52	1.72	1.61	1.74
HH reference person education (ref. Post-secondary & tertiary)						
Primary education			1.19	1.05	1.08	0.86
Secondary education			1.88*	1.55	1.75*	1.53
N. children 12 or younger					1.27	1.39*
Youngest child 5+					2.61***	0.85
N	4,544	4,544	4,544	4,544	4,544	4,544
*** p<0.001, ** p<0.01, * p<0.05						

Source: SILC 2016, analysis by authors.

In Model 2 we control for the level of education of the household reference person. The reference category for education is the most educated group of people with post-secondary or tertiary education. Comparing households with primary education with the highly educated group, we find no significant differences in the likelihood of having either *no needs* or *unmet needs*. We find secondary-educated household to be more likely to have *no needs* (1.88) but the coefficient for *unmet needs* is not statistically significant.

Controlling for education, all the other coefficients weaken only slightly. The link between lone parenthood and the higher risk of *unmet needs* remains statistically significant. However, the effects of social class turn out to be not significant: lower social class households are not statistically different from higher social class households in the likelihood of having either *no needs* or *unmet needs* vs. *met*

needs. This can be explained in terms of the association between social class and education, with lower social classes more likely to have lower levels of education.

Finally, Model 3 adds controls for the number of children aged 0-12 and for the age of the youngest child – whether 5 or older versus younger than 5. Controlling for these characteristics leaves the results largely unchanged, compared to model 2. It is interesting to note, however, the direct effect of these characteristics. The number of children aged 0-12 increases the likelihood of having unmet needs: each additional children increases this likelihood by 1.39 times. This is consistent with our expectation that having a higher number of children is likely to increase the cost of childcare and the dominant reason for *unmet need* for childcare, as we saw earlier, is the inability to afford it. Households where the youngest child is aged 5 or older are much more likely (2.61 times) than households with children younger than 5 to *not* have needs vs. *met needs*. The childcare requirements for children over the age of 5 are reduced to the extent that they are likely to be in school for part of the time.

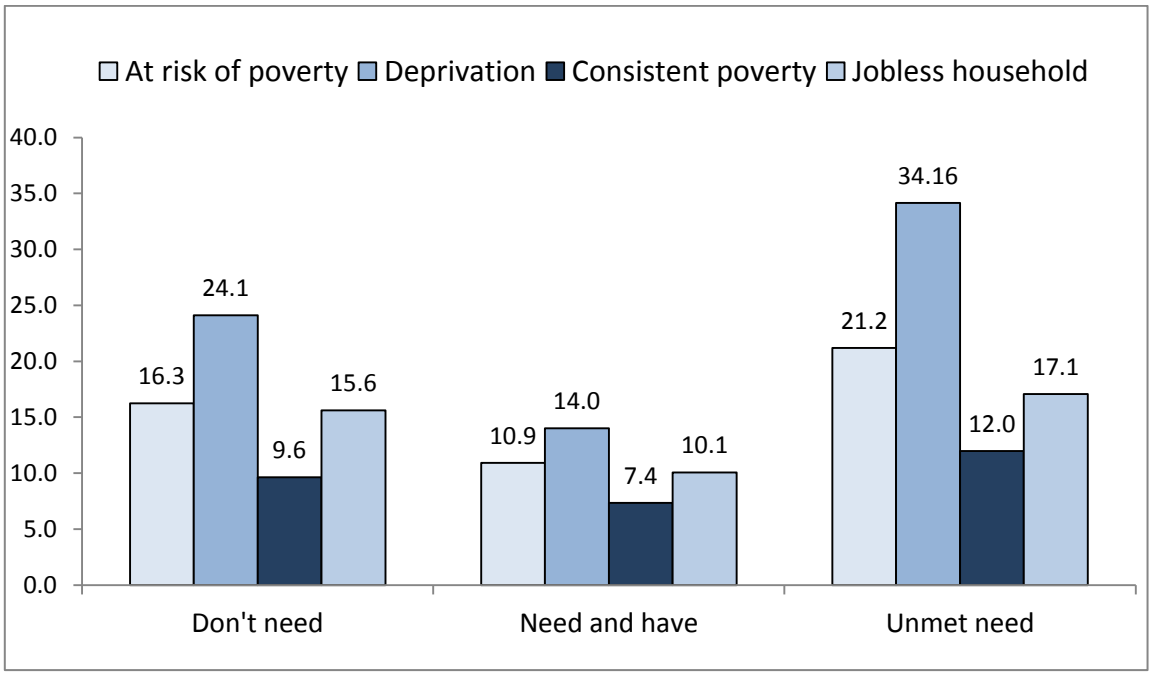
This set of models has thus shown how the disadvantaged position of lone parents is robust even when controlling for other relevant characteristics. In fact, they continue to be more than twice as likely as other adults to have *unmet needs* vs. *met needs.*

2.6 The poverty experience of household with different levels of needs

In this section we look at the association between needs for formal childcare and different indicators of household poverty. Figure 2.8 shows rates of income poverty (*at-risk-of poverty*); material deprivation; consistent poverty; and joblessness. Rates for these indicators are presented by social risk groups. The national measures of income poverty, material deprivation and consistent poverty are used. A household is income poor (at-risk-of-poverty) if the equivalised disposable household income is below 60% of the median equivalised disposable household income of the total population. A household is materially deprived if it can't afford at least two goods or activities from a list of eleven essential items (food, clothing, adequate heating, etc.). A household is consistently poor when it combines the experience of income poverty and material deprivation. Finally, a jobless household is when none of its working age members (aged 18 to 65) are in employment.

Comparing poverty measures across groups, we see that households with *unmet needs* emerge as the most disadvantaged group reporting the highest levels of poverty of all measures. On the other hand, household with *met needs* represent the most advantaged group, showing the lowest poverty rates. Households with no need of formal childcare fall in the middle. Differences are particularly striking for material deprivation. While 15 per cent of the households with *met needs* experience material deprivation, this figure increases by 10 percentage points for households with *no need* and by about 20 percentage points, up to 35 per cent, for households with *unmet needs*.

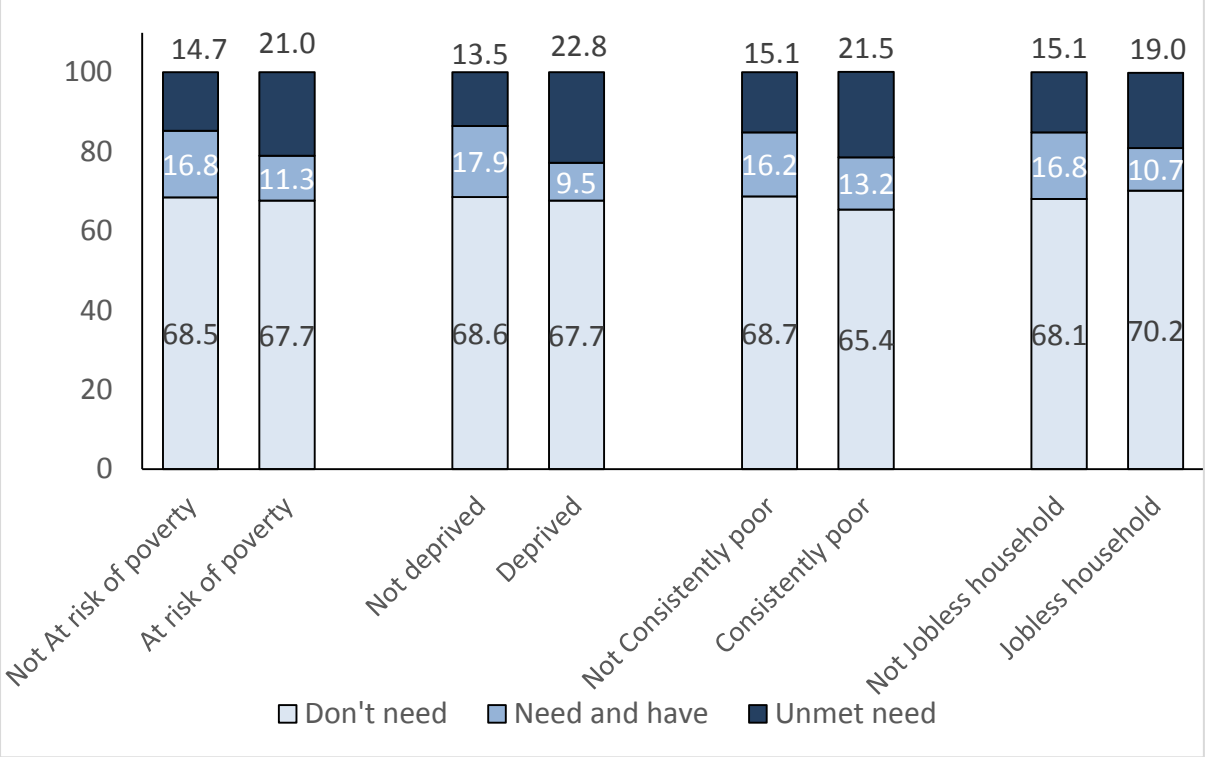
Figure 2.8: Poverty across childcare needs (%), 2016



Source: SILC 2016, analysis by authors.

In Figure 2.9 we explore the relationship between the same poverty/social exclusion outcomes and the childcare profiles. Across all the poverty outcomes (at risk of poverty, deprivation etc.) there is very little difference by poverty status in the percentage reporting that they “don’t need” childcare services unlike the other need categories. Indeed, across all these poverty outcomes the general pattern is one where the most disadvantaged households with children report a lower level of *met need* and a higher level of *unmet need* than their advantaged counterparts. The largest gap is for household experiencing deprivation: 23 per cent report having *unmet need* while it is only 14 per cent for the non-deprived households.

Figure 2.9: Childcare needs by poverty indicators (%), 2016



Source: SILC 2016, analysis by authors.

The data we have, unfortunately, do not allow the causal direction of the link between childcare needs and poverty to be established. On the one hand, having *unmet needs* for childcare might cause poverty because individuals cannot fully participate in the labour market. On the other hand, poverty could lead to unmet need because the household lacks the resources to afford the costs of formal childcare. It is likely that there are influences operating in both directions.

As a next step, we look at whether the association between childcare needs and poverty is robust even after controlling for membership of social risk groups and social classes as well as for other relevant characteristics. In particular, we focus on material deprivation as it has emerged as the poverty indicator most strongly linked to both risk group and social class (Watson et al, 2018) and also to differences in access to childcare, as we saw in the previous figure.

2.6.1 Statistical model of material deprivation

Table 2.2 reports a set of logistic regression models which estimate the likelihood of being materially deprived versus not deprived. In Model 1 we look at the bivariate association between need for formal childcare and material deprivation. This essentially replicates the descriptive results we saw above, but expressing the group

differences as odds ratios. Results show a strong stratification of deprivation risk: compared with households with *met needs* for childcare, households with *no need* for childcare are twice (1.95) as likely to be deprived, while household with *unmet needs* are more than four (4.15) times as likely to be deprived. Model 2 includes social risk groups and social class. Controlling these characteristics in the model reduces only slightly the odds for *no need* for childcare, while the odds for *unmet needs* are reduced to 3.4 from 4.2. This is in line with the results presented in Table 2.1 where we have shown both social risk and social class to be significantly related with having unmet needs.

Table 2.2: Logistic model for material deprivation, 2016

	Model 1	**Model 2**	**Model 3**
Childcare needs (ref. Need and have)			
Don't need	1.95*	1.86*	1.79*
Unmet need	4.15***	3.36***	3.25***
Social risk group (ref. Other adults & ch)			
Lone parent & ch		4.42***	4.58***
Adult with disability & ch		2.91***	2.95***
Social class (ref. High)			
Medium		1.63	1.63
Low & never employed		2.66***	2.76***
N. children 12 or younger			1.26*
Youngest child 5+			1.24
N	4,613	4,613	4,613
*** p<0.001, ** p<0.01, * p<0.05			

Source: SILC 2016, analysis by authors.

Membership of social risk groups and social classes is strongly associated with deprivation. Lone parents experience the highest risk of deprivation being 4.4 times as likely as other working age adults to be deprived. Adults with disability also experience significantly higher risks of deprivation presenting an odds ratio of 2.9.

Low social class households are also more likely to be deprived (2.7) compared with high social class households, while we do not observe significant differences between high and middle classes. Although these two groups of households are likely to differ in their standards of living, they are less distinct when it comes to lacking the very basic goods and services captured by the indicator of material deprivation.

Finally, Model 3 controls also for number and age of children. Results show that while the number of children aged 0-12 in the household increases the likelihood of material deprivation, the age of the youngest child does not play a significant role. Looking at the need for formal childcare, the additional characteristics included in Model 3 do not substantially alter the association between childcare needs and material deprivation.

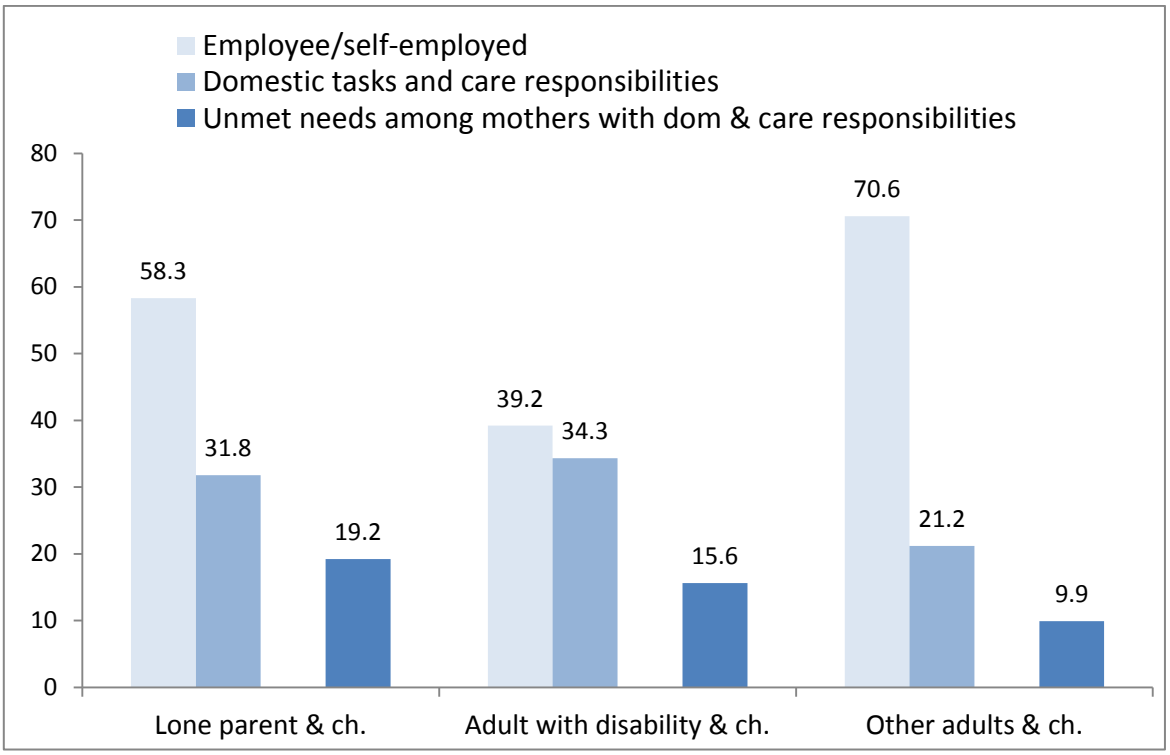
2.7 Mother's principal economic status

The last step of this chapter is examining mothers' employment. Mothers' employment can be considered a good indicator to evaluate whether not having access to childcare may be a barrier to labour market participation, given that the mother is most often the person with main responsibility for caring for children. The overall pattern is illustrated in Figure 2.10.

Figure 2.10 shows that mothers are most likely to be employed in the other working-age adults social risk group (71 per cent), followed by lone parents (58 per cent) and with the lowest employment rate among mothers in families where there is an adult with a disability in the household (39 per cent).[10] The second bar in the figure shows the percentage of mothers reporting their principal economic status as being involved in domestic tasks and caring responsibilities. This is highest in households where there is also an adult with a disability (34 per cent) and lowest among those mothers in other working-age households (21 per cent).

[10] Note that these are families where there are children and someone with a disability.

Figure 2.10: Mother's principal economic status by social risk group (%), 2016



Source: SILC 2016, analysis by authors.

The third bar in Figure 2.10 shows the rate of *unmet need* for childcare among mothers in each social risk group who report their activity as engaged in domestic tasks and care responsibilities. The rate of unmet need is highest (19 per cent) for lone mothers in this situation, followed by mothers in households that contain an adult with a disability and with the lowest level (10 per cent) among mothers in other working-age households.

2.7.1 Mother non-employment and childcare needs

While the pattern of results in Figure 2.10 suggests a link between non-employment of mothers and unmet childcare needs, we model this more formally in Table 2.3. The dependent variable is non-employment of the mother vs. employment. Employment could be either full-time or part-time and could be either as a self-employed person or an employee.

Model 1 shows in the form of odds ratios the pattern seen above in Figure 2.10: *unmet need* for childcare is associated with non-employment. Mothers in households

with an *unmet need* for childcare have nearly 2.5 times the chance of non-employment of mothers whose childcare needs are met. The chance of non-employment is also higher, however, for mothers who report not needing childcare (at 3.7 times). This is likely to be because in many cases these mothers provide the childcare themselves, either because they would prefer to do so in any case or because they believe they could not earn enough to make employment economically feasible once childcare costs have been taken into account.

Table 2.3: Logistic model for mother non-employment, 2016

	Model 1	Model 2	Model 3
Childcare needs (ref. Need and have)			
Don't need	3.72***	3.50***	3.62***
Unmet need	2.48**	1.86*	1.59
Social risk group (ref. Other adults & ch)			
Lone parent & ch		1.90**	2.12***
Adult with disability & ch		2.61***	2.60***
Social class (ref. High)			
Medium		2.20**	2.16**
Low & never employed		3.25***	2.81***
Mother education (ref. Post-secondary & tertiary)			
Primary education			4.84***
Secondary education			2.02**
N. children 12 or younger			1.58***
Youngest child 5+			0.86
N	4,324	4,324	4,324
*** p<0.001, ** p<0.01, * p<0.05			

Source: SILC 2016, analysis by authors.

In Model 2, social risk group and social class are added to the model. The chances of non-employment are higher for lone mothers (OR 1.9) and those in households

where an adult has a disability (OR 2.6) and also for mothers in the low (OR 3.3) and middle (OR 2.2) social class vs the higher social class. When we control for social risk and social class, the coefficients for *no need* and *unmet need* for formal childcare remain statistically significant but have reduced slightly in magnitude. It is still the case that mothers who report *no need* (OR 3.5) or *unmet need* for formal childcare (OR 1.9) are more likely to be non-employed.

Model 3 shows that the chance of non-employment is higher when the mother has primary education (OR 4.8) and that the number of children also increases the likelihood of non-employment (OR 1.6). The pattern of magnitude for the other control variables is quite similar to the one found in Model 2.

2.8 Summary

In this chapter, we explored the differences by social risk group and social class in access to formal childcare and examined the association between access to childcare and mothers' employment. We focused on those in households with a potential need of childcare services: households with at least one child up to the age of 12.

The results suggest that:

- The dominant pattern of child-care in Ireland is exclusive provision of care by the parents or guardians (about 70 per cent for those in households with an adult with a disability and about 60 per cent of lone parents and other working-age households). Centre-based care is slightly more likely to be used by lone parents (22 per cent) than the other household types (about 18 per cent). Centre-based care is also stratified by social class: with 23 per cent of households with children in the middle and higher social classes using centre-based childcare compared to just 14 per cent of those in the lower social classes.
- As expected, the most disadvantaged households are more likely to express an *unmet need* for formal childcare (24 per cent for lone parents compared to 13 per cent for other working-age households; the lower social classes were also more likely to express an *unmet need*).

- In models where we control for having children under 5 (which increases the need for childcare), level of education (which increases the chances of being in work and level of earnings, once in work) and the number of children (which increases childcare costs), the association between lone parenthood and *unmet need* for childcare remains statistically significant. The social class differences in *unmet need* are no longer statistically significant once education and social risk group are controlled, however, largely because of the strong association between education and class.

- Both *unmet need* and reporting *no need* for formal childcare are associated with an increased risk of material deprivation that remains significant even when we control for social risk, social class, number of children and age of youngest child. The association with *unmet need* is likely to be due to the association between low resources and both material deprivation and the inability to afford childcare. The association between material deprivation and reporting *no need* for formal childcare may arise because those who are not employed, but caring for their children themselves, are less likely to need formal childcare and are also likely to have fewer resources.

- Finally, we modelled the association between access to childcare and mothers' employment.
  Mothers were more likely to be non-employed both when they reported *no need* for formal childcare (i.e. because they cared for their children themselves) and when they had an *unmet need* for formal childcare (suggesting that the lack of access to childcare may constrain labour supply). The stronger pattern was the link between *no need* and non-employment, pointing to the complexity of the relationship. The association between access to childcare and mother's non-employment was no longer statistically significant when mother's education was controlled. Mothers' education influences the chances of being employed, earnings capacity, capacity to afford childcare and enhances the probability that they can afford to meet their employment and childcare preferences.

Chapter 3: Home care

3.1 Introduction

The structure of this chapter is very similar to the previous chapter on childcare. We first describe the extent of professional home care needs across groups of the population. We then explore the relationship between access to professional home care and poverty, on the one hand, and employment of working-age adults in the household, on the other.

Home care is generally used by older people or younger people with an illness or infirmity (Murphy et al 2015). It is increasingly recognised as a cost-effective and more appropriate substitute for acute care in many situations (Fernandez and Forder, 2008; Costa-Font et al 2009; Lichtenberg, 2012; Timonen et al 2012). Recent estimates of the numbers receiving formal home care in Ireland put the figure at about 65,660 instances of public or private home help use in 2015 (Wren et al, 2017, p. 241). These are made up of 47,500 individuals receiving public home help and an estimated 18,160 individuals receiving private home help, with an unknown number receiving both kinds of help (such as a privately-funded top-up of publicly-funded home care hours).

Publicly-provided home care is delivered through the Health Service Executive (HSE) Home Support Service, that aims to support older people to remain in their own homes for as long as possible, to support independent living among people with disabilities and to support informal carers. It provides support for everyday self-care tasks, including getting in and out of bed; dressing and undressing and personal care such as showering and shaving. Provision of support is based on assessed needs and is provided free of charge without any income assessment or means test. The number of hours per week of home care depends on assessed need. Additional hours must be funded by the individual or their families.[11]

Wren et al. also provide a rough estimate of the rate of unmet need for home care. Based on HSE administrative waiting list data, at the end of December 2016, there

[11] https://www.hse.ie/eng/home-support-services/

were 2,039 people waiting for public home help and 2,342 people waiting for a home care package, corresponding to 4.29 per cent and 15.34 per cent of the total number of people who received public home help or a home care package in 2015 respectively. This may understate the extent of unmet need, however, because it does not take account of those no longer on the waiting list because they are receiving the service but for whom the number of hours provided is not sufficient.

Countries are responding differently to the increased demand for home care services that comes with a growing population of older adults. In a study of home care policy in four countries, Kiersey and Coleman (2017) found that in the Netherlands and Germany home care is funded through compulsory insurance while Scotland and Sweden have a long-standing rights-oriented home care services sector that is responding to increasing pressure by using stricter eligibility criteria and introducing fees or co-payments. The package of services provided varies across the four countries. While all four provide help with personal care and household tasks, nursing care is provided as part of the package in all but Sweden where a separate assessment process is involved.

A public consultation on home care in Ireland organised by the Institute of Public Health in Ireland (IPH, 2018) found that most of those responding agreed that home care needs to be placed on a statutory basis, with clear eligibility criteria and a guarantee of equality of access across regions.

3.2 SILC sample for analysis of access to home care

In this chapter, we restrict our analysis to individuals in households with a potential need for home care services. This is based on responses to a question included on the Access to Services module that allows us to identify households where at least one household member need some help. During the SILC interview, the household respondent was asked to indicate the:

> *"presence in the household of people who need help due to long-term physical or mental ill-health, infirmity or because of old age?"*

The person with such a need can be either an adult or a child as long as they have a need for help due to ill health or disability. It is important to emphasise that home care for children is different from childcare, because home care is linked to some illness or infirmity. Also, during the interviews no information was collected about the

person (or persons) in need of help in the household or the level of help needed. A follow up series of questions during the interviews, allow us to distinguish whether they receive professional care in the home, whether their need for professional home care is being met or not and the reasons for any *unmet need*. 'Professional' care is defined as care provided by someone for whom providing home care represents a job (their work or paid activity). 'Professional care' does not include care provided on a voluntary basis by family, friends or neighbours. The relevant sample for the analysis of home care includes 1,486 individuals (adults and children) living in households containing a member needing help because of illness or infirmity.

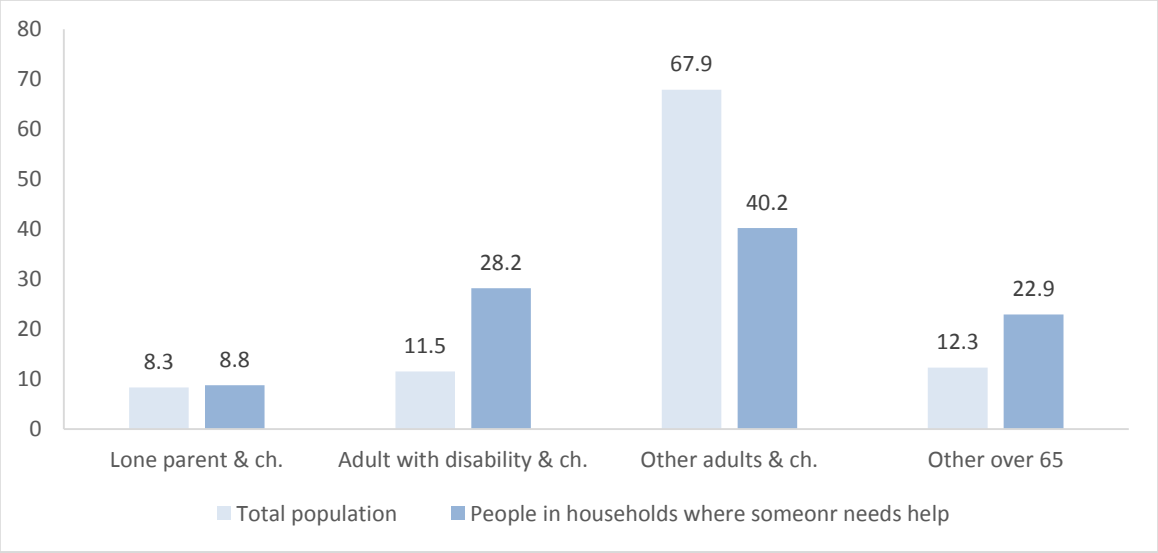
3.3 Size of groups

In this section we compare the distribution of the total population across social risk groups and social classes to the cases where someone in the household needs help, as was done in chapter two in relation to childcare issues.

3.3.1 Social risk groups

In Figure 3.1 we present the distribution of the total population in each of the social risk groups as well as the distribution of those living with a household member that needs help. There is little difference in the presence of people in lone parents households between the total population and the restricted one, with lone parents accounting for about 8 to 9 per cent of both groups.

Figure 3.1: Distribution of social risk groups in overall population and in population in need of help with everyday activities (%), 2016



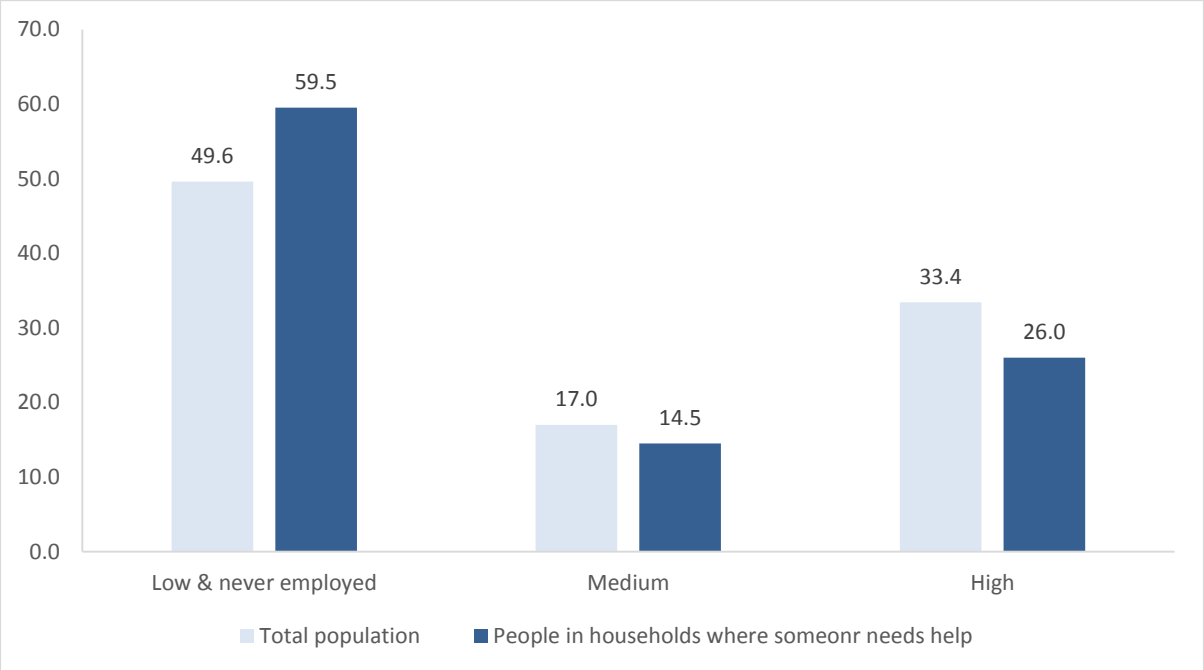
Source: SILC 2016, analysis by authors.

Not surprisingly, the rate of living in households where someone needs help is very much higher among those in households containing an adult with a disability (28 per cent vs. 12 per cent of the total population) and among older people (23 per cent vs. 12 per cent of the total population). Those in working-age households make up only 40 per cent of those in households where someone needs help vs. 68 per cent of the total population.

3.3.2 Social class

In comparison to the association between needing help and social risk group, there is much less association between needing help and social class as can be seen in Figure 3.2. The lower social class is the only one that is overrepresented among people in households where someone needs help (60 per cent vs. 50 per cent of the total population). This is likely to be due to the association between lower social class and older age, but may also be influenced by a higher level of health problems and disability among those in lower social classes.

Figure 3.2: Distribution of social class in overall population and in population in need of help with everyday activities (%), 2016



Source: SILC 2016, analysis by authors.

3.4 The needs for professional home care

In the next section (3.4.1) we focus on the population of household where someone needs *help* and investigate whether they do receive professional care. Then, in section 3.4.2, we further detail our analysis and distinguish between those who need help but do not need professional care; those who need help and professional care but do not receive professional care; and those who need help and professional care and do receive professional care.

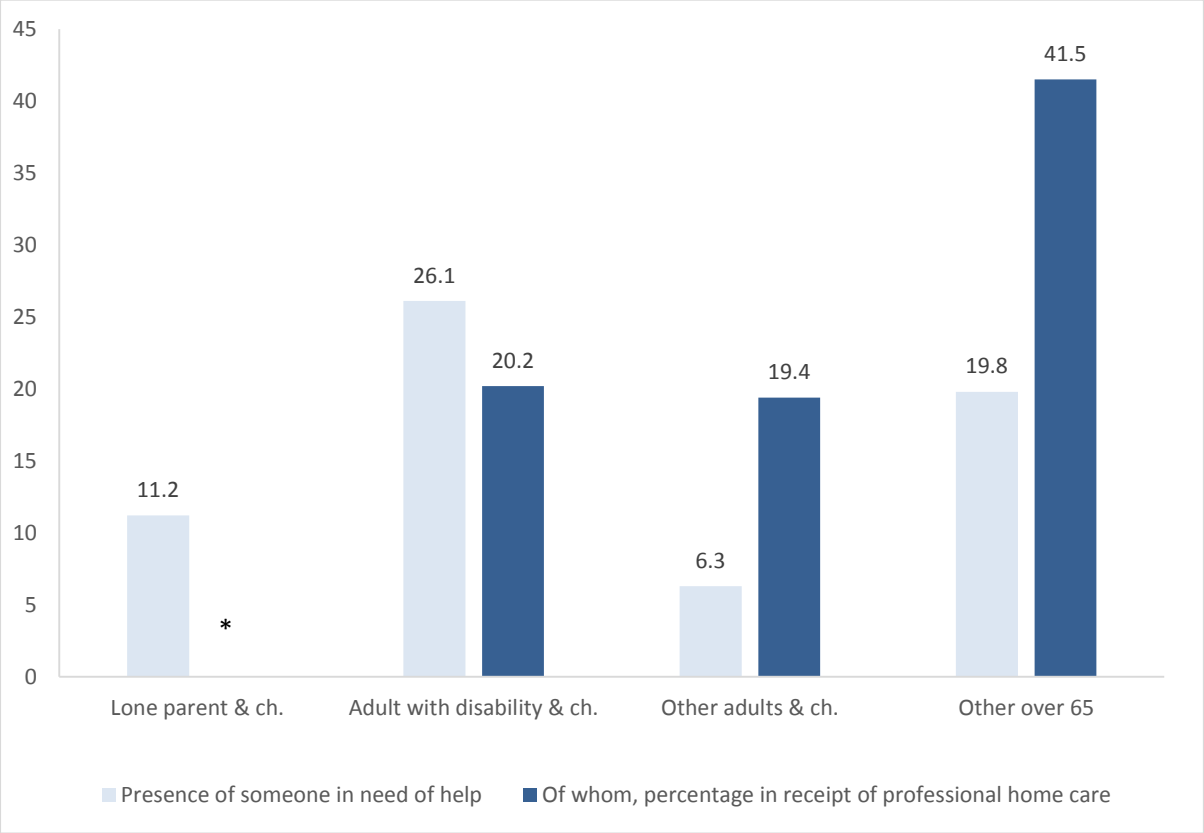
3.4.1 Need for and use of professional home care

In this section we focus our attention on the population where someone in the household needs help, and ask whether or not they receive professional home care.

In Figure 3.3, we present for each social risk group the percentage of individuals in households where a person needs help as well as the percentage of those needing help who actually receive professional home care. Not surprisingly, it is in households with individuals with a disability and older people that we find the highest percentage of persons needing help at 26 per cent and 20 per cent respectively. It is much lower among the lone parents at 11 per cent and just over half that for those in other working-age households.

However, there is large variation in receipt of professional home care among those needing help. Indeed, almost 42 per cent of older adults in need of help are in receipt of professional home care while the figure is less than half of that (20 per cent) among those in households containing people with disability and other working-age households (19 per cent). The number of cases among lone parents is too small to report, for reasons of statistical robustness and disclosure control.

Figure 3.3: Need of help and receipt of professional home care (where help was needed) across social risk groups (%), 2016



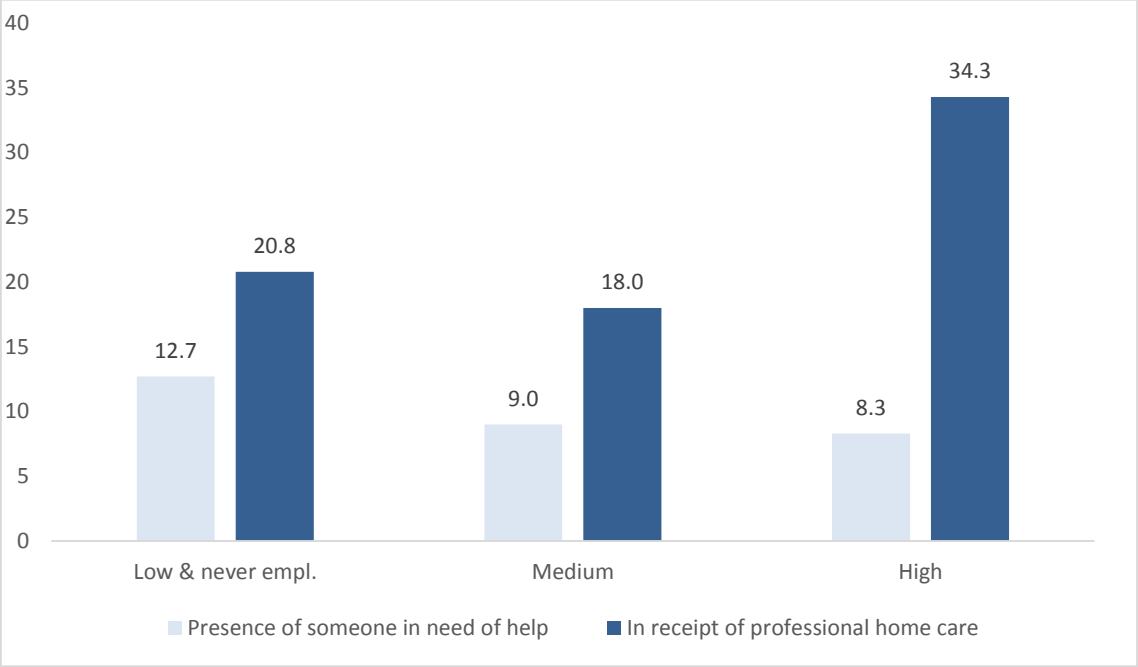
Source: SILC 2016, analysis by authors.

Note: * too few cases to report reliable estimates.

In Figure 3.4 we turn to the distribution of help needed and receipt of professional home care across social classes. We see that the need of help is the highest among the lower social class at 13 per cent while it is lower (and broadly similar) for the medium and higher social class at 8-9 per cent.

However, we observe a very different pattern in terms of receipt of professional home care. Although the higher social class had the lowest need of help, they have the highest percentage in receipt of professional home care among those who do need help, at 34 per cent. It is almost the opposite for the lower social class as they had the highest level of help needed but only the second highest in terms of receipt of professional home care among those needing help, at 21 percent, just slightly above the rate for the middle social class (18 per cent).

Figure 3.4: Need of help and receipt of professional home care (where help was needed) across social classes (%), 2016



Source: SILC 2016, analysis by authors.

There are several reasons why we might expect social class differences. Members of the higher social classes have more resources, as well as knowledge about procedures for gaining access to home care. Having access to resources would allow them to purchase private home care.

3.4.2 Need for professional home care across social risk groups

At this stage it is important to distinguish the need for help and the need for professional home care. To some extent, the distinction may depend on the availability of other household members to provide the required help (so that *professional* help is not needed) and it may also depend on the amount of help needed. Therefore, someone may need help with their everyday activities, but not need *professional help* if a family member can provide the help needed.

Like the typology used for childcare, we distinguish the following three groups:

- Those living in a household where someone needs help but does not need *professional* home care (***No need***).
- Those living in a household where someone needs help and have their need of professional home care met (no unmet need reported) (***Met needs***)

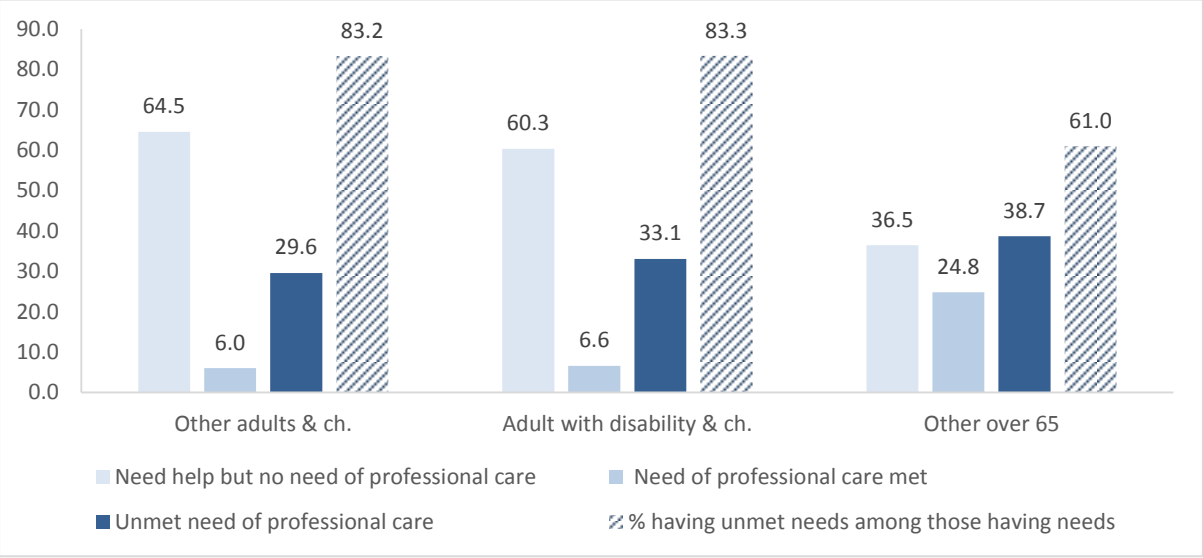
- The group of individuals living in a household where someone needs help and has their need of professional home care unmet (***Unmet needs***)

The *unmet needs* group includes people who need professional home care but do not receive such services at all, as well as those that receive such service but consider that their need are not satisfied either in terms of the nature, the quality or the number of hours of the service received.

We present in Figure 3.5 the distribution of the need for professional home care across social risk groups. The pattern and level is very similar for those living with working-age adults with a disability and those in other working-age households. For these two groups the vast majority report that while someone in the household needs help, there is no need for professional home care (60-65 per cent). A very small percentage (6-7 per cent) report that their need of professional care is being met but a third of them have unmet needs (30 and 33 per cent). In contrast with these two groups, fewer older people report *no need* of professional care (37 per cent); and a much higher proportion report *met needs* (25 per cent) leaving two-fifths with unmet needs (39 per cent).

Finally, across all three social risk groups the large majority of those with needs for professional home care have unmet needs, but with a much lower figure for older adults (61 per cent) compared to the other two groups (83 per cent).

Figure 3.5: Professional home care needs across social risk groups (%), 2016

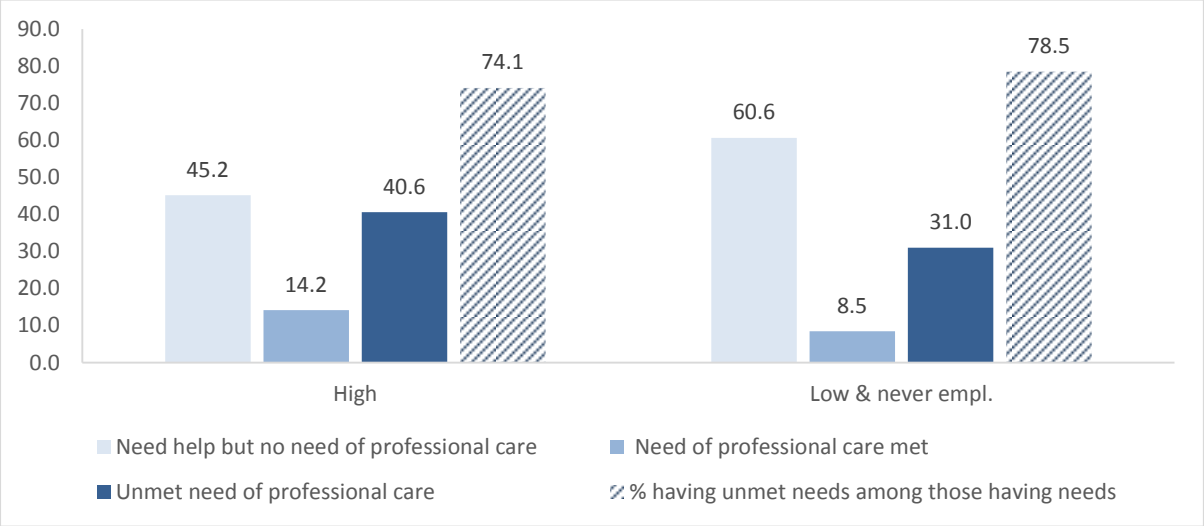


Source: SILC 2016, analysis by authors.

3.4.2 Need for professional home care across social classes

In Figure 3.6 the levels of access to home care of the highest and lowest social class are reported. There are not enough cases in the smaller middle social class to report the rate of unmet need for this group. Again, we focus on the cases where someone in the household needs help.

Figure 3.6: Professional home care needs across social class (%), 2016



Source: SILC 2016, analysis by authors.

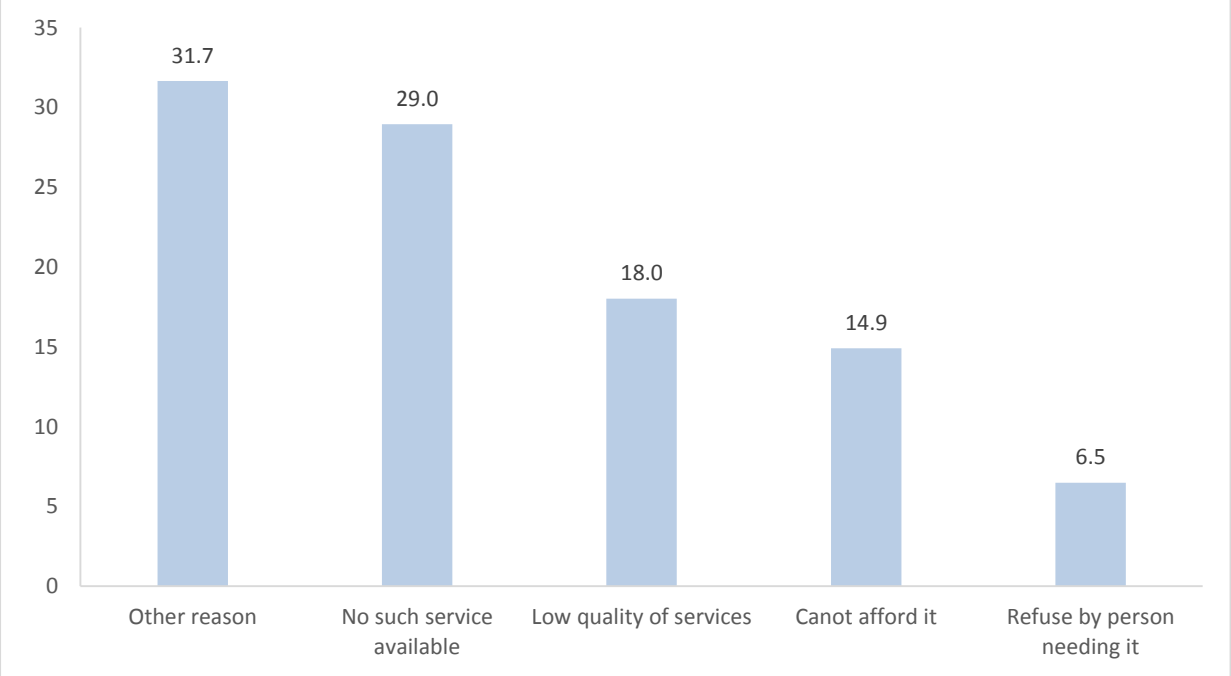
Fewer members of the higher social class report *no need* of professional care (45 per cent compared to 61 per cent in the lower social classes). Part of the explanation could be due to differences in the amount of help that other household members can provide. In higher social class households, there may be a greater opportunity cost associated with a household member being available to provide care for someone rather than engaging in employment. The level of *met needs* is also higher among the higher class (14 per cent compared to 9 per cent in the lower social classes), perhaps reflecting the greater capacity of the former to purchase home care privately. Nevertheless, the level of unmet need is also higher for the highest social class than for the lowest social class (41 per cent vs. 31 per cent).

3.4.3 Reasons for unmet needs

In chapter two we saw that lack of affordability was the main reason for unmet needs for childcare. This is not the case for home care, however. Indeed, among the reasons offered to the respondents, Figure 3.7 shows that the affordability issue is

only ranked fourth (15 per cent). The most common single reason is the lack of availability of the service (29 per cent), followed by the low quality of service (18 per cent). Diverse other reasons are reported by 32 per cent.

Figure 3.7: Main reasons for *unmet need* of home care (%), 2016



Source: SILC 2016, analysis by authors.

3.4.4 Modelling access to home care services

Following the same methodology applied to access to childcare needs in Chapter 2, in Table 3.1 we report the results from two multinomial logistic regression models.[12] For each model we compare the likelihood of having *no need* of home care or having *unmet needs* to those having *met needs*. Again, the population here consists of those in households where someone needs help and *no need* means they do not need *professional* home care. Other adults age 65 and over are taken as the reference group for the social risk categories.

[12] A multinomial logistic regression was preferred to the option of a binary logistics regression with "unmet needs" as the dependent variable. The "no need" category is a relatively large group across social risk and social class groups and membership into the "no need" group is strongly associated to similar disadvantaged profiles of the "unmet needs group".

Table 3.1: Multinomial logistic model for home care needs, 2016

	Model 1		Model 2	
	No need	**Unmet needs**	**No need**	**Unmet needs**
Social risk group (ref. Other over 65)				
Lone parent & ch	15.88***	5.77**	15.45**	5.80**
Adult with disability & ch	6.35***	3.22**	6.14***	3.17**
Other adults & ch	8.14***	3.30**	7.74***	3.12***
Social class (ref. High)				
Medium	2.53	1.16	2.56	1.18
Low & never employed	2.54*	1.46	2.63*	1.52
HH reference person education (ref. Post-secondary & tertiary)				
Primary education			0.86	0.91
Secondary education			0.83	0.66
N	1,473	1,473	1,473	1,473
*** p<0.001, ** p<0.01, * p<0.05				

Source: SILC 2016, analysis by authors.

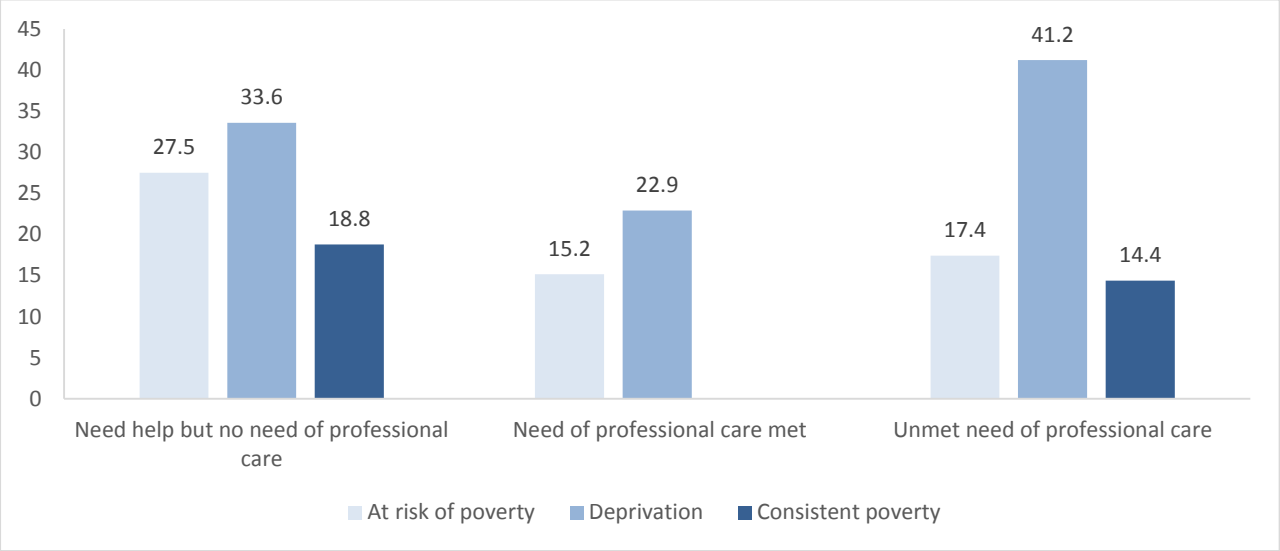
Lone parents are by far the most likely to have *no need* of professional home care (15 times more likely than older adults) and the rate falls quite sharply for households containing a working-age adult with a disability (6 times) and others in working-age households (8 times higher odds than older adults). *Unmet need* follows a similar, though less marked, pattern across social risk groups with lone parents nearly 6 times as likely as older adults to report *unmet need* of professional home care and the other two groups over three times as likely as older adults to report *unmet needs*.

There are almost no social class differences in both types of need, when we control for social risk group membership, and the odds ratio for the lower social class group and *no need* is barely significant. In Model 2 adding some control for the education level of the household reference person leaves the pattern and level of the odds ratios almost unchanged and the odds ratios for the education variable are not significant.

3.5 The poverty experience of households by access to home care

In Figure 3.8 we explore the association between access to home care and several poverty outcomes. A comparison of poverty outcomes across the access to home care groups shows clearly that the most advantaged group in terms of access is also the most advantaged in terms of poverty outcomes with the lowest level of poverty across the poverty measures presented (there were not enough cases to report the consistent poverty results for the *met needs* group). We note mixed results for the two other groups of home care needs depending on the poverty measures used. Taking deprivation – the indicator most strongly related to differences in access to childcare – the highest level is found among those with unmet need (41 per cent), followed by those with no need (34 per cent) and lowest for those with needs met (23 per cent).

Figure 3.8: Poverty by access to professional home care (%), 2016



Source: SILC 2016, analysis by authors.

3.6.1 Material deprivation

Descriptive results in Figure 3.8 show that there was an association between the home care need profiles and poverty outcomes and that the most disadvantaged group with *unmet needs* also experienced the highest deprivation level. In this section we explore this further by using logistic regression models of the likelihood of being deprived. Starting with model 1 including only the measure of access to care, we note indeed that compared to those with *met needs*, the *unmet need* group is two and a half times more likely to be deprived while there is no significant difference

between the *no need* and the *met needs* groups. However, this relationship vanishes in model 2 when social risk groups and social class information is added. The effect is now being captured by social risk membership with lone parents being more likely to be deprived (almost 4 times) as well as people with disability (two times), a similar risk profile as found in poverty studies.

Table 3.2: Logistic model for material deprivation, 2016

	Model 1	Model 2	Model 3
Home care needs (ref. Need and have)			
Don't need	1.86	1.30	1.32
Unmet need	2.47*	2.02	2.07
Social risk group (ref. Other over 65)			
Lone parent & ch		3.73**	5.17***
Adult with disability & ch		2.11*	2.77***
Other adults & ch		1.51	1.94*
Social class (ref. High)			
Medium		1.82	1.69
Low & never employed		1.95	1.48
HH reference person education (ref. Post-secondary & tertiary)			
Primary education			2.82*
Secondary education			1.35
N	1,473	1,473	1,473
*** p<0.001, ** p<0.01, * p<0.05			

Source: SILC 2016, analysis by authors.

Interestingly social class membership does not have any effect on the likelihood of deprivation once we take account of social risk group membership and access to professional home care services. Recall that we are focusing on a subset of the population here: those where a household member needs help with everyday activities because of illness or infirmity.

Finally, adding a control variable for the education level of the head of household shows that those with primary education are more likely to experience deprivation (nearly 3 times as likely as those with levels of education beyond second-level). With education added, the odds ratio of deprivation increases for lone parents. This suggests that lone parents have a higher risk of deprivation than we would expect based on their education level alone.

3.6 Home care and Labour Force Participation

We follow the same methodology used in the previous chapter for the impact of childcare responsibilities on employment. We focus on the impact on employment of those most likely to be in the carer role: women who live in a household where someone needs help. The 2016 Census of population shows that 61 per cent of carers are women, providing 66 per cent of all care hours (CSO, 2017). The measure of access to care takes *met needs* as the reference category and contrasts *no need* and *unmet need* with this reference category. In the case of home care, *no need* may mean that professional home care is not needed because someone in the household provides the required help free of charge by remaining out of the labour force. Alternatively, it may mean that professional home care is not needed because the person's need for help is very moderate and can easily be combined with employment on the part of the person providing help.

We report in Table 3.3 the results from a set of logistic regressions for women of working age who live in a household where someone needs help. The size of the sample as shown at the bottom of the table is very small (N=349). In practical terms, this means that an effect would need to be very large before reaching statistical significance.

The results show that there is no association between non-employment and access to home care services. Although the coefficients are in the expected direction (pointing to an increase in the chance of non-employment in the case of both *no*

need and *unmet need* compared to *met need*) they do not reach statistical significance. The rate of non-employment of women is statistically higher in households containing a working-age adult with a disability (4 times higher than the reference group of other working-age households).

Table 3.3: Logistic regression model for women not being at work, 2016

	Model 1	Model 2	Model 3
Homecare needs (ref. Need and have)			
Don't need	1.68	1.76	1.76
Unmet need	1.42	1.47	1.46
Social risk group (ref. Other working-age households)			
Lone parent & ch		2.14	2.00
Adult with disability & ch		4.54***	4.40***
Other adults & ch		omitted	omitted
Social class (ref. High)			
Medium		0.59	0.51
Low & never employed		1.44	1.02
HH reference person education (ref. Post-secondary & tertiary)			
Primary education			3.17*
Secondary education			3.15*
N	349	349	349
*** p<0.001, ** p<0.01, * p<0.05			

Source: SILC 2016, analysis by authors.

3.7 Summary

In this chapter, we examined access to home care and how this differed by social risk group and social classes and also the association between access to home care and poverty and employment. The population of interest consists in those living in a household with someone who needs help because of illness or infirmity. In In brief, the main findings were as follows:

- Living with someone who needs help with everyday activities is found across all social risk groups and social classes but, as we would expect, is more likely among those in households where a working-age adult has a disability (26 per cent) or households with older adults (20 per cent).
- Among those living with someone who needs help, sharing a household with someone who actually receive professional home care is much higher among older adults (42 per cent) than in the other groups (less than half that figure). The rate of receiving professional home care is also much higher in the highest social class (34 per cent). Among those with a need for professional home care, the rate of *unmet need* is very high: 61 per cent for older adults and 83 per cent for others. The social class differences in unmet need are smaller. This is consistent with the reasons given for unmet need. Unlike childcare where the main reason was related to affordability in the majority of cases, the main reason was more mixed in the case of professional home care, with 29 per cent of householders reporting that the service was not available and 18 per cent reporting that the service was of insufficient quality.
- In statistical models we confirmed that the differences by social risk group in access to professional home care services were greater than the differences by social class. Those in the lowest social class were more likely to report no need of professional home care. We hypothesised that this may be because the opportunity cost of having the care provided by another household member (rather than by a professional) may be lower than for those in higher social classes.
- Both unmet need and reporting no need for professional home care services are associated with an increased risk of material deprivation, but these differences are not statistically significant when social risk and social class are controlled.
- Finally, we modelled the association between access to home care and employment. In part because of the small number of cases, there was no significant association between access to home care services and the odds of working-age women in households with someone needing care being in employment.

Chapter 4: Conclusions

4.1 Introduction

This technical paper examined access to care services in Ireland using the 2016 special module on access to services in SILC. The paper addressed three research questions:

1. Which social risk and social class groups experience the largest difficulties in accessing care services?
2. Is access to care services related to poverty for vulnerable groups?
3. Is there evidence that lack of access to services inhibits access to the labour market when other characteristics are controlled?

The following sections will consider each of these areas in turn before briefly pointing to some implications for social inclusion policy.

4.2 Variations in access to care services by social risk and social class

4.2.1 Use of care services

The analysis indicated that most children in Ireland are cared for by their parents with no use of formal childcare. Parental care with no use of other forms of childcare accounts for about 60 per cent of households with children up to the age of 12. A higher use of formal centre-based care characterises the less advantaged social risk group. However, the same is true for the most advantaged social classes. A slightly higher proportion of lone parents use centre-based care (22 per cent compared to 18 per cent of other households). About 23 per cent of those living with children in the middle and higher social classes use formal childcare compared to just 14 per cent of those in the lower social classes.

Living with someone who needs help with everyday activities is found across all social risk groups and social classes but, as we would expect, is more likely among those in households where a working-age adult has a disability (26 per cent) or households with older adults (20 per cent). In households where someone needs

professional home care services receiving professional home care services is much higher among older adults (42 per cent) than in the other groups (less than half that figure). The rate of receiving professional home care is also much higher in the highest social class (34 per cent). Those in the lowest social class were more likely to report no need of professional home care. We hypothesised that this may be because the opportunity cost of having the care provided by another household member (rather than by a professional) may be lower than for those in higher social classes.

4.2.2 Unmet need

As we anticipated, those with children in the more disadvantaged households are more likely to express an *unmet need* for formal childcare (24 per cent for lone parents compared to 13 per cent for other families without a disabled adult). The odds of expressing an unmet need for childcare are 1.9 times higher among those in the lowest social class than those in the highest social class, controlling for social risk group. In the case of professional home care, the differences in rate of *unmet need* by social risk group were more marked than the differences by social class, and this was confirmed by the statistical models. Among those in households with a need for professional home care, 61 per cent of older adults expressed an unmet need compared to 83 per cent of others. In the statistical model controlling for both social risk and social class, there were differences in the odds of *unmet need* (vs. *met need*) by social risk group but no significant differences by social class.

4.2.3 Reasons for *unmet need*

The data allowed us to examine the reasons for *unmet need* for care services. By far the most common reason for an unmet need for childcare was affordability, with 91 per cent of lone parents with an unmet need and 72 per cent of others in households with an unmet need giving as the reason that they cannot afford the service. Among those with a need for professional home care, the rate of unmet need is very high: 61 per cent for older adults and 83 per cent for others. The social class differences in unmet need are smaller. This is consistent with the main reasons given for unmet need. Unlike childcare where the main reason was related to affordability in the majority of cases, the main reason was more mixed in the case of professional home care but were more often related to the availability of the service. Overall, 29 per

cent of householders reported that the home care service was not available and 18 per cent reported that the service was of insufficient quality; only 15 per cent report lack of affordability as the main reason for unmet need.

4.3 Access to care services and poverty

We focused on material deprivation as the main indicator of poverty because it showed the clearest patterns across social risk groups and social classes. The analysis revealed a stronger relationship between deprivation and access to services in the case of childcare than in the case of access to home care services.

Both *unmet need* and reporting *no need* for formal childcare are associated with an increased risk of material deprivation. Among those living in households with children up to the age of 12, 15 per cent in households with a *met need* for formal childcare experience material deprivation compared to 24 per cent in households with *no need* for formal childcare and 35 per cent of those in households with *unmet need*. This difference by access to formal childcare remains significant even when we control for social risk, social class, number of children and age of youngest child.

The association of deprivation with *unmet need* for formal childcare is likely to be due to the association between low resources and both material deprivation and the inability to afford childcare. The association between material deprivation and reporting no need for formal childcare may arise because those who are not employed, but caring for their children themselves, are less likely to need formal childcare and are likely to have fewer resources.

Turning to people in households where someone needs help because of illness or infirmity, the lowest level of material deprivation was found for those in households with *met need* for professional home care (23 per cent); followed by those with *no need* (34 per cent) and with the highest level among those with an *unmet need* (41 per cent). Because of the smaller sample size, only the gap between those with *met need* and *unmet need* is statistically significant in the logistic regression model and the gap is no longer statistically significant when we control for social class and social risk group membership.

4.4 Access to care services and labour market participation

We investigated the association between access to childcare and mothers' employment. Mothers were more likely to be non-employed both when they reported *no need* for childcare (i.e. because they cared for their children themselves) and when they had an *unmet need* for formal childcare (suggesting that the lack of access to childcare may constrain labour supply). The stronger pattern was the link between *no need* and non-employment, pointing to the complexity of the relationship. It is difficult to disentangle preferences for care provided by the mother herself from an assessment of the availability, quality and cost of childcare balanced against the benefits of other activities (including employment) the mother might engage in.

The association between access to childcare and mother's non-employment was no longer statistically significant when mother's education was controlled. Education is a strong predictor of earnings capacity. Taken together with the fact that the dominant reason for an unmet need for childcare was affordability, this suggests that many mothers would make a different decision if childcare were more affordable.

We also investigated the association between access to home care and employment. We focused on women of working age living in households where at least one person needed help with everyday activities because of illness or infirmity. In part because of the small number of cases, the relationship was not statistically significant. While the results were in the expected direction, women in household where there was a *met need* for professional home care did not differ significantly (probably due to the small sample size) in terms of the odds of employment from those households reporting *no need* or an *unmet need*.

4.5 Limitations and future research

The analyses conducted here pertained to a single point in time. We are thus limited in terms of inferences about causation. For instance, we observed an association between poverty (material deprivation) and *unmet needs* for formal childcare. On the one hand, having *unmet needs* might 'cause' poverty because individuals cannot fully participate in the labour market, given childcare duties. On the other hand, it

could also be that being poor involves a lack of the resources to afford the costs of formal childcare. It is likely that there are mechanisms operating in both directions.

There were also some challenges associated with the measurement of access to services, particularly with the category of 'no need'. First, we cannot infer preferences in any absolute sense from the statement that the person does not need child care or home care services. People's decisions about whether to provide care (instead of taking up employment, for instance) are conditioned by social expectations as well as by their knowledge of the availability and cost of services, by the availability of help from other family or relatives and by the expected return from employment. As such, the decision is one that is made in a matrix of constraints and opportunities. In one set of circumstances, a person may prefer to provide the care themselves but if quality affordable and convenient alternatives were available, another preference may emerge. Second, when questions about need for care services are put to the household respondent, the answers given may differ from those that another adult in the household might make – particularly if that other adult is the person providing the care. Third, preferences may differ between the recipients and the providers of care.

Future research could usefully draw on data sources such as The Irish Longitudinal Survey on Ageing (TILDA) or Growing Up in Ireland (GUI) data to examine these questions longitudinally. For example, second and third waves of TILDA collected information from a family member or close relative following a TILDA participant's death. Some of these information were about the informal and formal help the TILDA participant received, such as homecare services but it collected also information about their unmet needs for such services.

4.6 Policy Implications

We focus here on the implications for social inclusion policy, rather than the implications for early childhood education or social care policy. The *Updated National Action Plan for Social Inclusion* (Department of Social Protection, 2016) specifically mentions access to quality services as a policy goal, linking it to "helping people participate actively in society" (DSP, 2016, p. 4). There are three specific goals, of the 14 listed in the *Updated* plan, for which the present analysis has particular relevance.

> *Goal 1: Early Childhood Care and Education: Continue to invest in high-quality early years care and education for all children through free pre-school provision, by supporting families with childcare costs, in particular families on low incomes, and by improving the quality of provision. (DSP, 2016, p. 6).*

The analysis here demonstrated a clear link between lack of access to childcare and disadvantage. Although the direction of causation is not clear, what is clear is that lone parents and those in the lowest social class are more likely to report an unmet need in this regard and that the main reason for the unmet need is an inability to afford the service. To the extent that formal childcare in the early years contributes to children's learning and helps prepare them for primary school, an improvement in targeted supports to lower-income families would be important to reducing inequalities in this respect. The announced Single Affordable childcare scheme has the potential to improve access, especially if it standardizes and increases provision across the country.

> *Goal 6: Welfare to Work. Provide effective support to jobseekers and recipients of the jobseeker's transitional payment (former recipients of One-parent Family Payment) via the Department's Intreo offices and provide information on available in-work supports should they transition into employment.*

This goal emphasises employment activation services. However, the analysis in this technical paper also pointed to an association between an unmet need for childcare and non-employment of mothers. Mothers were more likely to be non-employed both when they reported no need for childcare (i.e. because they cared for their children themselves) and when they had an unmet need for formal childcare. This suggests that an unmet need for childcare may constrain the labour supply of mothers. As noted above, the meaning of the category *no need* in the case of needing formal childcare needs to be treated cautiously. Its association with non-employment does not necessarily indicate a preference for providing childcare directly by the mothers themselves in any absolute sense: decisions about labour market participation are made in a particular context of childcare availability and if availability were to increase and affordability improve, a different choice might be made.

While the goal of 'welfare to work' focuses only on those households receiving means-tested social welfare payments, it would be worthwhile to expand the focus beyond this group. Increasing the employment-related choices of women in low-income working households is likely to be equally important in improving the living standards of economically vulnerable households. This might involve childcare and home care services that facilitate a transition into employment or facilitating a transition to a higher number of hours worked.

> *Goal 9, Community Care. Continue to support older people to live in dignity and independence in their own homes and communities for as long as possible.* (DSP, 2016, p. 9)

This goal in the *Updated* plan is situated under the heading "Older People: Enabling older people to maintain a comfortable standard of living" (DSP 2016, p. 9). However, it is equally relevant to working-age people with a disability or illness who require help with everyday activities, as well as unpaid family carers who may also be younger. The analysis here showed that access to care services for people of working age with an illness or infirmity lags behind access to such services for older adults. The level of unmet need was very high, and was more likely to be linked to the lack of availability of such services or the quality of services than to their cost. This is understandable, given the provision of home care services free of charge via the Health Services Executive. This largely removes the affordability barrier for those eligible for such services. However, it seems clear that the level of provision is not adequate to meet the demand, especially among younger adults with a disability.

The analysis indicated that the link between access to such services and either material deprivation or employment was not statistically significant. This was partly due to a relatively small number of cases. Nevertheless, special attention should be given to people with disabilities who report a sizeable level of unmet need and with the consideration that the level of deprivation is particularly high among people with unmet needs overall. The high level of unmet need has the potential to seriously restrict other aspects of social inclusion such as participation in social, cultural and political activities, not only on the part of the person with an illness/disability but also on the part of other household members contributing to their care. Therefore, the provision of such services is relevant to social inclusion, broadly understood.

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Appendix

Table A1: Total population by social risk and social class (%), SILC 2016

	Social class			
Social risk	Low & never worked	Medium	High	Total
Lone parent & children	5.0	1.3	2.0	8.3
Adult with disability	7.0	1.8	2.7	11.5
Other adults & children	30.9	11.6	25.4	67.9
Other over 65	6.6	2.3	3.4	12.3
Total	49.6	17.0	33.4	100.0

Glossary

At-risk-of-income poverty thresholds: income thresholds derived as proportions of median income. These are based on the household income adjusted for household size and composition (referred to as equivalised income). A household at-risk-of-income poverty has an adjusted (or equivalised) income below 60% of the median adjusted household income. The at-risk-of-income poverty rate takes account of household income from all sources, number of adults and number of children in the household. There are some minor differences in the income concept and the equivalence scale between the Irish and EU measures of at-risk-of-income poverty.

At-risk-of-income poverty: a term used at EU level to denote whether a household's income falls below the 60% of median income threshold. It is also known as income poverty.

Basic deprivation: people who are denied – through lack of income – at least ***two items or activities on this index / list of 11*** are regarded as experiencing relative deprivation. This is enforced deprivation as distinct from the personal choice not to have the items. Eleven basic items are used to construct the deprivation index:

- unable to afford two pairs of strong shoes
- unable to afford a warm waterproof overcoat
- unable to afford new (not second-hand) clothes
- Unable to afford a meal with meat, chicken or fish (vegetarian equivalent) every second day
- unable to afford a roast joint or its equivalent once a week
- without heating at some stage in the last year through lack of money
- unable to afford to keep the home adequately warm
- unable to afford to buy presents for family or friends at least once a year
- unable to afford to replace any worn out furniture
- unable to afford to have family or friends for a drink or meal once a month
- unable to afford a morning, afternoon or evening out in the last fortnight for entertainment.

The indicator **of basic deprivation** was developed by the Economic and Social Research Institute using data from the *Survey on Income and Living Conditions*. See Maître B., Nolan B. and Whelan C. (2006) *Reconfiguring the Measurement of Deprivation and Consistent Income poverty in Ireland*, Dublin: ESRI, for further information on the indicator.

Consistent income poverty: this is a measure of income poverty used in the *National Action Plan for Social Inclusion 2007-2016* (*NAPinclusion*) that takes account of the household's living standards as well as the household size, composition and total income. A household is consistently poor if the household income is below the at-risk-of-income poverty threshold (see above) and the household members are deprived of **at least 2 out of the 11 items** on the basic deprivation list.

Deprivation: see definition for basic deprivation above for measure of deprivation used in the *NAPinclusion*.

Employment rate: the employment rate is the proportion of the working-age population that is employed. The International Labour Organisation (ILO) definition of employed persons are those aged 15 years and over who have worked for payment or profit in the reference week (usually the week preceding the survey) or who had a job from which they were temporarily absent for reasons such as holidays, maternity leave or sick leave.

Equivalence scales: a set of relativities between the needs of households of differing size and composition, used to adjust household income to take into account the greater needs of larger households. In Ireland the national scale attributes a weight of one to the first adult (aged 14+) and 0.66 to each subsequent adult and a weight of 0.33 to each child. International comparisons such as the one done by Eurostat uses the modified OECD scale which attributes a weight of one to the first adult (aged 14+) and 0.5 to each subsequent adult and a weight of 0.3 to each child.

Equivalised Income: This refers to household income from all sources adjusted for differences in household size and composition (number of adults and children). It is calculated by dividing total disposable (i.e. after tax) household income by the equivalence scale value. It can be interpreted as income per adult-equivalent.

EU-SILC: *European Union Statistics on Income and Living Conditions*; this is a voluntary household survey carried out annually in a number of EU Member States allowing comparable statistics on income and living conditions to be compiled. In Ireland, the Central Statistics Office (CSO) have been conducting the survey since 2003. The results are reported in the Survey on Income and Living Conditions (SILC). Any data as compiled by Eurostat and any reference to the questions or questionnaire in the household survey is here referred to as 'EU-SILC'.

European Socio-Economic Classification (ESeC): the ESeC is an occupationally based classification but has rules to provide coverage of the whole adult population. The information required to create ESeC is:

- occupation coded to the minor groups (i.e. 3-digit groups) of EU variant of the International Standard Classification of Occupations 1988 (ISCO88 (COM))
- details of employment status, i.e. whether an employer, self-employed or employee
- number of employees at the workplace
- whether a worker is a supervisor
- economic sector (agriculture or other industries).

Household: a household is usually defined for statistical purposes as either a person living alone or a group of people (not necessarily related) living at the same address with common housekeeping arrangements – that is, sharing at least one meal a day or sharing a living room or sitting room.

Household equivalent (or equivalised) income: household income adjusted to take account of differences in household size and composition by means of equivalence scales.

Lone parent: a parent who has primary custody of a dependent child and is not living with the other parent.

Median: the value that divides a sample in half (e.g. the income level above and below which half the people in a sample fall).

SILC: in Ireland, the Central Statistics Office (CSO) is responsible for carrying out the SILC survey. They produce analysis in accordance with Irish national income poverty targets, indicators and related issues. These results are reported in the Survey on Income and Living Conditions (SILC). Any data on Ireland that is sourced specifically from the CSO is here referred to as 'SILC'.

Social welfare transfers: cash receipts paid from various social welfare schemes received by the individual or household.

Well-being: is "a positive physical, social and mental state. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important goals, to participate in society and to live lives they value and have reason to value. Well-being is enhanced by conditions that include financial and personal security, meaningful and rewarding work, supportive personal relationships, strong and inclusive communities, good health, a healthy and attractive environment, and values of democracy and social justice" (NESC, 2009, p. 3).