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Spending Review 2019

Review of Carer's Supports

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Irish Government Economic and Evaluation Service

Key Findings

- From 2008 to 2018, total expenditure on all carer schemes grew from €582m to €1,038m. **This is an increase of €456m or 78%.**

- **Between 2009 and 2018, the total number in receipt of CA increased by 31,691 or 66% from 48,223 to 79,914.** The increase in recipients has been greatest over the period 2014 to 2018.

- Half-rate CA recipients have nearly doubled since 2009 with an increase in recipients of 18,210 or 95% on 2009 numbers. In comparison the number of full-rate CA recipients has increased by 13,481 or 46% on 2009 numbers.

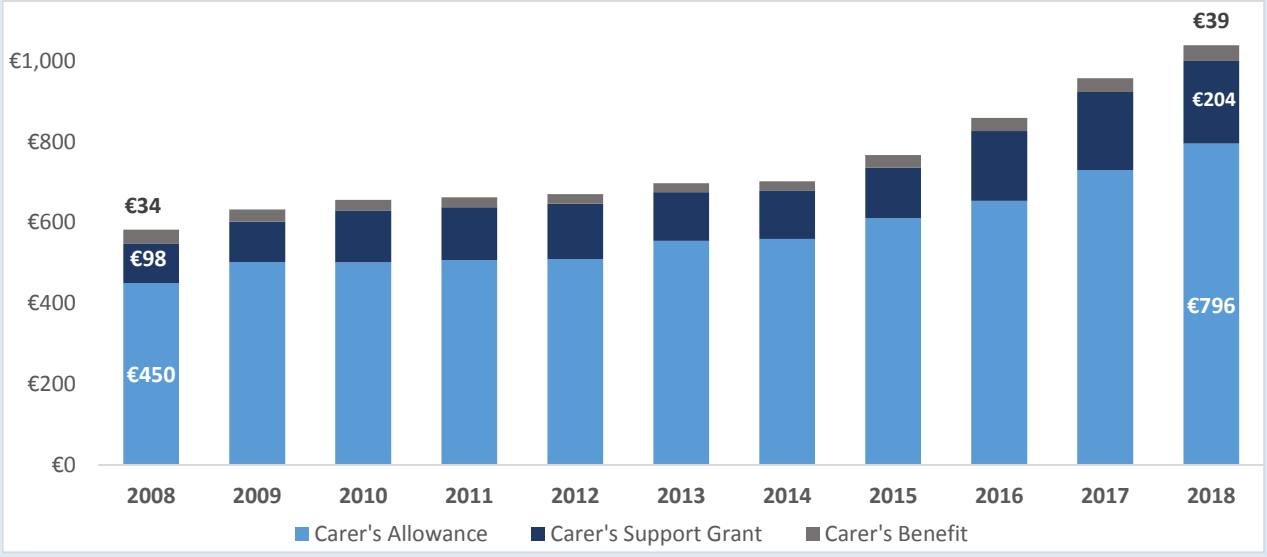
- **The majority of the increase in CA expenditure of €345m from 2008 to 2018 was driven by increased recipient numbers as follows:**
    - €18m or 5% relates to changes in weekly payment rates
    - €327m or 95% relates to increases in recipient numbers

CA Recipient Profile (Carer)

Based on the profiling exercise carried out for this review, CA recipients are more likely to be:

- Aged between **40 and 60 years** (49.8%)
- **Female** (76%)
- **Irish** (90%)
- In receipt of the **full-rate** of payment (53%)
- From **Dublin** (20%) but Donegal and Longford have the highest proportion of carers per capita

Figure A: Expenditure on Carer's Supports 2008-2018



Key Findings

Profile of Person being cared for under CA (Caree)

- Since 2017, 22,417 of the people being cared for under CA received an ICD-10 code. **Of these individuals, the largest number or 37% have been diagnosed with a mental or behavioural issue.** The most prevalent diagnosis among these 22,417 carees was Autism-Spectrum Disorder with 20% diagnosed.

- From 2015 to 2017, total carees were split mostly across three broad age categories based on the primary Social Welfare payment that they receive. On average the breakdown was as follows:
    - 32.7% were of working-age
    - 38% were older persons
    - 25% were children

- From 2015 to 2017, the number of working-age adults and children has grown, while older persons has remained relatively flat.

- **Disability Allowance accounted for the highest number of people being cared for from 2015 to 2017, at an annual average of 20,846 or 27%.** This was closely followed by Domiciliary Care Allowance at 19,060 or 25%.

- The highest proportion of carees are older persons at an average of 38% from 2015 to 2017. Older persons account for 29% and children for 25%. **The number of carees who are working-age adults or children has grown in the past four years while there has been no net increase in the number of older people.**

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Glossary

DEASP	Department of Employment Affairs and Social Protection
DCYA	Department of Children and Youth Affairs
IDC	Illness, Disability & Carer's
CA	Carer's Allowance
CB	Carer's Benefit
CSG	Carer's Support Grant
DA	Disability Allowance
SIF	Social Insurance Fund
DCA	Domiciliary Care Allowance
OPF	One-Parent Family Payment
PPSN	Personal Public Service Number
Carer	The individual in receipt of a carers support payment
Caree	The individual being cared for.
Recipient	Anyone directly receiving a carers support payment
Beneficiary	Anyone benefiting from a carers support payment including recipients and qualified dependants.

Introduction

Department of Employment Affairs and Social Protection (DEASP) expenditure is split into a number of broad sub-heads. Illness, Disability and Carers (IDC) is the programme that includes all payments made to those that are unable to work due to an illness or disability and payments made to carers. The largest scheme under this programme is Disability Allowance and this has been the subject of a previous Spending Review paper published in 2017. This paper will focus on Carer Supports which are the second largest expenditure area under the IDC programme. Carer supports cover the following schemes:

1. **Carer's Allowance (CA)** – This is the largest of the three schemes. This is a means-tested social assistance payment payable to any individual that meets the necessary means and habitual residence conditions and who satisfies the necessary caring requirements.
2. **Carer's Benefit (CB)** – This is a social insurance payment paid through the Social Insurance Fund (SIF) that allows individuals to temporarily leave employment in order to care for another person for a maximum of two years.
3. **Carer's Support Grant (CSG)** – Previously known as the Respite Care Grant, this payment is a block grant paid in the first week of June that is provided each year to all individuals that are receiving CA, CB, or DCA as well as any other qualifying individuals. A person does not need to be receiving another social welfare payment to receive CSG. However, they will be subject to the normal process of disability and care assessment.

The key objectives of the paper are as follows:

1. **Analyse trends in expenditure and recipient numbers** on carer supports to identify key drivers of expenditure.

2. To establish a **profile of carers** across a number of areas including:

    - Age
    - Gender
    - Location
    - Nationality
    - Primary payment (In the case of half-rate carers)

    The analysis will also examine the **profile of carees** under the following:

    - Medical diagnoses
    - Primary payment received by the caree

The profiling exercise will help to identify future pressures on carer supports and what effect this is likely to have on public expenditure.

Previous Reviews of CA

DEASP conducted an expenditure review in 1998 that was the last publicly published systematic review of the Carer's Allowance (CA) scheme[1]. (Department of Employment Affairs & Social Protection, 1998) This paper examined the objectives of the scheme, the effectiveness of the scheme at reaching objectives, and assessed the future role of the scheme.

The paper found that the scheme's objectives were to:

1. provide an income support to full-time carers on low incomes,
2. maintain people in need of care in the community instead of an institutional setting,
3. recognise and support the valuable role of carers.

The paper found that the payment was effective in providing an income support for low income carers but it was not effective in keeping people in need of care in the community. The paper recommended a series of reforms, some of which have been implemented by DEASP, including the ability to receive both Domiciliary Care Allowance (DCA) and CA, removing the need for the caree to be in receipt of a social welfare payment in order to qualify, and paying an annual respite care grant (now known as the CSG) to all CA recipients. The paper is notable for the breadth of reforms to the scheme which were subsequently implemented as well as establishing a base-line profile of recipients of the scheme.

Methodology & Data Collection

This paper has two distinct methodological approaches:

1. **The analysis will examine trends in yearly expenditure and recipients of carers' supports.** The time period will vary depending on the availability of data however most of the analysis will examine the period 2008 to 2018.

2. **A profiling exercise will examine various characteristics of recipients of CA and the people they are caring for (carees).** This will then be used to determine the most common characteristics of a carer in terms of their age, gender, and location. A profile of carees was also undertaken to identify their primary diagnosis or specific illness/disability (ICD-10[2] code).

[1] http://www.welfare.ie/en/downloads/Expenditure-Review-of-Carers-allowance.pdf

[2] ICD-10 is the World Health Organisation (WHO) international standard classification system of all diseases, disorders, injuries and other related health conditions.

Data Matching Exercise

Currently, the administrative data produced by DEASP makes no linkage between the CA payment made to the carer and any payment that the caree may be receiving as it is not needed for the administration of carer payments. As the number of carers is ultimately a function of the number of people in need of care, it was a necessary to link payments in order to learn more about the carees.

A data matching exercise was conducted between payment files for CA recipients and the payment files for the following payments.

- Pensions (Contributory & Non-Contributory)
- Disability Allowance
- Invalidity Pension
- Domiciliary Care Allowance

This data-matching exercise was conducted using raw recipient files provided by DEASP and the Python coding language.[3] The analysis used code that compared the PPSN of carees between the file associated with a CA application and the file on one of the payments listed above in the same month. This exercise was completed for all files in December of each year from 2008 to 2018. All positive matches were collated and used in the analysis.

As there is a cohort of carees that are not in receipt of any payment these are not captured as part of the analysis. This number is small in comparison to the full cohort of carees. The key payments were then split into three broad age categories, as seen Table 1 below.

Table 1 - Payments used in compilation of profile of carees

Age Category	Payment
Children with an illness or disability	Domiciliary Care Allowance
Working-age persons with an illness or disability	Disability Allowance, Invalidity Pension
Older Persons	State Pension Contributory, State Pension Non-contributory

These profiles can then be used to inform future pressures on the CA scheme as increases in the number of people requiring care is likely to result in increased need for carers.

[3] The author would like to thank the Statistics and Business Intelligence unit of the Department of Employment Affairs and Social Protection for their work in extracting the detailed microdata that forms the basis of this section of the report, for providing access to the microdata and the Python coding environments used to analyse it, and for facilitating this research.

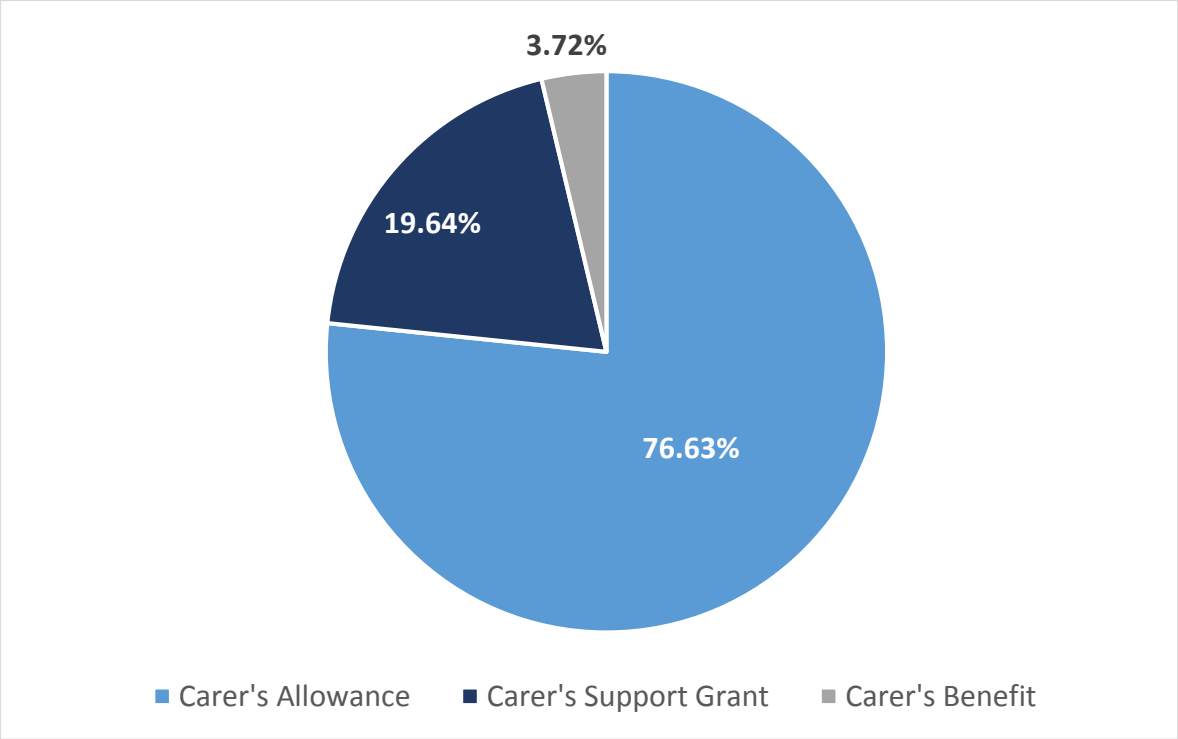
1. Expenditure and Recipient Trends

Expenditure

The majority of expenditure on Carer Supports is on CA. In 2018 CA accounted for 76.6% of all expenditure on carer supports with the CSG accounting for 19.6% and CB 3.7%.

Figure 1 - Proportion of Carer's Support expenditure by scheme 2018

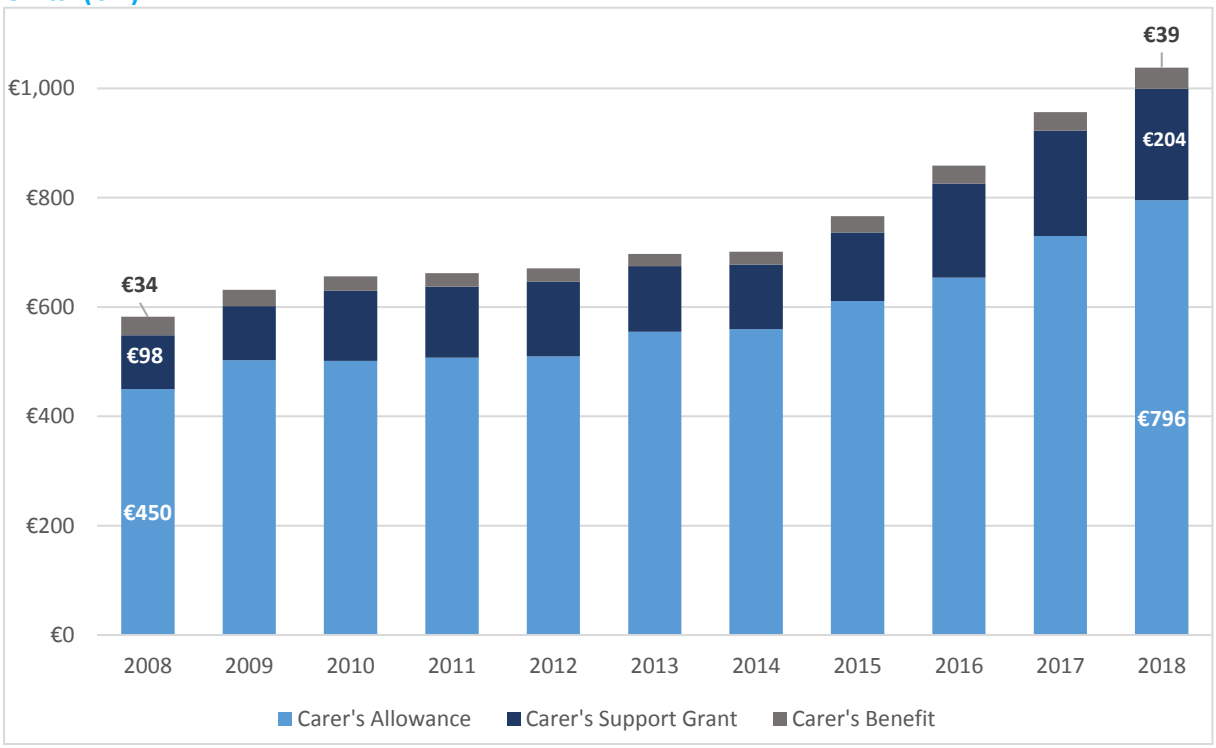
Units: % of expenditure



Source: *DEASP Administrative Data*

From 2008 to 2018, total expenditure on all carer schemes has grown substantially; in 2008 total expenditure amounted to €582m, while by 2018 total expenditure was €1,038m. **This is an increase of €456m or 78%.**

Figure 2 – Expenditure on Carer's Supports 2008-2018
Units: (€m)



Source: *DEASP Administrative Data*

As a percentage of total non-live register expenditure, carer supports have increased from 3.5% in 2008 to 5.6% in 2018. The rate of increase in expenditure has been increasing since 2014 with an average increase in expenditure of €68m per year between 2014 and 2018. This is in comparison to the period between 2008 and 2014 where there was an average increase of €40m per year. As Table 2 shows the majority of this increase in expenditure has been on CA which has risen by €345m or 76.8% since 2008. CSG has experienced the largest percentage increase since 2008 with expenditure increasing by €106m or 107.7%. CB has seen the smallest increase with an increase in expenditure of €5m or 15%.

Table 2 - Expenditure on Carer's Supports 2008-2018
Units: (€m)

	2008	2014	2018	Difference 2008-2018 %	
	€m	*€m*	*€m*	*€m*	*%*
Carer's Allowance	450.3	559.3	795.6	345.4	76.70%
Carer's Support Grant	98.2	118.5	204.0	105.8	107.70%
Carer's Benefit	33.6	23.7	38.7	5.1	15.05%
Total	**582.1**	**701.5**	**1,038.2**	**456.2**	**78.37%**

Source: *DPER administrative data*

Changes in expenditure can be attributed mainly to increases in recipient numbers on the scheme. The other driver in expenditure more recently is rate increases in 2017, 2018, and 2019.

A. Weekly Payment Rate Increases 2017 - 2019

Weekly payment rates were increased by €5 a week in 2017, 2018, and 2019. These rate increases also included proportional increases for qualified adult dependants[4]. Qualified child[5] rates were also increased by €2 a week in Budget 2018 and in Budget 2019 by €2.20 a week for children under the age of 12 and €5.20 a week for children over the age of 12. The rate of payment for the CSG was increased from €1,375 per household per annum to €1,700 per household in Budget 2016 after being reduced by that amount in Budget 2013.

In recent years where rate increases have been introduced, they were introduced from end March and were payable for only 40 weeks of the year, therefore the full-year costs were not incurred until the following year. Table 3 shows the full-year cost of rate increases over three years and the cumulative cost. Carer Supports are €40m[6] more expensive in 2019 compared to 2016 due to rate increases in Budgets 2017-2019.

Table 3 – Total estimated cost of adult rate Increases by year on CB/CA
Units: (€m)

	In Year Cost	Full Year Cost	Difference	Cumulative In-Year Cost
2017	10.94	12.88	1.94	**10.94**
2018	14.22	16.74	2.52	**27.10**
2019	13.13	17.07	3.94	**40.23**
Total	**38.29**	**46.69**	**8.40**	

Source: *DEASP administrative data*

Payments for qualified adult dependants cannot be made on a carer support payment while qualified child dependant payments can be paid to recipients. As of 2018, carer support recipients were receiving a qualified child payment for 47,973 children. In the case of CA and CB, the increases for qualified children introduced in Budgets 2018 and 2019 are estimated to cost a total of €6.7m.

[4] Qualified adult dependant rates rise by €0.7 for every €1 rise in personal rates.
[5] Qualified child increases are payments made to social welfare recipients for any children that are living with and provided for by the recipient.
[6] Expenditure in 2019 is based on the cumulative full-year costs of rate increases in 2017 and 2018, and in-year costs in 2019.

Establishing the additional cost of qualified child increases in relation to carer supports can be difficult as the majority of carers that are claiming a qualified child increase are claiming a half-rate payment. Estimates of the total amounts added to spending on these schemes in 2018 and 2019 are seen in Table 4.

Table 4 - Estimated cost of qualified child increases CA & CB, 2018 & 2019
Units: (€m)

Cost of qualified child increases for:	2018	2019	Cumulative total
Recipients of a Half-Rate payment	€2.17	€3.50	€5.67
Recipients of a Full-Rate payment	€0.41	€0.61	€1.02
Total cost	**€2.58**	**€4.11**	**€6.69**

Source: *DEASP administrative data & author's calculations*

As Table 5 shows the cumulative effect of adult and qualified child rate increases from 2017 to 2019 is an additional €53m in expenditure on the Vote in 2019. This figure will increase as the volume of recipients on the scheme continues to rise.

Table 5 - Total estimated cost of rate increases
Units: (€m)

	Cost of Adult rate Increases	Cost of Child rate Increase	Total Cost	Cumulative in-year cost
2017	12.88	0.00	12.88	*12.88*
2018	16.74	2.58	19.32	*32.2*
2019	17.07	4.11	21.18	*53.38*
Cumulative Cost from 2017 -2019	**46.69**	**6.69**	**53.38**	

Source: *DEASP administrative data & author's calculations*

Total expenditure on carer supports increased by €82m from 2017 to 2018. It is estimated that rate increases for both adults and children introduced in 2017 and 2018 added approximately €32m to this expenditure in 2018 as shown in **Table 5**. This means that the majority of the €82m increase in expenditure from 2017 to 2018, was as a result of the increase in the number of recipients adding approximately €50m to spend.

B. Recipient Numbers

The other factor contributing to changes in expenditure in this area is recipient numbers.

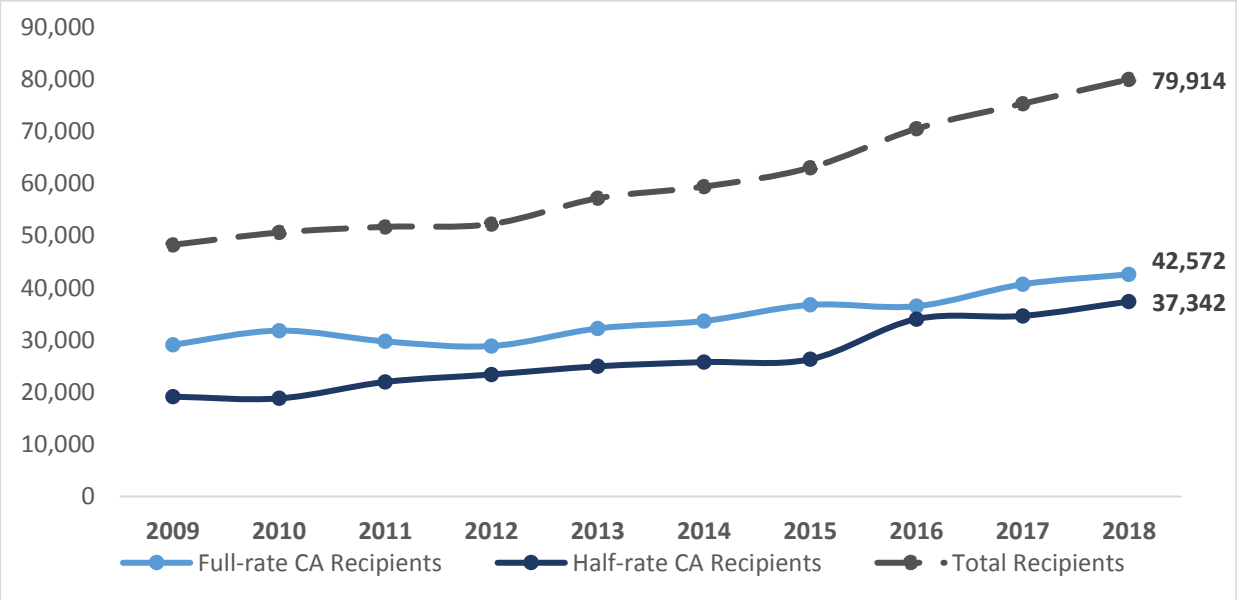
Carer's Allowance

As shown in Figure 3, the number of CA recipients increased continually from 2009 to 2018. **Between 2009 and 2018, the total number in receipt of CA increased by 31,691 or 66%, from 48,223 to 79,914.** The increase in recipients has been greater in the period 2014 to 2018 than in the period 2009 to 2014. Between 2009 and 2014 the number of recipients increased by an average of 2,228 per year whereas in the period 2014 to 2018 the number of recipients increased by an average of 4,556 per year.

As can be seen from Figure 3, the growth in recipients overall has been driven by growth in both full-rate and half-rate carer numbers. From 2009 to 2018, the annual rate of increase in half-rate CA recipients has been higher than the increase in full-rate recipients. **Half rate CA recipients have almost doubled since 2009 with an increase in recipients of 18,210 or 95% on 2009 numbers. In comparison the number of full-rate CA recipients has increased by 13,481 or 46% on 2009 numbers.**

The increase in half-rate CA recipient numbers was greatest in 2016 with a net increase of 7,707 (29.3%) recipients.

Figure 3 - Number of CA recipients by year
Unit: No. Of Recipients



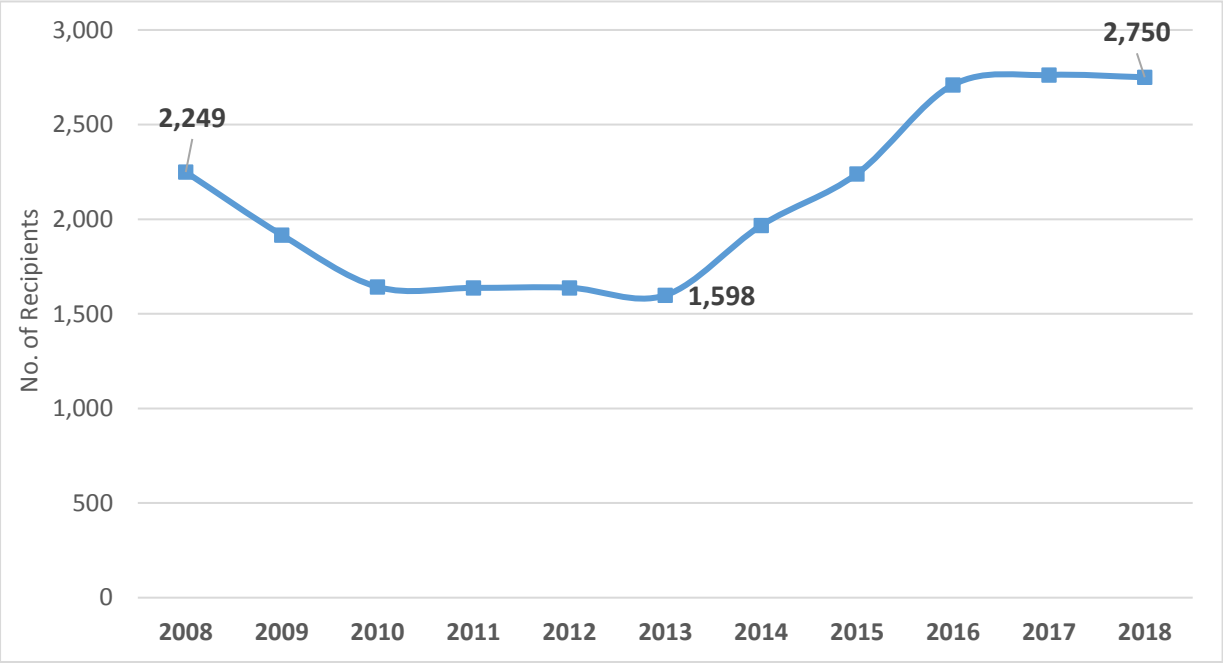
Source: *DEASP Administrative Data*

Carer's Benefit

CB experienced a reduction in the number of recipients between 2008 and 2010, and these numbers stayed flat until 2013. **From 2013 to 2016 numbers increased by 69% from 1,598 to 2,710. However, since then recipient numbers have remained relatively flat. There is a two year time limit on the scheme resulting in much higher outflows than can be seen in CA.** This will have contributed to maintaining lower numbers on the scheme. The numbers in receipt of CB have increased by 501 from 2008 to 2018, an increase of 22.3% from a low base of 2,249 recipients.

Figure 4 - Number of CB recipients per year

Units: No. Of Recipients



Source: *DEASP Administrative Data*

Carer's Support Grant

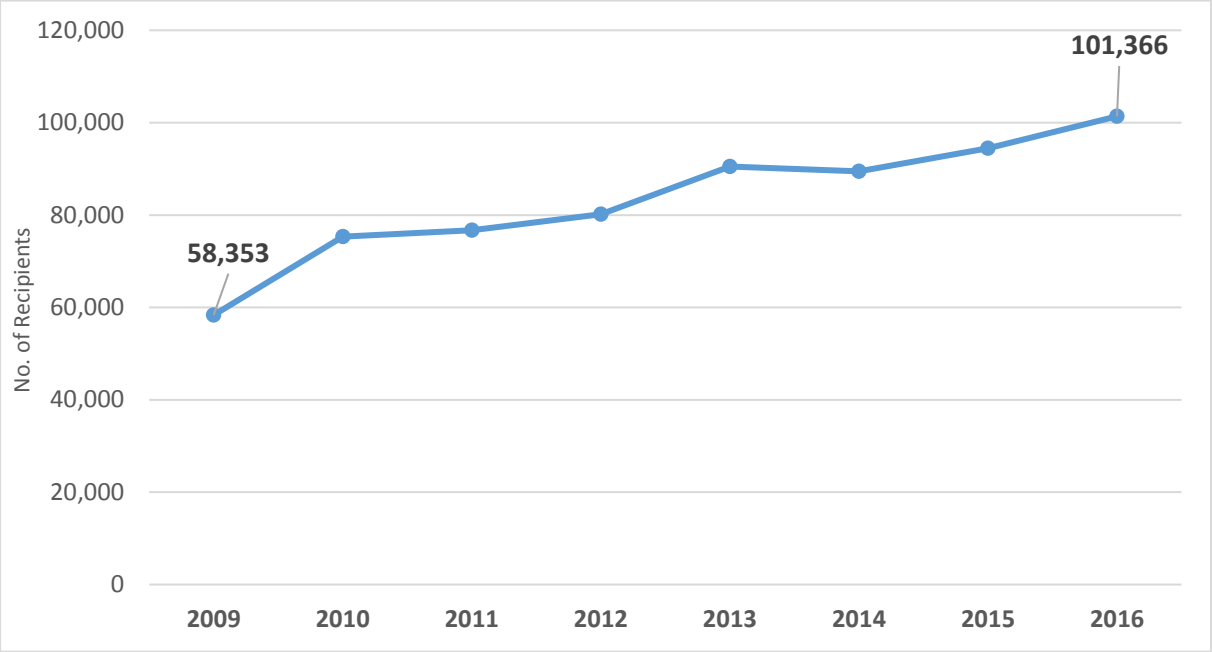
The CSG is a lump-sum payment of €1,700 made to carers in June of each year. The name of the payment was changed from the Respite Care Grant in 2016 to more accurately reflect the fact that carers may use the payment for more purposes than respite care.

The payment is automatically made to all individuals that are claiming CA, CB, or DCA although the payment can be claimed without a corresponding claim for these payments. Growth on the CSG scheme is therefore a function of growth on these schemes. There have been significant increases in the number of recipients of CA over the past ten years, and the number of CSG recipients reflects this trend.

As there have been changes to the administration of CSG over the period that have altered data-sets, the number of beneficiaries of the payment was calculated using existing expenditure data.[7] As Figure 5 shows the number of beneficiaries of the payment has increased from 58,583 in 2009 to 101,366 in 2016, (the latest available year) representing an overall increase in the number of beneficiaries of 43,012 or 74%.

Figure 5 - No. of CSG Beneficiaries 2009-2016

Units: No. of Beneficiaries



Source: *DEASP Admin Data*

Impact on Expenditure from Rate Increases v. Recipient Numbers

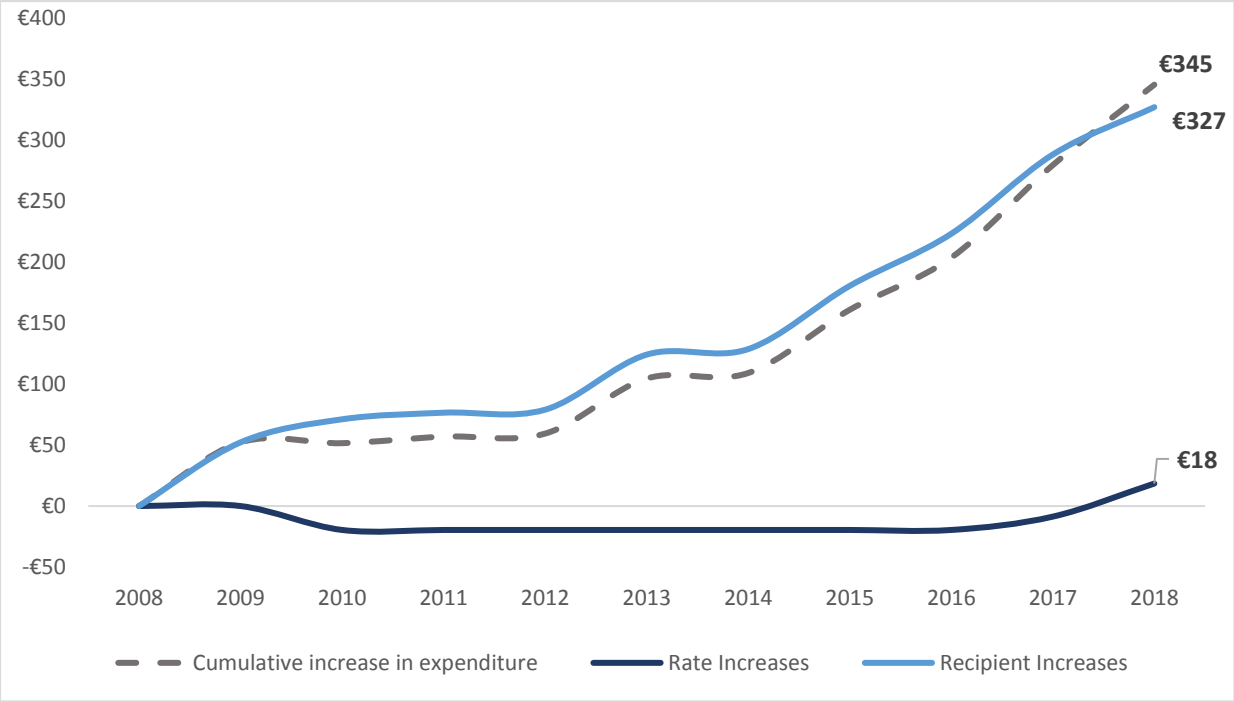
The impact on carer allowance expenditure from rate increases (price) and changes in recipient numbers (volume) can be separated to identify which was the key expenditure driver from 2008 to 2018. Figure 6 below shows the breakdown of the total cumulative increase in expenditure by rate increases and volume increases between 2008 and 2018. In Budget 2010 rates for all working payments were reduced and this decrease in rates effectively offset some of the increases from higher recipient numbers for that year. Once rate increases were introduced again in 2017, the net increase in expenditure rose higher than if there had only been an increase in recipients.

[7] Accurate recipient data was not available over the period examined. As a recipient may claim two grants when caring for different people, a calculation of beneficiaries was the most prudent use the available data. Beneficiaries were calculated by dividing the yearly expenditure by the payment value in that year.

The increase in recipient numbers from 2008 to 2018 had the greatest impact on the increase in CA expenditure. The total increase in CA expenditure from 2008 to 2018 was €345m, this can be decomposed as follows:

- **€18m relates to changes in weekly payment rates**
- **€327m relates to increases in recipient numbers**

Figure 6 – Cumulative effect of rate & recipient increases 2008-2018
Units: (€m)



Source: *DEASP Administrative Data*

Further Analysis of Carers Allowance

Gross Inflows and Outflows to CA

As part of the analysis conducted using administrative data from DEASP, gross inflows and outflows into CA were examined to get a better understanding of the volume of movement in and out of the scheme on a monthly basis. Gross inflows and outflows for the first month of the year, between December and January, were examined from 2015 to 2019. As flows into the scheme are not only a function of demand but also of the administrative processing times for the scheme, this will have an effect on the results of this analysis.

Equation 1 below broadly shows how recipient numbers are calculated.

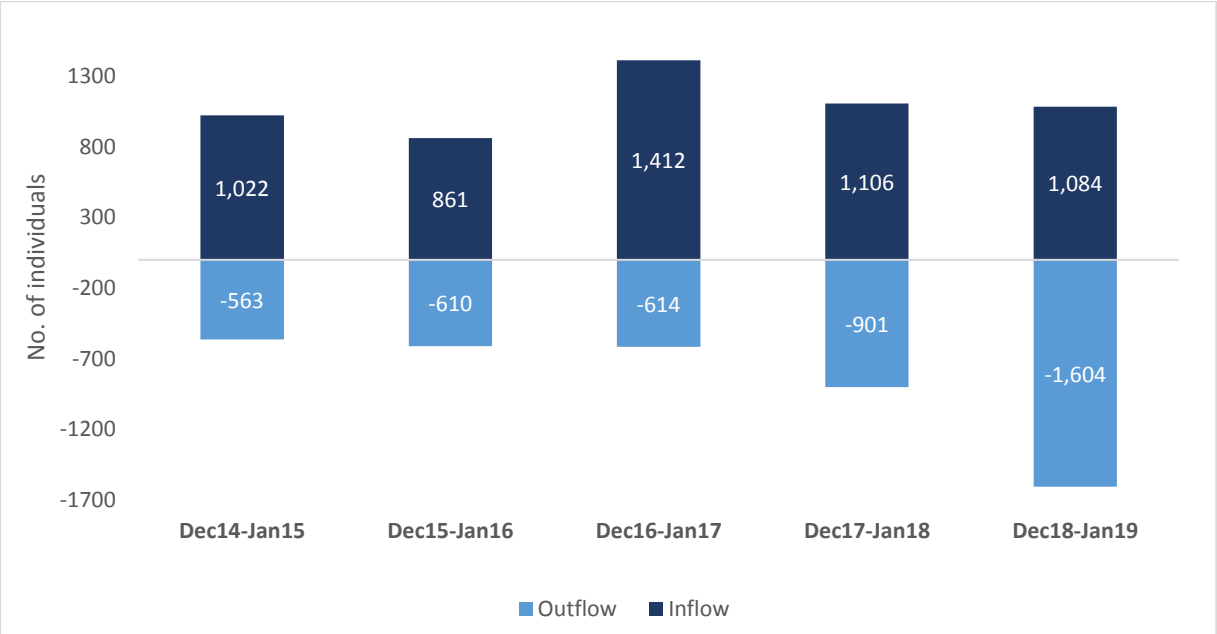
Equation 1 - Inflows & Outflows

$$No.of\ recipients\ = Stock + (gross\ inflows - gross\ outflows)$$

When inflows and outflows are examined from December to January of each year, **the number of people joining the scheme has consistently been higher than the number of people leaving the scheme, with the only exception being December 2018 to January 2019.** This seems to be an anomaly in the data as recipient figures have continued to grow in 2019.

Figure 7 below shows gross inflows and outflows for the first month of the year from 2015 to 2019. As illustrated in Figure 7, the monthly inflows to the scheme fluctuated over the period while the level of outflows continually increased from 563 in 2015 to 1,604 in 2019.

Figure 7: Gross Inflows and outflows onto Carer's Allowance
Units: No. Of Recipients



Source: *DEASP Administrative Data*

Table 6 shows the stock of recipients that stayed on the scheme and the net change in each month examined.

Table 6 - Inflows and outflows onto Carer's Allowance
Units: No. Of Recipients

	Stock	Net Monthly Change	Actual Monthly Recipient Numbers
Dec14-Jan15	58,817	459	**59,276**
Dec15-Jan16	62,393	251	**62,644**
Dec16-Jan17	75,973	798	**76,771**
Dec17-Jan18	81,106	205	**81,311**
Dec18-Jan19	79,396	-520	**78,876**

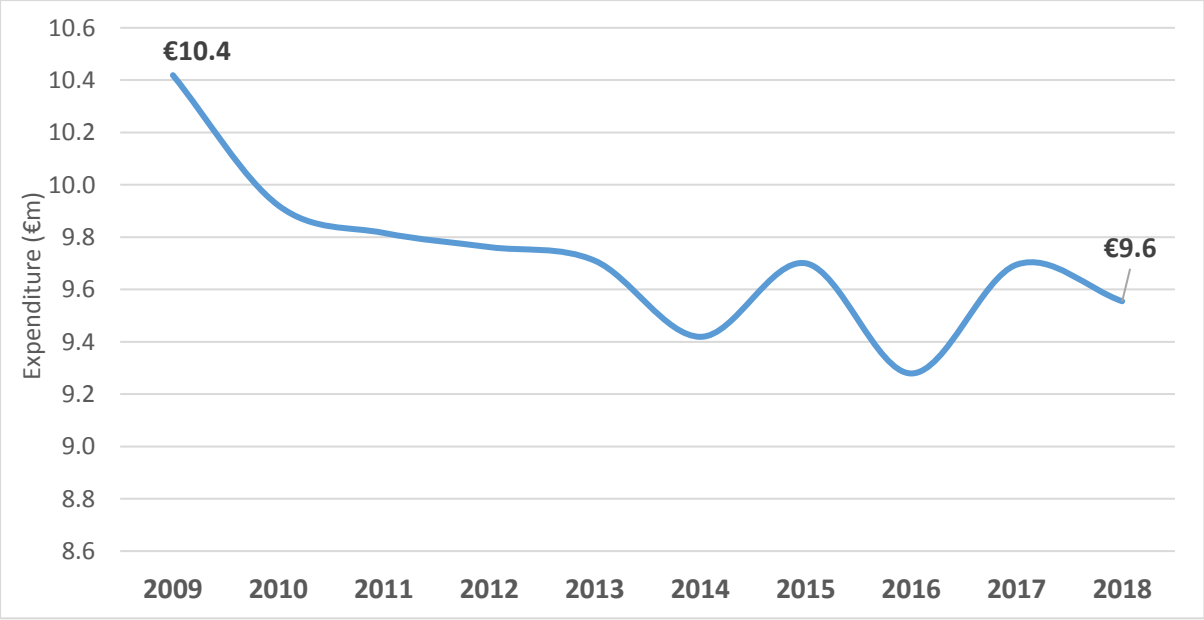
Source: *DEASP Administrative Data*

Cost per 1,000 on CA

The cost per 1,000 CA recipients per month is estimated for 2009 to 2018. The components of this metric are the value of payments, the average number of dependants on average that recipients claim for, and the number of recipients that are claiming a half-rate payment. CA recipients over the age of 66 have a higher rate of payment and this adds further complexity to the calculation of average payment values. The estimated cost per 1,000 has therefore been calculated on the basis of average payment values.

Figure 8 shows the estimated cost per 1,000 CA recipients from 2009 to 2018. The cost per 1,000 varies from year to year however it has averaged at €9.8m between 2008 and 2018. As of December 2018, the annual cost per 1,000 on CA was €9.6m.

Figure 8 - Average annual estimated cost per 1,000 recipients on CA, 2009-2018
Units: (€m)

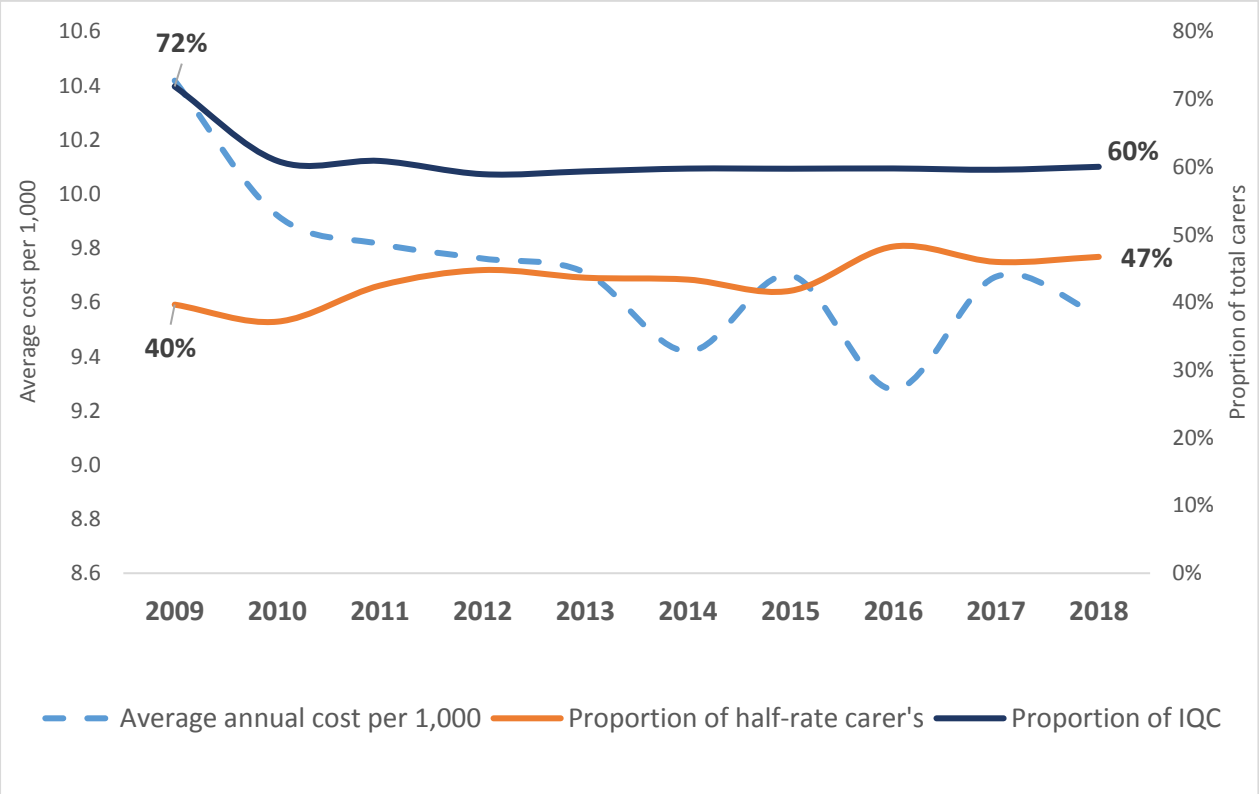


Source: *DEASP Administrative Data*

The cost per 1,000 has fallen in recent years despite the increase in the proportion of recipients claiming for a qualified dependant on the scheme. A number of factors appear to have influenced this trend, such as the proportion of half-rate carers relative to the total number of recipients, the number of qualified children, and rate increases in recent years.

As can be seen in Figure 9, the proportion of CA recipients claiming for a qualified child fell sharply between 2009 and 2010 and has stayed relatively constant at an average of 60% since then. In contrast to this the increase in the proportion of half-rate carer's has increased from 40% in 2009 to 47% in 2018. This increase in the proportion of half-rate CA recipients may have resulted in a reduction in the average cost per 1,000.

Figure 9 - Average cost per 1,000 and proportion of half-rate carers and qualified children
Units: Cost per 1,000 - €m/1,000 recipients



Source: *DEASP Administrative Data*

Key Points

- From 2008 to 2018, total expenditure on all carer support schemes grew from €582m to €1,038m. **This is an increase of €456m or 78%.**

- Weekly payment rate increases for adult recipients and their child dependants from 2016 to 2018 have added an estimated extra €32m to carer supports spend in 2019.

- **Between 2009 and 2018, the total number in receipt of CA increased by 31,691 or 66% from 48,223 to 79,914.** The increase in recipients was been greatest over the period 2014 to 2018.

- Half rate CA recipients have almost doubled since 2009 with an increase in recipients of 18,210 or 95% on 2009 numbers. In comparison the number of full-rate CA recipients has increased by 13,481 or 46% on 2009 numbers.

- **The majority of the €345m increase in CA expenditure from 2008 to 2018 was driven by increased recipient numbers.** See below for breakdown of this increase.
    - €18m or 5% relates to changes in weekly payment rates
    - €327m or 95% relates to increases in recipient numbers

- **The average cost per 1,000 recipients on CA in 2018 is estimated to be €9.6m.** Since 2014 this average cost has fluctuated as a result of rate increases being off-set by the increase in the number of recipients claiming half the CA rate.

2. Profile of CA Recipients

There has been a substantial increase in the number of recipients of carers' supports in the past ten years, particularly on CA. The aim of this section is to develop a profile of individuals who are receiving carers' supports by focusing on the largest scheme CA. CA recipients will be examined by reference to a number of different characteristics to determine the most common.

I. Age

II. Gender

III. Location

IV. Nationality

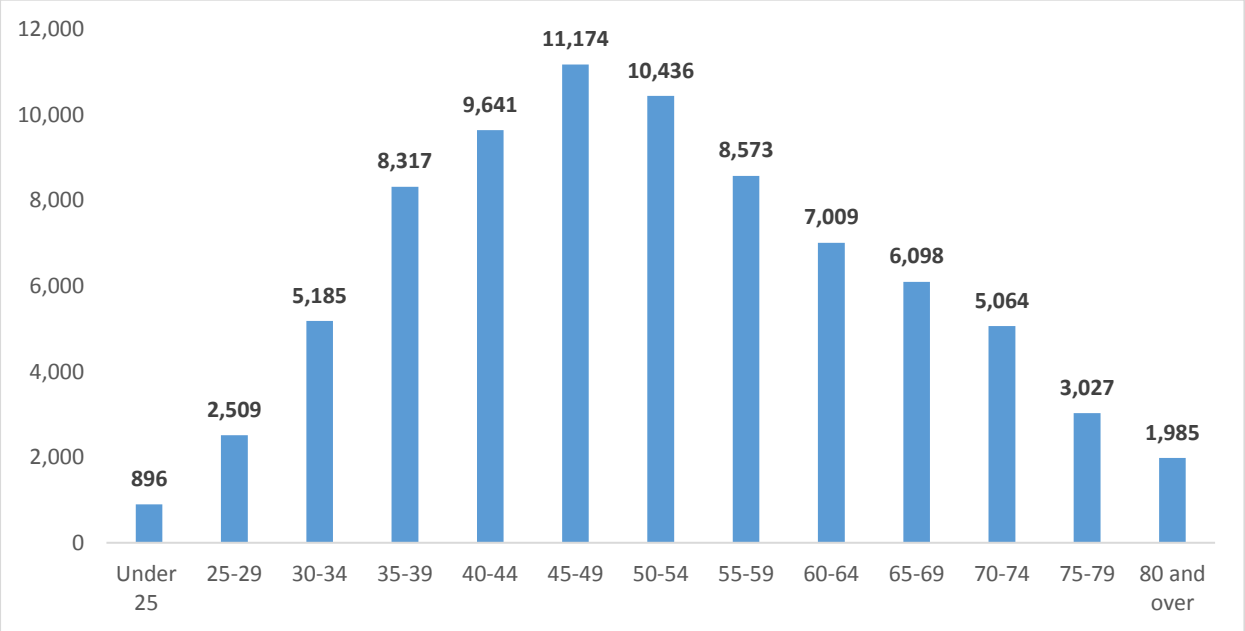
V. Primary payment (In the case of half-rate carers)

I. Age

The number of CA recipients is lowest at either end of the age distribution with the largest number of recipients aged between 45 and 49 years, at 11,174 in 2018. The number of recipients is lowest amongst those under the age of 25 at just 896.

While people of middle-age, between the ages of 40 and 59 (50%) make up the bulk of recipients on the scheme, (See Table 7) there is a large cohort of pensioners that are also receiving the payment. The number of recipients over the age of 65 in 2018 was 16,174 or 20% of the total.

Figure 10 - Number of CA recipients by age, 2018
Units: No. Of Recipients



Source: *DEASP Administrative Data*

When the age profile of recipients is measured over time, there are only marginal differences in the make-up of the age profile over the past ten years. The 40-64 age bracket has decreased by 0.86 percentage points while those over the age of 65 has increased by 0.79 percentage points.

Table 7 - Change in proportion of Carer's by age profile and year
Units: % of total recipients

	2008		2018		P.P difference
	No. of Recipients	% of total Recipients	No. of Recipients	% of total Recipients	
Under 25	622	1.43%	896	1.12%	*-0.31*
25-39	8,562	19.65%	16,011	20.04%	*0.38*
40-64	25,910	59.47%	46,833	58.60%	*-0.86*
65+	8,475	19.45%	16,174	20.24%	*0.79*
Total	**43,569**	**100%**	**79,914**	**100%**	

Source: *DEASP Administrative Data*

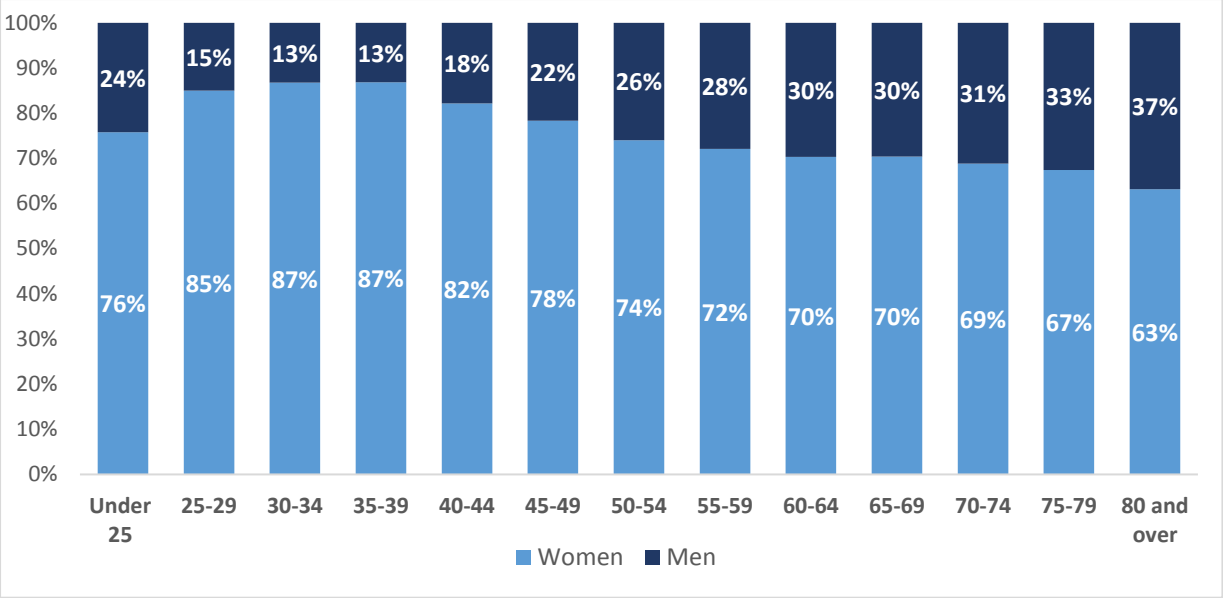
II. Gender

Across all age categories, women represent the majority of recipients on CA at an average of 75.5% in 2018.

In 2018 the highest proportions of female recipients were in the 30-34 and the 35-39 age brackets, both at 87%. The lowest proportion was in the 80 and over age bracket with a share of 63%. **As seen in**

Figure 11, there is a change in the split between male and female carers in older cohorts; the proportion of women on CA reduce and the proportion of males increase as you move up the age distribution from 40 onwards. This trend is replicated in data for previous years.

Figure 11: Gender split across age of CA recipients
Units: % proportion of age group



Source: *DEASP Administrative Data*

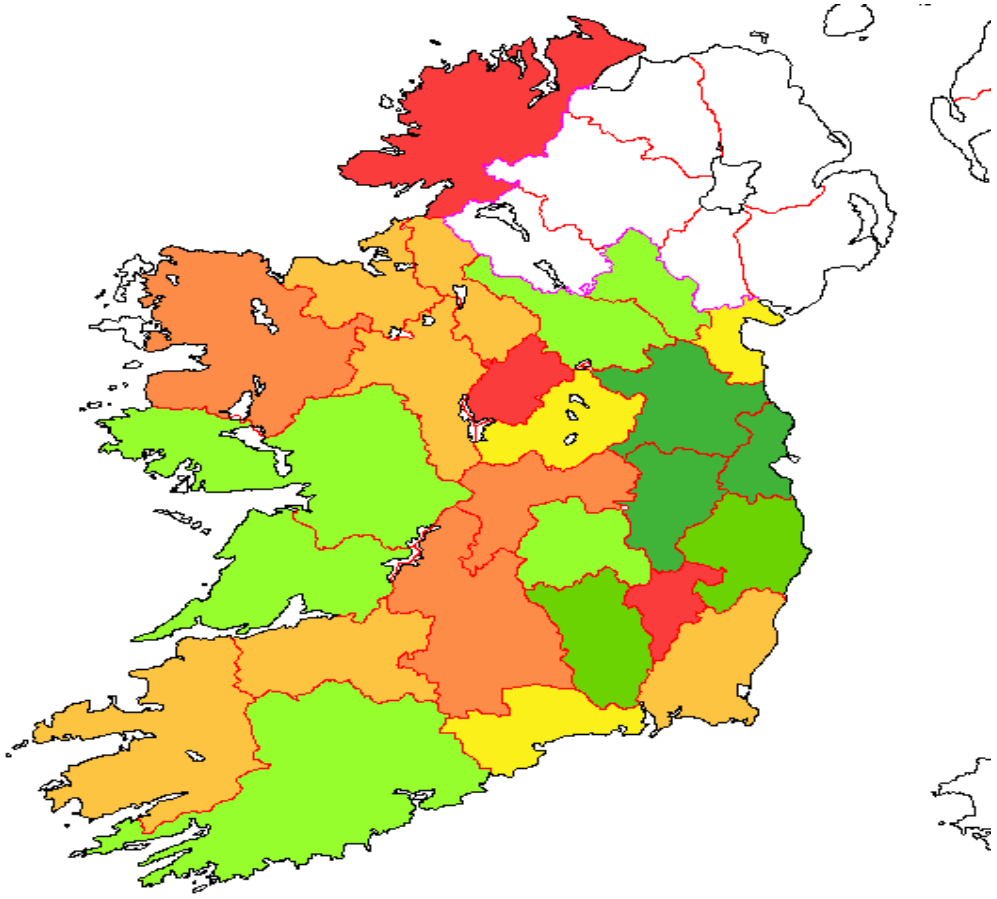
III. Location

In terms of absolute numbers, the greatest level of recipients reside in Dublin with 16,500 living in the county in 2018. The smallest number of carers are in Leitrim with 674 carers reflecting the relative populations in each of these counties. The proportion of carers in each county relative to that county's total population is shown in Figure 12.

Dublin, Meath, and Kildare had the lowest proportion of their populations claiming CA at around 1% while Longford and Donegal had the highest proportion of recipients claiming CA at over 2%.

Figure 12 illustrates a heat map of the share of CA recipients relative to the population within each county in 2016.

Figure 12 - Proportion of carers relative to the total population by county, 2016
Units: % of population by county

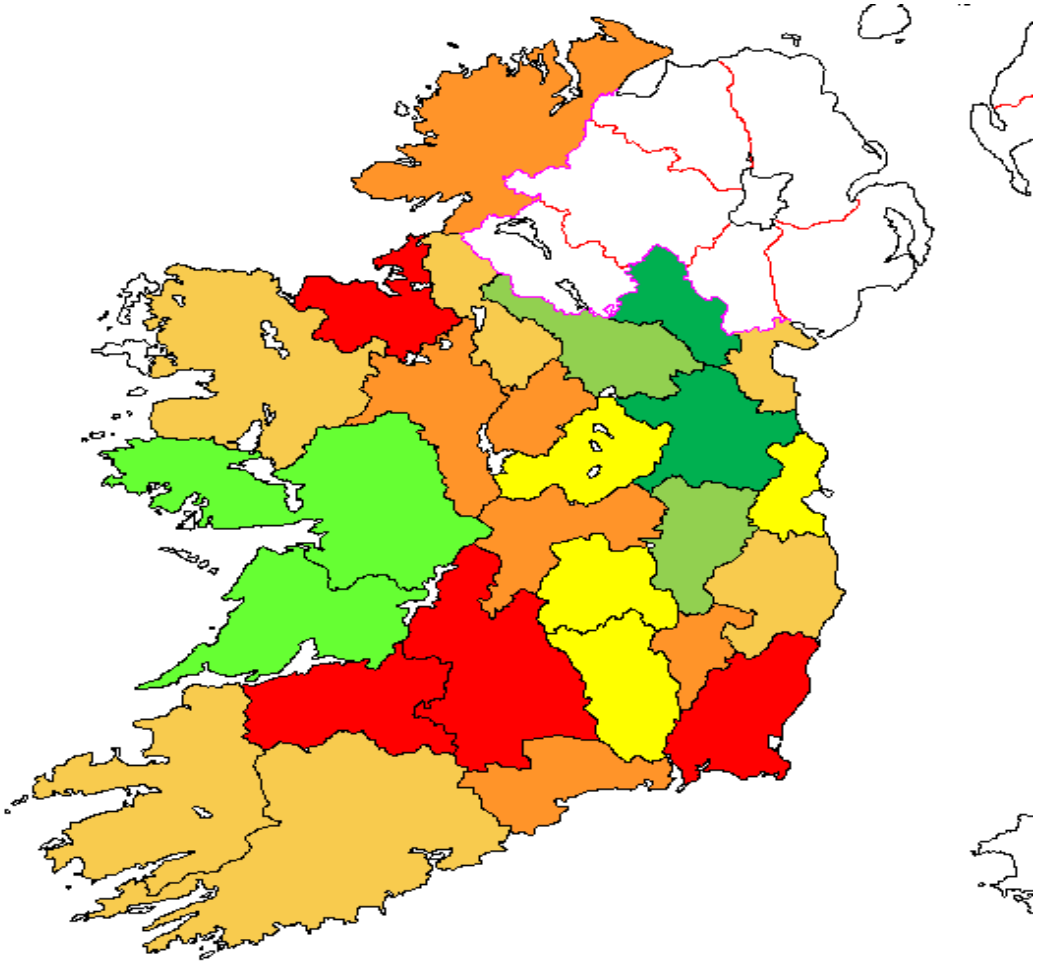


1%-1.2%	1.2%-1.4%	1.4%-1.6%	1.6%-1.8%	1.8%-2%	2%-2.2%	2.2%-2.4%

Source: *DEASP Administrative Data & CSO Census Data*

CSO census statistics on disability prevalence rates in 2016 were also examined to provide some context on the differences in the coverage of CA recipients across counties. **Figure 13** is a heat map showing disability prevalence rates across counties.

Figure 13 - Disability prevalence rate by county
Units: % of population by county



11.5%-12%	12%-12.5%	12.5%-13%	13%-13.5%	13.5%-14%	14%-14.5%	14.5%-15.5%

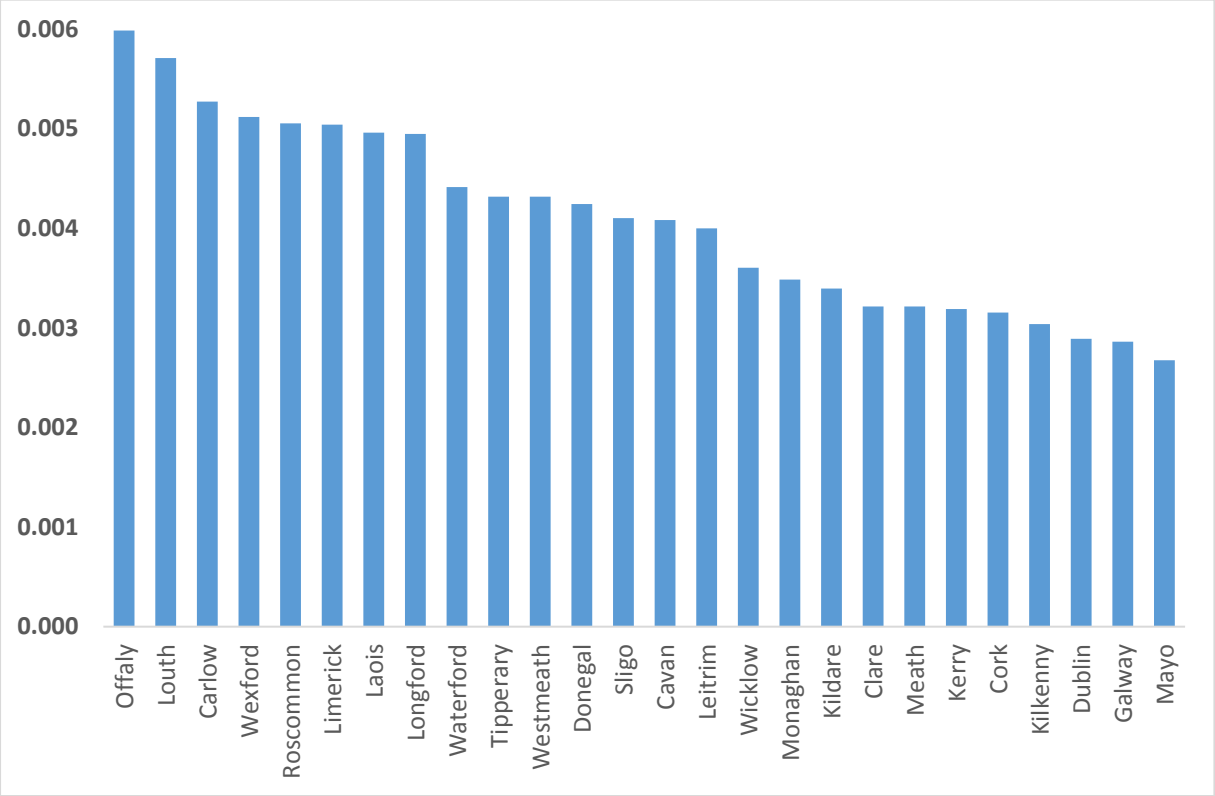
Source: *CSO Census Data*

Counties such as Kildare, Meath, Monaghan, Galway, and Clare report a disability prevalence rate of below 13%, and have a corresponding lower percentage of carers as shown in Figure 12. There appears to be some relationship between disability prevalence and the number of CA recipients in a particular county. Other factors may also influence the number of CA recipients in a particular county, such as the prevalence of older persons and health service provision. CSO data shows that the counties with a higher percentage of people over the age of 65 have a greater prevalence of CA recipients (see **Table B in Appendix**).

The change in the share of CA recipients per county between 2011 and 2016 was also examined. The analysis found that all counties experienced a growth in the proportion of the population claiming CA between 2011 and 2016. Figure 14 shows this change in the proportion of the population of each county that are receiving CA in 2011 and 2016. The average overall increase was 0.4 percentage points in the proportion of the population receiving a CA payment. Offaly had the biggest increase in the

proportion of carer rising from 1.43% to 2.03%, an increase of 0.6 percentage points, while Mayo had the smallest increase at 0.29 percentage points from 1.76% to 2.03%.

Figure 14 - Change in the proportion of carers per county, between 2011 and 2016
Units: percentage Points



Source: *DEASP Administrative data, CSO Census 2016 data*

IV. Nationality

Nationalities are categorised by DEASP according to the largest groupings within the state.[8] These are;

- Ireland
- UK
- EU 13 (13 Members of the EU pre-2004, excluding Ireland & the UK)
- EU 15-28 (13 member-states that joined after 2004)
- Non-EU (Rest of World)

Statistics are only available between December 2014 and December 2017 and these will be used for the purposes of this analysis. Table 8 shows the breakdown of the total population and the number of CA recipients by nationality in 2016.

[8] See Table A in Appendix for a breakdown of the countries included in these groupings.

Table 8 - Population by country classification, Census 2016
Units: No. of people

	Population	% of total population	CA Recipients	% of total CA recipients
Ireland	4,082,513	88.5%	68,471	91.0%
UK	103,113	2.2%	3,309	4.4%
EU 15 (excluding IRL & UK)	63,034	1.4%	286	0.4%
EU 15-28	242,771	5.3%	2,028	2.7%
Non-EU	121,145	2.6%	1,170	1.6%
Total	**4,612,576**	**100%**	**75,264**	**100%**

Source: *Census 2016 Data & DEASP Administrative data*

As can be seen from the table above, the majority of the population are Irish, with 89% either native-born or citizens. The UK makes up the next largest single national group in Ireland followed by the EU 15 -28. When these same groupings are examined in the context of CA recipients a similar picture emerges. **The majority of CA recipients are Irish at 91%, with the second largest portion coming from the UK at 4.4%.** Recipients from the EU 15-28 make up the third largest portion of recipients.

When these figures are examined over time, there are slight variations in the proportion of nationalities between 2014 and 2017. The proportion of Irish recipients reduced by 0.37 percentage points while the proportion of recipients from the EU 15 and EU 15-28 increased by 0.07 and 0.82 percentage points respectively. (See Table 9)

Table 9 - Proportion of recipients by national group, Dec-14 & Dec-17
Units: Population figures

	Dec-14	Dec-17	Difference (P.P.)
Ireland	91.34%	90.97%	**-0.37**
UK	4.48%	4.40%	**-0.08**
EU 15	0.31%	0.38%	**0.07**
EU 15-28	1.87%	2.69%	**0.82**
Non-EU	2.00%	1.55%	**-0.44**

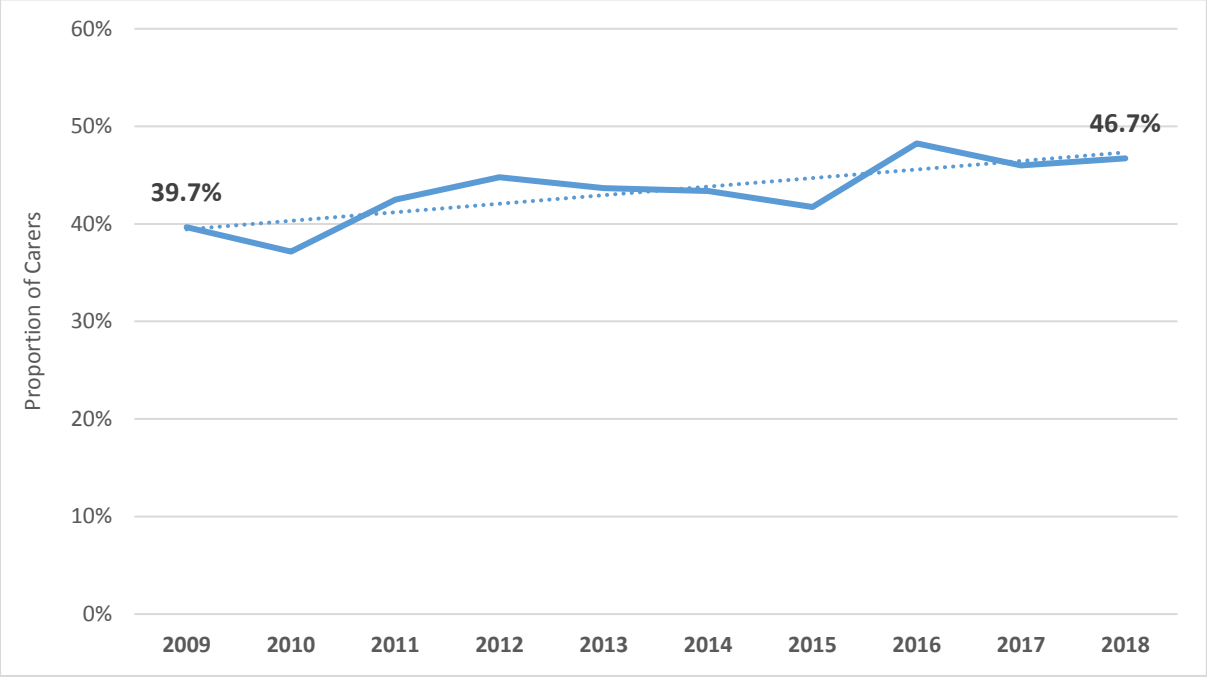
Source: *DEASP Administrative Data*

V. Primary Payment (Half-Rate Carers)

CA is unique amongst the various payments supported by DEASP as it can be paid alongside other payments, including some qualified adult payments. Half-rate carer's allowance was introduced in 2007 and is paid to individuals at half the normal rate provided they satisfy the rest of the qualifying criteria in relation to means, medical and caring requirements.

Between 2009 and 2018, the proportion of half-rate carers has increased. In 2009 half-rate carers recipients numbered 19,132 (39.7%) of all recipients. In 2018, this had risen to 37,342 (46.7%), as shown in Figure 15.

Figure 15 - Half-rate Carers as a proportion of all Carers 2009-2018
Units: % proportion of total recipients



Source: *DEASP Administrative Data*

Half-rate carer's can be paid to any recipient or qualified adult dependant of payments related to illness, disability or pensions. As an individual in receipt of a Jobseeker's payment must be actively seeking employment, they cannot claim half-rate carer's allowance. However, their adult dependants may claim the payment.

As can be seen in Table 10 below, the largest share of half-rate CA recipients in 2018 were also in receipt of a one-parent family (OPF) payment at 7,284 or 19.5%.[9] This is followed by the state pension contributory at 5,827 or 15.6% of recipients. The largest increase as a percentage of total half-rate recipients relates to Disability Allowance (DA). The number of recipients of DA in receipt of a half-rate CA has risen by 2.8 percentage points from 5.4% of total recipients to 8.2% of total recipients from 2009 to 2018. Qualified adult dependants of disability allowance recipients also increased by 2.8 percentage points from 6% to 8.8% of total recipients.

[9] As part of the changes to OPF age ranges in 2012 recipients of OPF, half-rate CA and DCA are allowed to continue receiving these payments until the child that they are receiving DCA for reaches the age of 16. This would leave a greater pool of recipients of OPF that may be receiving half-rate CA.

Table 10 – Number and percentage of half-rate carer's allowance by primary payment, 2018
Units: No. Of Recipients & % Proportion of total half-rate recipients

Primary Payment	2009	% of total half rate-carers	2018	% of total half rate-carers
One Parent Family Payment	3,637	**19.0%**	7,284	**19.5%**
State Pension (Contributory)	2,715	**14.2%**	5,827	**15.6%**
Qualified Adult Disability Allowance	1,157	**6.0%**	3,287	**8.8%**
Disability Allowance	1,040	**5.4%**	3,077	**8.2%**
State Pension Non-Contributory	1,904	**10.0%**	2,683	**7.2%**
Jobseeker's Allowance Qualified Adult	796	**4.2%**	2,290	**6.1%**
Qualified Adult State Pension (Contributory)	1,723	**9.0%**	2,269	**6.1%**
Invalidity Pension	1,068	**5.6%**	1,869	**5.0%**
Qualified Adult Invalidity Pension	976	**5.1%**	1,831	**4.9%**
Widows Contributory Pension	1,062	**5.6%**	1,794	**4.8%**
Illness Benefit	960	**5.0%**	1,420	**3.8%**
Others	2,094	**10.9%**	3,711	**9.9%**
Total	**19,132**	**100%**	**37,342**	**100%**

Source: *DEASP Administrative Data*

Information Box: Historic Carer Profiles

Profile of Irish Carers 1998

In 1998, DEASP conducted a profiling exercise of CA recipients.

The paper found the following characteristics relating to recipients of the payment.

- 79% were women
- 52% were claiming for child dependants
- 80% of carers were aged between 40 and 60
- 22% were over the age of 60
- 10% of carers were caring for more than one person

When the profile in this paper is compared to the profile established by DEASP in 1998, it shows that the proportion of women has dropped by 4 percentage points while the number of carers aged between 40 and 60 years has dropped by 30 percentage points. In 1998, 22% of carers were over the age of 60 and this figure has now increased to 29%.

Profile of Carees

While profiles have been completed previously on carers in Ireland, most notably in the 1998 review of the scheme (Department of Employment Affairs & Social Protection, 1998) there has been no profiling exercise conducted of those that are receiving care. This section examines some of the indicators available on carees on the CA scheme including;

I. Medical diagnoses of carees,
II. Whether the caree is on a social welfare payment in their own right.

I. Medical Diagnoses

In May of 2017, DEASP revised the section of the CA application form that is completed by the caree's GP to require an ICD-10 code. The International Classification of Diseases (ICD) is the system of classifications developed by the World Health Organisation (WHO). The system is the international standard for providing universal diagnostic codes for all illnesses and disabilities. ICD-10 classifications are split into two parts. All diagnoses are given a letter corresponding to the broad group of illness and diseases that they fall into and then they are given a three number code corresponding to that specific illness or disability. ICD-10 codes are useful in determining the medical conditions that may cause the additional care needs of carees.

It is not feasible to conduct a meaningful trend analysis using ICD-10 as codes are only available for people who have entered CA between May 2017 and January 2019 and the majority of the CA stock will not have been provided with a code. Despite this, the available data is useful as it provides insights on the medical diagnoses for those who have entered the scheme since 2017. This analysis will examine all of the ICD-10 codes provided between May 2017 and January 2019. As such the analysis shows the key diagnoses of inflows since May of 2017.

Table 11 shows the breakdown of all ICD-10 codes that have been issued since 2017. A total of 22,417 ICD-10 codes have been attached to a carer's file in relation to their caree. **Nearly two-fifths (37%) of carees that have an ICD-10 code attached to the file of their carer have been prescribed an F-code diagnosis which relates to Mental & Behavioural Diseases. This amounts to 8,288 carees having been diagnosed with an illness or disability within the F classification.** Table 11 shows the breakdown of ICD-10 categories in descending order of prevalence.

Table 11 - Total ICD-10 codes attached to carer's applications by letter indicator, 2017-2019
Units: No. of recipients

Letter Code	Description	No. of recipients	% of total ICD-10
F	Mental & Behavioural Diseases	8,288	**37.0%**
I	Diseases of the circulatory system	2,304	**10.3%**
M	Diseases of the musculoskeletal system	2,094	**9.3%**
G	Diseases of the nervous system	1,826	**8.1%**
C	Neoplasms (Cancers)	1,714	**7.6%**
J	Diseases of the respiratory system	1,008	**4.5%**
R	Symptoms, signs not otherwise classified	975	**4.3%**
E	Endocrine, nutritional & metabolic diseases	801	**3.6%**
Z	Factors influencing health status	705	**3.1%**
Q	Congenital malformations	641	**2.9%**
H	Diseases of the ear / Diseases of the eye	499	**2.2%**
S	Injury	366	**1.6%**
K	Diseases of the digestive system	291	**1.3%**
D	Diseases of the blood	244	**1.1%**
N	Diseases of the genitourinary system	239	**1.1%**
O,P	Conditions associated with the perinatal	96	**0.4%**
L	Diseases of the skin	86	**0.4%**
T	Injury, poisoning, consequences of external causes	86	**0.4%**
U, V, W, X, Y	External causes of morbidity	85	**0.4%**
B & A	Infectious & parasitic diseases	69	**0.3%**
Total		**22,417**	**100%**

Source: *DEASP Administrative Data*

Table 12 shows the further breakdown of ICD codes by the top 15 diagnosed illnesses or conditions for carees over the period.

Table 12 - Top 15 Diagnoses by ICD-10 code 2017-2019

ICD-10 Code	Description of Diagnosis	No. of Recipients	% of total ICD-10 codes
F-84	Autism Spectrum Disorder	2,639	**11.8%**
F-90	Attention-deficit hyperactivity disorders	846	**3.8%**
J-44	Chronic obstructive pulmonary disease	751	**3.4%**
F-03	Dementia	629	**2.8%**
F-32	Major depressive disorder - Single	576	**2.6%**
M-15	Poly-osteoarthritis	543	**2.4%**
G-40	Epilepsy and recurrent seizures	425	**1.9%**
I-64	Stroke	420	**1.9%**
F-33	Recurrent depressive disorder	389	**1.7%**
Z-74	Problems related to care-provider dependency	387	**1.7%**
F-41	Anxiety Disorders	381	**1.7%**
I-25	Chronic ischaemic heart disease	361	**1.6%**
I-50	Heart failure	360	**1.6%**
E-11	Type 2 diabetes	320	**1.4%**
R-54	Senility	319	**1.4%**

Source: *DEASP Administrative Data*

As can be seen from Table 12, Autism Spectrum Disorder (ASD) comprises the largest number of carees across all diagnoses; around 12% of all carees that have received an ICD-10 code have been diagnosed with ASD. Table 12 shows the top 15 diagnoses by ICD-10 codes from 2017 to 2019. ASD and Attention-Deficit Hyperactivity Disorder (ADHD) are more likely to relate to younger carees whereas dementia, type 2 diabetes, and senility are all more prevalent in older carees. There is no further data available on the specific care needs across diagnoses. There is a system of classifications also developed by the WHO that is used to determine the level of function for people with disabilities. Introducing the complementary system to the ICD-10 codes known as *the International Classification of Functioning, Disability and Health (ICF)* to the carer support programmes would allow for a better understanding of the specific care needs of carees on the scheme.

II. Caree payments and Broad Demographic Characteristics of Carees

The paper identifies carees with a primary payment in their own right and breaks them into three broad age categories based on the type of payment that they are receiving.

Table 13 - Categories for examination of payments.

Age Category	Payment
Children with an illness or disability	Domiciliary Care Allowance
Working-age persons with illness or disability	Disability Allowance, Invalidity Pension
Older Persons	State Pension Contributory, State Pension non-contributory, Widow(er)'s Contributory Pension

Table 14 shows the number of carees according to the primary payment received in December. **From 2015 to 2017, the number of older people was higher than both working-age carees and children.**

Table 14 - Breakdown of payments received by carees 2015-2017
Units: No. of carees

	Dec-15	Dec-16	Dec-17	Average
Total Carees	**69,578**	**78,000**	**82,008**	**76,529**
State Pension Contributory	12,203	9,425	13,140	11,589
State Pension Non-Contributory	9,425	8,504	8,783	8,904
Widow(er)'s Contributory Pension	7,260	7,725	6,447	7,144
Total Older Persons	*28,888*	*29,985*	*28,370*	*29,081*
Older person payments (% of total Caress)	***41.5%***	***38.4%***	***34.6%***	***38%***
Invalidity Pensions	3,518	5,284	3,950	4,251
Disability Allowance	18,159	21,879	22,501	20,846
Total Working-Age	*21,677*	*27,163*	*26,451*	*25,097*
Working-age payments (% of total Carees)	***31.2%***	***34.8%***	***32.3%***	***32.7%***
Domiciliary Care Allowance	16,612	20,184	20,384	19,060
Children (% of total Carees)	***23.9%***	***25.9%***	***24.9%***	***24.9%***
Not Accounted	2,400	667	6,802	3,290
Not accounted (% of total Carees)	***3.5%***	***0.9%***	***8.3%***	***4.3%***

Source: *DEASP Administrative Data*

As can be seen from Table 14,

- Older carees make up the largest single portion of carees with an average of 38% of total carees in receipt of a pension.
- Working-age carees in receipt of either an Invalidity Pension or Disability Allowance make up an average of 32.7% of total carees.
- Children make up an average of 25% of total carees.

Across each of the three years, 2015 to 2017, the two single largest groups of carees are in receipt of Disability Allowance or Domiciliary Care Allowance. On average, 20,846 carees are in receipt of Disability Allowance and 19,060 carees are in receipt of Domiciliary Care Allowance. This analysis shows that while older people make up the single largest group of carees, there has been limited growth in the number of older people that are in need of care on the scheme; the proportion of older people has fallen, and their numbers have remained static relative to the other two groups. In contrast, there has been growth in the number of carees in receipt of DA and DCA. This suggests a growing care need amongst this younger cohort of the population.

An average of 4.3% of carees are not accounted for and were not matched to another payment file. These individuals may not be in receipt of a social welfare payment at all or may be in receipt of a payment from a smaller scheme.

This analysis on carees shows that the people being cared for under CA are individuals of all ages. Most of these are in need of care as a result of a diagnosed illness or disability, however this may also be as a result of infirmity in old age. Further analysis will be needed to develop an understanding of the inter-play between service provision, disability/illness prevalence, and the number of carer support recipients in each age category across the country.

Implications of Caree Profile for Future CA Expenditure

The demand for carers' supports is likely to continue to increase in the short to medium term. Between 2008 and 2018, there was an average annual net increase of 3,635 or 4.5% in the number of recipients availing of either CA or CB, with the majority of this increase coming from CA. Since 2014, the annual average increase in recipients has increased to 4,556 per year.

The previous section examines the payments that carees are receiving and it shows that the number of pension-age carees has stayed relatively stable while the number of working age persons and children being cared for has grown. This may reflect the fact that pension age recipients will exit the scheme and could be offsetting some of the inflows, while working-age and younger carees could be in receipt of care for a longer period of time and there are likely to be fewer exits.

This indicates that the growth in the working-age population in need of care puts considerable pressure on carer support expenditure as they have the potential to be in receipt of care for a longer period of time and into old age. This trend towards a growing population of potential recipients with long durations has been highlighted in analysis of other schemes such as Disability Allowance (Cronin, 2018).

As seen in Table 15 below, there have been significant increases in recipient numbers on the Contributory State Pension, DA, and DCA over the past ten years. This is due to a range of factors such as a growing population, changing demographics and prevalence rates of disability. The findings set out in Table 14 above highlight that recipients on Pensions, DA and DCA make up the majority of people being cared for. Therefore increased pressures on these three schemes are likely to put upward cost pressures on carer support schemes in the future. This will mean further increases in carer support expenditure in the short to medium-term.

Table 15 - Recipient figures for State Pension, Disability Allowance, and Domiciliary Care Allowance 2008-2018

Units: No. of Recipients 2008-2018

	2008	2010	2012	2014	2016	2018	Change 2008-2018	
	Recipients	*Recipients*	*Recipients*	*Recipients*	*Recipients*	*Recipients*	*Recipients*	*%*
State Pension Contributory	250,117	280,419	312,314	346,420	377,062	411,660	**161,543**	**65%**
Disability Allowance (DA)	95,754	101,111	101,784	112,097	126,203	140,835	**45,081**	**47%**
Domiciliary Care Allowance (DCA)	n/a[10]	23,428	24,669	27,268	31,963	39,007	**15,579**	**66%**

[10] Administration of DCA was transferred from the HSE to DEASP in 2010. As such DEASP statistics begin in 2010. 2010 is then used as the base for DCA figures in this table.

Key Points

CA Recipient Profile (Carer)

Based on the profiling exercise, CA recipients are more likely to be:

- Aged between **40 and 59 years** (50%)
- **Female** (76%)
- **Irish** (90%)
- In receipt of the **full-rate** of payment (53%)
- From **Dublin** (20%) but Donegal and Longford have the highest proportion of carers per head of population.

- **The profiling exercise shows that certain cohorts of the Irish population are more likely to be caring for another individual,** given that 76% of all CA recipients are female and nearly 50% are between the ages of 40 and 60.

Profile of Person being cared for under CA (Caree)

- Since 2017, around 22,417 of the people being cared for under CA received an ICD-10 code. **Of these individuals, the majority or 37% have been diagnosed with a mental or behavioural issue.** The most prevalent diagnosis among these 22,417 carees was Autism-Spectrum Disorder, which accounted for 20% of diagnoses.

- From 2015 to 2017, total carees were split across three broad age categories based on the primary Social Welfare payment that they receive. On average the breakdown was as follows:
  - 33% were of working-age
  - 38% were older persons
  - 25% were children

- From 2015 to 2017, the number of working-age adults and children in receipt of payment has grown, while the number of older persons has remained relatively flat.

- **The highest number of people being cared for from 2015 to 2017 were in receipt of Disability Allowance at an annual average of 20,846 or 27%.** This was closely followed by Domiciliary Care Allowance with 19,060 or 25% receiving this.

Key Findings and Conclusions

The carers support schemes have experienced significant growth in expenditure and recipient numbers since 2008.

- Expenditure grew from €582m in 2008 to €1,038m in 2018, an increase of €456m or 78% over a ten year period.
- The majority of this growth in expenditure is as a result of the increase in the number of recipients, rising from 45,818 CA and CB recipients in 2008 to 82,664 in 2018, an increase of 80%. This trend in recipient numbers can also be seen across all larger Illness, Disability and Carer's schemes and has subsequently raised the level of total expenditure on the programme.

The profile of CA recipients shows that the largest proportion of those conducting informal care tend to be female (75%), aged between 40 and 59 years (50%), and Irish (90%).

- The OECD in their 2011 study on long-term care point towards a decline across the EU in the availability of this cohort to conduct informal caring as more women move away from full-time home-making responsibilities and towards formal employment (OECD, 2011). This transition to formal employment is predicted to happen over a longer period of time than in some EU countries with a more advanced age profile than Ireland.
- With a greater number of carees expected in the future and a potential decline in the number of available carers, there may be additional pressure on formal caring services such as home-help and community nursing schemes.

In 2016, the largest share of total CA recipients were from Dublin at 20%, however Dublin had one of the lowest shares of CA recipients per capita at 1%.

- Donegal and Longford had the highest proportion of CA recipients per capita at over 2%.
- There are a variety of factors that feed into the prevalence of informal caring represented in CA recipients per capita. Access to and availability of formal caring services, old-age and disability prevalence levels will all factor into the number of CA recipient per capita.

There are some trends that have emerged as part of the profiling exercise that may require further examination in the future.

- The proportion of the total half rate CA recipients in receipt of One-Parent Family Payment has increased from 7.5% in 2008 to 9.1% in 2018 while the proportion of those that are a beneficiary of a Disability Allowance payment has increased from 4.6% to 8% in the same period. Further profiling of recipients on half-rate CA would be useful to provide a better understanding of their

characteristics, the other payments that they receive and the potential impact of previous reforms.

- The ICD-10 diagnostic codes for carees is also an area that will require further study as more data becomes available. As the ICD-10 codes have only been applied to new applicants to the scheme since May of 2017 these are only indicative of the current inflows of carees to the scheme.
- Consideration should also be given to examining the application process for carers' supports in order to gain a clearer understanding of the care needs of carees. Incorporating the International Classifications of Functioning (ICF) as a counterpart to the ICD-10 as part of carers' supports application process would allow for comparable accurate data on the type and level of care-need of carees.

From 2015 to 2017, of the people being cared for by CA recipients, an average of 38% were receiving a pension, 33% were a receiving a working-age illness or disability payment, and 25% were children benefiting from DCA.

- The split amongst age groupings has stayed relatively constant over the period reviewed. There has been a slight increase in the proportion of working-age and child carees.

Growth in the number of working-age carees puts considerable pressure on future carers support expenditure as they have the potential to be in receipt of care for a much longer period of time.

- From 2015 to 2017, the number of carees claiming a pension has stayed relatively stable while the number of working age persons and children being cared for has grown. This may be due to a greater number of outflows on pension age schemes offsetting some of the inflows, while working-age and younger carees could be in receipt of care for a longer period of time and there are likely to be fewer exits.
- As children and people of working-age are likely to be in need of care for a longer period of time, this will increase pressure on carers' supports expenditure if there is continued growth in these two cohorts.

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Appendix

Table A- Definition of EU countries

Term	Countries Included	
EU 15	Austria	Ireland
	Belgium	Italy
	Denmark	Luxembourg
	Finland	Netherlands
	France	Portugal
	Germany	Spain
	Greece	Sweden
		United Kingdom
EU 15-28	Bulgaria	Latvia
	Croatia	Lithuania
	Cyprus	Malta
	Czechia	Poland
	Estonia	Romania
	Hungary	Slovakia
		Slovenia

Table B - Percentage of the population by county and characteristic, 2016

	Over 65	With a Disability	Receiving a Carer's Support Payment
Carlow	12.92%	14.47%	2.11%
Cavan	13.74%	12.48%	1.54%
Clare	14.86%	12.94%	1.47%
Cork	13.60%	13.89%	1.46%
Donegal	15.70%	14.42%	2.31%
Dublin	12.24%	13.15%	1.05%
Galway	13.53%	12.65%	1.52%
Kerry	16.95%	13.52%	1.85%
Kildare	9.89%	12.48%	1.14%
Kilkenny	14.16%	13.44%	1.39%
Laois	11.34%	13.45%	1.51%
Leitrim	16.88%	14.00%	1.94%
Limerick	14.07%	15.00%	1.93%
Longford	14.25%	14.47%	2.35%
Louth	12.47%	13.87%	1.64%
Mayo	17.55%	13.77%	2.03%
Meath	10.66%	11.59%	1.10%
Monaghan	13.97%	11.75%	1.56%
Offaly	13.58%	14.31%	2.03%
Roscommon	16.64%	14.43%	1.89%
Sligo	16.21%	14.61%	1.81%
State	13.39%	13.51%	2.04%
Tipperary	15.29%	14.79%	1.48%
Waterford	14.95%	14.35%	1.62%
Westmeath	12.81%	13.39%	1.72%
Wexford	14.68%	15.13%	2.00%
Wicklow	13.04%	13.51%	1.32%

Source: *DEASP Admin Data and CSO Census Data*

Quality Assurance Process

To ensure accuracy and methodological rigour, the author engaged in the following quality assurance process.

- ✓ Internal/Departmental
  - ✓ Line management
  - ✓ Spending Review Sub-group and Steering group
  - ✓ Peer review (IGEES network, seminars, conferences etc.)
- ✓ External
  - ✓ Other Government Department
  - ✓ Peer review (IGEES network, seminars, conferences etc.)