

Submission to Budget 2011

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Table of Contents

| 1. | Introduction3 | | |
|-----|---|--|----|
| | 1.1 | The Impact of the Economic Crisis on Women | 3 |
| | 1.2 | Public services | 4 |
| | 1.3 | European Year for Combating Poverty and Social Exclusion | 5 |
| | 1.4 | The Poor Can't Pay | 5 |
| 2. | Social Welfare | | |
| | 2.1 | Child Benefit | 6 |
| | 2.2 | Social Welfare Rates | 6 |
| | 2.3 | Qualified Adults | 7 |
| | 2.4 | Supporting workers with reduced hours | 7 |
| | 2.5 | Pensions | 8 |
| 3. | Refo | rming the tax system | 9 |
| 4. | A strategy for employment | | |
| | 4.1 | A Sustainable Employment Strategy | 11 |
| | 4.2 | Minimum Wage | 13 |
| 5. | Lesbi | ian women | 13 |
| 6. | Wom | nen with disabilities | 14 |
| 7. | Migration, asylum and integration | | 14 |
| | 7.1 | Direct Provision | 15 |
| | 7.2 | Traveller Women | 16 |
| 8. | Viole | nce against women | 16 |
| 9. | Reforming the health system – with a gender perspective | | 17 |
| | 9.1 | Integrating a Gender perspective into new models of delivery | 18 |
| | 9.2 | Primary care and health promotion | 18 |
| | 9.3 | Public Acute Hospital Reform | 19 |
| | 9.4 | Creating a gender sensitive, women friendly health service | 20 |
| | | Mainstreaming gender in the health service | |
| | | National Cancer Strategy | |
| | | Women and Mental Health Services | |
| | | Violence against Women and Primary Care | |
| 10. | , , , , , , , , , , , , , , , , , , , | | _ |
| 11. | Sup | porting women's organisations | - |
| | 11.1 | | |
| | 11.2 | Supporting the voice of women nationally | 24 |
| 12 | Dof. | arancas | 26 |

1. Introduction

The National Women's Council of Ireland (NWCI) has almost 200 member organisations and represents the voice of women who are committed to working for women's rights and equality.

Women in Ireland today are represented in unprecedented numbers in the labour market and contribute to household incomes to a far greater degree than in the past. The economic crisis is therefore having a huge impact on women, and also on their families. Indeed, as a result of persistent gender inequality, women "entered this recession on an unequal economic footing that makes them particularly vulnerable to the downturn". It is particularly disturbing in this context that funding for the National Women's Strategy was allowed to fall victim to the economic downturn at an early stage (see section 10 below).

Since the onset of the crisis, the EU has warned that "the economic slowdown is likely to affect women more than men". "Women still work part-time more than men; they predominate in less valued jobs and sectors; they are on average paid less than men and they occupy fewer positions of responsibility"². Women are disproportionately employed in the public sector, making them more vulnerable to cut backs in public services. "Experience from past crises shows that men's employment generally recovers more quickly than women's. For persons who become unemployed, the risk of not being re-employed is higher for women"³. In short, women are in a less advantageous position to weather the crisis.

But the EU has also stressed that4

"Gender equality is not only a question of diversity and social fairness, it is also a precondition for meeting the objectives of sustainable growth, employment, competitiveness and social cohesion. ... Gender equality policies should therefore be considered as a long-term investment and not as a short-term cost.

...

Efficient gender equality policies must be considered as part of the solution for exiting the crisis, supporting recovery and building a stronger economy for the future. ... Investing in women's employment and economic independence and in work-life balance measures for both women and men has been shown to pay off in terms of economic and social development".

Budget 2011 must not view gender equality as a luxury we cannot afford; rather it is an essential we cannot afford to do without.

1.1 The Impact of the Economic Crisis on Women

While rising unemployment was initially dominated by men, in 2010, more women than men have joined the Live Register; sectors dominated by women have been shedding more jobs this year⁵. Previous recessions have seen falling participation rates for women, but that has not been the case in the current crisis: women who have been in the labour market want to stay there. While

participation rates for men have fallen by four percentage points in the last two years, the rate for women has decreased by only 1.6 points⁶.

However, women have different work patterns to men. They are over-represented in lower paid, atypical, part-time, flexi and contract work. They work in smaller places, in the private sector, in domestic work. Consequently official labour market data under-states women's unemployment. These sectors are also those most likely to reduce working hours. But the structure of the social welfare system is poorly designed to compensate for the resulting loss of earnings.

Women continue to undertake most caring and domestic work, which restricts their labour market participation. Despite their higher educational attainment, their position in the labour market is weaker than that of men. Companies looking to save costs are increasingly targeting supports for women e.g. maternity payments, which can force women out of the labour market. With falling wages and high childcare costs¹, women can find that paid employment is no longer viable. When women lose jobs, the challenge of balancing work and family life makes it difficult for them to find new jobs. Women are less likely than men to have savings making them more vulnerable to economic shock.

Even before the impact of the current economic crisis, women were at higher risk of poverty than men; in 2008:

- Households headed by women experienced greater poverty, with almost 17% having incomes below the poverty line, and suffered twice the rate of consistent poverty as those headed by men;
- Girls, working age women and those over 75 had higher poverty rates than males in the same age groups;
- 36% of one parent families, which are predominantly female, lived below the poverty line;
- Almost 6 in 10 people outside the labour force retired people, those in a caring role, and those with serious illness or disability were at-risk-of-poverty⁷.

1.2 Public services

The National Women's Council remains extremely concerned about the proposals of the *Special Group on Public Service Numbers and Expenditure Programmes* ('An Bord Snip'). If implemented, these proposals would impact on women at three levels:

- Increased numbers of women unemployed, reliant on social welfare and living in poverty;
- Increased burden of care on women when supports for women and families are cut;
- At national level, no strategy or infrastructure to address women's inequality.

A general cutback in public spending will disproportionally affect women. Firstly, women are the primary recipients of public spending such as care provision and services, education, training and health, including sexual and reproductive health. Secondly, women are the main providers of public

¹ The OECD Family Database shows that Ireland and the UK have the highest net childcare costs in the OECD. See *PF3.4 Childcare support*. Available at: www.oecd.org/\els\social\family\database

services, making up to two thirds of the workforce in education, health and social care; cuts in public sector employment would disproportionately affect women. The National Women's Council last year produced a detailed analysis of the proposals⁸ and called for a gender impact assessment of all proposals in the Report. Regrettably, this has not been provided.

The EU Commission Advisory Committee on Equal Opportunities for Women and Men advises member states that responses to the crisis should take account of the differential impact on women and men, should demonstrate commitment to gender equality, and should include a gender dimension in national recovery plans. In preparing Budget 2011 the Irish government must follow this advice.

Women have made great strides towards equality during the boom, and must play an important role in recovery. But this can only happen if gender equality is seen as a core commitment, both now and in the future.

1.3 European Year for Combating Poverty and Social Exclusion

The National Women's Council prefers to speak of social justice rather than social inclusion or exclusion. However, 2010 is the EU year for Combating Poverty and Social Exclusion, a stated key objective of which is to renew the political commitment to combating poverty and social exclusion. At EU level, it is acknowledged that some groups face greater poverty risks i.e. families, older people, people with disabilities, and immigrants. "In all categories, women are more affected than men."

"By harnessing the EU's principles of solidarity and partnership, 2010 represents a clarion call to tackle the causes of poverty head-on in a bid to ensure everyone can play a full and active role in society". In this context, the key areas of focus are identified as:

- Eliminating child poverty and poverty within families;
- Facilitating access to the labour markets, education and training;
- Overcoming discrimination and tackling the gender aspects and age aspects of poverty;
- Combating financial exclusion and over-indebtedness;
- Combating poor housing and housing exclusion;
- Promoting the social inclusion of vulnerable groups.⁹

1.4 The Poor Can't Pay

The National Women's Council of Ireland is one of a number of charities, trade unions and community organisations that have joined forces to form the Poor Can't Pay Campaign. The Campaign is calling for:

- No cuts to the basic social welfare payments for adults and children;
- No cuts to the national minimum wage;
- Reinstatement of the Christmas payment.

www.thepoorcantpay.ie

NWCI Recommendations for Budget 2011

2. Social Welfare

2.1 Child Benefit

Child Benefit provides a vital support for parents struggling to meet the costs of raising children – food, clothing, school activities and childcare. Families with children account for more than three-quarters of those in consistent poverty¹⁰: this universal support is needed now more than ever. Having suffered cuts in Child Benefit in the last two Budgets, families can bear no more.

Research by the Vincentian Partnership for Social Justice¹¹ shows that costs can be higher in relation to older children. In the current economic environment, it is critical that families have the resources to keep their children in education; further cuts in the age entitlement would severely compromise that ability.

Recent media reports have highlighted OECD reports on the extremely high cost of childcare in Ireland: costs can account for 45% of average wages for a dual earner couple, and can exceed 50% of net family income for lone parents. On average, the comparable cost in OECD countries is around 12% of net family income¹². A National Women's Council survey on the importance of Child Benefit for parents found that half of parents responding had seen their childcare costs increase, with only 3% reporting a decrease. Our Briefing Paper, *All our Children*¹³, sets out in detail why Child Benefit must remain universal and be maintained at current payment levels.

The National Women's Council welcomed the introduction of a year's free childcare for pre-school children, but has pointed out that childcare needs don't end when children start school. The ability to pay for childcare is essential for women trying to survive this recession, and for restoring cost competitiveness in Ireland. Further cuts in Child Benefit in the absence of increased availability of subsided childcare would cause considerable hardship to women and their families.

Recommendation 1:

→ Maintain the universality of Child Benefit and current payment rates.

2.2 Social Welfare Rates

The majority of social welfare claimants are women, and women have a greater reliance on meanstested payments than men. Among lone parents who are social welfare claimants, 98% are women¹⁴. Despite repeated government commitments that the most vulnerable would be protected from the impact of the recession, basic rates of social welfare were cut last year. The rationale was that prices were falling. But prices started to rise again in 2010, and by the end of the year, it is likely that women relying on social welfare will have suffered a fall in the real value of their income. It is imperative that basic social welfare rates are at least maintained at their current levels.

Recommendation 2:

- → At a minimum, maintain all social welfare payments at current levels;
- → Reinstate the Christmas payment;
- → Maintain the earnings disregard for the One Parent Family Payment and maintain its recognition for Community Employment

2.3 Qualified Adults

A great number of women remain hidden in the social welfare system as 'qualified adults' (QAs): they do not receive a social welfare payment in their own right, but as the dependent of their partner. In 2008, there were more than 145,000 QAs in the social welfare system¹⁵; the current figure is likely to be considerably higher.

With the exception of Jobseeker's Allowance, where a person meets the criteria for a given payment, they receive the full personal rate in their own right. But in jobless households, the value of the payment is 'limited': even where women meet the unemployment criteria, they are still treated as a dependent and paid at a lower rate¹⁶. This disincentivises women from signing on the Live Register. And if not registered as unemployed, women may not get access to labour market supports to help them return to work.

In the context of the current crisis, this is a short-sighted policy. As unemployment continues to rise, it is crucial that every opportunity is taken to address joblessness in households. Women can be a vital resource in this regard.

It is also unjust. The National Women's Strategy includes a commitment to considering proposals for abolishing of QAs for social assistance payments¹⁷. The National Women's Council has made proposals in this regard, and does not consider that this is a commitment that can be abandoned.

Independent, direct and full payment to both adults in a household will address women's poverty, increase economic independence and help address joblessness. Accordingly, we call for the end of the limitation rule, and making individualised administration of payments the default option.

Recommendation 3:

→ End the limitation rule for Jobseeker Allowance, and administer payments individually i.e. ensure that women receive the payment independently of their partner.

2.4 Supporting workers with reduced hours

The National Women's Council has long campaigned for social welfare reform to meet the challenges and diversity of the current labour market, placing equality at its core, and recognising the reality of balancing paid and care work.

The social welfare system is poorly equipped to address current labour market challenges. Many women are engaged in shift work and atypical employment, and they are more likely to be low paid and on reduced hours. They find that the social protection system cannot offer the support they need.

Provision for systematic short time workers is extremely complex and rigid, excluding more workers than it covers¹⁸. To claim an unemployment payment, a person must have lost at least one day's work, and be unemployed on at least 3 out of 6 consecutive days. These conditions exclude many shift workers, e.g. in the retail and services sectors, where an employee's hours are organised around the busiest parts of the day – they can have less hours, but still have to work on the same number of days per week, meaning they are ineligible for Jobseeker payments (and unable to take up another part-time job). To be eligible for Family Income Supplement (a top up for low paid families), a person must be employed for at least 19 hours a week, leaving those whose hours have been cut below this level without support. Because of women's patterns of employment, they are more likely to be affected by these provisions than men.

It is undoubtedly better to keep these workers in employment, and the social welfare system has a crucial role to play in this regard.

Recommendation 4:

- Recognise atypical work patterns by calculating unemployment on the basis of hours rather than days per week;
- Relax the minimum hours requirement to be eligible for Family Income Supplement (this could be done on a temporary basis until the unemployment crisis improves);

2.5 Pensions

The near collapse of the private pension system highlights the importance of strong state pension provision, and makes the case for reform more urgent. It is particularly important for women, half of whom have no other pension than the State Pension; only 7% of women have a personal pension, compared to 18% of men¹⁹. And women are more likely to have to rely on a means-tested pension: as the social insurance system does not recognise care work, they often fail to meet the contribution requirement. Two-thirds of social insurance pensioners are men, while just under two-thirds of means-tested pensioners are women²⁰. The 'pensions gap' means that women are more likely to live in income poverty in their old age than men. The National Women's Council has documented the gender discrimination in the state system and has developed a women friendly model of pensions²¹.

Tax reliefs on pensions cost the state almost €3 billion per annum. Researchers at the ESRI and UCD found that three-quarters of the total value of this relief goes to the richest 20% of households. They estimated that standard rating this relief would yield €600 million in revenue²². Far greater efficiency and equity would be achieved for this expenditure by introducing a universal State Pension.

While the National Women's Council welcomes the commitment in the National Pensions Framework²³ to introduce a system of homemaker's credits from 2012, this does not address the

injustice done to women affected by the 'marriage bar', which ended in 1973. The culture at that time meant that many women outside the public service and not legally affected by the marriage bar faced pressures to retire from the workforce upon marriage, denying them the opportunity to accumulate the social insurance record needed to access a State Pension in their own right. These women were responding to society's expectations of them; they do not deserve to be punished for it.

Recommendation 5:

- → Introduce a universal pension, funded through the removal of tax reliefs for private pensions;
- → Make Homemaker's Credits retrospective to 1973 to allow women affected by the marriage bar culture access a State Pension in their own right.

3. Reforming the tax system

It is clear that Ireland's narrow tax base and extensive system of tax reliefs has contributed significantly to the current fiscal crisis. The National Women's Council has consistently advocated for a wider tax base so that a high level of public services can be delivered and maintained. Even before the crisis, the quality and level of our public services was inadequate; now this is hampering our ability to tackle the unemployment problem, and cuts in public services are causing women considerable hardship.

Women earn less than men. The National Employment Survey 2007 records that women's average annual earnings were €31,403, compared to €43,099 for men. Women's employment is concentrated in low paid sectors and occupations². Even within low paid jobs, women's earnings are significantly less than men's³. Women are also more likely to work in areas with atypical hours⁴, such as sales and personal & protective services²⁴, jobs that are more likely to have suffered significant reductions in hours. More than 60% of Family Income Supplement claimants – the top-up payment for low paid families, are women²⁵.

Reducing the income tax burden on the low paid was a deliberate policy choice, intended to support maximum participation in employment. This is even more important in the current environment. The marginal tax benefit withdrawal rate (MTBR) captures the impact of reduced social welfare entitlements and deduction of tax, levies and social insurance for those moving from welfare to

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² For example, 21% of women work in health, 17% work in wholesale & retail, and 10% work in business services, all sectors where pay is below average. Looking at occupations, 23% of women are clerical & secretarial employees, 17% are in personal & protective service occupations, and 13% work in sales, again, all occupations with below average pay levels.

³ Women working in health earn 65% of male earnings, 68% in wholesale & retail, and 63% in business services. Women in clerical & secretarial, and personal & protective service jobs earn 76% of male earnings, and in sales 68% of male earnings.

⁴ For example, women working in sales have an average of 27.5 weekly paid hours, and 28.7 hours in personal & protective services.

work. The male breadwinner structure of the social welfare and tax systems⁵ mean that this can be exceptionally high for women, exceeding 80% in some instances. For women, it is extremely important that Budget 2011 does not increase the burden of tax, social insurance and levies (which are to be amalgamated into a 'universal social contribution') on those with low incomes.

Our tax system is only very weakly progressive. While those earning low wages pay less income tax, they are liable for income levies and social insurance, and pay a much higher proportion of their income in indirect taxes²⁶. Tax expenditures (tax reliefs) disproportionately benefit the wealthiest, few of whom are women. Even considering income tax alone, the effective tax rate of the low paid remains higher than many individuals at the top of the income distribution – as evidenced by recent data from the Revenue Commissioners.

Tax reliefs continue to cost the state billions in lost revenue every year, and the benefits of this tax expenditure goes disproportionately to those on higher incomes. Tax relief on private pensions (as noted above) is a clear example of the gendered nature of the tax system: women earn less and are much less likely to have private pensions than men, and so reap few of the benefits from this tax relief. Tax exiles, and those with significant asset wealth, mostly men, contribute relatively little in much needed revenue.

Ireland's social insurance system is under-funded. Employee contributions are capped for high earners, and PRSI is not charged on non-wage sources of income, such as capital gains, rental and dividend income and share options. There is considerable scope to reform the social insurance system to both raise revenue and deliver a more progressive system.

Ireland urgently needs to widen its tax base, both to address the current public deficit, and to place the tax system on a more sustainable basis for the future. Low paid workers, the majority of are women, are already struggling with reduced pay and hours and cannot afford to make a greater contribution to state revenues. The National Women's Council proposes the following measures:

Recommendation 6:

Reduce tax reliefs, which disproportionately benefit the wealthiest, to EU levels. Standard rate all tax reliefs.

- Remove the income ceiling on PRSI and make all income liable for social insurance and levies.
- Address loopholes for tax exiles by making citizenship rather than residency the basis for taxation. This reform should make provision for possible double taxation and should be focused, at least initially, on those with incomes in excess of €250,000.
- Introduce tax on assets in excess of €1million for those with incomes over €100,000
- Maintain personal tax credits and the PAYE credit at current levels.
- → Ensure that a new 'universal social contribution' does not increase the burden on the low paid.

⁵ For example, the transferability of personal tax credits means that the tax burden on even low earnings for women can be relatively high.

4. A strategy for employment

Almost 14%, and rising, of the labour market is unemployed²⁷. The fullest measure of potential labour supply indicates that 17% of the labour market does not have their desired level of employment²⁸. Despite regular claims to the contrary, the continuing disastrous rise in unemployment shows no signs of abating.

While male construction workers initially dominated the rise in unemployment, in 2010 the increase in women on the Live Register has exceeded the increase for men.

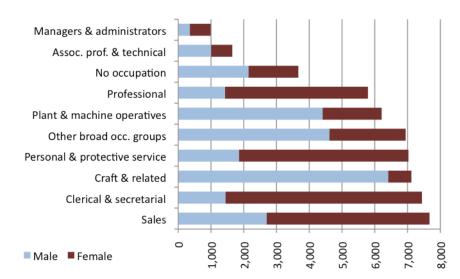


Figure A. Change in Live Register: October 2009 to August 2010, by sex and occupation 29

Analysis produced by the CSO of previous occupations of those on the LR (from October 2009) shows that the biggest increases in the LR have been for those who worked in sales and in clerical and secretarial jobs, those working in personal and protective services have also contributed significantly, all occupations dominated by women. Women with higher skills have also borne the brunt of more recent unemployment amongst professionals (75% of the increase is among women) and managers/administrators (64%). Further, many unemployed women are not included in the Live Register figure, as a result of the limitation rule.

4.1 A Sustainable Employment Strategy

Many of the jobs that have been lost in the Irish economy were not sustainable, and will not return even with a return to economic growth. It is estimated that each job lost costs the state in the region of €20,000 per annum, including both lost revenue and welfare payments³°. Ireland urgently needs a clear jobs strategy, both to tackle the tragedy of unemployment and in order to address the public deficit; supporting women's labour market participation must be a core element of such a strategy. Given the scale of the problem, we simply cannot afford to wait any longer.

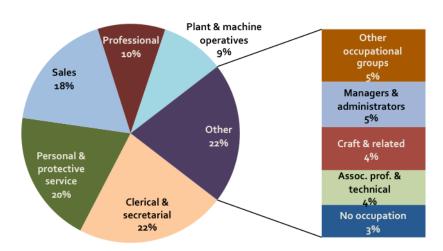


Figure B. Women on the Live Register by previous occupation, August 2010

Women in Ireland have demonstrated their eagerness to participate in the labour market and a strategy to tackle unemployment must place women's needs at its core. In this context the National Women's Council is gravely concerned about the reallocation of €10 million in EU funding for gender equality measures to labour market programmes without a gender focus. It would appear to send a very clear signal that women's labour market needs are not being taken seriously by government.

So-called 'workfare' is not effective in tackling unemployment, as evaluations of such measures demonstrate. The concentration of unemployment among those with lower levels of educational attainment demonstrates the value of investment in education and training. The literature on labour market programmes also makes clear that programmes with closer links to the labour market have higher success rates in securing progression into decent jobs. For example, the Forfás Review of Labour Market Programmes³¹ showed that Specific Skills Training and Traineeships – both programmes with high levels of female participation – had the highest rate of progression into employment. Finally, it is easier and more cost-effective to maintain a person in employment – even where hours are reduced, as they have been for many women working in low paid jobs, e.g. in the retail sector, than it is to try and tackle unemployment: where measures have been successful in supporting employers to maximise jobs, these should be maintained and expanded as appropriate.

While resources are scarce, funding for such measures should be seen as an investment rather than a cost. Investing in Ireland's human capital is essential if we are to put the Irish labour market on a sustainable basis for the future and develop the 'smart economy' to which we aspire. To maximise the value of such investment, it is imperative that provision is flexible and accessible to women, and addresses women's labour market skills needs.

Budget 2011 must resource a Sustainable Employment Strategy, and the development and implementation of this strategy must be an integrated, cross-departmental initiative. With the right supports – education, training and relevant labour market experience – woman will play a critical role in Ireland's recovery. Programmes such as the Equality for Women Measure have already developed a range of innovative and creative measures with a proven track record, and they can

continue to do so. We have an accumulated store of knowledge on what works, the Budget must provide the resources to make it happen.

Recommendation 7: Adopt a Sustainable Employment Strategy to:

- → Provide a range of labour market programmes on a flexible basis appropriate to women's skills needs and working patterns. This relates to programmes under the auspices of both the Department of Social Protection and the Department of Education & Skills;
- → Maximise the contribution of the social welfare and tax systems to supporting women in moving from welfare to work, including supporting female self-employment;
- Provide measures which are effective in maintaining jobs;
- → Identify and support sectors for job creation.

4.2 Minimum Wage

Because of women's concentration in low paid employment, they are more likely to be on the minimum wage. Even prior to the recession, Ireland had a high rate of 'in work poverty': in 2008, half of all those at-risk-of-poverty lived in a household where at least one person was at work³². Women are more likely to be in low paid and 'atypical' employment – jobs where many have already suffered significant cuts in hours. The minimum wage is a crucial element in making such employment sustainable; reducing it would make many of these jobs unviable for women.

Recommendation 8:

Maintain the minimum wage at its current rate of €8.65 per hour

5. Lesbian women

A revision of the tax and welfare code is required to give expression to the provisions of the Civil Partnership Act. While the National Women's Council regrets that the opportunity was not taken to provide full marital equality for lesbian women, and to regularise the situation of their children, there is no legal impediment to granting lesbian couples full equality with married (heterosexual) couples in the tax and welfare code. This should be progressed as a matter of priority.

Recommendation 9:

→ Provide lesbian women with rights equivalent to married couples in the tax and social welfare codes.

6. Women with disabilities

People with disabilities suffer a high rate of poverty, with 26% living below the poverty line³³. Women with disabilities are particularly disadvantaged: throughout their lifespan women with disabilities have lower incomes than both non-disabled women, and men with disabilities. Too often, their experience is one of poverty, isolation and lack of social supports³⁴.

The McCarthy Report proposed further drastic cuts to disability specific funding, and to health, social, educational and other services on which people with disabilities also rely. These include significant cuts in funding to voluntary organisations providing vital disability and mental health services, reduced funding for Special Needs Assistants, and to a variety of community-based programmes. In addition, social welfare payments for people with disabilities were already cut in last year's Budget.

The cumulative effect of these cuts would have a devastating impact on the lives of people with disabilities, and those who provide care for them, who are predominantly women³⁵. Women with disabilities already suffer an unacceptable level of disadvantage; Budget 2011 must not exacerbate this situation.

Recommendation 10:

- → Maintain current social welfare entitlements for people with disabilities and carers.
- At a minimum, existing services and supports for people with disabilities should be maintained at current levels.

7. Migration, asylum and integration

Women from minority ethnic groups continue to suffer high levels of disadvantage, and are particularly vulnerable during recession.

Migrant workers face a plethora of charges and levies in negotiating the migration process e.g. a work permit application costs €1,000 (€1,500 for renewal of a 3 year work permit) and an application for long-term residency €500. Further restrictions on placement of non EEA children in Irish schools in receipt of state funding, possibly in the form of a Government levy, has been proposed.

The Habitual Residence Condition (HRC)³⁶ places an additional burden on migrants, including returned Irish immigrants, trying to access social welfare. The criteria for determining habitual residence are not clear, and open to some discretion, so meeting the standard of proof can be extremely difficult, particularly for vulnerable migrants and returning Irish immigrants. Without access to social welfare and social services, those affected can face extreme poverty.

For migrant women who have been trafficked for forced labour, or who have become homeless as a result of exploitation, sexual or domestic violence, the situation is particularly difficult. NGOs, including National Women's Council members, working with these groups report increased rigidity

in the system, reducing access to discretionary transitional payments, further compounding their poverty and social exclusion. The result is destitution, fear and isolation.

Migrant women who fail to qualify for access to social services under the HRC, or who have a residency permit precluding them from accessing social welfare ('stamp 3') are particularly vulnerable. They are not entitled to claim basic social welfare payments, supplementary supports such as Rent Allowance, or to access social housing, education or training. This can mean they are refused access to refuges, as without access to social welfare supports, they cannot move on once the immediate crisis has passed.

Recommendation 11:

- No new levies or charges on immigrants to Ireland should be introduced, including restrictions on children of students from non-EEA countries;
- The €500 fee for applications for long-term residency should be repealed;
- → Abolish the Habitual Residency Condition;
- At a minimum, provide an exemption from the HRC for women who are victims of sexual and domestic violence, trafficking and exploitation, so as to allow transitional SWA payments to assist these very vulnerable women access income support, secure accommodation, and the education and training needed to enable them to live independently.

7.1 Direct Provision

Asylum seekers in Ireland continue to be housed, many for over four and some for more than seven years, in direct provision centres, with minimal financial support and poor and inappropriate accommodation as they await the decision on their asylum application. For women seeking asylum, the experience is all too often one of isolation, violence, vulnerability, poverty, racism, abuse, exploitation, physical and psychological distress. In addition the extreme difficulties associated with childrearing and family care are consistently highlighted, with some women trapped in domestic violence and others experiencing sexual abuse.

Their only income source, a social welfare payment of €19.10 per adult and €9.60 per child, has not been increased in ten years, remains an abomination which cannot be defended. In real terms i.e. had these payments been adjusted in line with inflation, they would currently be worth €24.50 and €12.50 respectively.

Recommendation 12:

- Abolish the inefficient system of direct provision and allow women and families seeking asylum to access accommodation in their own right;
- The weekly social welfare payment to people living in direct provision needs to be increased, and at a minimum, their real (inflation adjusted) value should be restored.

7.2 Traveller Women

The situation of the Traveller Community in Ireland remains characterised by profound disadvantage. The situation of Traveller women is well documented by Traveller organisations who highlight extremely low levels of educational attainment, high levels of long-term unemployment, poor health status and shorter life expectancy (12 years less) than settled women. Funding cuts will further deepen this disadvantage³⁷. Yet investment in the education and skills of Traveller women can have multiple positive impacts, including supporting better educational outcomes for children, a critical component of any strategy to tackle poverty among the Traveller population.

Recommendation 13:

→ Funding for Traveller Training Centres must ring fence resources for the promotion of Traveller education, with a specific budget for training and education programmes for Traveller women.

8. Violence against women

Services for violence against women have been chronically under-funded for years: funding was insufficient even during the boom times, with the result that women often can't access services. Furthermore, there is an urgent need for research into the wider social impacts of domestic and sexual violence.

The need for these services and this research is greater now than ever. In times of recession, options for women experiencing sexual and domestic violence dwindle, as their access to financial support may be further restricted by unemployment and increased poverty. Reduced family resources often result in increased violence in the home. The providers of services to women experiencing sexual and domestic violence are reporting levels of violence the likes of which they have not seen before.

Safe Ireland reports³⁸ that in just one day (4th November 2009):

- 368 women and 291 children were accommodated and/or received support from a domestic violence service;
- 194 helpline calls were received from women;
- 11 women and 6 children were admitted to a refuge;
- 6 women couldn't be accommodated in a refuge due to lack of space.

Some refuges have noted an increase in demand of over 40%. Demand for Ruhama's services increased by 22% last year, with half of cases involving sexual trafficking. Since the publication of the Ryan and Murphy Reports, Rape Crisis Centres have experienced a significant escalation in calls: for example, the Dublin Rape Crisis Centre reports a 42% increase in calls to the National 24 Hour Helpline for victims of rape and sexual abuse in 2009. And yet our members report that funding promised by Minister Barry Andrews last December still has not been released. It is important to note too, that notwithstanding the increase in demand for services, survivors of institutional abuse

account for approximately 2% of the clients of rape crisis centres. Services for survivors of sexual and domestic violence remain of critical importance.

NGOs responding to sexual and domestic violence have already experienced funding cuts; many have had to reduce service delivery and cut wages, while for others, their continued viability is in question. The women who depend on the services provided by these organisations cannot afford further cuts. The longer term cost for Irish society will also be higher – in addition to the vital work undertaken by these NGOs for survivors of abuse – counselling, refuges, support in navigating the legal system etc. – the education and prevention work they undertake has a critical role to play in reducing the incidence of violence against women.

Recommendation 14:

- Services working on violence against women need additional funding; at a minimum, existing levels must be protected;
- → A minimum target of 1 refuge place³⁹ per 10,000 of population needs to be agreed, and a timeframe set, so as to ensure women's access to safe emergency accommodation;
- → High Dependency Units for women with alcohol and drug dependencies should be developed;
- Additional funding previously announced by Minister Barry Andrews must be made available as a matter of urgency to Rape Crisis Centres to deliver much needed services;
- Funding for national organisations working on the issues of sexual and domestic violence against women must be protected against further cutbacks.
- → Provide funding for a new SAVI report on the extent of sexual and domestic violence in Ireland, and for other research.

9. Reforming the health system – with a gender perspective

The National Women's Council welcomes the publication of the *Report of the Expert Group on Resource Allocation and Financing in the Health Sector*⁴⁰, which outlines a set of evidence-based high-level recommendations to inform the future development of the Irish health service.

However, we highlight below issues that require consideration in developing an implementation strategy for the recommendations, including the need to gender-proof the proposals; to ensure effective access to primary care for a diverse population; and for reform of the hospital sector to improve transparency, access and equity.

The National Women's Council remains committed to the overall goal of ending the current two-tier health service, which is both inefficient and unfair, in favour of a high quality universal health system, free at point of delivery. This position is supported by international best practice research in OECD countries. However, we acknowledge that the current economic context, which imposes resource constraints, together with growing health care demands, make this a longer term goal. The Groups' report stresses the need to make maximum use of available resources, while focusing on the

need to increase equity in the health system, in order to achieve the core objective of ensuring quality and person-centred care for all. In this context, the National Women's Council broadly supports the Group's recommendations to government, in particular:

- That the Department of Health and Children (D/H&C), supported by the HSE, establish a common framework for all health and social care expenditure, so that there is openness and transparency on the impact and costs of decisions;
- That the D/H&C and HSE agree priorities for a 5-year planning cycle to provide a stable foundation for development;
- The immediate development of a population health needs resource allocation model to underpin the 5-year plan;
- That priority be given to making immediate use of the unique health identifier, combined with a national strategy to ensure that all members of the population are registered with a GP;
- The promotion of integrated care within and across the hospital, primary and continuing health care sectors;
- A more systematic approach to financing health services in terms of improving the extent of
 pre-payment for access to care, increasing transparency, and increasing incentives to provide
 appropriate services efficiently, with the expectation that user fees would be lowered over
 time.

9.1 Integrating a Gender perspective into new models of delivery

Gender is a key determinant of health. Despite the National Women's Strategy commitment to gender mainstreaming in health service planning, the National Women's Council notes with fatigue that the Expert Group Report fails to take account of gender differentials.

For example, the Maternity and Infant Care Scheme, a key income stream for GPs and frequently an expectant mother's first point of contact with an integrated care scheme, is not included in the analysis of current state subsidies to private providers delivering public health policy. Neither is the scheme discussed in the context of secondary or acute care. A further example is provided by the proposed framework of entitlement to GP services, which does not appear to take account of sexual and reproductive health needs, such as menopause, that naturally occur during the cycle of every woman's life. Sexual and domestic violence is an example of how women's health is socially determined that must also be considered when framing access to GP services.

The Group's proposed framework must be gender proofed to take account of women's specific health needs.

9.2 Primary care and health promotion

The National Women's Council advocates for a social determinants of health approach as the best method of reducing health inequalities and improving the quality, efficiency and effectiveness of healthcare in Ireland. This approach ultimately empowers people to take responsibility for their own health in partnership with health professionals.

The Expert Group presents compelling evidence that GP charges deter people from seeking the health care services they need, a point strongly endorsed by the National Women's Council. We advocate for free access to GP services, financed through taxes or other pre-payments, as a medium to long-term goal.

In the context of current fiscal constraints, the National Women's Council welcomes the Expert Group's proposal of a single medical card framework, and concur with its recommendation that user charges be regularly reviewed and monitored with a view to reducing costs for lower income groups.

The Expert Group proposes a framework to replace the current five medical card and drug payment schemes comprising four graduated bands based on income and health care needs. The National Women's Council supports the Group's recommendation that a project specifying the details of the framework be commenced immediately; we stress that this project must be comprehensively poverty and gender proofed. Specific recommendations are detailed below:

Recommendation 15:

- As a minimum safeguard, the entitlements of those currently eligible for a GMS or GP Visit Medical Card must be protected; no increased charges should result from implementation of the framework.
- → Means-testing must continue the current practice of disregarding reasonable expenses on housing/accommodation, travel to work, and childcare costs.
- To foster good preventative health practice and continuity of care, one free medical check up per year should be available to all registered with a GP (i.e. for all four of the proposed new medical cards).
- → Gender mainstreaming must be integral to primary care planning and delivery.
- → User representation to become an essential component of primary care.
- Revise the GP Contract to promote incentives for health prevention and continuity of care.

9.3 Public Acute Hospital Reform

The National Women's Council supports the direction of the HSE in organising and promoting models for integrated care delivery. We look forward to the day when the medical and social models of health work in a complementary way to deliver better health outcomes for all.

However, we remain very concerned about privatisation within the public health system. Policies providing tax breaks for the building of private hospital facilities without appropriate regard to population health and public planning, the continuation of the National Treatment Purchase Fund, and co-location of private hospitals on public sites create perverse incentives, and are contrary to the vision expressed in the current National Health Strategy⁴¹. Increasing capacity, improving access and quality for all can only be achieved by re-balancing the health system towards an accessible primary care system, and improving the capacity of public hospitals through HR and performance

management efficiencies, day beds and more appropriate and less costly community based beds for long stay patients.

Slow implementation of the Primary Care Strategy nationally means that in many areas there is already a shortage of GP services, particularly 'out-of-hours'. Symptoms that could be treated in a community setting instead result in increased pressure on A&E services. The hospital reconfiguration process in the north-east has withdrawn hospital services without provision of primary care services for affected communities. The practice of imposing a €250 charge on socially insured workers who cannot prove residency is discriminatory, and constitutes a barrier to access for minority ethnic groups. The National Women's Council also stresses that there should be no further increase in A&E charges without the provision of appropriate community based health services.

Recommendation 16:

- → The health service transformation process must ensure that appropriate primary and community care structures are in place before acute services are withdrawn.
- → No further increases in A&E charges, as these constitute a barrier to access to health care for families and vulnerable groups.
- → Phase out the National Treatment Purchase Fund and integrate its functions into the HSE, as a matter of priority.
- → Phase out tax reliefs on private health insurance and out-of-pocket health expenses and redirect these resources to complete implementation of the Primary Care Strategy.
- → Charge private insurers with the full economic cost of private beds in public hospitals.
- No co-location of private hospitals on public hand.

9.4 Creating a gender sensitive, women friendly health service

Mainstreaming gender in the health service

The National Women's Council has previously welcomed the establishment of a HSE study addressing gender mainstreaming in health service policy, planning and services. However, despite commitments, there has been no further progress to date.

We view the subsuming of the Women's Health Council⁶ into the Department of Health and Children as a regressive step, and urge the Department to take all steps to maximise the intellectual and human resources of the WHC in progressing gender mainstreaming in the health service.

⁶ The Women's Health Council was a statutory body established to advise the Minister for Health and Children, it was subsumed into the Department in 2009

Recommendation 17:

- → Provide a budget line to implement the recommendations of the HSE gender mainstreaming study.
- → Establish a Gender Mainstreaming Unit in the D/H&C, as per the National Women's Strategy.

• National Cancer Strategy

The National Women's Council supports the principles informing the establishment of eight specialist cancer centres in order to achieve best practice triple assessment screening. Good integrated pathways between primary, secondary and tertiary care are essential if the National Cancer Strategy is to be successful. However, these supports have not been fully realised.

We are also concerned that the current system's incapacity to meet the health needs of women reporting at symptomatic clinics: waiting times for assessment are increasing to an unacceptable level, increasing pressure on both patients and health professionals. National Women's Council members in Donegal, north Leitrim and Sligo are facing stressful barriers to accessing cancer services, including lengthy travel times, lack of public transport, time constraints resulting from caring responsibilities, and affordability. This unjust geographic disadvantage must be addressed as a matter of priority.

Recommendation 18:

- → Explore all available options to resolve this obvious gap in cancer service provision in the north-west, swiftly and democratically;
- → Provide resources adequate to meet demand for Breast Care Clinics.

Breast Check

The National Women's Council welcomes the national roll-out of BreastCheck. We note that the National Cancer Screening Service (NCSS) has committed to addressing anomalies in access to services; for example, Leitrim currently does not have a mobile BreastCheck service. To bring the BreastCheck service into line with international best practice, the NCSS proposal to extend the age bracket to 69 years should be implemented as a matter of priority. To bring Ireland into line with best international practice, we also recommend that the age bracket be extended to women of 45 years – for example, the age bracket has already been reduced to 47 in the UK, and a free screening service operates for women over 40 in Northern Ireland.

Recommendation 19:

- → Extend the eligible age bracket for BreastCheck to 69 years by end 2011, and to 45 years at the earliest opportunity.
- → Maintain supports for community-based women's organisations that are assisting the NCSS in improving uptake rates in disadvantaged or isolated areas.

The National Cervical Screening Programme

The National Women's Council welcomes the announcement by the National Cancer Screening Service that from 1st September women who have not had a cervical screen in over three years can attend their GP or family planning/women's health clinic without a letter of invitation from CervicalCheck.

However, we are very concerned that the Department of Health & Children is considering further reductions (following reductions in 2009) of fees to doctors under the CervicalCheck programme. GP practices are better positioned to absorb this cut than non-profit and charitable health care providers, who play such a critical role in the area of sexual and reproductive health care services. A further reduction in fees for such service providers would severely threaten the sustainability of such services.

Recommendation 20:

→ Protect not-for-profit / charitable providers of sexual and reproductive health services from further cuts fees paid under the CervicalCheck programme

Women and Mental Health Services

There are two problems with current mental health strategy⁴²: it is gender blind, failing to recognise gender differentials in presentation and treatment for mental illness, and its stated objective of bringing services and care pathways into the community is not being implemented.

At a time when demand can be expected to grow – the link between poverty, unemployment and stress with poor mental health is well established – the National Women's Council is very concerned that cuts in mental health services (e.g. the loss of 700 staff and the closure of community based services) will push the process back decades. The mental health budget has fallen by 9.4% over the last four years.

A review of the mental health strategy is urgently required. We propose that action should commence with a multi-disciplinary roundtable on women and mental health services, to inform the development of a national framework for women's mental health, with appropriate resourcing.

Recommendation 21:

- → The D/H&C should support a round table on women and mental health as part of a review of the *Vision for Change* strategy.
- → Undertake an evidenced based, gender-proofed review of prescription usage and costs; to include a cost benefit analysis of medication costs associated with the treatment of mental health conditions, particularly depression, compared to counselling and other therapeutic treatments.

Violence against Women and Primary Care

National and international studies show that while women are often extremely reluctant to contact the police when they experience sexual and domestic violence, they are more likely to make contact with health services. One Irish survey on domestic violence found that 29% of respondents would report the abuse to GPs, the third most frequent choice after family and friends. In a more recent study, over 1 in 6 of those affected had confided in a GP. In the context of acknowledged underreporting of sexual and domestic violence to the Gardaí, GP-led primary care can play an important role in addressing violence against women.

Recommendation 22:

- → With appropriate training GP's can play an important role, providing a first point of contact within an integrated response for many victims of sexual and domestic abuse⁴³.
- Time and resources should be made available to allow GP's to avail of the sexual and domestic violence training and put it in practice in a primary care setting.
- A free annual check up under the proposed new medical card scheme would support both women at risk of violence and the role of GP in health prevention.

10. National Women's Strategy and Equality for Women Measure

Funding for the Equality for Women Measure (EWM) has been drastically cut. In 2009 a substantial tranche of funding for the Measure was reallocated to other Departmental services, EU funding was reallocated to labour market programmes without a gender focus, and roll out of other strands of the Measure was halted. There is considerable uncertainty in relation to existing funding for implementation of the National Women's Strategy (NWS).

And yet both the EWM and the NWS can be important tools in addressing the current crisis – the EWM has a strong track record of developing innovative and creative approaches to entrenched problems of inequality, including in relation to the labour market, while the NWS is vital to tackling the structural inequality that generates inefficiency and waste of valuable human capacity. These initiatives are more, not less, important in the current context.

Recommendation 23:

- Funding to implement the National Women's Strategy should be maintained and ring-fenced;
- → ESF funding for the Equality for Women Measure should be ring-fenced for women's labour market measures.

11. Supporting women's organisations

11.1 Locally based women's organisations

Local women's organisations provide advice and counselling services, health information, access points for education and training, and childcare supports. They enable women to organise together and speak out on the issues affecting their lives, highlighting gaps in service provision and identifying areas in need of reform. They help to hold families and communities together and help women marginalised by violence to gain the confidence to leave situations that are dangerous and unhealthy for themselves and their children. Much of this work is of necessity slow, careful and even hidden. It is difficult to measure its impact – but it is essential to the well being of society. Many of these women's groups are Community Development Programmes and have united in putting forward a proposal for a women's sector CDP which will not be subsumed into the Local Community Development Programme. The National Women's Council supports this initiative.

Recommendation 24:

- → Ring fence funding within the Local & Community Development Programme for the continuation of the work previously carried out by Community Development Projects now subsumed into Local Development Companies;
- Provide an appropriate level of resources for the effective delivery of the Local and Community Development Programme to locally based women's networks

11.2 Supporting the voice of women nationally

The National Women's Council of Ireland, informed by its very diverse membership, speaks for the needs of women in every part of Irish society. At this critical time for Irish society, it is vital that a national voice for women is supported. We will not recover from this recession unless women's voices are heard in all of the debates surrounding the future of our society and our economy. An examination of the composition of current key decision-making bodies reveals a shocking absence of women:

- The Special Group on Public Service Numbers & Expenditure comprised five men and one woman;
- The Commission on Taxation consisted of thirteen men and five women;
- The Joint Oireachtas Committee on Finance & Public Service is composed of sixteen men and just one woman;
- Women are 51% of the population, but make up just 13% of members of the Dáil and the Seanad, and just 16% of local councils. This percentage is set to fall with 2 of our 23 women TDs departing the Dáil.

There is ample evidence from other countries that strong national representation of women's concerns leads to better policy development and implementation, and enhanced outcomes for

women, families and for all of society. There is also ample evidence that positive, affirmative measures are required to bring about this change.

Recommendation 25:

- → Maintain funding for the National Women's Council of Ireland at its 2010 level.
- Resource the National Women's Council to provide a national talent bank of women as envisaged in the Renewed Programme for Government⁴⁴ and as suggested in the Joint Oireachtas Report on women in politics⁴⁵

12. References

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http://www.fawcettsociety.org.uk/documents/Arewomenbearingtheburdenoftherecession.pdf

² European Commission (2009) Report from the Commission to the Council, the European Parliament, the European Economic & Social Committee, and the Committee of the Regions: Equality between women and men – 2009. COM(2009) 77 final. Available at:

http://www.lex.unict.it/eurolabor/en/documentation/com/2009/com(2009)-77en.pdf

³ European Commission (2009) Report from the Commission to the Council, the European Parliament, the European Economic & Social Committee, and the Committee of the Regions: Equality between women and men – 2010. COM(2009) 694 final. Available at: http://eur-

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- ⁴ COM(2009) 694 final, ibid. p.7
- ⁵ Central Statistics Office (2010a) *Live Register, August 2010*. www.cso.ie.
- ⁶ Central Statistics Office (2010b) *Quarterly National Household Survey, Quarter* 1 2010. <u>www.cso.ie</u>
- ⁷ Central Statistics Office (2009) Survey on Income and Living Conditions (SILC) 2008. <u>www.cso.ie</u>
- ⁸ NWCI (2009) The Impact on Women NWCI Responds Special Group on Public Service Numbers and Expenditure Programmes. http://www.nwci.ie/publications/fulllist/nwci-response-to-mccarthy-report/
- ⁹ www.2010againstpoverty.eu
- ¹⁰ Central Statistics Office (2009) ibid. One parent families account for 29% of those in consistent poverty, couples with 1-3 children for 24%, and other families with children for 22%
- ¹¹ See <u>www.budgeting.ie</u>
- ¹² OECD Family Database: *PF3.4 Childcare support*. Available at: www.oecd.org/\els\social\family\database
- ¹³ Available at http://www.nwci.ie/publications/fulllist/all-our-children/
- ¹⁴ Department of Social & Family Affairs (2009) *Statistical Information on Social Welfare Services, 2008*. Dublin: Stationary Office
- 15 Department of Social & Family Affairs (2009) ibid.
- ¹⁶ The household payment is limited to the equivalent of one adult rate (€196) and one lower QA rate (€130.10)
- ¹⁷ Department of Justice Equality & Law Reform (2007) *National Women's Strategy 2007-2016.* Dublin: Stationary Office. Objective 6-A, Action 51, p.v
- ¹⁸ For example, a person must have a clear, repetitive, pattern of weekly employment e.g. x number of days per week, or alternating 2 days / 3 days weekly, in a repeating pattern; they must work at least one day each week that would normally work (week on/week off working is not covered); they must have a history of full-time work with that employer; short-time working cannot be 'voluntary', which can mean employees who accept reduced hours to continue in employment are disbarred; they must be able to provide a likely resumption date. www.welfare.ie
- ¹⁹ Central Statistics Office (2010c) Women and Men in Ireland, 2009. www.cso.ie
- ²⁰ Department of Social & Family Affairs (2009) ibid.
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 $\underline{\text{http://www.taoiseach.gov.ie/eng/Publications/Publications}}_{2009/Renewed_Programme_for_Government_O}_{\underline{\text{ctober}}_{2009,html}}$

⁴⁵ Joint Committee on Justice, Equality, Defence & Women's Rights (2009) *Women's Participation in Politics, Second Report.* Available at: http://www.oireachtas.ie/viewdoc.asp?fn=/documents/Committees30thDail/J-JusticeEDWR/Reports_2008/20091105.pdf

²² Callan, T., Nolan, B. & Walsh, J.R. (2007) *Pension Priorities: Getting the Balance Right? Budget Perspectives* 2008. Dublin: ESRI

²³ Department of Social & Family Affairs (2010) *National Pensions Framework*. Dublin: Stationary Office

²⁴ Central Statistics Office (2009) National Employment Survey, 2007. Dublin: Stationary Office

²⁵ Department of Social & Family Affairs (2009) ibid.

²⁶ Barrett, A. & Wall, C. (2006) *The Distributional Impact of Ireland's Indirect Tax System.* Dublin: Institute of Public Administration & Combat Poverty Agency. The study found that the lowest income decile paid over 20% of their income in indirect taxes, while the highest decile paid less than 10%.

²⁷ Central Statistics Office (2010a) ibid.

²⁸ Central Statistics Office (2010b) ibid. Indicator S₃: <u>Unemployed</u> plus <u>marginally attached</u> plus <u>others not in education who want work</u> plus <u>underemployed part-time workers</u> as a percentage of the Labour Force plus marginally attached plus others not in education who want work.

²⁹ Central Statistics Office (2010a) ibid. Analysis by previous occupation is available from October 2009.

³⁰ Combat Poverty Agency (2009) Submission on Supplementary Budget 2009. Dublin: CPA.

³¹ Forfás (2010) *Review of Labour Market Programmes.* Available at: http://www.forfas.ie/publication/search.jsp?ft=/publications/2010/title,5748,en.php

³² Central Statistics Office (2009) ibid.

³³ Central Statistics Office (2009) ibid.

³⁴ Women's Education, Research & Resource Centre (WERRC) (2006) *Exploring the Research and Policy Gaps – a review of literature on women and disability*. Dublin: National Disability Authority

³⁵ Loftus, C. (2009) *Who Cares? Challenging the myths about gender and care in Ireland.* Dublin: National Women's Council of Ireland. Available at: http://www.nwci.ie/publications/fulllist/who-cares/

³⁶ An individual must be habitually resident in Ireland or other parts of the Common Travel Area to be considered eligible for social assistance.

³⁷ e.g. as proposed in the Report of the Special Group on Public Service Numbers & Expenditure

 $^{^{38}}$ Safe Ireland (2010) In Just One Day: on the 4th November 2009. Available at: $\frac{\text{http://www.safeireland.ie/pdf/sicensus-on-4th-Novog.pdf}}{\text{census-on-4th-Novog.pdf}}$

³⁹ Defined as number of rooms providing bed spaces for a woman and her children

⁴⁰ Expert Group on Resource Allocation and Financing in the Health Sector (2010) *Report.* Dublin: Stationary Office.

⁴¹ Department of Health & Children (2001) *Quality and Fairness – A Health System for You.* Dublin: Stationary Office

⁴² Report of the Expert Group on Mental Health Policy (2006) A Vision for Change. Dublin: Stationary Office

⁴³ It is particularly encouraging therefore that the ICGP has now published some best practice guidelines for GPs on how to address violence against women

⁴⁴ Available at: