



THE COMPLEX WORLD OF COMMUNITY CARE: The Changing Interplay of Public, Private and Non-Profit Sectors in the Domiciliary Care of Older People in Ireland

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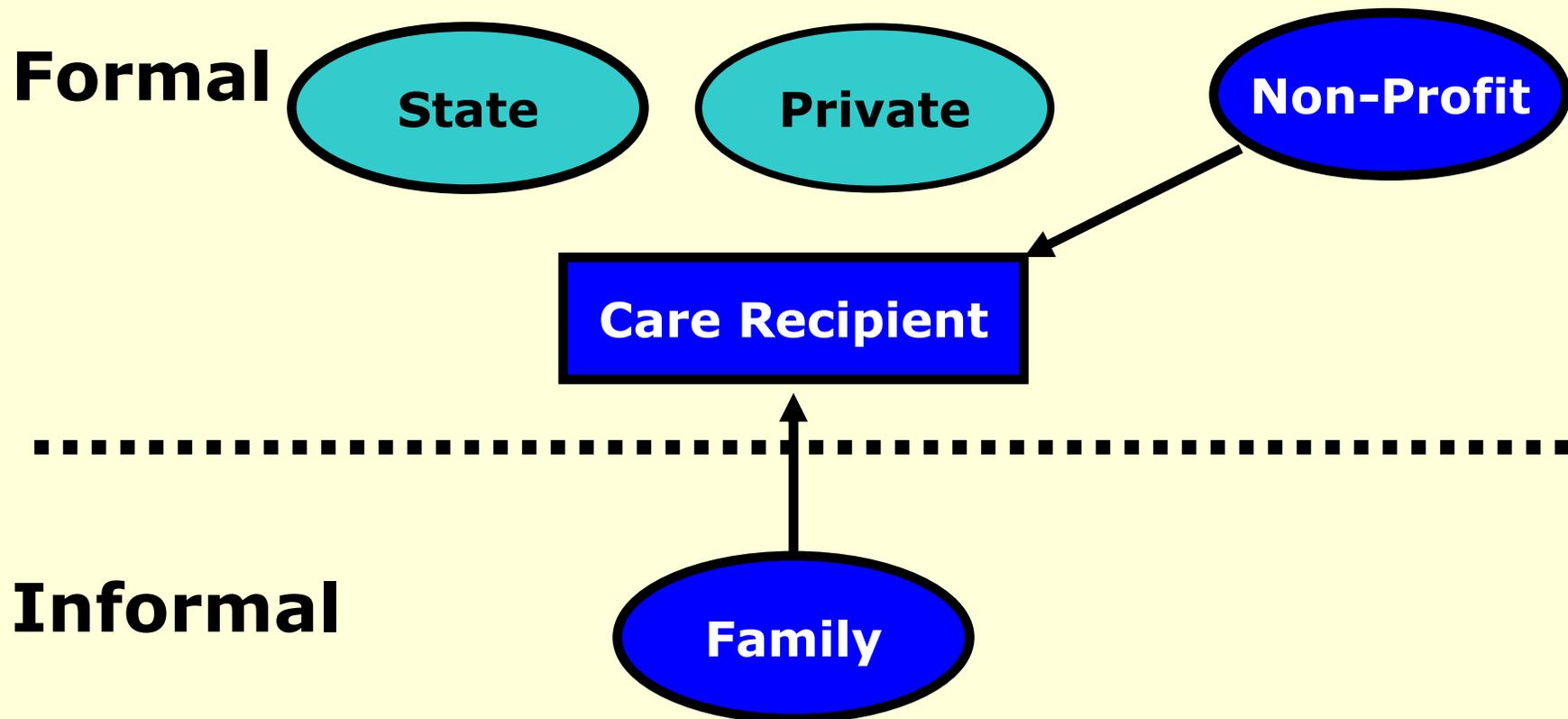
Presentation Outline

- Evolution of formal care services
- Emergence of a home care focus
- Comparison of the three sectors
- Policy challenges
- International comparisons
- Conclusions



Historical Evolution of Domiciliary Care in Ireland

Formal Care Stage 1: Informal/Charity

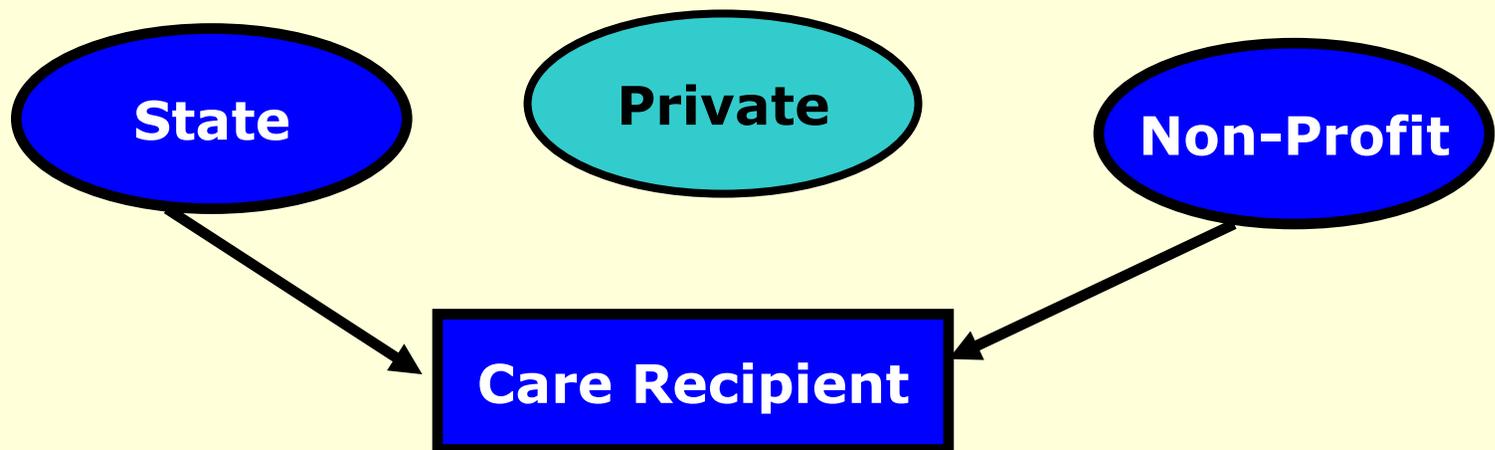




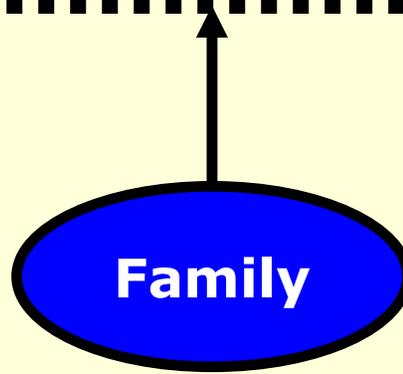
Historical Evolution of Domiciliary Care in Ireland

Formal Care Stage 2: Informal/Institutional

Formal



Informal

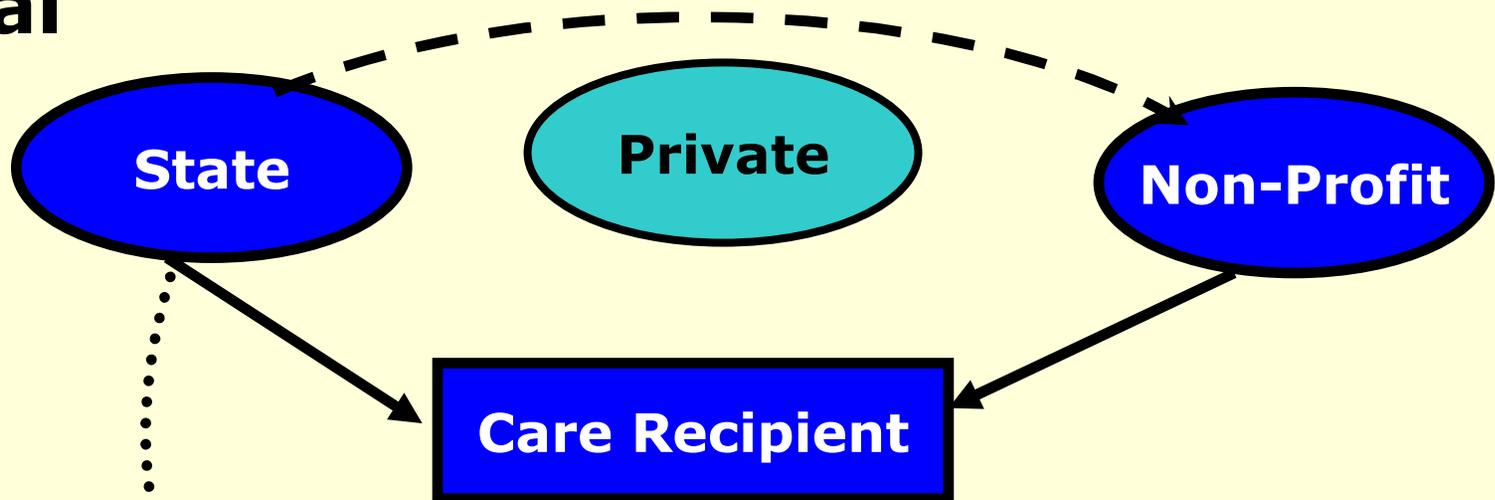




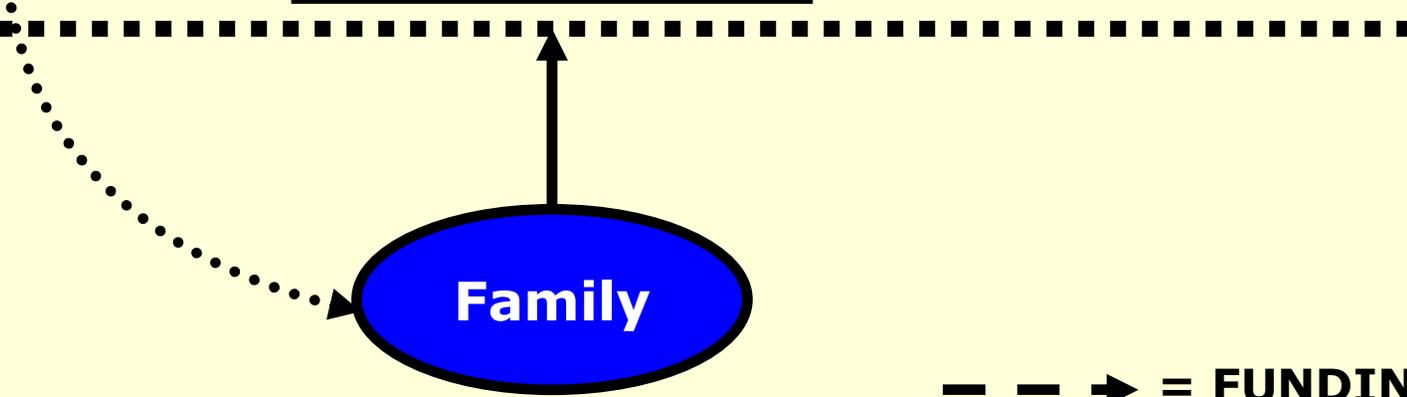
Historical Evolution of Domiciliary Care in Ireland

Formal Care Stage 3: Informal/Emerging Domiciliary Emphasis

Formal



Informal



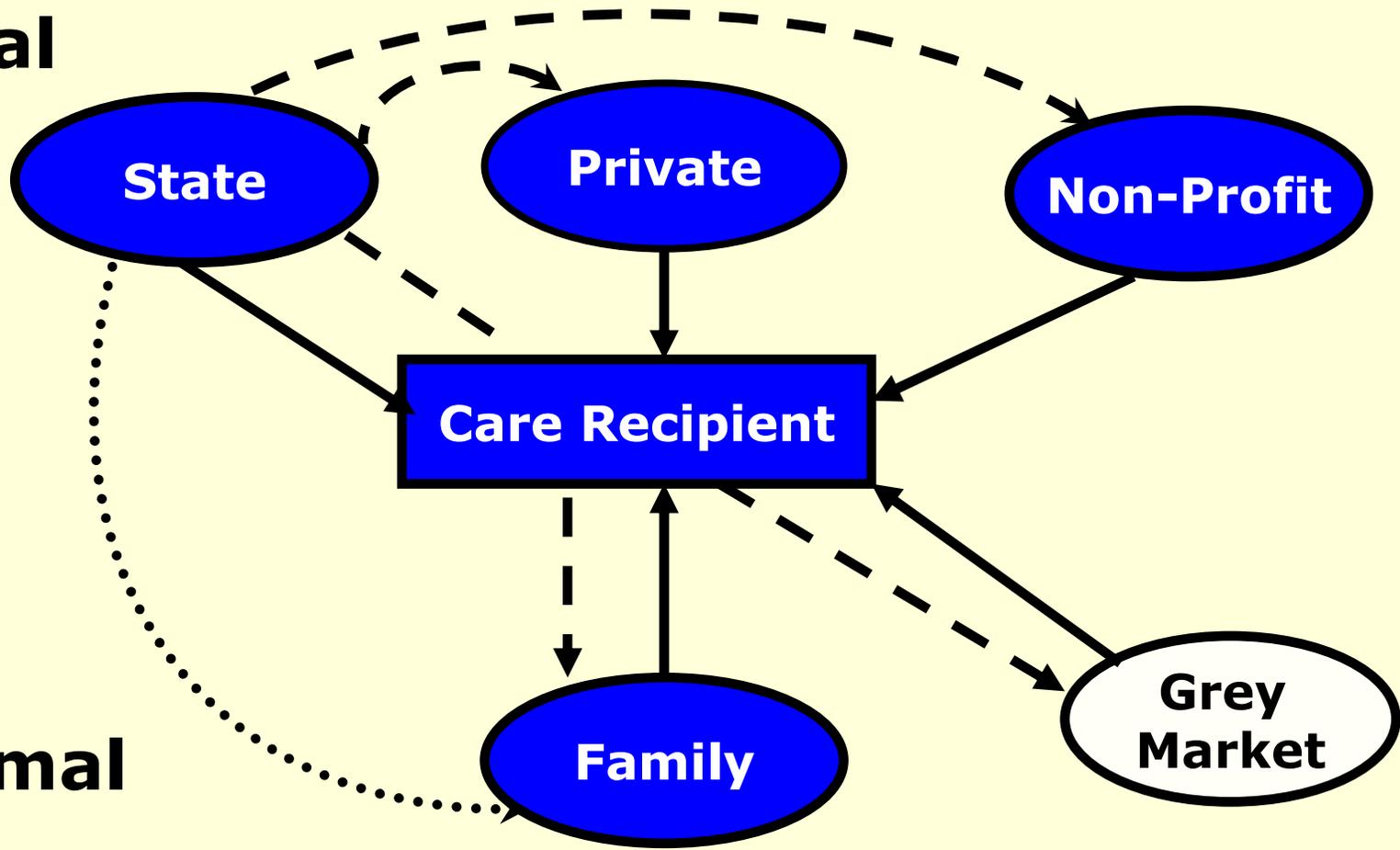
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Historical Evolution of Domiciliary Care in Ireland

Formal Care Stage 4: Increasing Care Mix/Informal Care

Formal



Informal

= FUNDING



Research Methods

**Public
Sector**

**Non-Profit
Sector**

**Private
Sector**

Planning and Financing

(with LHO Managers of Services for Older People
and Directors of Public Health Nursing)

Operational Management

(with LHO personnel above with Home Help Organisers
And Private Agency Directors)

Care Workers

(with Health Care Assistants, Home Helps, Private Care Workers)



Matrix of Persons Interviewed

	Public	Private	Non-Profit	Total
Planning/Financial	28	n/a	n/a	28
Management	2 (+9)	11	21	34
Delivery	20	23	20	63
Total	50	34	41	125



The Changing Focus of the: The Non-Profit Sector (n=19)

- Majority of the non-profits interviewed were formed in the early to mid 1970's.
- Fourteen were originally set up by religious organisations
- Transformed in 2000 with the introduction of the minimum wage
- Traditionally, and still in some areas non-profits deliver only domestic care
- Extent to which they have embraced the cash for care packages varies
- A number were fearful that the generic home care budget may jeopardise their business



Changing focus of the Public Sector (n=28)

- Position of health care assistant (HCA) was created in 1994
- Aside from home nursing these were the first public sector employees to deliver domiciliary care
- There are very few HCA's in the community and with staff-limits restricting additional recruitment demand for service outstrips supply



The Changing Focus of the Private Sector (n=10)

- The private sector in Ireland came into existence in the late 1980's.
- The sector was in a constant state of flux due to fluctuating demand but the introduction of cash-for-care has resulted in a stabilisation of the market
- For all but two providers clients via the cash-for-care packages are the main source of clientele
- Newly created publicly purchased care packages are introducing new elements of competition amongst the private providers (calls for training, regulation and monitoring practises)
- Liaison between the profit and non-profit sector was weak



Grey Domiciliary Care Sector

- The ‘grey home care market’ was noted by many of the interviewees
- Increased competition has resulted from an influx of non-Irish workers providing home care at lower rates
- Anecdotal reports suggest that many people are seeking out alternatives to the lack of HSE provision by getting au-pair, housekeeping or nanny agencies to look after ageing parents



International Comparisons/Trends

- Shift toward domiciliary care
- State moving from provider to funder
- Rise of private sector providers
- Increased emphasis on consumer choice
- Skilled workforce shortages
- Encouragement and formal recognition of informal caregivers



Policy Challenges (1)

Level of Care Provision

Cash for care packages typically deliver care to high dependency clients, whether the State will attempt to ration services for lower dependency clients remains to be seen

Preventative versus reactive care provision

There is no proactive preventative approach at the moment. Largely spurred by overcrowding crisis in acute hospitals, the State has taken more of a reactive approach

Regulation Standards

New regulatory mechanisms among the complex mix of private, public and non-profit providers required.



Policy Challenges (2)

Care Recipients

Preferences and welfare of care recipients has not been considered. Absence of research on views of the care recipients

Care workers

Pay, social security and training are key issues which deserve further attention. Stark inequalities in terms and conditions between sectors



Conclusions

Retreat of the welfare state OR
intermediate stage on the way to a more
integrated and controlled system of care
(Bahle,2003)?

Implications for regime theorising: is a
useful simplification possible?