

Policy Statement on Care

Irish Human Rights and Equality Commission

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Coimisiún na hÉireann um Chearta
an Duine agus Comhionannas
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The Irish Human Rights and Equality Commission was established under statute on 1 November 2014 to protect and promote human rights and equality in Ireland, to promote a culture of respect for human rights, equality and intercultural understanding, to promote understanding and awareness of the importance of human rights and equality, and to work towards the elimination of human rights abuses and discrimination.

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Abbreviations

CEDAW	Committee on the Elimination of Discrimination against Women
CSO	Central Statistics Office
DEIS	Delivering Equality of Opportunity in Schools
DPO	Disabled Persons' Organisation
ECEC	Early Childhood Education and Care
EEA	European Economic Area
EQUINET	European Network of Equality Bodies
ERO	Employment Regulation Order
ESRI	Economic and Social Research Institute
EU	European Union
HIQA	Health Information and Quality Authority
HSE	Health Service Executive
IASW	Irish Association of Social Workers
IBEC	Irish Business and Employers Confederation
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Cooperation and Development
PA	Personal Assistance
QQI	Quality and Qualifications Ireland
RRF	Recovery and Resilience Facility
SDG	Sustainable Development Goals
STEM	Science, Technology, Engineering and Maths
UN	United Nations

UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund

Recommendations

Gender equality

The Commission recommends that:

- the State undertakes research on the added economic and social value of unpaid care, leading to the integration of unpaid care work into broader economic recording and modelling across the public and private sectors.
- gender pay gap reporting is extended, including by increasing the scope of companies covered and mandating the collection of disaggregated data across the grounds of discrimination in the *Employment Equality Acts*. The proposed online reporting system should also be progressed in a timely manner to ensure pay transparency.
- further information about the State pension for long-term carers is shared in advance of its introduction in January 2024. A public campaign raising awareness about the availability of this pension should be rolled out to disseminate information directly to the public, in a range of languages and formats, including non-digital communication.
- communications, education and gender-sensitive policy measures prioritise a radical overhaul of entrenched gender stereotyping and patriarchal cultural values, including the feminisation of care.
- provision is made for maternity, paternity and parent's benefit schemes which are adequate both in terms of length and rate of payment; apply equally to children in one-parent families; are non-transferable to encourage sharing of responsibilities; and are coordinated with Early Childhood Education and Care to eliminate periods where neither paid leave nor affordable childcare is available.
- the State publishes its research on the viability of the four-day working week. The State should progress the use of pilot projects around the four-day working week

and universal basic income in consultation with employers, workers and trade unions.

Intersectionality and care

The Commission recommends that:

- care policies and programmes are human rights and equality proofed in consultation with structurally vulnerable groups, to address intersectional discrimination, embedded assumptions, and ensure that individual care needs are met throughout the life cycle, including during care transitions.
- the State increases research and data collection, including through ethnic and other identifiers, on the diversity of carers in paid and unpaid roles, to inform targeted measures focused on ensuring their access to decent work and economic equality.

A life cycle approach to quality care services

The Commission recommends that:

- when the State subcontracts its obligations to provide care services to non-State actors, compliance with the Public Sector Equality and Human Rights Duty should be included in all contractual agreements, including procurement processes and service level agreements.
- the State should prioritise the de-privatisation of care services by investing in a publicly funded and non-profit care infrastructure, including co-operative models and social enterprises, and ensuring a gradual and sustainable transition of services.
- the State establishes a National Planning Unit for Care, to oversee all aspects of care planning and implementation, including current and future needs for care across the life-cycle, as called for by the Joint Oireachtas Committee on Gender Equality. Universal access to a spectrum of quality care services, which meet individual needs, should be guaranteed by the State.

- the proposed National Planning Unit conducts a mapping exercise of the existing care infrastructure and services to establish a gap analysis, particularly with regard to barriers to access due to geographic location and economic circumstances.
- the State brings forward draft legislation on a statutory home support scheme imminently, and ensures detailed, participatory pre-legislative scrutiny with rights-holders and their representative organisations.
- the State ensures a clear and transparent regulatory environment for high quality care services, which takes into account the social value of care, the fundamental rights of care recipients, and the need for decent working conditions for care workers. Separate regulations for PA services are required, which are rooted in the social model of disability.
- the State invests in innovative technologies and digital solutions to support access to quality care, and ensures that any investments are accompanied by the necessary safeguards and measures to address the digital divide.
- the State prioritises the implementation of national electronic health and social care records.

Community-based and public services

The Commission recommends that:

- the State accelerates the deinstitutionalisation process and publishes the timeline for delivery with indicators to facilitate independent monitoring, in order to ensure that people have a right to in-home and community support services, including through a multi-annual current and capital funding programme.
- the *Inspection of Places of Detention Bill* is expanded to include places of *de facto* detention where deprivation of liberty may occur and that the State creates an inventory of all such places, including in the care sector.
- the principles of universal design, community living and participation are embedded, including through procurement processes, in the development of new facilities,

products, technologies and services and in the removal of existing barriers to independent living.

- the State prioritises investment in public services and supports, by increasing the efficiency and accountability of public spending and progressive and fair taxation.

Decent work and income adequacy

The Commission recommends that:

- the State establishes a formalised and equal pay structure, professional registration and benefits, including sick pay, pensions, support services and career development, to ensure decent work for all care workers. This structure should recognise their level of skill and training, to ensure parity with the education and health sectors, and all reforms should be negotiated through collective bargaining.
- the State takes immediate action to address the ongoing absence of a statutory right to collective bargaining, and adopts measures to increase trade union membership across the care sector.
- the State should undertake regular assessments of labour shortages in the care sector and address the low uptake of work permits, including by implementing related recommendations on pay and conditions for care workers as set out above.
- the State formalises and regulates the legal pathways and employment protections of domestic workers and live-in carers, including by protecting their right to dignity at work and amending the *Employment Equality Acts*.
- the Department of Social Protection indexes social protection rates for family carers to wages and increases the level of income disregard for Carer's Allowance, as immediate measures. We also recommend that the State establishes an implementation group to progress further recommendations on ensuring income adequacy for family carers, including the establishment of a participation income.

- the Department of Social Protection examines the intersection of care work and social protection schemes, to facilitate increased participation in paid employment and education and remove administrative barriers.
- the State prioritises training and education programmes for family and community carers, and increases investment in targeted supports to address loneliness and social isolation.

Early Childhood Education and Care

The Commission recommends that:

- the State creates a detailed, ambitious and adequately-resourced roadmap setting out how new and existing policies and targets will be integrated and implemented to build a public model of ECEC by 2030.
- the State accepts Article 27(1) of the Revised European Social Charter on the provision of childcare services.
- the quality of ECEC services and the sustainability of the workforce is significantly improved through embedding children’s rights in all reforms, the development of a graduate-led workforce, and improvements to pay and conditions as recommended above. ECEC services should be guided by established standards in primary school education, and should strive for equivalence in the medium-term.
- the State continues to increase spending on ECEC in successive budgets, with a view to increasing its spending to match EU and OECD averages and reach the UNICEF target of 1% of Gross National Income.
- children from low-income families in receipt of the medical card are entitled to the highest subsidy under the National Childcare Scheme, guided by the best interests of the child and access to ECEC as a human right.
- cultural competency training is provided for ECEC staff to increase awareness and understanding of ethnic minorities, including Travellers and Roma families. Efforts

should be made during recruitment to ensure that the composition of staff reflects the backgrounds and ethnicities of children in attendance.

- information on the availability of two free preschool years under the Early Childhood Care and Education programme are promoted through targeted communications for structurally vulnerable groups, in a range of languages and formats.
- the Access and Inclusion Model is expanded so that ECEC for disabled children is publicly funded outside of the parameters of the Early Childhood Care and Education programme, including to children under the age of three and for extended periods of time.
- reforms to ECEC are harmonised with wider measures to reduce child poverty, including through implementation of the Equal Participation funding model and linking ECEC centres to wider community supports including hot meals, transport, and education and information for parents.

Adult social care and community support

The Commission recommends that the State establishes a coherent policy framework on care for older people and disabled people, including through the development of an overarching National Action Plan on Long-term Care and an updated National Carer's Strategy. Such frameworks must be developed through a participatory process; aligned with existing policy frameworks; accompanied by a coordinated and cross-Government implementation plan; and include costed actions with a ring-fenced budget.

Older people

The Commission recommends that:

- the State increases the annual homecare budget to address the growing unmet need and reduce waiting lists.
- the State carries out a thorough and rights-based inquiry into the pandemic response to older people's care and support, including the impact of the

privatisation model. Human rights and equality standards must be embedded in the terms of reference of this inquiry.

- the State establishes a Commission on Care as a matter of priority, and ensures that its terms of reference are based on the participation of older people and their advocates and human rights and equality standards. The terms of reference should be expansive, focus on transition to a public model of care, address institutional ageism and ableism, and directly incorporate the Public Sector Equality and Human Rights Duty.

Disabled people

The Commission recommends that the State actively supports and resources disabled people to live independently, including through the provision of person-centred financial supports, a legal right to personal assistance, and seamless and flexible services across the life cycle. The right of disabled people to direct and choose the support services to meet their needs must also be recognised, in line with the UNCRPD.

Protection from abuse and violence

The Commission recommends that:

- persons in receipt of care in institutional settings and in the home have access to independent advocacy and information on how to access legal advice.
- the State introduces adult safeguarding legislation, and ensures full compliance with the UNCRPD.
- abuse of disabled people in institutional settings, and by professional caregivers in the home, is treated as domestic, sexual and gender-based violence and integrated in policy responses by the Department of Justice and the new statutory agency.

Introduction

The Irish Human Rights and Equality Commission ('the Commission') is Ireland's 'A' status National Human Rights Institution and National Equality Body, established under *the Irish Human Rights and Equality Commission Act 2014*.¹ We are the Independent Monitoring Mechanism for Ireland under the United Nations Convention on the Rights of Persons with Disabilities ('UNCRPD');² the Independent National Rapporteur on the Trafficking of Human Beings;³ and will be assigned the role of the Coordinating National Preventive Mechanism under the Optional Protocol to the Convention against Torture, pending ratification.⁴ In our Strategy Statement 2022-2024, we have prioritised greater recognition of the economic and social value of care as a form of work, including family and community caring.⁵

Care is central to a functioning, equal and inclusive society, as exposed repeatedly throughout the Covid-19 pandemic. People receiving and giving care are not mutually exclusive, we all require caring relationships and support over the course of our lives. It is essential to our ability to survive and thrive, and is fundamental to the health, development and well-being of individuals, communities and the wider environment.

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Care is central to a functioning, equal and inclusive society, as exposed repeatedly throughout the Covid-19 pandemic.

At its core, care is a human rights and equality issue and cannot be uncoupled from gender equality and the realisation of other fundamental rights, including to health, family life and

¹ We have a statutory mandate to keep under review the adequacy and effectiveness of law and practice in the State relating to the protection of human rights and equality, and to make recommendations to the Government to strengthen, protect and uphold human rights and equality. See Section 10(2)(b) and (d) of the *Irish Human Rights and Equality Commission Act 2014*.

² Section 103 of the *Assisted Decision-Making (Capacity) (Amendment) Act 2022* amends section 10(2) of the *Irish Human Rights and Equality Act 2014* to provide that one of our functions is to promote and monitor the implementation in the State of the UNCRPD.

³ IHREC, [Commission Takes on New Role as Ireland's National Rapporteur on the Trafficking of Human Beings](#) (22 October 2020).

⁴ To be provided under the Inspection of Places of Detention Bill, when enacted.

⁵ IHREC, [Strategy Statement 2022-2024](#), p. 11.

full and effective participation in society. However, despite the immense value of care, it has been conceptualised by the Irish State as a commercial ‘product’ and been undervalued, unrecognised, and often low paid or unpaid.⁶ This perpetuates gender inequalities, as it is viewed as ‘women’s work’ without visibility of the extent to which it is the bedrock of our economic and societal infrastructures. The impact of the current flawed system is stark, with a growing crisis in the care sector and resulting negative outcomes across society. In order to ensure social and political justice, public policy-making must be grounded in the ethics and value of care and prioritise human rights-based solutions.⁷

The European Commission, through its recent European Care Strategy,⁸ recognises that care is essential to upholding human rights across generations. It has prioritised ensuring quality, affordable and accessible care services with better working conditions, gender equality and work-life balance for carers. The Strategy builds on the European Pillar of Social Rights, which guides Member States towards a society that is ‘fair, inclusive and full of opportunity’.⁹ It is centred on two proposals for Council Recommendations: on the revision of the Barcelona targets on early childhood education and care; and on access to affordable, high-quality long-term care.¹⁰ Finally, the Strategy requires Ireland to submit a National Action Plan on Long-term Care to the European Commission by the end of 2023,¹¹ and subsequently regular progress reports. There are also relevant obligations on the State under the Sustainable Development Goals (‘SDGs’), particularly SDG 5 on gender equality. Target 5.4 requires Ireland to recognise the value of unpaid and domestic work through the provision of public services and the promotion of shared household responsibilities.¹²

⁶ For further discussion, see K. Lynch, *Care and Capitalism* (Polity Press, 2022).

⁷ Professor K. Lynch, [Presentation to the Joint Oireachtas Committee on Gender Equality](#) (June 2022).

⁸ EU Commission, [Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the European Care Strategy](#) (2022).

⁹ See [European Pillar of Social Rights - Building a fairer and more inclusive European Union](#).

¹⁰ The Strategy defines long-term care as ‘a range of services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help with daily living activities and/or are in need of some permanent nursing care.’

¹¹ Member States are recommended to submit to the Commission, within 12 months of the adoption of the Recommendation, a national action plan on long term care. See Council of the EU, [EU ministers adopt recommendations on early childhood and long term care](#) (December 2022). See also, Employment, Social Affairs & Inclusion, [Long-term care coordinators kick-off meeting](#) (June 2023).

¹² UN Sustainable Development Goals, [Goal 5: Achieve gender equality and empower all women and girls](#).

This policy statement promotes a human rights and equality-based framework for care, and sets out the actions that must be taken by the State to translate European and international standards into public policy commitments and measures. Our positions and recommendations require a fundamental change in how the State views and values care across the life-cycle. The statement initially highlights the general principles that must underpin the provision and receipt of care at every stage of life, and then focuses on the distinct areas of early childhood education and care ('ECEC') and adult social care and community support. In drafting this statement, we have drawn on the expertise and on-the-ground insights of a wide range of rights-holders and civil society actors, including through engagement as part of our 2022 conference 'Achieving Gender Equality At Work: Care Policy and Practice', Care About Equality campaign, Civil Society Forum on the International Covenant on Economic Social and Cultural Rights, and Disability Advisory Committee and stakeholder meetings. These inputs are of significant value and are referenced throughout.

Market driven solutions can no longer be the answer. Adequate investment by the State in care, as a public service, is required to ensure that current unmet needs are addressed. The care sector in Ireland has become increasingly privatised and commercialised, with State resources being directed towards for-profit companies to provide services. Furthermore, evidence shows that the care economy, which includes both paid and unpaid work, has not been adequately reflected in traditional systems of measuring economic activity that tend to focus on market-based transactions which carry a price.¹³ The OECD has estimated that the number of hours spent on unpaid care work, valued at an hourly minimum wage, would amount to 9% of global Gross Domestic Product.¹⁴ Increased investment in the care economy is a social investment with a high level of return for the economy and society, including improvements in the gender employment gap and the overall employment rate.

¹³ Ursula Barry and Ciara Jennings, [Gender equality: Economic value of care from the perspective of the applicable EU funds](#) (2021), European Parliament, p. 46.

¹⁴ OCED, [Care Work and Care Jobs for the Future of Decent Work: Executive Summary](#) (2022), p. 3.

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In the context of Just Transition, Ireland must ensure a just and equitable response to climate change and mobilise targeted supports to alleviate its socio-economic impact.¹⁵ Those at risk of economic displacement and unemployment as a result of digitalisation and automation must also be supported. Care jobs are ‘green jobs’, and the State has an opportunity to proactively address job losses as a result of the green and digital transitions - and the growing care needs of the Irish public, by offering reskilling opportunities and support to encourage increased employment in decent care work.¹⁶ Ireland must also use all available funds, including European Union (‘EU’) funds on home and community care, to improve care services.¹⁷ The EU’s Recovery and Resilience Facility (‘RRF’) provides financial support to States to implement ambitious reforms in the context of recovery from Covid-19, to make their economies and societies more sustainable, resilient and prepared for the green and digital transitions. However, despite European Commission commentary on the sustainability challenges facing Ireland’s care system and the impact of the pandemic, the State has yet to submit its first payment request under the RRF.¹⁸ Ireland’s National Recovery and Resilience Plan also fails to adequately embed human rights and equality obligations,¹⁹ and recognise or support the care economy.²⁰

¹⁵ IHREC, [Policy Statement on a Just Transition](#) (2023), p. 4.

¹⁶ For further commentary, see IHREC, [Public consultation on the mid-term review of the Pathways to Work Strategy 2021–2025](#) (2023).

¹⁷ European Commission, [Proposal for a Council Recommendation on access to affordable high-quality long-term care](#) (7 September 2022), p. 7.

¹⁸ European Commission, [Recommendation for a Council Recommendation on the 2023 National Reform Programme of Ireland and delivering a Council opinion on the 2023 Stability Programme of Ireland](#) (2023).

¹⁹ IHREC, [Submission to the Department of the Taoiseach on the European Semester 2023 and the National Reform Programme](#) (February 2023), p. 7.

²⁰ Ireland’s Plan makes limited reference to social care in proposed projects on eHealth, but there is a significant gap in relation to the care sector and economy more broadly: Government of Ireland, [Ireland’s National Recovery and Resilience Plan](#) (2021). See Ursula Barry and Ciara Jennings, [Gender equality: Economic value of care from the perspective of the applicable EU funds](#) (2021), European Parliament: This paper calls for the prioritising of the care economy in Recovery and Resilience Plans developed by Member States and that

Terminology and the disability rights perspective

There are wide-ranging definitions for much of the language associated with care, but the State needs to centre its vision on the social value of care as a public good,²¹ and its role in promoting dignity, reducing inequalities and protecting human rights, and strengthening social cohesion. We have previously encouraged expansive and progressive definitions of ‘carers’ and ‘family’, and recommended that the ‘family status’ ground in the Equality Acts is amended to protect the variety of care relationships found in modern Irish society.²²

For the purposes of this policy statement, ‘care workers’ or ‘paid care’ includes those employed by the State or non-profit or private organisations to provide care and support to people living in the community or in institutional settings such as nursing homes. Care work can include, but is not limited to, support with personal care; instrumental activities such as cleaning, cooking, shopping; and other tasks that facilitate autonomy and independent living. ‘Unpaid care’ or ‘family and community carers’ includes those providing unpaid care and support for a friend, family member or neighbour, including a child or adult with a disability or long-term illness. People in need of additional care or in receipt of care services are often referred to as ‘care recipients’. However, this should not be considered as a static category of people, as care and support needs change for individuals and within families and communities across a lifetime.

‘Care’ can be problematic framing for the support and assistance that can be required by disabled people. It often conceptualises disabled people as passive recipients of care within the home, and not autonomous individuals exercising their equal right to make choices and to independent living. Article 19 of the UNCRPD includes a right to a range of in-home, residential and community support services, including personal assistance.²³ In Ireland, despite the adoption of the UNCRPD in 2018, there remains no legal right to personal

funding for the care economy should account for at least 30% of the European Commission’s Recovery Plan for Europe expenditure to ensure equal standing with digital and green investments.

²¹ Care is beyond the scope of any one organisation or part of society to develop and sustain. Only through collective effort can it be achieved and deployed to identify and prevent systemic discrimination; and to advance equality. Further, within the European context, it is a global public good that is one whose benefits reach across population groups, generations and borders.

²² IHREC, [Submission on the Review of the Equality Acts](#) (December 2021), p. 26 and IHREC, [Submission on the Review of the Equality Acts](#) (2023).

²³ UN General Assembly, Convention on the Rights of Persons with Disabilities (24 January 2007), Article 19.

assistance ('PA') and insufficient budgetary allocations for PA services. There is also a constant conflation of care and PA, particularly as due to the absence of adequate PA services, many disabled people have to accept care support instead. This conflation does not respect the history of disabled people experiencing serious abuse and neglect while receiving 'care' in institutions and other settings, and the systemic failings which continue today.²⁴

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There is also a constant conflation of care and personal assistance, particularly as due to the absence of adequate personal assistance services, many disabled people have to accept care support instead.

This policy statement does not include a detailed focus on PA services, but we note that their provision requires a separate policy approach and immediate investment by the State.

While the European Care Strategy makes important strides for the provision of care, it has received criticism from disabled people and disabled persons' organisations ('DPOs') for situating the provision of assistance and support within the context of care, which is synonymous with the medical model.²⁵ The implementation of the European Care Strategy should recognise and define personal assistance as distinct from care, and ensure better alignment with the European Disability Strategy and the UNCRPD.

The disability rights movement has pioneered the 'nothing about us without us' principle, and centred participation as fundamental to the realisation of human rights and equality. The State must meaningfully engage with disabled people and DPOs as part of the development, implementation and monitoring of policy decisions on care and support, and learn from the disability movement on the value of the social model and rebalancing power

²⁴ See, for example, Conor Gallagher, [Higa received 4,600 allegations of abuse of disabled residents in 2017](#) (1 October 2018) The Irish Times. For further information see also, IHREC, [Ireland and the Council of Europe Convention on preventing and combating violence against women and domestic violence](#) (2022), p. 89.

²⁵ ENIL, [Statement on the European Care Strategy](#) (20 September 2022).

dynamics. Wider dialogue across structurally vulnerable groups²⁶ should also be facilitated and supported,²⁷ to ensure that all experiences of, and recommendations on care are addressed, and policy reforms do not have unintended consequences for a particular group.

Care in the Irish context

Implementation of the European Care Strategy and wider policy reforms must take account of the particular Irish context, including that Ireland's population is ageing,²⁸ and this is expected to put considerable pressure on the sustainability of the care system.²⁹ Furthermore, the current acute housing, rental and cost of living crises are having a significant impact on the care sector, and the ability of care recipients to receive home or community based services as discussed further below. Finally, the Government recently announced its intention to hold one or more referendums (referenda) on the recommendations of the Citizens' Assembly on Gender Equality and the Joint Oireachtas Committee on Gender Equality in November 2023.³⁰ Building on the work of the Assembly, the Oireachtas Committee recommended that Article 41.2 of the Constitution should be replaced with language that is not gender specific and obliges the State to take reasonable measures to support care within and outside the home and family.³¹

²⁶ We define a structurally vulnerable group as one that is particularly vulnerable to violations of their rights due to political, economic, social and cultural structures. Instead of focusing on the personal characteristics of individuals and groups and viewing them as lacking agency, 'structural vulnerability' refers to the structures in place, which render certain sectors of the population particularly vulnerable to human rights abuses.

²⁷ This should include financial support to attend participatory activities, for e.g. to cover childcare and transport costs.

²⁸ CSO, [Older Persons Information Hub](#).

²⁹ IHREC, [Submission to the Department of the Taoiseach on the European Semester 2023 and the National Reform Programme](#) (February 2023), p. 5.

³⁰ Government of Ireland, [Taoiseach and Minister O'Gorman announce holding of referendum on gender equality](#) (2023).

³¹ The Citizen's Assembly, [Report of the Citizens' Assembly on Gender Equality](#) (June 2021); Joint Committee on Gender Equality, [Unfinished Democracy: Achieving Gender Equality](#) (2022), p. 39. We recommended that these constitutional changes are considered in the context of the incorporation of economic, social and cultural rights in the Irish Constitution more generally: IHREC, [The Incorporation of Economic, Social and Cultural Rights into the Irish Constitution](#) (2023).

General principles

Gender equality

It is widely accepted that caring roles are disproportionately undertaken by women and girls, and that care inequality is a root cause of global female socio-economic disempowerment. This is also true at the national level. Nowhere is the conceptualisation of care as a woman's responsibility clearer than in the Irish Constitution, the highest source of law in our legal order. Such entrenched norms require immediate action to reframe the societal narrative, not only through constitutional change in the upcoming referendum, but in all social and governance structures. The State must lead a cultural shift, by acknowledging its reliance on the unpaid and underpaid care work of women and taking targeted action to address its own failings and fairly redistribute and value caring roles and responsibilities. Gender equality must be a central guiding principle which informs and unifies policy-making and communications across all Government departments and State bodies in relation to care.³²

Gendered patterns of care

Unpaid care is highly gendered, with women in Ireland providing an additional two hours and 45 minutes of unpaid work every day, compared to men.³³ Unpaid care increased during the Covid-19 pandemic, for reasons such as the lack of in-person primary and secondary education, lack of childcare facilities, and the care needs of those who contracted

³² The State should look to existing global initiatives which provide detailed guidelines and resources on reframing care and mainstreaming gender equality. For example, to thoroughly respond to the gendered provision of unpaid and underpaid care, National Action Plans and strategies on care should adopt the recognition, reduction, redistribution, reward and representation (5Rs) policy framework advanced by UN Women. UN Women, [A Toolkit on Paid and Unpaid Care Work: From 3Rs to 5Rs](#) (2022). The State should also look to international best practice in relation to target 5.4 of the Sustainable Development Goals, on recognising and valuing unpaid care and domestic work. UN Department of Economic and Social Affairs, [SDG Goal 5: Targets and Indicators](#) (2023).

³³ Women in Ireland spend an average of 488 minutes per day working - 195 minutes in paid work and 293 minutes in unpaid work. This compares to men who spend approximately 468 minutes per day working, 341 minutes of paid work and 127 minutes of unpaid work. Foundation for European Progressive Studies, [EU Care Atlas: how care deficits impact the gender earnings gap](#) (2022). See also, Department of Children, Equality, Disability, Integration and Youth, [Statistical Spotlight #6: Gender Norms in Ireland](#) (2021), pp. 56-61; IHREC and ESRI, [Caring and Unpaid Work in Ireland](#) (2019), pp. 33, 45, 51.

Covid-19.³⁴ Women's participation in all aspects of social life is impacted by this inequality.³⁵ While initiatives to redistribute care responsibilities are often framed in terms of labour market activation alone,³⁶ care inequality also impedes equal enjoyment of many other human rights. Disproportionate unpaid care responsibilities impact women's human dignity, and their rights to health, education, culture and social security.³⁷ They constrain women's leadership across politics and the private sector,³⁸ which has a corresponding negative effect on the quality of public and private decision-making. Care inequality, and the gender stereotypes which sustain this imbalance, also results in significant losses for men, who can miss out on the opportunity to connect with loved ones and to otherwise benefit from the rewards of providing care.

The Commission recommends that the State undertakes research on the added economic and social value of unpaid care, leading to the integration of unpaid care work into broader economic recording and modelling across the public and private sectors.

Women are also over-represented in paid care work,³⁹ occupying a disproportionate number of poorly paid positions which do not meet the standard of decent work.⁴⁰ The challenges of these roles were exacerbated during the Covid-19 pandemic, when the healthcare sector, and other less visible components of the care economy came under

³⁴ UN Women, Covid-19 and the Care Economy: Immediate Action and Structural Transformation for a Gender-Responsive Recovery (2020). In Ireland, there were increases in both the number of people providing regular unpaid care and the number of hours of care provided each week between 2016 and 2022. Central Statistics Office, [Census of Population 2022 – Health, Disability, Caring and Volunteering](#) (2023).

³⁵ Action Coalition on Economic Justice and Rights, [Increase women's economic empowerment by transforming the care economy](#) (2022).

³⁶ See for example Council of the European Union, [Council recommendation on early childhood education and care: the Barcelona targets for 2030](#) (2022).

³⁷ UN Secretary General, [Report of the Special Rapporteur on extreme poverty and human rights](#) (2013).

³⁸ Following the February 2020 general election, the proportion of women TDs in Dáil Éireann stands at 22.5 per cent. A number of female election candidates noted that serious discussions about childcare and family responsibilities preceded their decision to run for election. Others recalled waiting until their children were older before putting themselves forward. Fiona Buckley and Lisa Keenan, [Changing the Face of Politics: Women's Experience of Running for Election in Ireland](#) (2021), pp. 27-28. According to 2023 figures, Irish publicly-listed companies have an average female representation of 32% at board level; IHREC, [Comments on Ireland's 20th National Report on the Implementation of the European Social Charter](#) (2023), p. 34.

³⁹ Women hold approximately 90% of the jobs in the long-term care sector, and 98% of the jobs in the early childhood education and care sector: OECD, [Women are well represented in health and long-term care professions, but often in jobs with poor working conditions](#) (2019) and Pobal, [Annual Early Years Sector Profile Report 2020/2021](#) (2022), p. 14.

⁴⁰ See the section in this statement on decent work. See also, Joint Committee on Gender Equality, [Unfinished Democracy: Achieving Gender Equality Final Report](#) (2022), p. 77.

severe strain.⁴¹ Low wages in the sector send a strong message about the value attributed to care, and the lower pay of women in these roles constrains their economic independence, agency and autonomy. Intersectionality is central to the discussion, as exemplified by the precarious positions of migrant women and women in the international protection system in domestic work, detailed elsewhere in this statement.⁴² The Citizens' Assembly on Gender Equality has recommended the introduction of pay structures, benefits, training and professional registration in the care sector, all of which would have a significant positive impact on the economic empowerment of women occupying these roles.⁴³

Unpaid and underpaid care make a considerable contribution to the gender pay gap and the gender pension gap in Ireland.⁴⁴ Women are significantly over-represented amongst employees who work part-time in order to combine unpaid care and paid work.⁴⁵ When women reduce working hours or take career breaks to facilitate caring responsibilities, this often prevents upward mobility in employment,⁴⁶ resulting in vertical segregation between women and men.⁴⁷ Similarly, when women take up roles in the care sector while men work in higher-paying sectors, horizontal segregation occurs, further widening the pay and pension gaps between women and men.⁴⁸ The gender pay gap itself legitimises care inequality, as it will often make financial sense for the lower-paid spouse to give up work to

⁴¹ UN Women, [Covid-19 and the Care Economy: Immediate Action and Structural Transformation for a Gender-Responsive Recovery](#) (2020), p. 2.

⁴² Ursula Barry, [The Care Economy, Covid-19 Recovery and Gender Equality – A Summary Report](#) (2021) p. 4.

⁴³ Citizens' Assembly, [Report of the Citizens' Assembly on Gender Equality](#) (2021), p. 60. See recommendations in the section on decent work and income adequacy below.

⁴⁴ In 2022, the gender pay and pension gaps in Ireland were approximately 12.6%, and 35% respectively; IHREC, [Comments on Ireland's 20th National Report on the Implementation of the European Social Charter](#) (2023), p. 31. See also National Women's Council, [A Care Economy for a Fair Economy – Investing and Delivering for Women in Budget 2022](#) (2021), p. 17.

⁴⁵ The 'hours gap' refers to the difference in the rates of part-time employment between men and women. As women are more likely to take reduced hours to take on caring responsibilities than men, it is indicative of where care really impacts employment. In Ireland, 30.7 per cent of women and just 9 per cent of men are engaged in part-time employment, a gap of 21.7 percentage points. The EU average is 24 per cent of women and 7.46 per cent of men, a gap of 16.54 percentage points. Foundation for European Progressive Studies, [EU Care Atlas: how care deficits impact the gender earnings gap](#) (2022). See also, Department of Children, Equality, Disability, Integration and Youth, [Statistical Spotlight #6: Gender Norms in Ireland](#) (2021), p. 16.

⁴⁶ The Irish Business and Employers Confederation has found that unequal distribution of family, care and domestic responsibilities results in unequal training opportunities, promotions and salary increments at work; IBEC, [Navigating the Gender Pay Gap](#) (2022), p. 7.

⁴⁷ European Institute for Gender Inequality, [Gender Inequalities in Care and Pay in the EU](#) (2020), p. 3; IBEC, [Navigating the Gender Pay Gap](#) (2022), p. 7.

⁴⁸ European Institute for Gender Inequality, [Gender Inequalities in Care and Pay in the EU](#) (2020), p. 4.

undertake caring responsibilities. Since amendment of the *Gender Pay Gap Information Act 2021* will be necessary to comply with certain requirements of the *EU Pay Transparency Directive*,⁴⁹ there is an opportunity to go beyond existing commitments and improve reporting procedures, with the ultimate goal of ensuring access to equal pay for women.⁵⁰

The Commission recommends that gender pay gap reporting is extended, including by increasing the scope of companies covered and mandating the collection of disaggregated data across the grounds of discrimination in the *Employment Equality Acts*. The proposed online reporting system should also be progressed in a timely manner to ensure pay transparency.⁵¹

The significant gender pension gap of 35% in Ireland is closely linked to care inequality.⁵² The impact of care on women's ability to take on paid work, as well as their working hours and wages, means that women are less likely than men to have a private pension.⁵³ Instead of addressing this imbalance, social protection structures have traditionally reinforced the male breadwinner model of welfare. Women are more likely than men to be ineligible for the State (Contributory) Pension due to a lack of contributions, relying on the non-contributory pension instead.⁵⁴ Many women who had significant caring responsibilities throughout their lives derive pension rights through their partner under the 'qualified adults' system, which perpetuates their economic dependence.⁵⁵ In this context, we welcome movement towards a more egalitarian model of welfare, through the introduction of enhanced pension provision for long-term carers in January 2024.⁵⁶ However, we note

⁴⁹ The [EU Pay Transparency Directive](#) requires that information on pay gaps is published by job function or grade (Article 36). This is not provided for in the existing Act.

⁵⁰ The reporting obligations under the Act apply to private and public sector employers with 250+ employees in 2022 and 2023. The Act widens the scope to employers with 150+ employees on or after the second anniversary of the regulations (2024) and to employers with 50+ employees on or after the third anniversary of the regulations (2025). There will be no requirement on employers with less than 50 employees to report on the gender pay gap. Micro, small and medium-sized enterprises account for 99.8% of all active enterprises in Ireland, and 68% of all employment.

⁵¹ IHREC, [Comments on Ireland's 20th National Report on the Implementation of the European Social Charter](#) (2023), pp. 27-35.

⁵² ESRI, [Ireland has a gender pension gap of 35 per cent](#) (2019).

⁵³ National Women's Council, [Shaping Our Future: Tackling the cost of living for women in Budget 2023](#) (2022), p. 11.

⁵⁴ Family Carers Ireland has noted that almost 60% of State (Non-contributory) Pension recipients are women. Family Carers Ireland, [Gender Dimensions of Care – An Irish Perspective](#) (2022) p. 8.

⁵⁵ Family Carers Ireland, [Gender Dimensions of Care – An Irish Perspective](#) (2022) p. 8.

⁵⁶ Department of Social Protection, [Minister Humphreys announces landmark reform of State Pension System in Ireland](#) (2022).

that further details, including on pension rates, have not yet been published. The pension rate for long-term carers should reflect the social and economic value of care in Irish society, as well as the principles of gender equality and human dignity.

The Commission recommends that further information about the State pension for long-term carers is shared in advance of its introduction in January 2024. A public campaign raising awareness about the availability of this pension should be rolled out to disseminate information directly to the public, in a range of languages and formats, including non-digital communication.

Breaking gender norms and stereotypes

The gendered provision of unpaid and underpaid care has its roots in longstanding and pervasive gender norms and stereotypes which dictate ‘appropriate and acceptable’ behaviours for women and men.⁵⁷ Dismantling these entrenched norms is a weighty and challenging task, which requires strong and consistent communication, lifelong education, and gender-sensitive policymaking. Accessible public campaigns, as well as trainings on gender perspectives for media professionals,⁵⁸ are vital tools to deconstruct the stereotypes which underpin and legitimise the gendered provision of care.⁵⁹ It is essential that awareness-raising efforts should promote positive messaging and emphasise the benefits that care equality provides for all, engaging men in transformational change rather than attributing blame.⁶⁰ Disproving gender myths also requires education that begins in early childhood and includes direct engagement with children and information for parents to extend learning outcomes beyond the school setting.⁶¹ Career guidance at second and third-

⁵⁷ Department of Children, Equality, Disability, Integration and Youth, [Statistical Spotlight #6: Gender Norms in Ireland](#) (2021).

⁵⁸ The United Nations Educational, Scientific and Cultural Organization has created a set of indicators to measure gender responsible reporting. UNESCO, [Gender-Sensitive Indicators for Media: Framework of indicators to gauge gender sensitivity in media operations and content](#) (2012).

⁵⁹ In 2023, the Commission launched a national campaign to highlight care inequality in Ireland. IHREC, [Care about Equality](#) (2023). In relation to media reporting of domestic, sexual and gender based violence, we have recommended the development of media guidelines and trainings on responsible reporting in collaboration with media workers, trade unions, advocacy groups and others. IHREC, [Ireland and the Council of Europe Convention on preventing and combatting violence against women and domestic violence](#) (2022) p. 55.

⁶⁰ European Commission, [The EU Mutual Learning Programme in Gender Equality: The role of men and boys in advancing gender equality and breaking gender stereotypes – summary report](#) (2023) p. 12.

⁶¹ There is broad consensus among gender experts across the EU on the importance of age-appropriate intervention in early education. European Commission, [The EU Mutual Learning Programme in Gender](#)

level should seek to encourage men and boys to take up paid roles in the care sector, as well as promoting STEM subjects and leadership roles for women and girls.⁶² Finally, the State should consider the implicit messaging about responsibility for care which is provided through policies and practices. The ideological framing of care in the Irish Constitution provides a persuasive example in this respect, as well as unequal provision of maternity and paternity leave for working parents.⁶³

The Commission recommends that communications, education and gender-sensitive policy measures prioritise a radical overhaul of entrenched gender stereotyping and patriarchal cultural values, including the feminisation of care.

A gender-sensitive approach to care requires systemic change, including to the way we work. Space must be created, not just for caring responsibilities, but to enable the full enjoyment of a variety of rights which are lost in the balancing of paid and unpaid work. While we welcome recent expansions of statutory leave entitlements,⁶⁴ there continue to be a number of issues with these schemes. The proposed expansion of parent's leave to nine weeks per parent brings the cumulative total to 46 weeks for two-parent families, which continues to fall short of the Citizens' Assembly for Gender Equality recommendation for one year of paid parent's leave.⁶⁵ Legislative developments have not addressed the

[Equality: The role of men and boys in advancing gender equality and breaking gender stereotypes – summary report](#) (2023), p. 10.

⁶² The Citizens' Assembly on Gender Equality has recommended the development of initiatives to encourage men into caring professions; Citizens' Assembly, [Report of the Citizens' Assembly on Gender Equality](#) (2021), p. 17. However, progress to date has been limited as the focus has been on initiatives to include women and girls in Science, Technology, Engineering and Maths professions; Joint Committee on Gender Equality, [Unfinished Democracy: Achieving Gender Equality Final Report](#) (2022), p. 73-74. In Austria, an annual career orientation day for male youth focuses on increasing awareness of non-traditional occupational choices, such as nursing and primary school teaching. European Commission, [The EU Mutual Learning Programme in Gender Equality: The role of men and boys in advancing gender equality and breaking gender stereotypes – summary report](#) (2023), p. 5.

⁶³ Joint Committee on Gender Equality, [Unfinished Democracy: Achieving Gender Equality Final Report](#) (2022), p. 90.

⁶⁴ The *Parent's Leave and Benefit Act 2019* introduced parent's leave, and was subsequently expanded from two to seven weeks by the *Parent's Leave and Benefit Act 2019 (Extensions of Periods of Leave) Order 2022*. It will be further expanded to nine weeks by August 2024. Department of Social Protection, [Mid-term Review of the Roadmap for Social Inclusion 2020-2025](#) (2023), pp. 23, 26. See also, the *Work Life Balance and Miscellaneous Provisions Act 2023* which includes a right to request a flexible working arrangement for caring purposes and leave for medical care purposes. At the time of writing, the majority of provisions in this Act have yet to be commenced.

⁶⁵ As of June 2023, statutory maternity leave is 26 weeks, while paternity leave is 2 weeks. Combined with 9 weeks' parent's leave per parent, the total paid leave available is 46 weeks.

negative anomalies that two-parent leave schemes produce for children in one-parent families.⁶⁶ Recent data has revealed that only half of eligible fathers avail of paternity benefits and mothers are over twice as likely to avail of parent's benefit.⁶⁷ Finally, we echo the concerns of the Joint Committee on Gender Equality regarding the inadequacy of statutory leave payments, which do not reflect the rising cost of living and associated costs of caring.⁶⁸

The outstanding issues demonstrate that the solution to care inequality will not be found in incremental policy adjustments; a complete redesign of working life is required.

Improvements must be made to maternity, paternity and parent's leave schemes which address the concerns of civil society and rights-holders. The State must lead a cultural shift to promote changes to societal attitudes to work and care. Engagement with pilot projects around the four-day working week is an effective measure to catalyse a cultural shift in favour of equal sharing of care responsibilities.⁶⁹ We note that the Department of the Environment, Climate and Communications is commissioning research to examine the transition to reduced working time, including a four-day working week.⁷⁰ We also welcome the Basic Income for the Arts pilot scheme.⁷¹

The Commission recommends that provision is made for maternity, paternity and parent's benefit schemes which are adequate both in terms of length and rate of payment; apply

⁶⁶ In a recent pre-budget submission, One Family has called for amendment of the *Parent's Leave and Benefit Act* to ensure children in one-parent families have the same level of State-supported parental care as two-parent families; however, this amendment has not been progressed. One Family, [Pre-Budget Submission 2023](#) (2022), p. 4. The Convention on the Rights of the Child guarantees the right of children to know and be cared for by their parents. This right must be protected for children in one-parent families on an equal basis with children in two-parent families. [Convention on the Rights of the Child](#), Article 7.

⁶⁷ Irish Congress of Trade Unions, [The Social Wage: Pay-Related Benefit for Unemployed Workers](#) (2023) p. 25.

⁶⁸ As of January 2023, the weekly rate of maternity and paternity benefits was €262. The Joint Committee has criticised these payments for their insufficiency, noting that the 2022 rate was a third of the average industrial wage. 46% of women do not receive top-ups from their employers, meaning that a significantly lower value is attributed to the care work undertaken during this period. Joint Committee on Gender Equality, [Unfinished Democracy: Achieving Gender Equality Final Report](#) (2022), p. 91. Commission consultation included engagement with women who had to expedite their return to the workplace, due to the insufficiency of maternity benefit.

⁶⁹ Joint Committee on Gender Equality, [Unfinished Democracy: Achieving Gender Equality Final Report](#) (2022), p. 90. See also, Four Day Week Global, [The Four Day Week: Assessing global trials of reduced work time with no reduction in pay: Evidence from Ireland](#) (2022); IHREC, [Policy Statement on the Index-Linking of Welfare Payments \(Welfare Indexation\)](#) (2023), p. 9.

⁷⁰ Department of Enterprise, Trade and Employment, [Flexible Work Practices](#) (2023).

⁷¹ Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media, [Basic Income for the Arts Pilot Scheme](#) (2022).

equally to children in one-parent families; are non-transferable to encourage sharing of responsibilities; and are coordinated with Early Childhood Education and Care to eliminate periods where neither paid leave nor affordable childcare is available.

The Commission recommends that the State publishes its research on the viability of the four-day working week. The State should progress the use of pilot projects around the four-day working week and universal basic income in consultation with employers, workers and trade unions.

Intersectionality and care

Intersectionality describes the various ways in which systems of oppression combine to create distinct experiences for people with multiple identities. Social identities - such as gender, race, age, disability, socio-economic status, and sexual orientation - that overlap can create situations where discriminatory practices compound and reinforce each other, and reinforce power imbalances.⁷² Intersectionality is a human rights and equality principle and States must recognise intersecting forms of discrimination and their compounding negative effect, and prohibit them.⁷³

Recognising intersectionality in care provides a framework for understanding how dimensions of diversity interact with each other to shape people's experiences of care, whether they are carers or care receivers.⁷⁴ Its incorporation into policy can lead to tailored support for those in care relationships, and recognition of the complex discrimination some groups experience in how and whether they give or receive care.⁷⁵ This section identifies the intersectional issues relating to particular structurally vulnerable groups, however, this is by no means exhaustive and we acknowledge that there are particular forms of intersecting discrimination in care which we have not addressed here. In designing,

⁷² Colm O'Conneide, [Keynote Address: ECRI Annual Seminar](#) (September 2022).

⁷³ CEDAW, [General Recommendation No.28 on the core obligations of States parties under article 2 of the Convention on the Elimination of Discrimination Against Women](#) (2010), para 18. See also, IHREC, [Submission on the Review of the Equality Acts](#) (2021), p. 27.

⁷⁴ See K. Lynch, *Care and Capitalism* (Polity Press, 2022), pp. 37-53.

⁷⁵ Hengelaar AH, Wittenberg Y, Kwekkeboom R, Van Hartingsveldt M, Verdonk P. Intersectionality in informal care research: a scoping review (2023) *Scandinavian Journal of Public Health*, 51(1):106-124, p. 107.

implementing and monitoring policy on care, the State must consult widely with different communities to identify the particular issues they face.

As discussed in the previous section, paid carers are predominately women and many of these women are of a migrant background. The experiences of migrant women in care work can be seen as the outcome of intersecting patterns of discrimination relating to racism, gender, legal status and language.⁷⁶ Gender pay gaps in care are common and migrant women are more impacted by the gender pay gap than non-migrant women. Language barriers can affect migrant women's knowledge of legal rights, social security entitlements and their ability to negotiate pay.⁷⁷ Migrant women from outside the EU also have limited visa pathways, leaving them particularly vulnerable to work which is exploitative. They often become domestic workers or live-in carers which, as discussed further below, carries a significant risk of exploitation. Due to the unavailability of quality and accessible care services, families are increasingly outsourcing care to live-in migrant workers through informal arrangements.⁷⁸ Furthermore, the failure to recognise foreign qualifications and skills can result in migrant women and women in international protection being forced into precarious care or domestic work.⁷⁹

Traveller women, like other ethnic minority women, experience intersecting discrimination due to sexism and racism. Specific barriers to employment that Traveller women experience include educational attainment due to inequality in access and outcomes, lack of childcare, and family or community care commitments. Gender norms play a significant role, and therefore without appropriate and culturally sensitive childcare and flexible working, employment opportunities and career progression are limited.⁸⁰ Travellers are also ten times more likely to report recruitment discrimination than 'white Irish' people.⁸¹ While overall employment rates are low, census 2016 data showed that 'caring personal service

⁷⁶ Crenshaw, Kimberle, Mapping the Margins: [Intersectionality, Identity Politics, and Violence against Women of Color](#). (1991) In: Stanford Law Review 43 (6), 1241-1299, p. 1243.

⁷⁷ EQUINET, [Domestic and Care Workers in Europe: An Intersectional Issue](#) (2021), p. 16.

⁷⁸ EQUINET, [Domestic and Care Workers in Europe: An Intersectional Issue](#) (2021), p. 7.

⁷⁹ See for example, Doras, [Getting Right to Work: Access to Employment and Decent Work for International Protection Applicants in Ireland](#) (2023).

⁸⁰ National Traveller Women's Forum, [Traveller Women and Employment](#) (2013), p. 2 and St Stephen's Green Trust, [Travellers in the Mainstream Labour Market: Situation, Experience and Identity](#) (2021), p. 15.

⁸¹ Frances McGinnity et al, [Who experiences discrimination in Ireland? Evidence from the QNHS Equality Modules](#) (2017), ESRI and IHREC, p. 35.

occupations' are the primary occupations for Traveller women and approximately a third are 'looking after the home fulltime'.⁸² This context highlights how the State's failure to recognise, value and redistribute unpaid care work, and ensure decent paid care work, has a particular impact on Traveller women. As with many people in care relationships, Traveller women fear taking up paid employment or increasing their hours due to the potential loss of secondary benefits, such as a medical card.⁸³

Women tend to live longer than men and have a higher at risk of poverty rate, pointing to the accumulating impact of pay inequalities and the reduced ability of women to live in older years with a decent income.⁸⁴ Due to their longer life expectancy, more women than men will need care services and many older women continue to provide care as they age.⁸⁵ For example, older women are five times more likely than men to leave work to care for a family member.⁸⁶ There are also many more older women in nursing homes than there are men.⁸⁷ The impact of reductions in the public provision of care is particularly severe for older women, including due to their ability to pay for expensive private care, and the care they receive can be impacted by the lack of research into women post-menopause.⁸⁸

Disabled people are regularly mischaracterised as passive recipients of care, despite often being carers themselves for family and wider community members. Almost 64% of Irish disabled women have children.⁸⁹ Disabled parents, in particular disabled mothers who frequently parent alone, have experienced significant challenges when they require support in their caring roles.

⁸² Central Statistics Office, [Census of Population 2016 – Profile 8 Irish Travellers, Ethnicity and Religion](#).

⁸³ National Traveller Women's Forum, [Traveller Women and Employment](#) (2013), p. 5.

⁸⁴ EIGE, [Gender Equality Index 2019: Work-life balance](#). Fig 16 and OECD, [Gender Equality and Work](#).

⁸⁵ See [CSO Census 2022 data](#). TILDA research has demonstrated that where an excess of care hours is provided by older women, it is associated with higher depressive symptoms, lower quality of life, more chronic pain, lower functional mobility and increased hypertension: The Irish Longitudinal Study on Ageing, [Altered lives in a time of crisis: The impact of the COVID-19 pandemic on the lives of older adults in Ireland](#) (2021), p. 122.

⁸⁶ I. Privalko, H. Russell and B. Maître, [The ageing workforce in Ireland: Working conditions, health and extending working lives](#) (2019).

⁸⁷ See, European Centre for Social Welfare Policy and Research, [Facts and Figures on Healthy Ageing and Long-term Care](#) (2012), p. 93 and CSO, [Older Persons Information Hub](#).

⁸⁸ CEDAW, [General Recommendation No.27 on older women and protection of their human rights](#) (2010), para 21.

⁸⁹ Census 2016 figures released to the National Disability Authority: [Women with Disabilities](#) (2021), p. 31.

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Disabled people are regularly mischaracterised as passive recipients of care, despite often being carers themselves for family and wider community members.

The Child Law Project has highlighted care applications brought by the Child and Family Agency in cases where the child’s parent has an intellectual disability.⁹⁰ The UNCRPD sets out that no child should be separated from their parents on the basis of either the child or the parents having a disability.⁹¹ The legal capacity of disabled women should be recognised on an equal basis with others, as well as their right to found a family and be provided with assistance to care for their children.⁹²

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Almost 64% of Irish disabled women have children.

Census 2022 indicates that there is an increasing number of young carers in Ireland.⁹³ While the European Care Strategy recognises that children and young people with a family member requiring long term care tend to have more mental health issues and adverse outcomes on their income and inclusion in society, it does not incorporate adequate consideration of the measures States need to adopt.⁹⁴ Irish research also reports a range of worrying impacts for young carers, including lower life satisfaction, experiences of poverty, increased bullying, and increased injury requiring medical attention.⁹⁵ Children and young people with caring responsibilities were recognised as a priority group in the National

⁹⁰ Child Law Project, [Case Reports 2022 Volume 1](#).

⁹¹ UN General Assembly, Convention on the Rights of Persons with Disabilities (24 January 2007), Art 23(4).

⁹² Committee on the Rights of Persons with Disabilities, [General Comment No.3 on Article 6: Women and girls with disabilities](#) (2016), para 45.

⁹³ CSO, [Census of Population 2022 – Summary Results – Health, Disability, Caring and Volunteering](#) (2023).

⁹⁴ European Commission, [Proposal for a Council Recommendation on access to affordable high-quality long-term care](#) (7 September 2022), p. 17.

⁹⁵ Family Carers Ireland, [Young Carers in Ireland](#) (October 2020), p. 5. See also, A. Fives, D. Kennan, J. Canavan, B. Bernadine, and D. Cairns, [Study of young carers in the Irish population: main report](#), Office of the Minister for Children and Youth Affairs (2020).

Carer's Strategy. However, as discussed further below, this Strategy has concluded and a successor has yet to be published. Furthermore, young carers under the age of 16 are excluded from the Carer's Support Grant.⁹⁶

The level of economic inequality and poverty experienced by one parent families in Ireland,⁹⁷ and difficulties in managing high levels of unpaid care with paid employment, creates significant barriers for their inclusion in society. Most lone parents in Ireland are under the age of 40 and report experiencing financial pressure, judgemental attitudes and exclusion, and feel lonely all or most of the time.⁹⁸ Such judgemental attitudes can be experienced when they engage with State bodies, including education, health and social protection services.⁹⁹ We have heard from lone parents that they feel both 'over watched and under supported' by the State, due to surveillance of their living conditions to ensure their entitlement to social protection payments while the care and health needs of their children remain inaccessible. They also struggle to access the support they need to transition from unpaid care roles into further education or employment, with lone parents often facing disincentives to return to work because of the structure of the tax and social welfare systems.

There is some evidence suggesting that older LGBTQI+ people are almost twice as likely to be carers than members of the general population, but their particular needs and experiences are not adequately addressed in available carer supports.¹⁰⁰ Some LGBTQI+ carers provide care for family members who have, or expressed in the past, hostility or homo/transphobia towards them, for example parents.¹⁰¹ Furthermore, we have heard from stakeholders that older or disabled LGBTQI+ people who receive care or support have to frequently 'come out' due to the regular changing of carers or 'go back into the closet' due to the heteronormative character of care services.

⁹⁶ Department of Employment Affairs and Social Protection, [Social Welfare Code](#) (2023).

⁹⁷ See CSO, [Survey on Income and Living Conditions \(SILC\) 2022](#) (2023).

⁹⁸ CSO, [Pulse Survey – Life at Home 2021: Renters, Lone Parents and Adults Living Alone or with a Parent](#).

⁹⁹ One Family, [Press Release: 80% of lone parents report experiencing stigma or judgemental attitudes](#) (October 2022).

¹⁰⁰ Care Alliance Ireland, [Discussion Paper 9: Family caring and minority populations](#) (2018), pp. 10-11.

¹⁰¹ Care Alliance Ireland, [Discussion Paper 9: Family caring and minority populations](#) (2018), p. 11.

The Commission recommends that care policies and programmes are human rights and equality proofed in consultation with structurally vulnerable groups, to address intersectional discrimination, embedded assumptions, and ensure that individual care needs are met throughout the life cycle, including during care transitions.

The Commission recommends that the State increases research and data collection, including through ethnic and other identifiers, on the diversity of carers in paid and unpaid roles, to inform targeted measures focused on ensuring their access to decent work and economic equality.

A life cycle approach to quality care services

Privatisation and commercialisation of care

As highlighted above, private companies provide a significant amount of care services in Ireland. Privatisation has resulted in care being defined as a ‘product’, removing its relational nature and institutionalising commercial norms. Seeking to make a profit from care is antithetical to its values. Care is driven by human needs and experiences and therefore, it does not fit into market logic. An attempt to mould care into a product leads to rushed, ‘more efficient’, cheaper or standardised care, making it difficult to provide person-centred and quality services.¹⁰² Research demonstrates that, over time, the quality of care is not as good in the profit-making sector as in the non-profit and public sectors.¹⁰³ Yet, private and for-profit organisations operate 74% of ECEC services.¹⁰⁴ While the HSE provides and manages homecare and support services, for-profit companies primarily operate them, obtaining public funds through a tendering process.¹⁰⁵

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...private and for-profit organisations operate 74% of ECEC services.

¹⁰² For further information, see K. Lynch, *Care and Capitalism* (Polity Press, 2022), pp. 75-95.

¹⁰³ See Professor K. Lynch, [Presentation to the Joint Oireachtas Committee on Gender Equality](#) (June 2022).

¹⁰⁴ This includes the school age care sector. Pobal, [Annual Early Years Sector Profile Report 2020/2021](#) (2022), p. 11.

¹⁰⁵ Brendan Walsh and Seán Lyons, [Demand for the Statutory Home Support Scheme](#) (March 2021), ESRI, p xii.

Private and for-profit providers also dominate nursing home care, with 77% of homes run by private providers.¹⁰⁶ Privatisation of care services in Ireland has been steadily increasing over the last two decades.

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Private and for-profit providers also dominate nursing home care, with 77% of homes run by private providers.

For example, public spending on private and for-profit homecare services has increased from €3million to €176million from the year 2006 to 2019, while spending on non-profit and HSE services increased minimally during the same period.¹⁰⁷

The primary concern of for-profit companies is the maximisation of profits, and therefore the minimisation of costs. Due to limited options for cost minimisation, private companies pursue strategies that are to the detriment of workers and quality services.¹⁰⁸

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...public spending on private and for-profit homecare services has increased from €3million to €176million from the year 2006 to 2019, while spending on non-profit and HSE services increased minimally during the same period.

In Ireland, private providers make a profit on State funds. In the private homecare sector it is estimated that 75% of revenue is obtained from public sources, and the available tax

¹⁰⁶ Houses of the Oireachtas, [Seanad Éireann debate](#) (16 Nov 2022), statement by Minister of State for Mental Health and Older People, Mary Butler.

¹⁰⁷ Julien Mercille and Nicholas O’Neill, [The Growth of private home care providers in Europe: The case of Ireland](#) (2020), *Social and Policy Administration*, 1-16, p. 7.

¹⁰⁸ Public Services International, [The Crisis in Long Term Care: Effects of Private Provision](#) (2022), p. 15. For example, such measures can include reducing the ratio of staff to patients, contracting temporary or agency work, paying minimum wages, and undertraining.

allowances has further supported their growth.¹⁰⁹ Non-profit or social enterprise care providers find it increasingly difficult to compete with larger for-profit companies. The marketization of care has pushed non-profit providers into becoming more ‘business-like’ in order to compete in tendering and commissioning competitions but without the same financial resources, making it difficult for them to continue in the market.¹¹⁰

The Commission recommends that when the State subcontracts its obligations to provide care services to non-State actors, compliance with the Public Sector Equality and Human Rights Duty¹¹¹ should be included in all contractual agreements, including procurement processes and service level agreements.

The Commission recommends that the State should prioritise the de-privatisation of care services by investing in a publicly funded and non-profit care infrastructure, including co-operative models and social enterprises, and ensuring a gradual and sustainable transition of services.

Accessing quality and affordable care services

It is fundamental that quality services are founded on a human rights and equality-based approach. Such services should be gender and culturally sensitive and individualised, with care recipients having their own care plan and access to sufficient levels of care to fully meet their needs.¹¹² In particular, social and emotional needs should be prioritised alongside physical care, and this requires sufficient time to be allocated by the care provider. Ensuring quality requires services that are accessible, including geographically accessible, affordable, and minimise the navigational and administrative burdens on the care recipient. Every stakeholder we engaged with in the writing of this policy statement

¹⁰⁹ Julien Mercille and Nicholas O’Neill, [The Growth of private home care providers in Europe: The case of Ireland](#) (2020), *Social and Policy Administration*, 1-16, p. 2.

¹¹⁰ Julien Mercille and Nicholas O’Neill, [The Growth of private home care providers in Europe: The case of Ireland](#) (2020), *Social and Policy Administration*, 1-16, p. 4.

¹¹¹ Section 42 of the *Irish Human Rights and Equality Commission Act 2014* imposes a legal obligation on public bodies to have regard to the need to eliminate discrimination, promote equality of opportunity and protect the human rights of those to whom they provide services and staff when carrying out their daily work. This Public Sector Duty puts equality and human rights in the mainstream of how public bodies execute their functions.

¹¹² UNCRPD, [General comment No.5 on living independently and being included in the community](#) (2017), para 35.

advised that accessing care services in Ireland is a ‘postcode lottery’. As highlighted across the sections below, the affordability of care remains a key challenge at every stage of life and the high cost of services exacerbates socio-economic inequalities.

Quality services are predicated on coherent and coordinated policy approaches and decent working conditions, including as positive staff experiences can improve the outcomes for care recipients.¹¹³ Minimum qualifications and adequate staffing levels are also required, to ensure low staff ratios and a qualified workforce with the complex skills and understanding needed for the role.¹¹⁴ However, requirements for such minimum qualifications must be reflected in decent pay and working conditions for care workers. Furthermore, adequate financial supports must be provided to ensure that qualification requirements do not act as a barrier to work for low income communities. While the provision of quality home and community-based services may require increased investment by the State initially, indications show that in the long term it is cheaper to age at home.¹¹⁵ Improving outcomes for those who require care services needs to be the driving force behind all quality improvement measures.

The home care sector is currently unregulated in Ireland. The State has been progressing legislation on a statutory home support scheme since 2021,¹¹⁶ and draft regulations for providers of home support services. This creates an important opportunity to ensure quality care services in Ireland are prioritised. The Health Information and Quality Authority is also developing national standards for home care and support services, which will form part of the regulatory framework, and has called for all homecare standards and regulation to be based on a human rights-based approach.¹¹⁷ Rooting all elements of the regulatory framework in human rights and equality principles requires consultation with impacted groups and acknowledgement that home support services are separate to PA services. The current draft regulations conflate the two, and this is a regular occurrence by the HSE and

¹¹³ Michael A West and Jeremy F Dawson, [Employee engagement and NHS performance](#) (2012), p. 20.

¹¹⁴ Unicef, [Where do rich countries stand on childcare](#) (June 2021), p. 17.

¹¹⁵ See [Aging in Place’s](#) website for estimates.

¹¹⁶ This legislation will establish a licensing framework for providers who operate in the home care sector. As of June 2023, the legislation is currently entering into final stages of the drafting process: Department of Health, [Home Care Packages](#) (June 2023).

¹¹⁷ Health Information and Quality Authority, [Regulation of Homecare: A Position Paper](#) (December 2021), p. 4. See also, HIQA and Safeguarding Ireland, [Guidance on a Human Rights-based Approach in Health and Social Care Services](#) (2019).

the Department of Health.¹¹⁸ DPOs have raised concerns that any use of restrictive practices and standards in home support services may also become the norm in PA services.¹¹⁹ While appropriate regulation is necessary, it must be balanced with the right to privacy. Disabled people have advised us that they do not want to be regulated in their homes, and all reforms should respect the right to privacy of those receiving services.

The Commission recommends that the State establishes a National Planning Unit for Care, to oversee all aspects of care planning and implementation, including current and future needs for care across the life-cycle, as called for by the Joint Oireachtas Committee on Gender Equality.¹²⁰ Universal access to a spectrum of quality care services, which meet individual needs, should be guaranteed by the State.

The Commission recommends that the proposed National Planning Unit conducts a mapping exercise of the existing care infrastructure and services to establish a gap analysis, particularly with regard to barriers to access due to geographic location and economic circumstances.

The Commission recommends that the State brings forward draft legislation on a statutory home support scheme imminently, and ensures detailed, participatory pre-legislative scrutiny with rights-holders and their representative organisations.

The Commission recommends that the State ensures a clear and transparent regulatory environment for high quality care services,¹²¹ which takes into account the social value of care, the fundamental rights of care recipients, and the need for decent working

¹¹⁸ See Institute for Public Health, [Draft Regulations for Providers of Home Support Services: An Overview of the Findings of the Department of Health's Public Consultation](#) (2023). See also for example, the grouping of the three areas in Department of Health, [Disability Capacity Review to 2032: A Review of Disability Social Care Demand and Capacity Requirements up to 2032](#) (July 2021), p. 26. The areas need to be disaggregated out so that it is clear what increase in the provision of PA is needed to ensure Ireland is fulfilling its UNCRPD obligations.

¹¹⁹ Independent Living Movement Ireland, [Submission on the Department of Health's Public Consultation on Draft Regulations for Providers of Home Support Services](#) (July 2022).

¹²⁰ Joint Committee on Gender Equality, [Unfinished Democracy: Achieving Gender Equality](#) (2022), p. 97.

¹²¹ An expansive approach to the regulation of social care services should be adopted, including supported or assisted living and sheltered housing; day services; homecare; home sharing; respite; short-stay or step down units; and live-in services.

conditions for care workers. Separate regulations for PA services are required, which are rooted in the social model of disability.

Digital infrastructure and data

The European Care Strategy has encouraged the use of new technologies and digital solutions to improve care delivery and ensure sustainability, and for the collection of data to underpin service delivery.¹²² While technology cannot replace human interactions at the core of care relationships, it can improve access to high quality care services and support independent living.¹²³ Digitisation can support continuity of care across the various elements of the health and care system, including case management across multi-disciplinary teams. The collection of disaggregated data can enable better personalised and community centred care, with necessary data protection safeguards.¹²⁴ Furthermore, digital technologies can provide for better training and work-life balance opportunities for carers. However, safeguards are essential to protect the rights and dignity of care recipients using such technologies, including to ensure that their informed consent is obtained. In particular, targeted campaigns and individual education for those with a limited understanding of technology are required to ensure informed consent on the collection and use of data from care technologies. Furthermore, digitalisation can exacerbate inequalities for groups who have a lack of access to digital technology, or are without digital skills.¹²⁵

In Ireland, there are significant gaps in the health data infrastructure and the use of health technologies, such as the digitisation of records. Even basic information relevant to care is missing, such as a systematic minimum dataset for public healthcare services provided in

¹²² See generally, [European Commission, Proposal for a Council Recommendation on access to affordable high-quality long-term care](#) (7 September 2022).

¹²³ European Commission, [Communication from the Commission to the European Parliament, the Council, The Europe and Economic and Social Committee and the Committee of the Regions on the European Care Strategy](#) (2022), p. 10. Such digital solutions include information and communications technology, assistive technology, telecare, telehealth, artificial intelligence, and robotics.

¹²⁴ European Commission, [Communication from the Commission to the European Parliament, the Council, The Europe and Economic and Social Committee and the Committee of the Regions on enabling the digital transformation of health and care in the Digital Single Market; empowering citizens and building a healthier society](#) (25 April 2018).

¹²⁵ Council Conclusions on [Human Rights, Participation and Well-Being of Older Persons in the Era of Digitalisation of 9 October 2020](#).

the community.¹²⁶ While the Department of Health is progressing legislative and policy frameworks for an eHealth programme, it has been a slow process. Pre-legislative scrutiny on the Health Information Bill 2023 highlighted that an e-health strategy was first developed in 2013. The Department of Public Expenditure and Reform has refused business cases for electronic health records on two occasions, and there is currently no timeframe for the roll out of a national system.¹²⁷ The Department of Health has advised that within the coming months, it will publish a new digital health and social care strategic framework which will set out the objectives and timeframes for the delivery of a new electronic care record.¹²⁸

The Commission recommends that the State invests in innovative technologies and digital solutions to support access to quality care, and ensures that any investments are accompanied by the necessary safeguards and measures to address the digital divide.

The Commission recommends that the State prioritises the implementation of national electronic health and social care records.

Community-based and public services

Deinstitutionalisation

Living independently in the community is a human right, and is derived from the principles of autonomy and dignity.¹²⁹ However, Ireland has a long history of institutionalisation, particularly for disabled people. Against this backdrop, the numbers of older people placed in nursing homes, despite their clear preference to age at home, and the practice of disabled people living in segregated, congregated settings (including disabled young people in nursing homes)¹³⁰ are of ongoing concern.

¹²⁶ Brendan Walsh, Ciarán Mac Domhnaill and Gretta Mohan, *Developments in Healthcare Information Systems in Ireland and Internationally* (June 2021), ESRI, p. 62.

¹²⁷ Houses of the Oireachtas, [Meeting with the Department of Health to conduct pre-legislative scrutiny on the General Scheme of the Health Information Bill 2023](#) (10 May 2023).

¹²⁸ Houses of the Oireachtas, [Meeting with the Department of Health to conduct pre-legislative scrutiny on the General Scheme of the Health Information Bill 2023](#) (10 May 2023).

¹²⁹ UN General Assembly, *Convention on the Rights of Persons with Disabilities* (2007), Article 3.

¹³⁰ Ombudsman [Wasted Lives: Time for a better future for younger people in nursing homes. An investigation by the Ombudsman](#) (May 2021)

Close to 4% of the total population aged 65 and over live in nursing homes, with the percentage significantly increasing for those aged 80 and over.¹³¹ We have heard from advocates that some older people in nursing homes are becoming increasingly aware that they do not have to live there, despite recommendations from their medical or community health teams, but can't return home because of a lack of supports.

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Close to 4% of the total population aged 65 and over live in nursing homes, with the percentage significantly increasing for those aged 80 and over.

We also note evidence that professionals can have risk adverse attitudes to older people remaining in their homes, prioritising the perceived risk to themselves over the autonomy of older people.¹³² However, as the *Assisted Decision Making (Capacity) Act 2015* sets out, people have the right to make 'unwise' decisions. Older people can feel like they have no choice but to enter nursing homes, with family members making decisions on their admission in many cases irrespective of their capacity.¹³³ Furthermore, we understand and are concerned that during the pandemic there was an increased use of digital door codes for residents to access and exit residential care institutions.¹³⁴ These practices create situations where people are *de facto* detained in nursing homes or hospital settings We have previously criticised the draft legislation on inspecting places of detention for excluding places of *de facto* detention where deprivation of liberty may occur, including in State procured services.¹³⁵

¹³¹ CSO, [Census of Population 2016 – Profile 3 An Age Profile of Ireland](#).

¹³² Sarah Donnelly, Marita O'Brien, Emer Begley and John Brennan, [“I'd prefer to stay at home but I don't have a choice” Meeting Older People's Preference for Care: Policy, but what about practice?](#) (2016) University College Dublin, p. 21.

¹³³ Sarah Donnelly, Marita O'Brien, Emer Begley and John Brennan, [“I'd prefer to stay at home but I don't have a choice” Meeting Older People's Preference for Care: Policy, but what about practice?](#) (2016) University College Dublin, pp. 17-18.

¹³⁴ IHREC, [Ireland and the International Covenant on Civil and Political Rights](#) (2022),

¹³⁵ IHREC, [Submission on the General Scheme of the Inspection of Places of Detention Bill](#) (2022), pp. 34-35.

Despite a long-standing State policy of deinstitutionalisation, 2,300 disabled people continue to live in congregated settings.¹³⁶ The 2011 ‘Time to Move on: A Strategy for Community Inclusion’ proposed that a move to the community for all residents of congregated settings would be complete within a seven year timeframe.¹³⁷

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Despite a long-standing State policy of deinstitutionalisation, 2,300 disabled people continue to live in congregated settings.

By 2020, the HSE reported that of the 4,000 residents in congregated settings that were due to transition into the community, only 52% did so.¹³⁸ 1,300 people under the age of 65 are also inappropriately placed in nursing homes.¹³⁹ As the Ombudsman has highlighted, there is a current bias in favour of institutional settings.¹⁴⁰

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1,300 people under the age of 65 are also inappropriately placed in nursing homes.

We are of the view that the State’s policy of deinstitutionalisation has failed to date. This is despite clear evidence that community living provides a better quality of life, and Health Information and Quality Authority (‘HIQA’) findings that many of the remaining residential centres must close due to non-compliance with standards.¹⁴¹

The Commission recommends that the State accelerates the deinstitutionalisation process and publishes the timeline for delivery with indicators to facilitate independent

¹³⁶ Government of Ireland, [National Housing Strategy for Disabled People 2022-2027](#), p. 23. A ‘congregated setting’ is a place where ten or more disabled people live together.

¹³⁷ HSE, [Time to Move on from Congregated Settings: A Strategy for Community Inclusion](#) (2011), p. 121.

¹³⁸ HSE, [Progress made under the Time to Move on from Congregated Settings Policy up to 01/01/2020](#).

¹³⁹ Ombudsman, [Wasted Lives: Time for a better future for younger people in nursing homes](#) (2021), p. 4.

¹⁴⁰ Ombudsman, [Wasted Lives: Time for a better future for younger people in nursing homes](#) (2021), p. 14.

¹⁴¹ Department of Health, [Disability Capacity Review to 2032 – A Review of Social Care Demand and Capacity Requirements to 2032](#), p. 68.

monitoring, in order to ensure that people have a right to in-home and community support services, including through a multi-annual current and capital funding programme.¹⁴²

The Commission recommends that the *Inspection of Places of Detention Bill* is expanded to include places of *de facto* detention where deprivation of liberty may occur and that the State creates an inventory of all such places, including in the care sector.

In order to support independent living, the closure of institutional settings alone is insufficient. Communities and public services must also be accessible, including for disabled people and older people. The right of equal access to public services or any place that is in use by the public, such as parks, restaurants, hotels, theatres etc., is well established in human rights law.¹⁴³ Accessibility requires not only access to the physical environment, but also access to transportation, information and communication services, and to other facilities open to the public.¹⁴⁴ Article 9 of the UNCRPD requires States to provide training to all stakeholders on accessibility, including those who design and build buildings, urban planners, transport authorities and service providers.¹⁴⁵ The Committee on the Rights of Persons with Disabilities has also emphasised that it is unacceptable to use public funds to perpetuate new inequalities.¹⁴⁶ We have previously noted that the Public Sector Equality and Human Rights Duty offers a pathway to a new model of community living, including through its incorporation into public procurement processes, as recommended above.¹⁴⁷

The Commission recommends that the principles of universal design, community living and participation are embedded, including through procurement processes, in the development of new facilities, products, technologies and services and in the removal of existing barriers to independent living.

¹⁴² See Department of Health, [Disability Capacity Review to 2032 – A Review of Social Care Demand and Capacity Requirements to 2032](#), pp. 68-79.

¹⁴³ See the International Convention on Civil and Political Rights (ICCPR), article 25(c); and the Convention on the Elimination of Racial Discrimination (CERD), article 5(f).

¹⁴⁴ CRPD, General comment on Article 9: Accessibility (25 November 2013), para 1.

¹⁴⁵ CRPD, General comment on Article 9: Accessibility (25 November 2013), para 16.

¹⁴⁶ CRPD, General comment on Article 9: Accessibility (25 November 2013), para 29.

¹⁴⁷ IHREC, [Consultation on Terms of Reference and Work Programme for the Joint Oireachtas Committee on Disability Matters](#) (2020).

State investment in public services

Investment in the care economy must be accompanied by wider State investment in quality and gender-responsive public services, including in health, education, energy, housing, transport and social protection.¹⁴⁸ Addressing the long standing and chronic underfunding of such services can secure people’s right to independent living, and support the redistribution of unpaid care and domestic work.

In order to live with dignity in the community, people must have sufficient financial resources to meet their needs. However, the ‘at risk of poverty’ rate increased last year, with the largest increase seen in those aged 65 and over.¹⁴⁹ Deprivation rates among disabled people are much higher,¹⁵⁰ and those unable to work due to ‘long-standing health problems’ have the highest consistent poverty rates for those of a working age.¹⁵¹ Research demonstrates that the annual ‘cost of disability’ ranges from €9,482 to €11,734 in Ireland, which is not adequately factored into payments such as the Disability Allowance.¹⁵²

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...the annual ‘cost of disability’ ranges from €9,482 to €11,734 in Ireland...

Furthermore, we have heard widespread concerns about the withdrawal of eligibility for social supports in response to a change in circumstance, for example the age of a child dependent or increased access to employment.¹⁵³ Such cliff-edge and step-effects can result in individuals being left financially worse off as a result of taking up employment.¹⁵⁴

¹⁴⁸ Action Aid, [Guiding Principles and Minimum Standards on Unpaid and Domestic Work](#) (2021).

¹⁴⁹ CSO, [Survey on Income and Living Conditions \(SILC\) 2022](#).

¹⁵⁰ Indecon, [The Cost of Disability in Ireland](#), p. 46.

¹⁵¹ CSO, [Survey on Income and Living Conditions \(SILC\) 2022](#).

¹⁵² Indecon, [The Cost of Disability in Ireland](#) (2021), p. xvii. Households that include a disabled person report a higher financial burden for housing costs, debt repayment and medicine. See Indecon, [The Cost of Disability in Ireland](#) (2021), p. 44. It is contrary to the UNCRPD for disabled people to pay for disability related expenses themselves: CRPD, [General comment No.5 on living independently and being included in the community](#) (2017), para 92.

¹⁵³ The child age limit for the One-Parent Family Payment is set at 7 years of age. There are also income thresholds for the Disability Allowance and the Working Family Payment.

¹⁵⁴ IHREC, [Policy Statement on the Index-Linking of Welfare Payments \(Welfare Indexation\)](#) (2023), p. 16.

As previously mentioned, the housing and rental crisis has huge implications for the delivery and receipt of care. Figures show that disabled people are more likely to be homeless or live in communal establishments, and are less likely to live in private housing or be in the private rental market, than non-disabled people are.¹⁵⁵ The National Housing Strategy for Disabled People 2022-2027 is a welcome step towards housing and communities designed in line with the principles of universal design.¹⁵⁶ However, the implementation plan shows that the number of disabled people allocated housing from local authorities each year remains low, in particular for those with intellectual disabilities.¹⁵⁷ The limited availability of appropriate housing restricts disabled people's ability to live independently, and to choose where and how they receive any support required.

The State also needs to invest in the development of a range of housing options that meet the needs of older people, including State-subsidised retirement villages and social housing. It should ensure that accessing home modification grants is not cumbersome, targeted subsidies for older renters are available, home maintenance services are extended, and transportation services are expanded.¹⁵⁸ Furthermore, older people will not be able to remain in their home if the carers they rely on cannot afford to buy or rent in Ireland's cities and towns. As highlighted above, care work is often low paid work and at the end of 2022 the standard average monthly rent for new tenancies of a one-bedroom apartment was €1,358.¹⁵⁹ Inflation has also reached levels not seen decades, with food inflation accelerating to a high of 13.1% in March 2023, and average urban home energy prices up by an average of 67.8% since March 2022.¹⁶⁰

The Citizen's Assembly on Gender Equality called for better public services and improved social protection, funded through greater efficiency and accountability for public funding and reprioritisation between current spending and revenue raising. 95.6% of the Assembly

¹⁵⁵ NDA, [Housing and Disability](#) (December 2020).

¹⁵⁶ See Theme 1: Accessible Housing and Communities. Government of Ireland, [National Housing Strategy for Disabled People 2022-2027](#).

¹⁵⁷ Government of Ireland, [National Housing Strategy for Disabled People 2022-2027](#), p. 25. See also, Joint Committee on Disability Matters, [Ensuring Independent Living and the United Nations Convention on the Rights of Persons with Disabilities](#) (2022), p. 68.

¹⁵⁸ Siobhan O'Sullivan, Margaret Buckley, Elaine Desmond, Eleanor Bantry-White and Marica Cassarino, [Agency and Ageing in Place in Rural Ireland](#), University College Cork and Age Action (2022), p. 41.

¹⁵⁹ Residential Tenancies Board, [Rent Index: Quarter 3 2022](#), p. 13.

¹⁶⁰ Vincentian MESL Research Centre, [Annual Update 2023](#).

was prepared to support and pay higher taxes based on the principle of ability to pay to ensure implementation of its recommendations.¹⁶¹

The Commission recommends that the State prioritises investment in public services and supports, by increasing the efficiency and accountability of public spending and progressive and fair taxation.¹⁶²

Decent work and income adequacy

Adequate pay and working conditions

Commission-supported research has identified six dimensions of decent work: access to work; adequate earnings; employee voice; security and stability; equality of opportunity; and health and safety.¹⁶³ As highlighted throughout this statement, paid care work is significantly undervalued, precarious, and poor pay and working conditions characterise the sector.¹⁶⁴ As discussed further below, Ireland lags behind comparator countries in qualification requirements in the ECEC sector,¹⁶⁵ and half of the workforce earns less than the living wage.¹⁶⁶ In older persons care, the pay and conditions of care workers varies significantly which results in high turnover and workforce challenges.¹⁶⁷ For example, private care companies typically do not pay employees for travel time or travel expenses, or provide subsidies. We have repeatedly heard reports of care workers living on the poverty line, which is being exacerbated by the cost of living crisis. Due to the nature of the work, the income of carers can fluctuate if a care recipient moves into respite and this presents challenges for financial planning and security. Care work is also physically and emotionally

¹⁶¹ The Citizens' Assembly, [Report of the Citizens' Assembly on Gender Equality](#) (2021), p. 138.

¹⁶² See also, Action Aid, [Guiding Principles and Minimum Standards on Unpaid and Domestic Work](#) (2021).

¹⁶³ IHREC and ERSI, [Monitoring decent work in Ireland](#) (2021).

¹⁶⁴ International Labour Organisation, [Care Work and Care Jobs for the Future of Decent Work](#) (2022), p2.

¹⁶⁵ Department of Children, Equality, Disability Integration and Youth, [First 5 Working Paper 3: Review of Working Conditions for Staff in Early Learning and Care](#) (November 2020), pp. 10-11.

¹⁶⁶ Pobal, [Early Years Sector Profile Report 21/22](#) (2022).

¹⁶⁷ Department of Health, [Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants](#) (September 2022), pp. 16-18.

demanding and is essential work. Carers were disproportionately affected by Covid-19, including with regards to exposure to the virus and mortality rates.¹⁶⁸

The Government recently accepted Employment Regulation Orders ('EROs') for ECEC care workers,¹⁶⁹ which is a possible framework for improved pay and conditions across the care sector.

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Care work is also physically and emotionally demanding and is essential work. Carers were disproportionately affected by Covid-19, including with regards to exposure to the virus and mortality rates.

However, these EROs are only a starting point, as discussed further below.¹⁷⁰ The Strategic Workforce Advisory Group on Home Care and Nursing Home Health Assistants has recommended that all care workers are paid, at a minimum, the National Living Wage.¹⁷¹ It also calls for the State to examine an appropriate mechanism for reaching agreements in respect of pay and pensions in the private and voluntary sectors.¹⁷² Although collective bargaining is an important element of decent work and a fundamental right in itself, there is currently no mechanism for collective bargaining or action by care workers employed in the for-profit and not-for-profit sectors in Ireland.¹⁷³ Furthermore, the privatisation of care can facilitate a reduction in the impact of collective bargaining and social dialogue.¹⁷⁴ Data

¹⁶⁸ Brendan Walsh, Paul Redmond and Barra Roantree, [Difference in risk of severe outcomes from covid-19 across occupations in Ireland](#) (July 2020), ESRI, pp. 15-16.

¹⁶⁹ EROs for Early Years Educators and School Age Children Coordinators came into effect on 15 September 2022. They provide for minimum hourly rates of pay and other conditions of employment for various roles in the sector. It includes higher rates of pay for those with a minimum QQI Level 7 qualification.

¹⁷⁰ Children's Rights Alliance, [Child Poverty Monitor 2023](#) (2023), pp. 50-51.

¹⁷¹ We have recommended that the State reconsiders the methodology used for its living wage calculations to ensure it reflects social norms and living costs, and that the timeline for its introduction is expedited: IHREC, [Ireland and the Sustainable Development Goals](#) (2023).

¹⁷² Department of Health, [Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants](#) (September 2022), pp. 16-18.

¹⁷³ Department of Health, [Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants](#) (September 2022), pp. 16-18. Employees in Ireland have a right to join a trade union but there is no legal obligation for employers to recognise trade unions in the workplace for collective bargaining purposes or for employees to make representations to their employer through their trade union.

¹⁷⁴ Jane Lethbridge, [Privatising our future: an overview of privatisation, marketization and commercialisation of social services in Europe](#) (February 2021), European Public Service Union, p20.

indicates that the unionisation of home care workers is concentrated in the public sector, with union density in non-profit organisations estimated at 29% and density among private providers low or non-existent.¹⁷⁵ We note the recent adoption of the EU Directive on Adequate Minimum Wages in the European Union, particularly as regards the promotion of collective bargaining on wage setting across the EU.¹⁷⁶

The Commission recommends that the State establishes a formalised and equal pay structure, professional registration and benefits, including sick pay, pensions, support services and career development, to ensure decent work for all care workers. This structure should recognise their level of skill and training, to ensure parity with the education and health sectors, and all reforms should be negotiated through collective bargaining.¹⁷⁷

The Commission recommends that the State takes immediate action to address the ongoing absence of a statutory right to collective bargaining, and adopts measures to increase trade union membership across the care sector.

Labour shortages

The above issues with poor working conditions and low wages in the care sector make attracting and retaining workers difficult.¹⁷⁸ The OECD has highlighted that without addressing the need for adequate pay and improving job quality, recruitment and retention of staff will remain challenging.¹⁷⁹ In Ireland, the HSE has acknowledged that labour shortages are having an impact on those in need of services,¹⁸⁰ and it can delay transitions

¹⁷⁵ C. Murphy and M. O’Sullivan, ‘Running to stand still? Two decades of trade union activity in the Irish long-term care sector.’ (2021) *Transfer*, Vol. 27(3), pp. 383-397.

¹⁷⁶ European Council, [Council adopts EU law on adequate minimum wages](#) (2022). This Directive includes a legal obligation on member states with less than 80% of the workforce covered by collective bargaining agreements to adopt measures to increase coverage.

¹⁷⁷ This has also been recommended by the Citizen’s Assembly on Gender Equality: [Report of the Citizen’s Assembly on Gender Equality](#) (2021) and the Joint Committee on Gender Equality, [Unfinished Democracy: Achieving Gender Equality](#) (2022).

¹⁷⁸ European Commission, [Proposal for a Council Recommendation on access to affordable high-quality long-term care](#) (7 September 2022), p. 2.

¹⁷⁹ Ana Llana-Nozal, Eileen Rocard and Paola Sillitti, [Providing long-term care: Options for a better workforce](#) (2022), OECD in *International Social Security Review*, Vol 75(3-4), p. 132.

¹⁸⁰ See, for example, comments by the HSE CEO in Houses of the Oireachtas, [Committee of Public Accounts Debate](#) (11 May 2023).

from hospital to community support. It is likely that workforce challenges will intensify in the coming years, as figures show an ageing workforce.¹⁸¹ The report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants recommended additional employment permits for home carers from non-EU/EEA countries,¹⁸² and the Government has adopted this recommendation.¹⁸³ However, the Group recommended an upper threshold of 1,000 work permits. Given the increase in the number of older people and people with a long-term illness or disability in Ireland,¹⁸⁴ making more permits available on an annual basis may prove crucial to ensuring adequate service provision. Such permits should provide for access to decent care work, including adequate pay, security and stability, and equality of opportunity.¹⁸⁵ Furthermore, as of May, only 68 employment permits had been issued to home carers in 2023.¹⁸⁶

The Commission recommends that the State should undertake regular assessments of labour shortages in the care sector and address the low uptake of work permits, including by implementing related recommendations on pay and conditions for care workers as set out above.¹⁸⁷

¹⁸¹ Department of Health, [Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants](#) (September 2022), p. 5.

¹⁸² Department of Health, [Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants](#) (September 2022), p. 19.

¹⁸³ Department of Enterprise, Trade and Employment, [Minister English announces measures to address skill shortages in agriculture, transport and home care sectors](#) (16 December 2022).

¹⁸⁴ Census 2022 figures show significant increases in the numbers of people aged over 70, with a large increase in people aged 85 years and older. The figures also show that 22% of the population are experiencing a disability or a long-lasting condition. Central Statistics Office, [Census of Population 2022 – Summary Results](#) (2023).

¹⁸⁵ These visas provide a minimum salary that equates to the more than the minimum wage and a contract of at least two years. However, the hourly breakdown is lower than the national living wage. Department of Enterprise, Trade and Employment, [Care Workers and Home Carers: General Employment Permit Checklist](#), p. 2.

¹⁸⁶ Department of Health, [Work Permits](#) (23 May 2023).

¹⁸⁷ We note that on 21 July 2023 the State announced that carers will be paid at least the National Living Wage of €13.10 and have their travel expenses reimbursed, however we also note that the Department of Health has cut targets of home support hours in the National Service Plan by almost 2 million hours at the same time. See RTÉ, [Carers to get National Living Wage as support hours cut](#) (21 July 2023).

Domestic workers

There is a gap in the collection of data on domestic workers, as a significant amount of this care work is undeclared and provided by undocumented workers.¹⁸⁸ However as highlighted above, reports across Europe indicate a rise in the number of live-in migrant workers providing care services through informal arrangements.

Domestic work, particularly for undocumented workers,¹⁸⁹ is a high risk environment, including due to pressures to accept exploitative terms and conditions. Such conditions can include no breaks, long working hours, pay under the minimum wage, no options to report due to reliance on income, no contract, and no payslips. The US Department of State has noted the vulnerability of migrant women to being trafficked into domestic work in Ireland.¹⁹⁰

The demand for domestic workers will likely grow given the difficulties in accessing care services and the State must take proactive action to prevent the exploitation of structurally vulnerable women to meet care needs.¹⁹¹ We have repeatedly criticised the express exclusion of domestic workers from the definition of employee in the *Employment Equality Act 1998*, including due to the disproportionate effect of this lack of protection against discrimination and harassment on migrant women.¹⁹²

The Commission recommends that the State formalises and regulates the legal pathways and employment protections of domestic workers and live-in carers, including by protecting their right to dignity at work and amending the *Employment Equality Acts*.

¹⁸⁸ Migrant Rights Centre Ireland, [Migrant Workers in the Home Care Sector: Preparing for the Elder Boom in Ireland](#) (2020), p. 4.

¹⁸⁹ Often undocumented workers are Stamp 2 holders, or dependents of work permit holders, who have no right to work but take up employment due to rising costs.

¹⁹⁰ US Department of State, [2023 Trafficking in Persons Report: Ireland](#).

¹⁹¹ See our forthcoming second National Evaluation Report on Trafficking in Human Beings in Ireland (2023), including commentary on the potential barriers to detection of potential victims of human trafficking of labour exploitation and recent developments with regard to inspections.

¹⁹² IHREC, [Comments on Ireland's 19th National Report on the implementation of the European Social Charter](#) (2022), p. 45.

Family and community carers

Census 2022 data reported that the number of unpaid carers in Ireland is 299,000,¹⁹³ with people aged between 50 and 59 the most likely group to be providing regular unpaid care.¹⁹⁴ This may be an underestimation, as Family Carers Ireland estimates that approximately 500,000 people in Ireland are family carers. Of these family carers, 88% feel undervalued, 70% report difficulty accessing services for the people they care for, 69% experience barriers accessing respite, and 51% are severely lonely. Despite the State saving €20 billion per annum from unpaid care, many carers experience long-term financial distress because of leaving work or reducing their hours and experiencing higher household costs.¹⁹⁵



Census 2022 data reported that the number of unpaid carers in Ireland is 299,000...

Carer's Allowance is a means tested payment for those providing full-time care, and is restricted to those working outside the home or in education for less than 18.5 hours/week. 72% of those in receipt of Carer's Allowance report that they find it hard to make ends meet, and many cut back on essentials such as food and heating.¹⁹⁶ In its current form, it is designed as an anti-poverty measure rather than providing carers with a dignified standard of living that goes beyond basic subsistence. Furthermore, just over 92,000 people are in receipt of Carer's Allowance,¹⁹⁷ which means that most carers do not receive the payment and this can greatly affect their pension.

¹⁹³ Defined as a person providing regular unpaid personal help or support to a family member, neighbour or friend with a long term illness, health issue or an issue related to old age or disability.

¹⁹⁴ CSO, [2022 Census Preliminary Results](#) (2023).

¹⁹⁵ See Family Carers Ireland, [The State of Caring](#) (2022).

¹⁹⁶ Family Carers Ireland, [The State of Caring](#) (2022), p. 19.

¹⁹⁷ Houses of the Oireachtas, [Dáil Éireann debate: Reform of Carer's Allowance Scheme](#) (22 March 2023).

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72% of those in receipt of Carer’s Allowance report that they find it hard to make ends meet, and many cut back on essentials such as food and heating.

While there has been a recent increase in the income disregard for Carer’s Allowance, advocates have advised that this was the first increase in 13 years, has not kept pace with the average income nor does it take into consideration the rising cost of living.¹⁹⁸ We note recent research calling for a participation income based, non-means tested ‘Family Carer’s Income Support’ for all family carers who fulfil the assessment criteria, to ensure that their work is socially valued and rewarded.¹⁹⁹

Like paid care workers, family and community carers should have access to education and training programmes, as recommended by the European Care Strategy²⁰⁰ and the Citizen’s Assembly on Gender Equality.²⁰¹ This can act as an incentive to caring, while also providing upskilling opportunities and ensuring carers feel supported to deliver care. In Germany, for example, family members taking on unpaid care roles are provided with offers of nursing training.²⁰² Finally, unpaid carers who are balancing work outside the home must be able to access flexible working arrangements, as set out above.

The Commission recommends that the Department of Social Protection indexes social protection rates for family carers to wages²⁰³ and increases the level of income disregard for Carer’s Allowance, as immediate measures. We also recommend that the State establishes an implementation group to progress further recommendations on ensuring

¹⁹⁸ Family Carers Ireland, [Reform of Carer’s Allowance Now Urgently Required](#) (23 March 2023).

¹⁹⁹ M. Murphy, P. Cullen and S. Gough, [Towards a Participation Income for Family Carers](#) (2023).

²⁰⁰ European Commission, [Proposal for a Council Recommendation on access to affordable high-quality long-term care](#) (7 September 2022), Brussels, para 9.

²⁰¹ Citizens’ Assembly, [Report of the Citizens’ Assembly on Gender Equality](#) (June 2021), p.60.

²⁰² Lisa Murphy, Louise Farragher and Jean Long, [The role, function, and supply of home care workers in four European countries](#) (4 August 2022), Health Research Board, p29.

²⁰³ For further information, see IHREC, [Policy Statement on the Index Linking of Welfare Payments \(Welfare Indexation\)](#) (2023). We recommend that an independent Indexation Commission should be tasked with assessing and recommending an appropriate benchmark percentage.

income adequacy for family carers,²⁰⁴ including the establishment of a participation income.

The Commission recommends that the Department of Social Protection examines the intersection of care work and social protection schemes,²⁰⁵ to facilitate increased participation in paid employment and education and remove administrative barriers.

The Commission recommends that the State prioritises training and education programmes for family and community carers, and increases investment in targeted supports to address loneliness and social isolation.²⁰⁶

²⁰⁴ All such measures should ensure transparency as we have been advised that disabled people are not always made aware that a family member, who is not providing any care or support, is claiming Carer's Allowance in respect of them.

²⁰⁵ See also, Joint Committee on Gender Equality, [Unfinished Democracy: Achieving Gender Equality](#) (2022).

²⁰⁶ The Programme for Government commits to developing a 'Carers' Guarantee' proposal that will provide a core basket of services to carers across the country regardless of where they live. In Budget 2021, Government provided funding of €2 million to implement the Carers' Guarantee: Department of Health, [Departmental Strategies](#) (2022).

Early Childhood Education and Care

There have been a number of positive measures in the field of ECEC in recent years, including expansion of the Early Childhood Care and Education programme²⁰⁷ and the National Childcare Scheme;²⁰⁸ EROs to improve conditions for staff in the sector;²⁰⁹ movement towards a graduate-led workforce;²¹⁰ and the annual increases in public spending which have made these developments possible.²¹¹ While we welcome these measures, our engagement with ECEC staff and service users indicates that this is a sector which continues to be in crisis, and any progress must be understood in that context. It is essential that the State acts with a greater sense of urgency to deliver transformational change in the ECEC sector. A radical overhaul of the current system is needed, where Ireland moves from its position as a European outlier relying on for-profit childcare services to a public model which is de-commodified, affordable, accessible, and high-quality.

In recent years, there has been significant growth in ECEC policies and strategies, many of which set important high-level goals. While their existence evidences a notable level of commitment and ambition, the proliferation of overlapping policy documents without an overarching strategic framework risks hampering policy coordination and cohesion. To overcome this, the State should unify all policy efforts around the central goal of transitioning to a public model of childcare by 2030, in line with the Concluding Observations of the UN Committee on the Rights of the Child;²¹² Sustainable Development

²⁰⁷ Department of Children, Equality, Disability, Integration and Youth, [Early Childhood Care and Education Programme \(ECCE\)](#) (2022).

²⁰⁸ Government of Ireland, [National Childcare Scheme](#) (2023).

²⁰⁹ [Employment Regulation Order \(Early Years' Service Joint Labour Committee\) Order No. 1 2022](#), SI 2022/457; [Employment Regulation Order \(Early Years' Service Joint Labour Committee\) Order No. 2 2022](#), SI 2022/458.

²¹⁰ The State has committed to achieving a graduate-led ECEC workforce by 2028. Department of Children, Equality, Disability, Integration and Youth, [Nurturing Skills: The Workforce Plan for Early Learning and Care \(ELC\) and School-Age Childcare \(SAC\) 2022-2028](#) (2023); Department of Children, Equality, Disability, Integration and Youth, [First 5: A Whole-of Government Strategy for Babies, Young Children and their Families 2019-2028](#) (2018).

²¹¹ For example, in 2023, €1.025 billion in public funding was made available for early childhood education and care, a €346 million increase on funding in 2022. Department of Children, Equality, Disability, Integration and Youth, [Budget 2023: Overview and Frequently Asked Questions \(FAQ\) for Parents and Guardians](#) (2022), p. 2.

²¹² The Committee has called on Ireland to 'increase the availability of affordable childcare options...including by transitioning towards a publicly funded model of childcare, in line with the recommendations of the citizens' assembly on gender equality'. Committee on the Rights of the Child, [Concluding observations on the combined fifth and sixth periodic reports of Ireland](#) (2023), p. 8.

Goal 4;²¹³ and Recommendation 8 of the Citizens’ Assembly on Gender Equality.²¹⁴ This goal should be supported by a detailed roadmap, containing ambitious targets, sub-targets for structurally vulnerable groups, and precise, time-bound action plans.

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...the State should unify all policy efforts around the central goal of transitioning to a public model of childcare by 2030, in line with the Concluding Observations of the UN Committee on the Rights of the Child...

Scaling up of existing supports such as the Early Childhood Care and Education Programme and National Childcare Scheme should be provided for in the roadmap, which should have full resourcing and external monitoring to ensure that targets can be met.

The Commission recommends that the State creates a detailed, ambitious and adequately-resourced roadmap setting out how new and existing policies and targets will be integrated and implemented to build a public model of ECEC by 2030.

The Commission recommends that the State accepts Article 27(1) of the Revised European Social Charter on the provision of childcare services.²¹⁵

While a well-developed public model of ECEC will undoubtedly have positive benefits for women’s labour market participation, gender equality, and the overall economy, the first priority for policy development in this area must be the rights of the child.²¹⁶ In addition to

²¹³ As part of SDG 4, Ireland commits to ensuring that all girls and boys have access to quality early childhood development, care and pre-primary education by 2030. UN Department of Economic and Social Affairs, [SDG Goal 4: Targets and Indicators](#) (2023).

²¹⁴ The Citizens’ Assembly on Gender Equality recommended in 2021 that Ireland should ‘over the next decade move to a publicly funded, accessible and regulated model of quality, affordable early years and out of hours childcare.’

²¹⁵ IHREC, [Comments on Ireland’s 19th National Report on the implementation of the European Social Charter](#) (2022).

²¹⁶ For example, the Barcelona targets on childcare to increase women’s labour market participation centres labour rights rather than children’s rights. European Women’s Lobby, [European Women’s Lobby contribution to the European Commission’s European Care Strategy](#) (2022), p. 3. The State must reframe these targets in terms of children’s rights in policies at the national level.

upholding obligations regarding the right to education,²¹⁷ all processes for reforming ECEC should comply with general principles of the UN Convention on the Rights of the Child, including non-discrimination, the development and best interests of the child, and respect for the views of the child. Age-appropriate consultations should continue to feed directly into policy developments in the area,²¹⁸ and the impact of changes on the rights and development of children should be a fundamental consideration at all stages of policymaking, implementation, monitoring and evaluation. The Committee on the Rights of the Child has highlighted the importance of positive close relationships between young children and caregivers for the welfare of children, and notes that children's best interests are often served by integrated education and care services in early childhood.²¹⁹ A rights-based approach also requires careful balancing of the right to education and the right of the child to know and be cared for by his or her parents.²²⁰

Quality of care is a key indicator for reform of the ECEC sector. Research indicates that the well-being and development of young children is best nurtured in circumstances where exploration is encouraged; mentoring is provided; imagination and creativity are fostered; developmental advances are celebrated; new skills are developed; disciplinary measures are appropriate; and the language environment is rich and responsive.²²¹ Appropriate curricula and regular engagement and collaboration with parents are also key instruments to ensure consistent and holistic educational outcomes.²²² Building positive learning environments which meets these standards requires a workforce of childcare and educational experts who are adequately remunerated, professionally qualified and have access to continuous professional development. However, there are serious issues with accessing decent work for

²¹⁷ [Convention on the Rights of the Child](#), Articles 28-29.

²¹⁸ See Department of Children and Youth Affairs, [Report of Consultations with Children on After-School Care](#) (2016).

²¹⁹ Committee on the Rights of the Child, [General Comment No. 7 on Implementing child rights in early childhood](#) (2006), pp. 4, 14.

²²⁰ [Convention on the Rights of the Child](#), Article 7.

²²¹ Save the Children, [Manual for Early Childhood Rights Indicators](#) (2010), p. 165.

²²² Social Justice Ireland, [The Importance of Public Investment in Early Years](#) (2020).

staff in the ECEC sector, resulting in recruitment issues, low retention rates, and a sense of precariousness among providers.²²³

With regard to pay, a survey of early years professionals in 2020 indicated that 93% of respondents would leave the sector within five years if conditions did not improve.²²⁴ While the EROs in 2022 represented a significant milestone, staff maintain that these wage improvements are a starting point only, with many sharing their view that the viability of the sector is dependent on further increases.²²⁵ Engagements with ECEC not-for-profit service providers in 2023 indicate that the sector continues to be characterised by severe staffing shortages, high employee turnover and instability. The sector is also adversely impacted by supply side issues; long waiting lists and higher adult-child ratios impact the quality of care and the long-term sustainability of a career in the sector. Not-for-profit ECEC providers have noted the pressure on services that resulted from the extension of the Early Childhood Care and Education Programme without the requisite increase in State funding for service providers.²²⁶ Significant challenges to the quality of ECEC have also arisen in the aftermath of the Covid-19 pandemic, as children increasingly present with learning difficulties and behavioural challenges requiring specialist support and significant extra costs.²²⁷ Finally, we note that many childminders are not registered with Tusla, meaning that quality of care cannot be guaranteed.²²⁸

Given the demonstrated links between skilled workers, sustainable work and quality services, improvements in this area must be spearheaded by the development and professionalisation of ECEC staff and service providers, including through training, professional registration, and increases to pay and working conditions.²²⁹ While we

²²³ Expert Group to develop a new funding model for Early Learning and Care and School-Age Childcare, [Partnership for the Public Good: A new Funding Model for Early Learning and Care and School-Age Childcare](#) (2021), p. 10.

²²⁴ SIPTU, [Early Years Professional Survey](#) (2020), p. 10.

²²⁵ Children's Rights Alliance, [Report Card 2023](#) (2023), pp. 21-22.

²²⁶ Commission engagement with civil society on care (2023).

²²⁷ In this context, ECEC service providers have argued that the 1:11 adult-child ratio for the Early Childhood Care and Education programme is too high. Commission engagement with civil society on care (2023).

²²⁸ The majority of childminders are not registered with Tusla and therefore not subject to regulation and inspection. This may result in variation in standards of care for children in crèche facilities and children cared for by unregistered childminders. Children's Rights Alliance, [Child Poverty Monitor 2023](#) (2023), p. 28.

²²⁹ Citizens' Assembly, [Report of the Citizens' Assembly on Gender Equality](#) (2021), p. 60. See also, recommendations in the section on decent work and income adequacy.

welcome commitments to build a graduate-led workforce by 2028,²³⁰ we are concerned about suggestions that Budget 2024 targets for ECEC spending will not be met,²³¹ as well as other areas where progress is lagging.²³² In order to ensure that the State can deliver on medium-term commitments such as this one, appropriate steps must be taken in the short-term, including increased funding in successive budgets. Steps must also be taken to ensure that similar standards of care are available for children who are cared for by childminders in home-based centres.²³³

The Commission recommends that the quality of ECEC services and the sustainability of the workforce is significantly improved through embedding children’s rights in all reforms, the development of a graduate-led workforce, and improvements to pay and conditions as recommended above. ECEC services should be guided by established standards in primary school education, and should strive for equivalence in the medium-term.

The prohibitive cost of ECEC for certain cohorts of parents impacts the ability of children to realise their rights on an equal basis. Ireland’s private model of childcare means that costs for parents are some of the highest across the world.²³⁴ Between 2020 and 2021, annual childcare costs averaged €186.84 per week, with average fees higher in urban areas and private services.²³⁵ This was the fifth consecutive year that the cost of childcare increased. In an analysis of 41 wealthy countries in 2021, Ireland ranked 33rd in terms of the

²³⁰ Department of Children, Equality, Disability, Integration and Youth, [First 5: A Whole-of Government Strategy for Babies, Young Children and their Families 2019-2028](#) (2018); Department of Children, Equality, Disability, Integration and Youth, Nurturing Skills: [The Workforce Plan for Early Learning and Care and School-Age Childcare 2022-2028](#) (2021).

²³¹ We note with concern the comments of An Taoiseach that targets to reduce childcare costs by 50% by 2024 may not be met. Irish Times, [Taoiseach casts doubt on 50% cut in childcare costs by Budget 2024](#) (2023).

²³² For example, the Workforce Plan implementation plan committed to creating a dedicated website for providing information to practitioners, publishing data and sharing progress reports in 2022, however this website is not currently available. Department of Children, Equality, Disability, Integration and Youth, Nurturing Skills: [The Workforce Plan for Early Learning and Care and School-Age Childcare 2022-2028](#) (2021), pp. 101-104.

²³³ Government consultation during the development of the National Action Plan for Childminding yielded mixed views on the level of qualifications that should be required for childminders. While recognising the differences between centre-based and home-based care, and the need to incentivise childminders to register with Tusla, we are of the view that a phased approach to ensuring parity of qualifications is preferable so that there is no difference in the standard of education and care provided to children. Department of Children, Equality, Disability, Integration and Youth, [National Action Plan for Childminding 2021-2028](#) (2020) p. 49; Children’s Rights Alliance, [Report Card 2023](#) (2023), pp. 27-28.

²³⁴ Children’s Rights Alliance, [Child Poverty Monitor 2023](#) (2023), p. 48.

²³⁵ Pobal, [Annual Early Years Sector Profile Report 2020/2021](#) (2022), p. 13.

affordability of ECEC, with a dual income family having to spend between a third and a half of one salary to pay for two children in childcare.²³⁶ This is reflected in low levels of public spending; until recently, State spending on ECEC in Ireland was the second lowest of all OECD countries.²³⁷

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In an analysis of 41 wealthy countries in 2021, Ireland ranked 33rd in terms of the affordability of ECEC, with a dual income family having to spend between a third and a half of one salary to pay for two children in childcare.

While there have been significant improvements in recent years, the legacy of disproportionately low spending on ECEC in Ireland means that there is still much work to be done so that the State can deliver on its obligations to children and families.²³⁸

Through the Early Childhood Care and Education programme, Ireland has delivered on its commitment to provide free preschool to 90% of children between 3 and 5 years under the Barcelona targets.²³⁹

However this programme is only available after a child turns two years and eight months,²⁴⁰ for three hours per day, five days per week and 38 weeks per year, leaving significant gaps which have to be made up by families, including 14 weeks where free preschool is not

²³⁶ UNICEF, [Where do rich countries stand on childcare?](#) (2021), p. 8.

²³⁷ Children's Rights Alliance, [Child Poverty Monitor 2023](#) (2023), p. 48.

²³⁸ The Committee on the Rights of the Child recommended in 2023 that the State 'increase the availability of affordable childcare options for working parents, particularly for those in disadvantaged situations, including by significantly increasing the resources allocated to childcare.' Committee on the Rights of the Child, [Concluding observations on the combined fifth and sixth periodic reports of Ireland](#) (2023), p. 8.

²³⁹ ESRI, [Early Childhood Education and Care in Ireland and Northern Ireland](#) (2023), p. 10; Department of Children, Equality, Disability, Integration and Youth, [The Early Childhood Care and Education \(ECCE\) Programme: Then, Now and the Future Direction](#) (2022), p. 1; OECD, [Education at a glance 2019: OECD Indicators](#) (2019), p. 163.

²⁴⁰ While ECEC attendance for this cohort is high, attendance of children under 3 is below the OECD average, suggesting that cost is a significant barrier to access; Early Childhood Ireland, [Public Consultation on the Future Funding of Early Learning and Care and School-Age Childcare in Ireland](#) (2020), p. 3. The cut-off point of two years and eight months negatively impacts children falling just outside of the age range, who are required to wait an additional year to participate in the programme.

available and other invisible costs.²⁴¹ Similarly, while the National Childcare Scheme subsidises the cost of childcare for families, there are valid concerns about eligibility criteria which exclude children receiving care from childminders who are not registered with Tusla,²⁴² younger children²⁴³ and children of parents not engaged in work or study.²⁴⁴ Furthermore, the private model lacks flexibility, with many families paying full fees due to the lack of part-time care and knock-on impacts on their choices regarding balancing employment with family life.²⁴⁵

We welcome changes to the funding model recommended by an Expert Group established by the Government in 2019, which are currently being implemented by the Department of Children, Equality, Disability, Integration and Youth.²⁴⁶ The introduction of a core funding stream, as well as universal and targeted supports to address socio-economic disadvantage will improve affordability and equality of access to ECEC if executed fully and in a timely manner. In particular, plans to move to a Delivering Equality of Opportunity in Schools ('DEIS') model of ECEC will have positive impacts for children experiencing poverty.²⁴⁷

²⁴¹ Although the Early Childhood Care and Education programme is free at the point of use, providers are permitted to charge for optional extras that are not considered key parts of the curriculum and 43% of providers levy such charges. Expert Group to develop a new funding model for Early Learning and Care and School-Age Childcare, [Partnership for the Public Good: A new Funding Model for Early Learning and Care and School-Age Childcare](#) (2021), p. 34. Census 2022 data shows that over 20,000 children between the under the age of 3 were in ECEC for between 31 and 40 hours per week. This care falls outside of the Early Childhood Care and Education programme. Central Statistics Office, [Census of Population 2022 - Summary Results: Health, Disability, Caring and Volunteering](#) (2023).

²⁴² National Childcare Scheme subsidies are only available through providers registered with Tusla. Given that the vast majority of childminders are unregistered, crèche facilities are the main providers of subsidised childcare. Department of Children, Equality, Disability, Integration and Youth, [National Action Plan for Childminding](#) (2021), p.8. Many crèches operate long waiting lists due to the high demand for services with parents forced to choose non-subsidised alternatives.

²⁴³ CSO data indicates that only 42.9% of children between 0-2 in childcare were cared for in a crèche, compared with 67.5% of children aged 3-4. Many crèche facilities do not provide services for babies and toddlers because these services are not cost-effective. Central Statistics Office, [Census of Population 2022 - Summary Results: Health, Disability, Caring and Volunteering](#) (2023).

²⁴⁴ Subsidies are only provided through providers registered with Tusla, meaning that childcare by unregistered childminders is not covered. Similarly, an enhanced childcare subsidy for low-income families is only available where both parents are engaged in work or study. This indicates that the objective of the National Childcare Scheme is to encourage labour market participation, rather than provide access to ECEC for children in low-income families as a matter of right and has been criticised by One Family. Joint Committee on Gender Equality, [Unfinished Democracy: Achieving Gender Equality Final Report](#) (2022), p. 87.

²⁴⁵ Issues raised at IHREC's conference on Achieving Gender Equality at Work: Care Policy and Practice (2022).

²⁴⁶ Department of Children, Equality, Disability, Integration and Youth, [Minister O'Gorman launches major reform of funding for early learning and childcare following Report of Expert Group](#) (2021).

²⁴⁷ Department of Children, Equality, Disability, Integration and Youth, [First 5: A Whole-of Government Strategy for Babies, Young Children and their Families 2019-2028](#) (2018) p. 72. This will be resourced by a new

The State must continue to scale up funding and supports in the short term, while the transition to a DEIS model is underway.²⁴⁸ Increased investment should be complemented by movement towards a public model of care service provision, to ensure that financial resource allocation can directly contribute to an improvement in the affordability and quality of services.

The Commission recommends that the State continues to increase spending on ECEC in successive budgets, with a view to increasing its spending to match EU and OECD averages and reach the UNICEF target of 1% of Gross National Income.²⁴⁹

The Commission recommends that children from low-income families in receipt of the medical card are entitled to the highest subsidy under the National Childcare Scheme, guided by the best interests of the child and access to ECEC as a human right.²⁵⁰

While the universal components of the system are welcome, standardised approaches to service delivery will inevitably leave gaps for particular cohorts of children.²⁵¹ Steps taken to reform this sector must build in specific commitments, targets and indicators to ensure that structurally vulnerable groups of children are equally served by updated policies and programmes.

Participation in the Early Childhood Education and Care programme is over 94% nationally, but participation rates of Traveller and Roma children are significantly lower, at 72.9% and 76.9% respectively.²⁵² In relation to disabled children, the Access and Inclusion Model has been widely welcomed in the sector, however it must be scaled up to provide additional hours outside of the Early Childhood Care and Education programme and to address

funding strand known as the Equal Participation Model. Children's Rights Alliance, [Child Poverty Monitor 2023](#) (2023), p. 54.

²⁴⁸ Children's Rights Alliance, [Child Poverty Monitor 2023](#) (2023), p. 54.

²⁴⁹ Joint Committee on Gender Equality, [Unfinished Democracy: Achieving Gender Equality Final Report](#) (2022), p. 87.

²⁵⁰ Children's Rights Alliance, [Child Poverty Monitor 2023](#) (2023), p. 57, Joint Committee on Gender Equality, [Unfinished Democracy: Achieving Gender Equality Final Report](#) (2022), p. 88.

²⁵¹ Early Childhood Ireland has listed a number of challenges associated with targeting supports in the ECEC sector, including stigma; administrative complexities of identifying and reaching groups; and challenges faced by groups attempting to access the benefit. Early Childhood Ireland, [Public Consultation on the Future Funding of Early Learning and Care and School-Age Childcare in Ireland](#) (2020), p. 3.

²⁵² ESRI, [Early Childhood Education and Care in Ireland and Northern Ireland](#) (2023), p. 64.

regional variations.²⁵³ Provision must also be made to ensure that specialist staff members can support children whose behavioural and developmental needs were adversely affected by a lack of socialisation during the Covid-19 pandemic.

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Participation in the Early Childhood Education and Care programme is over 94% nationally, but participation rates of Traveller and Roma children are significantly lower, at 72.9% and 76.9% respectively

As well as being impacted by high costs of childcare in Ireland, children experiencing poverty are affected by the lack of wraparound supports in ECEC settings. We note that, while in Northern Ireland, families experiencing poverty may benefit from ECEC, family support and health services under the Sure Start programme, no corresponding scheme exists in Ireland.²⁵⁴ The pilot scheme to provide hot meals in ECEC settings,²⁵⁵ as well as plans to introduce an Equal Participation funding strand,²⁵⁶ represent a starting point for the development of integrated, community-based services and supports, which could extend to transport and parenting programmes.²⁵⁷ As work is currently underway to identify target areas for additional funding as part of the DEIS model rollout, the State must consider specific needs of rural communities,²⁵⁸ as well as the evidence demonstrating unmet need for ECEC services in certain geographic locations.²⁵⁹ Finally, the State must ensure that

²⁵³ As noted above, the Early Childhood Care and Education programme is only available at the earliest after a child turns two years and eight months, for three hours per day, five days per week and 38 weeks per year. ECEC providers have noted the particular impacts this creates for disabled children under the age of three, who are often excluded due to lack of capacity. ESRI, [Early Childhood Education and Care in Ireland and Northern Ireland](#) (2023), p. 65 and ESRI, [Measuring Childhood Disability and Programme Provision in Ireland](#) (2021), p. 31. We note that a review of the Access and Inclusion Model was due for publication in Q1 2023 but has yet to be published. Children’s Rights Alliance, [Child Poverty Monitor 2023](#) (2023), p. 33.

²⁵⁴ ESRI, [Early Childhood Education and Care in Ireland and Northern Ireland](#) (2023), pp. 60-63.

²⁵⁵ Department of Children, Equality, Disability, Integration and Youth, [Minister O’Gorman announces new scheme to pilot the provision of hot meals to children in early learning and childcare settings](#) (2022).

²⁵⁶ Children’s Rights Alliance, [Child Poverty Monitor 2023](#) (2023), p. 55

²⁵⁷ Children’s Rights Alliance, [Child Poverty Monitor 2023](#) (2023), p. 55.

²⁵⁸ The First 5 strategy noted the challenges in delivering ECEC in rural areas. Research on the ECEC needs of parents who live in rural communities was completed in 2022, however the findings of this research have not been published. Department of Children, Equality, Disability, Integration and Youth, [First 5: Annual Implementation Plan 2021-2022](#) (2023), p. 120.

²⁵⁹ Department of Children, Equality, Disability, Integration and Youth, [EU Child Guarantee: Ireland’s National Action Plan](#) (2022), p. 19.

access to ECEC is available to children of parents with unconventional working hours,²⁶⁰ and parents who are not working but may need access to quality ECEC on a limited, ad hoc basis.²⁶¹

The Commission recommends that cultural competency training is provided for ECEC staff to increase awareness and understanding of ethnic minorities, including Travellers and Roma families.²⁶² Efforts should be made during recruitment to ensure that the composition of staff reflects the backgrounds and ethnicities of children in attendance.

The Commission recommends that information on the availability of two free preschool years under the Early Childhood Care and Education programme are promoted through targeted communications for structurally vulnerable groups, in a range of languages and formats.

The Commission recommends that the Access and Inclusion Model is expanded so that ECEC for disabled children is publicly funded outside of the parameters of the Early Childhood Care and Education programme, including to children under the age of three and for extended periods of time.

The Commission recommends that reforms to ECEC are harmonised with wider measures to reduce child poverty, including through implementation of the Equal Participation funding model and linking ECEC centres to wider community supports including hot meals, transport, and education and information for parents.

²⁶⁰ The First 5 strategy committed to undertake research on the ECEC needs of parents who work atypical hours. This work was completed in 2022, but the findings of this research have not been published: Department of Children, Equality, Disability, Integration and Youth, [First 5: Annual Implementation Plan 2021-2022](#) (2023), p. 120.

²⁶¹ Joint Committee on Gender Equality, [Unfinished Democracy: Achieving Gender Equality Final Report](#) (2022), p. 90.

²⁶² Joint Committee on Key Issues Affecting the Traveller Community, [Final Report](#) (2021), p. 38.

Adult social care and community support

The absence of clear policy direction on the care of older people and disabled people is a significant gap, and has seen the continuation of long-term institutional care in large settings and a privatisation model disconnected from the public health system.²⁶³ As highlighted above, the European Care Strategy requires Ireland to submit a National Action Plan on Long-term Care to the European Commission by the end of 2023. Furthermore, the National Carer's Strategy concluded in 2018, has been criticised for failing to adequately focus on implementation and outcomes, and the Government commitment to publish a successor has yet to be met.²⁶⁴ Such policy frameworks must address the intersectionality of care, including the specific experiences of structurally vulnerable groups and the close links with other sectors such as education, health and disability.

The Commission recommends that the State establishes a coherent policy framework on care for older people and disabled people, including through the development of an overarching National Action Plan on Long-term Care²⁶⁵ and an updated National Carer's Strategy. Such frameworks must be developed through a participatory process; aligned with existing policy frameworks; accompanied by a coordinated and cross-Government implementation plan; and include costed actions with a ring-fenced budget.

Older people

It has been emphasised throughout this statement that the clear preference of older people in Ireland is to remain in their own homes and communities as they age, otherwise known as 'ageing in place'. The Plan of Action for the UN Decade of Healthy Ageing 2021-30 sets out that every country should have a system to meet the needs of older people, which includes: the provision of care; ageing in a place that is right for them; access to the community; participation in activities; and to be free from abuse.²⁶⁶ Supporting ageing in place requires State intervention, including to ensure sufficient care workers and related

²⁶³ Houses of the Oireachtas, [Special Committee on Covid-19 response](#) (2020).

²⁶⁴ Care Alliance Ireland, [A Review of the National Carers' Strategy \(2012\): How relevant are the actions in 2021 and for the future?](#) (2021).

²⁶⁵ This should be based on the European Commission definition of long-term care, as set out above.

²⁶⁶ World Health Organisation, [UN Decade of Healthy Ageing: Plan of Action 2021-2030](#) (2020), p. 19.

resources to meet older people’s personal and community care needs, but also wider investment in housing and public services as set out above.

We have previously highlighted that the ‘at risk of poverty’ rate for people over the age of 65 is increasing and the costs of ageing are rising. Care is expensive and can cost between one-half to as much as five times the median disposable income of those at or above retirement age.²⁶⁷ While the HSE provides homecare and support services, many people in Ireland are purchasing services independently as they are not provided with the required hours to meet their needs or, in most cases, there are no carers to fulfil their funded hours. This results in individuals and families making up the shortfall, by paying for private carers or accessing nursing homes. There are approximately 6,000 people with home care packages in Ireland who are unable to access support due to workforce constraints.²⁶⁸ Homecare is also a rapidly growing sector due to an ageing population. Furthermore, there is no funding of ‘social hours’, meaning that only personal care and essential activities are funded through homecare packages.



There are approximately 6,000 people with home care packages in Ireland who are unable to access support due to workforce constraints.

This diminishes people’s access to their communities and can impact their overall well-being. As acknowledged by the HSE, support for such social interactions ‘would have an added value in quality of life.’²⁶⁹

The projected expenditure on residential care is to increase between 37.8% and 66.9% in real terms from 2019 to 2035.²⁷⁰ However, the implementation of the forthcoming statutory

²⁶⁷ OCED, [Affordability of long-term care services among older people in the OECD and the EU](#) (May 2020), p. 1.

²⁶⁸ Houses of the Oireachtas, [Committee of Public Accounts Debate](#) (11 May 2023).

²⁶⁹ Houses of the Oireachtas, [Committee of Public Accounts Debate](#) (11 May 2023).

²⁷⁰ Brendan Walsh et al, [Projections of Expenditure for Primary, Community and Long-Term Care in Ireland, 2019-2035, Based on the Hippocrates Model](#) (July 2021), ESRI, p. 101.

home support scheme would see a reduction in long-term residential care costs of 15% or €346.8m by 2035.²⁷¹ This demonstrates that State investment in an ageing in place model has both significant economic and social value.

The introduction of the Nursing Home Support scheme, otherwise known as the Fair Deal scheme, created a statutory right to financial support for care in a nursing home.²⁷² As well as the move towards privatisation and commercialisation set out above, there has been a significant consolidation of nursing homes with 15 operators running 50% of all nursing home beds. The Fair Deal scheme has been criticised for incentivising and encouraging the larger, for-profit, nursing home model, including for overseas operators and investors.²⁷³ The State's over reliance on institutions for older people with high or more complex care needs came into question during the pandemic. It exposed many deficits in the nursing home model, including the lack of adequate clinical governance and care pathways, insufficient resources, a lack of central planning, and infection control issues.²⁷⁴

Almost 30% of all Covid-19 related deaths between March 2020 and February 2022 occurred in nursing homes.²⁷⁵ While public health measures to lower the risk of infection were necessary, extensive and lengthy restrictions on visits from friends and family, social events, and services and programmes affected residents' right to self-determination and decision-making.²⁷⁶ The right of residents to liberty, health and family life were also impacted.

²⁷¹ Brendan Walsh et al, [Projections of Expenditure for Primary, Community and Long-Term Care in Ireland, 2019-2035, Based on the Hippocrates Model](#) (July 2021), ESRI, p. 101.

²⁷² *Nursing Home Support Scheme Act 2009*, s.5.

²⁷³ Dáil Debates, [Nursing Home Care: Motion \(Private Members\)](#) (27 June 2023). As highlighted by Professor Kathleen Lynch, 'Care for older people is moving steadily towards the market, and is frequently advertised as a commercial opportunity for investors, giving good financial returns.' K. Lynch, 'Love labour as a distinct and non-commodifiable form of care labour' (2007) *The Sociological Review* 55(3).

²⁷⁴ Sage Advocacy, [Choice Matters: Towards a Continuum of Support and Care for Older People](#) (2020), p. 59.

²⁷⁵ CSO, [Deaths from Covid-19 by Location and Age Groups March 2020-February 2022](#) (4 August 2022). For further commentary, see IHREC, [Ireland and the International Covenant on Civil and Political Rights](#) (June 2022), p. 52.

²⁷⁶ IHREC, [Ireland and the International Covenant on Civil and Political Rights](#) (June 2022), p. 52.

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Almost 30% of all Covid-19 related deaths between March 2020 and February 2022 occurred in nursing homes.

We have heard reports about a range of significant and concerning incidents in nursing homes, including:

- the neglect of urgent medical needs and failure to seek medical assistance;
- failures to treat skin conditions and change incontinence pads in a timely manner;
- failure to administer medicines or administer them without doctor approval; and
- failure to adhere to infection control procedures resulting in the spread of the virus between residents.

We have also heard reports of staff providing misleading, conflicting and false information to family members, and a failure to facilitate communication between residents and their family members.²⁷⁷ We have previously advised that the right to life cannot be limited, even in the case of a national emergency.²⁷⁸ The State has a positive obligation under Article 2 of the European Convention of Human Rights to make effective regulations compelling all nursing homes to adopt appropriate measures for the protection of their residents' lives.²⁷⁹

The Special Committee on Covid-19 Response has recommended that a review should be undertaken into the impact of privatisation on Ireland's nursing home model, and the adequacy of funding to deliver optimal outcomes.²⁸⁰ Furthermore, the general advice to remain at home and physically isolate from others included little consideration of the impact this would have on members of the older population who were in receipt of family

²⁷⁷ As well as the evidence received by the Commission, see further: Safeguarding Ireland, [Identifying RISKS, Sharing RESPONSIBILITIES: The Case for a Comprehensive Approach to Safeguarding Vulnerable Adults](#) (2022).

²⁷⁸ IHREC, [Submission to the Special Committee on Covid-19 Response Regarding the Adequacy of the State's legislative Framework to Respond to Covid-19 Pandemic and Potential Future National Emergencies](#) (September 2020), p. 2.

²⁷⁹ IHREC, [The Impact of Covid-19 on People with Disabilities: Submission by the Irish Human Rights and Equality Commission to the Oireachtas Special Committee on COVID-19 Response](#) (June 2020), p. 11.

²⁸⁰ Houses of the Oireachtas, [Special Committee on Covid-19 response](#) (2020).

care, or who were themselves providers of care to their family and friends.²⁸¹ The State has announced that an inquiry into how Ireland handled the pandemic will be established in 2023, but as of the time of writing, the terms of reference have not been agreed.²⁸² There has been no commitment from the State for a rights-based framework for the inquiry, and the scope of the examination into nursing homes is unclear.²⁸³ The Programme for Government also committed to a Commission on Care to examine care and supports for older people.²⁸⁴ While the Minister for Health has committed to this Commission being established in the autumn of this year, it will likely take up to two years to complete this work.²⁸⁵ Advocates have questioned whether the consistent delays in progressing reform for older people's care is indicative of institutional ageism.²⁸⁶

The Commission recommends that the State increases the annual homecare budget to address the growing unmet need and reduce waiting lists.²⁸⁷

The Commission recommends that the State carries out a thorough and rights-based inquiry into the pandemic response to older people's care and support, including the impact of the privatisation model. Human rights and equality standards must be embedded in the terms of reference of this inquiry.

The Commission recommends that the State establishes a Commission on Care as a matter of priority, and ensures that its terms of reference are based on the participation of older people and their advocates and human rights and equality standards.²⁸⁸ The terms of

²⁸¹ The Irish Longitudinal Study on Ageing, [Altered lives in a time of crisis: The impact of the COVID-19 pandemic on the lives of older adults in Ireland](#) (2021), p. 122.

²⁸² Dáil debates, [Taoiseach's Communications](#) (4 July 2023).

²⁸³ See S. Cahill, [Only human rights-based inquiry will properly answer questions about treatment of elderly during Covid](#) (4 April 2023), *The Irish Times*; M. Carolan, [State's opposition to action seeking public inquiry over Covid-19 death in nursing homes contrasts with Ministers' statements, High Court told](#) (5 Jul 2022), *The Irish Times*.

²⁸⁴ Government of Ireland, [Programme for Government: Our Shared Future](#) (2020), p. 51.

²⁸⁵ Houses of the Oireachtas, Dáil Éireann debate – Tuesday, 27 June 2023 – Nursing Home Care Motion.; Houses of the Oireachtas, Dáil Éireann debate – Thursday, 13 July 2023 – Questions on Policy or Legislation.

²⁸⁶ The Alliance of Age Sector NGOs, [Telling it Like it is: Combatting Ageism](#) (January 2023), p. 5.

²⁸⁷ See also, the Citizen's Assembly, [Report of the Citizens' Assembly on Gender Equality](#) (June 2021).

²⁸⁸ See the ongoing IHREC funded project by Sage Advocacy on establishing an observatory on human rights in long-term care, which has the key objective of ensuring that the human rights of people receiving long-term care support services are central to the Commission on Care's work. It will seek to ensure that the Commission on Care hears and listens to as many voices as possible of the people who have lived experiences of long-term care and support. Sage Advocacy, [Establishing an Observatory on Human Rights in Long-term Care](#) (last accessed: 20 July 2023).

reference should be expansive,²⁸⁹ focus on transition to a public model of care, address institutional ageism and ableism, and directly incorporate the Public Sector Equality and Human Rights Duty.

Disabled people

The intersection between ageing and disability is significant, but there are some specific disability rights issues highlighted in this section. As discussed above, PA services are separate to care services and the two should not be conflated. However, there are a range of issues which affect disabled people's access to care and support, across the two services. Stakeholders have advised us of significant difficulties in accessing services at transition points in their lives.

This includes the transition from:

- child to adult disability services;
- college into employment;
- one Community Health Organisation to another; and
- disability services to older people's services at the age of 65.

Such transitions can involve significant administrative burdens and can substantially reduce the level of support disabled people receive, for example there is no right to a PA within older people's services.²⁹⁰

Furthermore, there is a significant need to improve access to disability services. In particular, there are long waiting lists and difficulties in accessing early intervention services, multidisciplinary supports, therapies, respite, assistive technology, PA services,²⁹¹ and home

²⁸⁹ Including for example, family and community care, care in the home, nursing home and residential care.

²⁹⁰ Eamonn Carroll and Selina McCoy, [Personal Assistance Services in Ireland: A Capability Approach to Understanding the Lived Experience of Disabled People](#) (2022) *Disabilities* Vol 2, 694–714, p. 695.

²⁹¹ The budget for PA services has remained unchanged since 2008 and the HSE has managed a fixed number of hours since that time, resulting in the loss of hours for some people as other areas are prioritised: See for example, the grouping of the three areas in Department of Health, [Disability Capacity Review to 2032: A Review of Disability Social Care Demand and Capacity Requirements up to 2032](#) (July 2021), p. 121. The median number of hours received per week of personal assistance services is 10, and those with high

support services.²⁹² Evidence suggests variations in how services are accessed and delivered across the country.²⁹³ Recent research by the Health Research Board highlights that 1,700 adults living at home with ageing carers will need alternative forms of support within the next five years.²⁹⁴ Families also report that disabled children are experiencing a lack of services, with 95% waiting for more than six months and 85% waiting for more than one year for assessment and therapy interventions.²⁹⁵ Parents have challenged the Assessment of Need practices in court, in relation to wait lists and the lack of a full assessment.²⁹⁶ Furthermore, the Oireachtas Committee on Disability Matters has highlighted that the current definition of disability focuses on impairment and not on the individual's support needs, and that a more integrated approach to respite is needed to meet demand.²⁹⁷ This failure of the State to ensure adequate provision for the support needs of disabled people results in a significant level of unmet need, which is being met by family or community carers and forcing a position of dependency. As noted above, 1,300 people under the age of 65 are also inappropriately placed in nursing homes, including due to the lack of support packages to employ PAs.²⁹⁸

Covid-19 also had a significant impact on disabled people. We have had significant concerns from the outset of the pandemic about the challenges faced by disabled people living in institutional settings, including their increased risk of serious health complications and the removal of access to family and friends, who often act as advocates.²⁹⁹ Disabled people in the community also faced significant disruption to supports for them and their families. Although adequate support services can be central to the lives of disabled people, during

education levels, living in urban areas and with lower levels of supports have significantly higher PA allocations: Eamonn Carroll and Selina McCoy, [Personal Assistance Services in Ireland: A Capability Approach to Understanding the Lived Experience of Disabled People](#) (2022) *Disabilities* Vol 2, 694–714, pp. 700-701.

²⁹² Department of Health, [Disability Action Plan 2022-2025: Report on the Public Consultation](#), p. 3. See also, HSE, [National Service Plan 2022](#), p. 143.

²⁹³ Eamonn Carroll and Selina McCoy, [Personal Assistance Services in Ireland: A Capability Approach to Understanding the Lived Experience of Disabled People](#) (2022) *Disabilities* Vol 2, 694–714, p. 695.

²⁹⁴ Health Research Board, [Overview of people engaging with disability services, 2022](#) (July 2023).

²⁹⁵ Inclusion Ireland, [Progressing Disability Services for Children and Young People: Parent Experience Survey Report](#) (February 2022), p. 4.

²⁹⁶ Aodhan O'Faolain, [HSE process to assess children's needs not compliant with disability law, court finds](#) (11 March 2022), *The Irish Times*.

²⁹⁷ Joint Committee on Disability Matters, [Aligning Disability Services with the United Nations Convention on the Rights of Persons with Disabilities](#) (February 2023), pp. 59, 93.

²⁹⁸ Ombudsman, [Wasted Lives: Time for a better future for younger people in nursing homes](#) (2021), p. 4.

²⁹⁹ IHREC, [The Impact of Covid-19 on People with Disabilities](#) (June 2020), p. 5.

the pandemic there was a lack of central guidance on how services could continue, insufficient infection control measures and an additional cost to ‘cocooning’ at home, further adding to the cost of disability.³⁰⁰

The Commission recommends that the State actively supports and resources disabled people to live independently, including through the provision of person-centred financial supports, a legal right to personal assistance, and seamless and flexible services across the life cycle. The right of disabled people to direct and choose the support services to meet their needs must also be recognised, in line with the UNCRPD.

Protection from abuse and violence

The HSE’s National Safeguarding Policy defines abuse as:

“any act, or failure to act, which results in a breach of a vulnerable person’s human rights, civil liberties, physical and mental integrity, dignity or general well-being, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms.”³⁰¹

It also notes that abuse can arise from inappropriate or inadequate care or programmes of care.³⁰² As set out above, the restrictions placed on residents in nursing homes during the pandemic increased their vulnerability to abuse and neglect, including due to poor communication with family members.³⁰³ Staff and family members made numerous complaints to the HSE and to HIQA during this period.³⁰⁴

The number of complaints made to the HSE Adult Safeguarding Service for those in HSE run services was 1,122 in 2020 and 1,591 in 2021.³⁰⁵ Private nursing homes are not within the

³⁰⁰ IHREC, [The Impact of Covid-19 on People with Disabilities](#) (June 2020), p. 8.

³⁰¹ HIQA’s definition is as follows: ‘A single or repeated act, or omission, which violates a person’s human rights or causes harm or distress to a person.’ HIQA, [Draft national standards for adult safeguarding: For public consultation 2018](#), p. 15.

³⁰² HSE Social Care Division, Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures, p. 8.

³⁰³ Barry O’Kelly, [Did nursing homes learn from the first wave of Covid](#) (2 July 2021), RTE Investigates

³⁰⁴ Niamh Griffin, [Hiqa received 15 reports about nursing home where 22 people died during covid](#) (3 April 2023), The Irish Examiner.

³⁰⁵ National Safeguarding Office, [Letter to Paul Murphy on PQ Number: PQ 6195/23](#), p2.

remit of the national policy, ‘Safeguarding Vulnerable Persons at Risk of Abuse’, and figures on complaints regarding private nursing homes are not collected, resulting in a significant lack of data on abuse of older and disabled people. Adult safeguarding social workers do not have a legal right of entry to private nursing homes, which make up almost 80% of all nursing homes, and the HSE does not collect data on any refusals of entry.

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Private nursing homes are not within the remit of the national policy, ‘Safeguarding Vulnerable Persons at Risk of Abuse’, and figures on complaints regarding private nursing homes are not collected, resulting in a significant lack of data on abuse of older and disabled people.

The Irish Association of Social Workers has reported that, on occasion, social workers have received letters from nursing homes advising that they will be prosecuted if they attempt to enter the premises.³⁰⁶

The abuse of older people and disabled people in institutional and community settings did not begin during the pandemic, but takes place against the backdrop of a long and dark history. Other systemic failings include: Leas Cross,³⁰⁷ Aras Attracta,³⁰⁸ and the Brandon Case.³⁰⁹ Furthermore, in June 2023, a report into the sexual assault of a resident of a HSE

³⁰⁶ IASW, [Position Paper on Adult Safeguarding: Legislation, Policy and Practice](#) (2022), p. 12.

³⁰⁷ HSE, [Leas Cross Review](#) (2016). This review demonstrated the almost complete lack of monitoring of deaths in Irish nursing homes, and the level of medical and nursing care and cover at Leas Cross.

³⁰⁸ In 2014, the national broadcaster aired an investigative documentary on abuse at a residential care facility for people with intellectual disabilities in Mayo. Undercover footage showed a number of staff members physically and psychologically abusing and neglecting residents in the facility. A subsequent investigation by An Garda Síochána resulted in criminal charges against 6 people, 5 of whom were found guilty. National Disability Authority, [Overview of UNCRPD Article 16 in Ireland: Freedom from exploitation violence and abuse](#) (2022) p. 54.

³⁰⁹ An investigation by the HSE’s National Independent Review Panel (NIRP) found that at least 18 people with intellectual disabilities in care settings in Donegal were sexually abused by Brandon, another resident, on multiple occasions by between 2003 and 2016. Between 2003 and 2011 Brandon ‘engaged in a vast number of highly abusive and sexually intrusive behaviours’ against other residents. Staff and management were fully aware of this abuse occurring, but victims’ family members were only informed about the abuse in December 2018. Both NIRP and previous HIQA inspections identified failings regarding the governance and management of this particular service. The review team believed a key contributing factor enabling this abuse to continue

run nursing home was published, which found that previous serious allegations against the healthcare worker by other residents were not believed.³¹⁰ While HIQA investigates nursing homes and other residential facilities, advocates have expressed concern that these inspections are predominately focused on monitoring facilities in the absence of powers to investigate and decide on individual cases and complaints. There are long-standing calls for adult safeguarding legislation to be introduced to ensure complaints of abuse and neglect can be investigated, both in residential facilities and in the community. Such legislation must be based on human rights and equality principles and developed in consultation with impacted groups, to ensure it does not dilute the autonomy of disabled or older people.

Finally, we are also of the view that violence perpetrated by residents or carers in settings such as public and private nursing homes should be recognised as domestic violence, given that the abuse is taking place where the victim/survivor is domiciled. Similarly, violence perpetrated by professional caregivers in the home must be treated as domestic, sexual and gender-based violence, and addressed in relevant policies and strategies.³¹¹

The Commission recommends that persons in receipt of care in institutional settings and in the home have access to independent advocacy and information on how to access legal advice.

The Commission recommends that the State introduces adult safeguarding legislation, and ensures full compliance with the UNCRPD.

The Commission recommends that abuse of disabled people in institutional settings, and by professional caregivers in the home, is treated as domestic, sexual and gender-based

was the clinical-like environment of the setting which treated residents as patients and promoted a situation where they were completely reliant on staff to protect them. Brandon spent 20 years in this service and there was never a holistic assessment of his needs or a more specialised placement considered for him. National Disability Authority, [Overview of UNCRPD Article 16 in Ireland: Freedom from exploitation violence and abuse](#) (2022) p. 55; National Independent Review Panel, [Independent Review of the Management of Brandon](#) (2021).

³¹⁰ See Dáil Debate, [Topical Issue Debate: Care of the Elderly](#) (2023).

³¹¹ For further information, see IHREC, [Ireland and the Council of Europe Convention on preventing and combating violence against women and domestic violence](#) (2022). Also, disabled women have expressed concerns with the definition of coercive control in the *Domestic Violence Act 2018*, which does not cover coercive and controlling behaviour that disabled women experience from carers, relatives and friends exploiting the vulnerability of the disabled person.

violence and integrated in policy responses by the Department of Justice and the new statutory agency.



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