



# **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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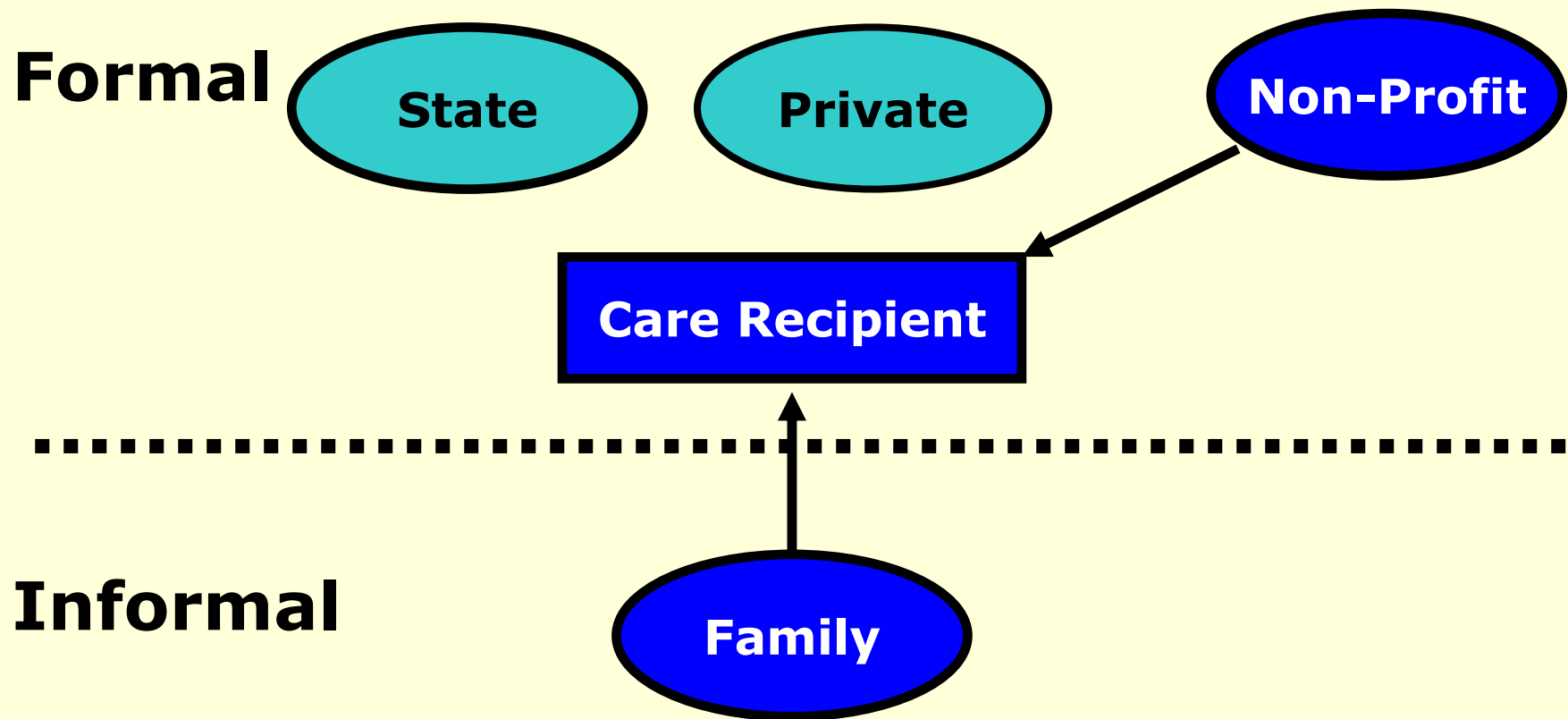
# Presentation Outline

- 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

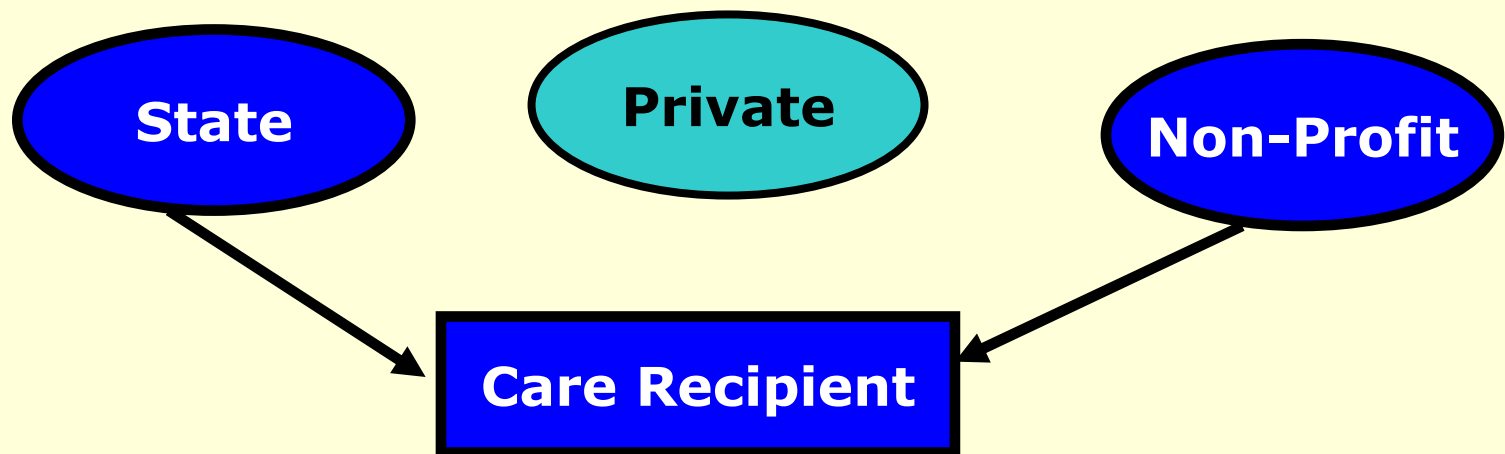




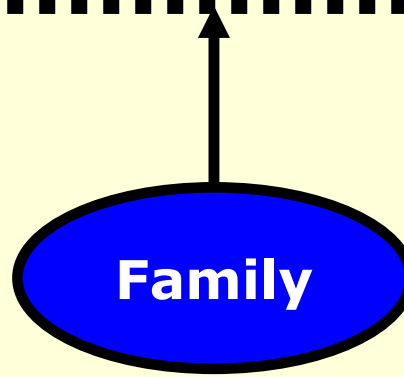
# Historical Evolution of Domiciliary Care in Ireland

## Formal Care Stage 2: Informal/Institutional

**Formal**



**Informal**

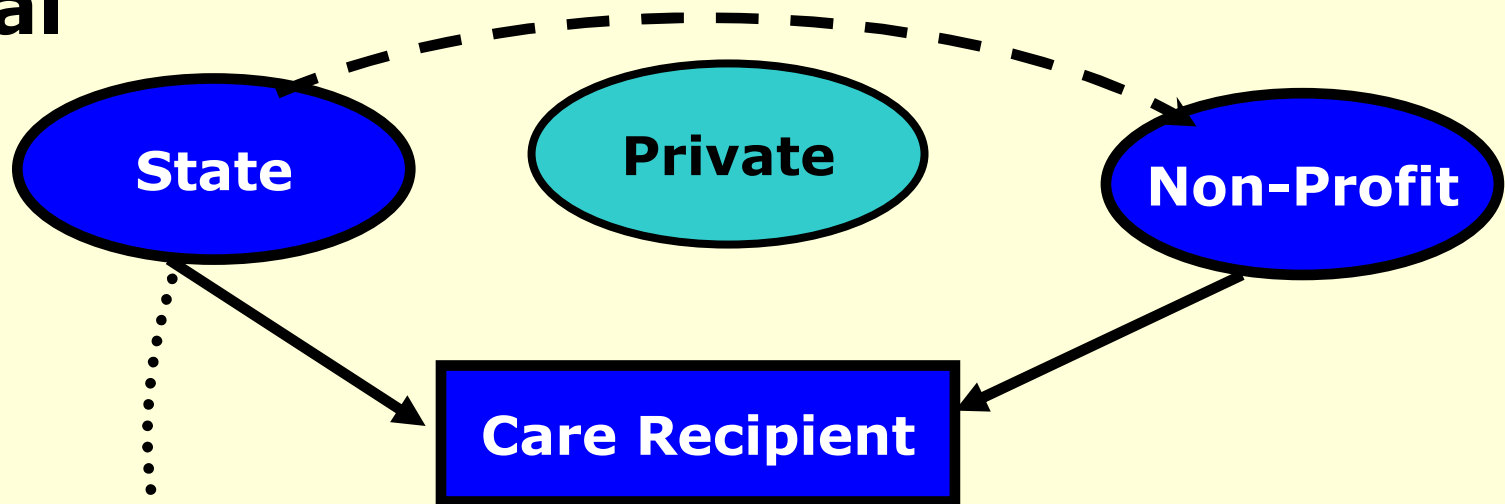




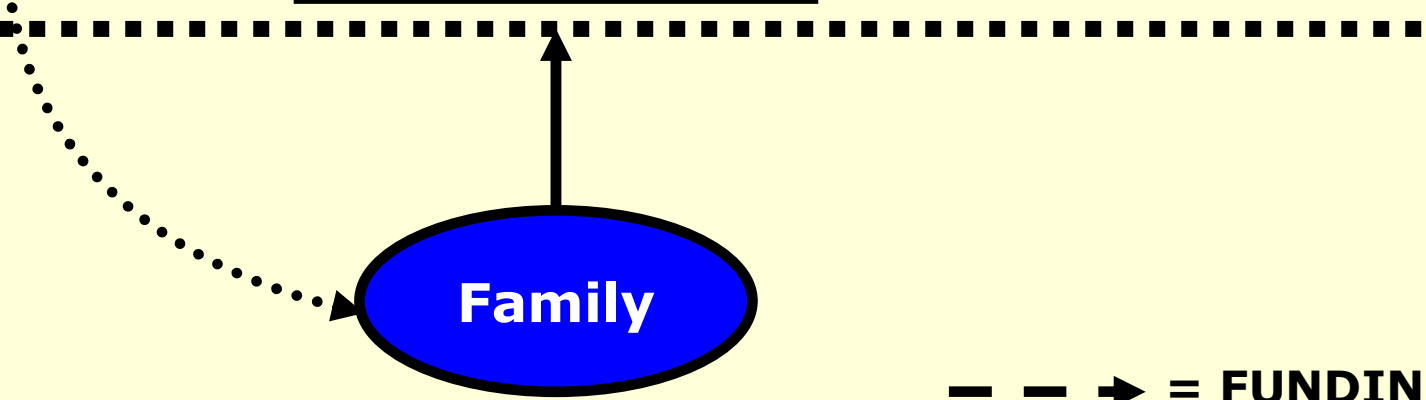
# Historical Evolution of Domiciliary Care in Ireland

## Formal Care Stage 3: Informal/Emerging Domiciliary Emphasis

**Formal**



**Informal**



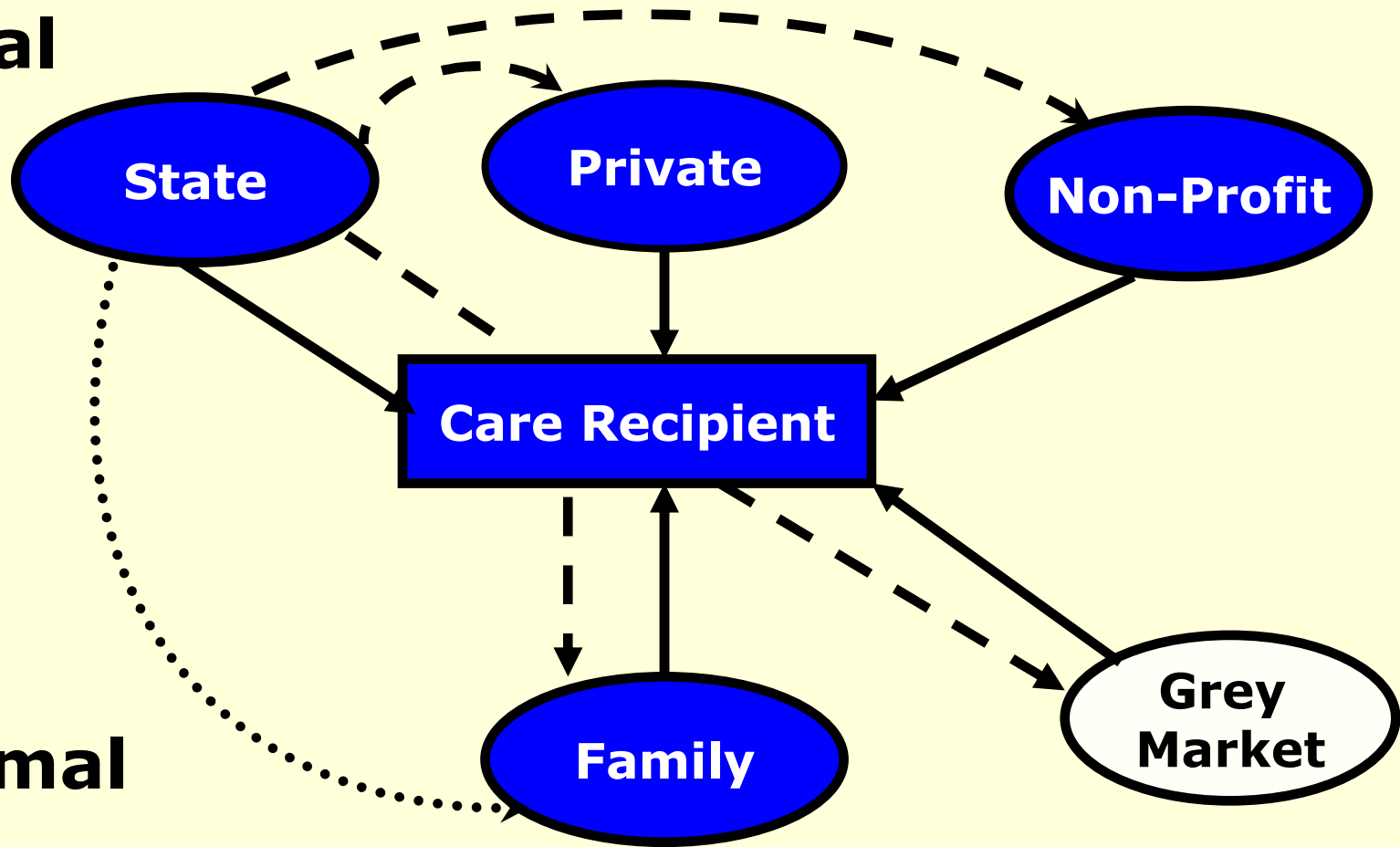
— — → = FUNDING



# 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?