

Social Policy Update

May 2018

Social Policy Update focuses on the social policy work of CIB and our delivery services throughout the country. It also provides information on national social policy news and developments.

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CIB Social Policy and Research News

CIB submissions and developments

Advance Healthcare Directives

In May 2018, CIB made a submission to the HSE in respect of its consultation on Advance Healthcare Directives Codes of Practice. An Advance Healthcare Directive is a document which sets out a person's instructions as to the kind of healthcare treatments that they want (or wish to refuse) in the future, when they may no longer have capacity to do so. The requirement for these Directives (and associated Code of Practice) derives from the introduction into Irish law of the Assisted Decision-Making (Capacity) Act 2015.

The consultation involved the preparation of a response (by way of a survey) in respect of three separate Codes of Practice - a Draft Code of Practice for Health and Social Care Professionals, another on How to Make an Advance Healthcare Directive and a third for Designated Healthcare Representatives. The submission welcomed the introduction into Irish law of Advance Care Planning and commented on technical aspects of the three Codes of Practice – focusing on the use and definition of terms within the legislation, compliance and associated liability, the role of healthcare personnel in initiating advance care planning and the potential challenges for health and social care professionals in adopting a functional approach to capacity.

Notwithstanding the positive implications of advance healthcare directives, the submission notes that the application of advance care planning in practice is complex and that the attitudes, beliefs and practical considerations of health professionals have been shown to influence the uptake of Advance Care Directives. The need for recognition of the role of independent advocates in the Codes is also noted, as health and social care practitioners will encounter advocates who will be assisting people with expressing their will and preference in cases where capacity issues arise. The Submission also suggested the need for an 'easy read' version of the document on *How to Make an Advance Healthcare Directive*, in order to improve accessibility for all. The HSE has indicated that, following the consultation process, the draft codes of practice will be amended, signed off by the Advance Healthcare Directives Multi-Disciplinary Group and submitted to the Director of the Decision Support Service, for consideration. The National Advocacy Service (for people with disabilities) has also provided a response to this consultation.

Submission on the Deprivation of Liberty: Safeguarding Proposals

CIB responded to the Department of Health consultation on deprivation of liberty safeguard proposals in March 2018. A consultation paper had been issued by the Department in conjunction with draft Heads of Bill in order to gain legislative clarity on the issue of deprivation of liberty in residential facilities for older people, those with a disability or mental health issues. This new legislation is required in order to meet specific obligations under the United Nations Convention on the Rights of Persons with Disabilities*, which was ratified by the Dáil in March 2018. It is intended that these deprivation of liberty safeguard proposals will form a new part of the Assisted Decision Making (Capacity) Act 2015.

The submission addressed a range of specific questions put by the consultation in relation to the main provisions of the draft legislation (or 'Heads'). These draft 'Heads of Bill' provide the legislative grounding for the various aspects of the Bill and cover such areas as definitions of key terms and words, the application of the safeguarding legislation and the person's capacity to make a decision as to where they live, admission procedures in both routine and urgent situations (specifically regarding legal authority and the role of medical evidence) and the use of restraint practices (in the context of deprivation of liberty, rather than for therapeutic reasons). The draft Heads of Bill also elaborate on areas such as review processes, record keeping and arrangements for existing residents once the legislation commences.

The consultation paper acknowledges that the draft provisions represent "a very significant cultural change.... However, in order to satisfy the requirements of the Convention and to align with the approach adopted in the Assisted Decision Making (Capacity) Act 2015, a more formal process than that which currently prevails, with the involvement of the court in certain circumstances, is required". Within this context, the CIB submission noted that "care is required to ensure that the legal structures and processes that are put in place do not become so cumbersome and bureaucratic that they detract from the quality of care provided to those who require safeguarding and protection". The submission also notes however that deprivation of liberty should occur in accordance with due process of law, and be subject to regular review and lawful challenge. When a citizen is being subject to deprivation of liberty safeguards, it is crucial that appropriate reciprocal measures are in place to protect rights and, in this context, access to independent advocacy will be an important consideration.

Concerns have been raised by the disability sector about the compatibility of including deprivation of liberty safeguard provisions within the Assisted Decision Making legislation. The Department has since established an Advisory Group to consider the findings of the public consultation process, in order to advise on any appropriate amendments to the draft Heads of Bill and to ensure that the approach taken integrates effectively with existing legislation.

* See also Parliamentary Question on UN Convention on the Rights of Persons with Disabilities later on in this edition.

CIS National Activity Report 2017

The 2017 National Activity Report for the CIS network was presented to the Board of CIB in March 2018. The Report outlines the level of caller and query activities for each service and also provides details of the projects that have been rolled out or progressed during the last year. Here we highlight the key Caller/Query profile data from 2017:

- There were 1.039 million queries dealt with by services – a 2.5% increase on 2016;
- There were 599,016 callers to CISs in 2017 – a slight decrease on the previous year
- Services also dealt with 9,900 'once-off' advocacy queries and 2,693 advocacy cases.

Social Welfare queries accounted for 45% of all **queries** logged, with Health (9%), Housing (8%), Employment and Local queries (both at 7%), and Money and Tax representing 6% of all queries. Housing queries continued to increase on a year-on-year basis (an increase of 15% on 2016) – with services nationwide responding to a range of

housing issues in relation to local authority and social housing, renting a home, homelessness and the provision of emergency accommodation. In particular, queries in relation to the HAP payment almost doubled (in line with the national roll-out of the scheme from March 2017). There were almost 60,000 Medical Card queries, which continues to be the largest **single query area** recorded in 2017. The State Pension Contributory (34,590 queries), Jobseeker's Allowance (31,581 queries) and Disability Allowance (31,556) were the next most-queried single payments or schemes.

The Report also provided details on **caller profile**, which showed that 57% of CIS callers were female and where age was recorded, 47% were aged between 26 and 45 years, 34% were in the 46-65 age group and 14% were 66 years or over. Of callers where country of origin was recorded (70% of all callers) non-Irish nationals made up 23% and these came from 215 countries. These figures indicate the continued importance of CISs as an information service for migrants.

The identification of '**ethnicity**' was recorded for 34,689 callers (or 6%) during 2017. The majority described their ethnicity in terms of their nationality and others chose religion, colour or minority group from another country. The identity of 'Traveller' was logged in 2% of callers where ethnicity was recorded.

In terms of the level of business, 23 services had between 10,000 and 20,000 callers, with eight services logging over 20,000 callers. Some 77% of callers contacted the CISs in person, with 21% getting in touch by telephone. Almost 9% of callers were noted as having some type of access difficulty (a figure which has been increasing over the past number of years) – with language difficulties accounting for 37% of this. Other types of difficulties noted were dealing with distressed clients. Services referred over 6% of clients to other agencies, and of these referrals, 18% were to Free Legal Advice Centres (FLAC), 6% were to a solicitor, 6% to Intreo, 6% to local authority housing and 4% were referred to a local support group or service provider.

The Oyster system also recorded that CISs submitted 4,579 **Social Policy Returns** (SPRs) to CIB in 2017 – an increase of 23% on the previous year (which followed a 22% increase on 2015). A full analysis of the annual Returns was provided in the February 2018 issue of Social Policy Update.

The CIS Activity Report also outlined developments that took place in services during 2017 in relation to volunteers, quality, advocacy, specialist services, training, outreach, promotion and collaborative projects.

Social Policy Grants

During 2017, CIB (through the Social Policy Grants Scheme) funded three separate projects amongst delivery services, each with a focus on a particular concern at a local level. These grants were awarded to:

- Ballyfermot CIS - as part of a locally-based initiative (with Ballyfermot/Chapelizod Homeless Forum) to develop a strategy for an integrated local response to homelessness. The grant assisted with the production of a leaflet highlighting local options and pathways for people wanting housing information, advice and advocacy supports.
- Co Wicklow CIS – to assist with the provision of a comprehensive, collaborative support service (with interagency co-operation) to ensure that the Somalian Community in Arklow town is accessing the full range of social rights and entitlements to enable them to engage fully in civil society.
- NAS – to host a workshop event to examine the experience of homelessness by people with intellectual disabilities/autism, with voluntary and statutory service providers in attendance.

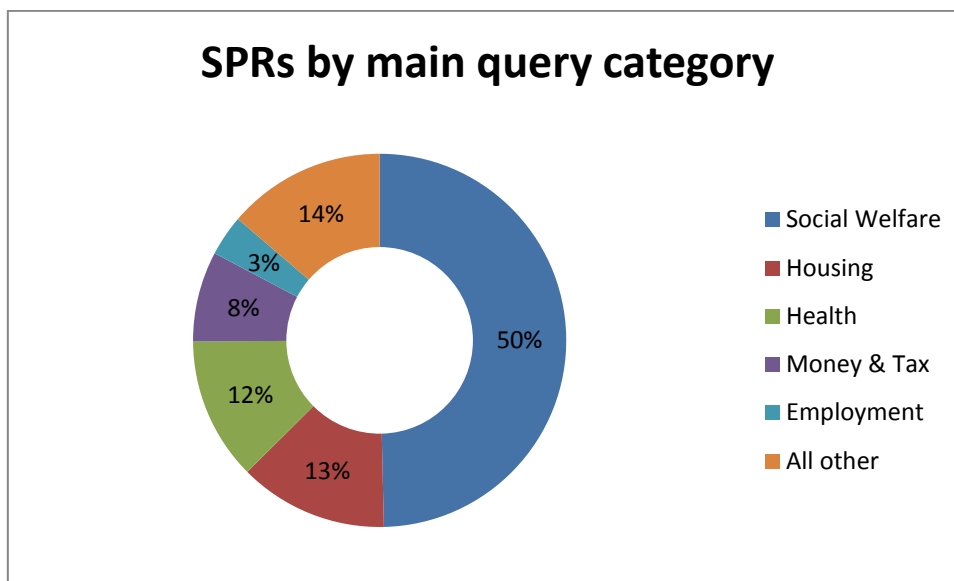
This funding continues to be available to services in 2018 who wish to engage in a small-scale policy initiative at local level – whether it is a research piece, policy network or seminar with a policy focus. Any service that is interested in developing projects such as these (or other initiatives) can contact the Social Policy Executives in CIB - Adrienne Collins (adrienne.collins@ciboard.ie) or Bernie Kennedy (bernadette.kennedy@ciboard.ie) for further information or support in seeking the grant.

On the Ground: feedback from CISs and CIPS

This section features an overview of recent social policy returns from CISs and CIPS. The views expressed are those of the individual services.

Social Policy Returns: January - March 2018

During the first three months of 2018, CIB received a total of 987 Social Policy Returns (SPRs) from CISs around the country via the Oyster system. Staff from CIPS also submitted an additional 113 SPRs during this quarter via their excel-based recording system, combining to a total of 1,100 SPRs (as compared with a total of 1,067 for Quarter 1 in 2017).



Within the top five query categories outlined in the chart above, the two broad categories of **Health** and **Money and Tax** logged an increase in SPRs (whilst the query categories **Social Welfare**, **Housing** and **Employment** all declined) when compared with the same period in 2017. Across the range of broad query categories, the most reported specific payments or benefits during these three months were *Medical Card*, *Jobseekers Allowance*, *Illness Benefit*, *Carer's Allowance* and *Income Tax Credits and Reliefs*.

Medical Card Issues

There has been a significant increase in the number of SPRs submitted in relation to Medical Card issues when compared with the same quarter in 2017 – with over two thirds of these reporting on administrative or operational difficulties. The most common concerns in relation to *Medical Cards* during this quarter were focussed on the following issues:-

- The main difficulty for clients was in renewing, and applying for, their medical card online. During the latter part of 2017, the National Medical Card Unit (NMCU) launched their new online application system (prior to which they had been asking selected recipients to renew their card online). Reports from services indicate that this online system is presenting difficulties for applicants who are not computer literate, who do not have access to the necessary technology to make the application (whether this is PCs, mobiles, tablets, scanning equipment or broadband), or people who have literacy or language difficulties. Services who have been supporting applicants in this process have also reported on technical difficulties with the system and on delays in receiving a manual application form when this has been requested;

- Cases where supporting documentation has been sent in by applicants but has not been received by the NMCU (or has been lost). In a number of the cases reported by services, clients have been asked on repeated occasions to send in documents and, depending on the timing of the requests, some applicants have to re-submit the full application form;
- On the issue of correspondence from the NMCU, services have also reported regularly on the letters that are sent by the Unit requesting additional documents to support the application/ renewal. In many cases, this letter seems to be a standard template letter that does not specifically state which particular supporting documentation is outstanding, thus leaving it to the applicant to judge what documents need to be submitted (or, in some cases, resubmitted);
- The application and awareness of the Medical Card Retention Scheme, wherein some medical card recipients who take up work are entitled to retain their card for up to three years. Services have reported that, as this provision is not promoted widely (or highlighted in the application form), many recipients are not aware (or are not being assessed) in this context when renewing their card. Further, it is noted by services that these recipients are frustrated by the need to send a full application form when they take up work – despite the fact that their eligibility does not depend on their means under this provision. Some services have suggested that the provision of a statement of a claims history from DEASP could streamline this process for recipients and for the Unit itself;
- Cases where recipients have not received renewal forms for their cards and have only become aware of their lapsed eligibility when they visit a GP or pharmacist;
- Difficulties continue to be reported for clients who cannot access GPs who are willing to take them on as Medical Card patients.

Money and Tax concerns

There has also been a marked increase (at 72%) in the number of SPRs submitted in relation to *Money and Tax* issues when compared with the same quarter in 2017 – and the majority of these SPRs are categorised as operational or administrative issues. As noted previously, there are a significant number concerned specifically with *Income Tax Credits and Reliefs*, and also in the categories of *Income Tax* and *Refunds*. The main issues highlighted by services are focussed around the difficulties that their clients have been experiencing with the new requirements around online access to Revenue services – and reiterate many of the difficulties that were witnessed by services during the latter part of 2017 when Revenue confirmed that the myAccount facility was now the preferred single access point for all of Revenue’s secure online services. Coupled with this change is the requirement that Revenue customers make an appointment in order to visit the regional/ local offices to speak directly with Revenue staff, thus eliminating the option for drop-in consultations.

As we have seen in other instances, these new requirements seem to have disproportionately affected people who have limited literacy or English language skills, older people, people living in rural areas (with limited broadband access) and people with disabilities. Further, CIC staff have pointed out that they can only offer limited support in such cases as, given the risk of malware, information staff cannot access (or create) clients email addresses to assist them in setting up the myAccount facility when they visit the CIC. The SPRs from services during this quarter specifically noted the following difficulties:

- Cases where customers who have recently submitted paper documents in respect of registering or claiming specific services from Revenue have had the documents returned to them and have been asked to complete the operation online;
- Difficulties for people who are trying to make contact with their local/ regional Revenue office by telephone (either to get clarity on an issue or to make an appointment). Services have also reported that

they, as a service, are unable to make general inquiries with the local Revenue service by telephone as a PPS number is required;

- Some of the individual cases reported by CIC staff indicate that the delays caused by these new access arrangements are having a knock-on effect on people's ability to secure other payments and services, as well as the financial impact for people of delays in claiming tax credits (particularly when registering new employment), rebates and expenses.

Over-and-above these online-access issues, services have also reported on cases where co-habiting couples are unable to transfer tax credits to their partner (as can happen in the case of married couples or those in a civil partnership), with one service suggesting that this should be allowed in the context of the provisions of the Equal Status Act.

Advocacy in CISs - social policy issues arising during 2017

Over 9,900 queries were recorded as advocacy queries on Oyster during 2017. Of these queries that were logged initially as "once-off advocacy", 1,618 case files were subsequently opened by information staff within CISs in order to record the advocacy work undertaken by the service with individual clients. In total, 2,693 individual advocacy cases were dealt with by services during 2017 (this includes cases open from the previous year). The majority of the advocacy cases undertaken by CIS staff during 2017 were focussed on social welfare related issues – that is 53%, which was followed by employment-related cases at 17% and, then, housing at 10%. These three categories combined accounted for 80% of all advocacy cases. Over 4% of the advocacy cases were concerned with *Consumers Affairs* and the broad category of *Moving Country* logged over 2% of all cases. In over 17% of all advocacy cases open in 2017, CISs recorded that advocacy support was provided to people with some type of disability.

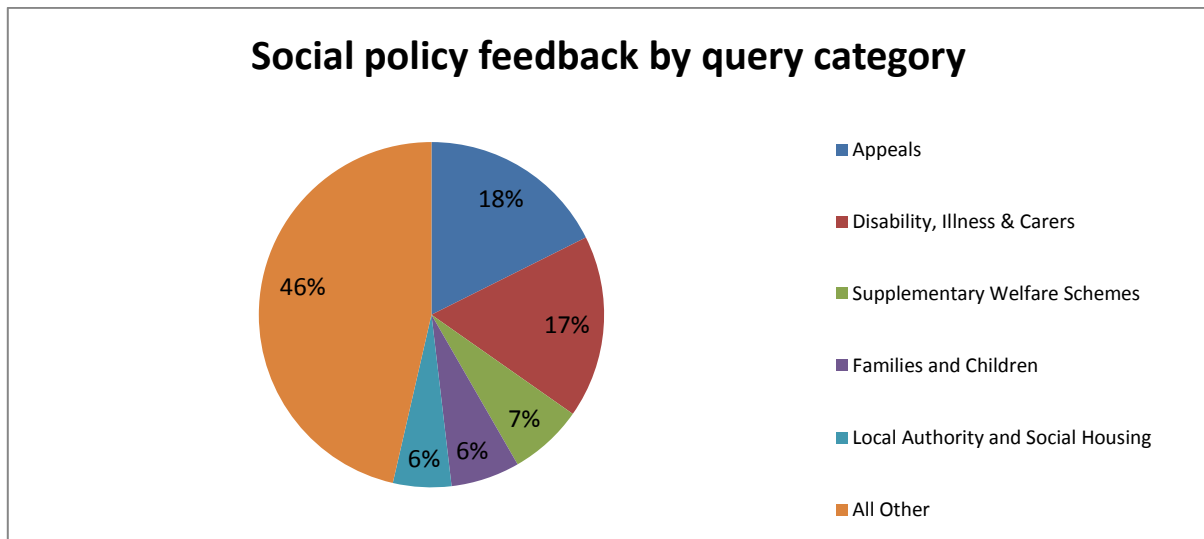
When looked at in the context of the general information query figures, the focus on social welfare amongst the advocacy cases undertaken in services is consistent with the general business of CISs - although at a higher level than is evidenced in general information query figures (45% of all queries made in CISs during 2017 were social welfare related). It would seem that there is also an over-representation of employment issues amongst the advocacy cases at 17%, when compared with the proportion of general employment queries which stood at 7% (or 72,508) during 2017.

Social policy feedback 2017

During 2017, of the 2,693 advocacy cases dealt with by services across the country, social policy concerns were recorded in 14% of cases (that is, in 368 cases) – an increase of 5% on the number recorded during 2016.

It should be noted that some of the changes made to the advocacy case management system in January 2018 should make the recording of policy issues more straightforward for the advocate – with the most significant change in this regard being the provision of a dedicated Social Policy Tab on the dashboard, which will allow for the recording of social policy issues at any point during a case. During 2017, over half of the policy concerns were categorised as operational or administrative matters (that is, *Access and Administrative Barriers* and also *Information Deficits*). Policy-based concerns (*Gaps and Inconsistencies in provision* and also *Anomalies in Policy*) accounted for 47%. Of the advocacy cases taken on by CISs that were noted to have a social policy concern, over half were concerned with five main query categories, as illustrated in the chart below – with cases referencing Appeals and also Disability, Illness and Carers registering most concern. Of the cases that were logged as Appeals that had social policy feedback, most were related to the particular payments of Disability Allowance, Carer's Allowance and Jobseeker's Allowance. The application of HRC was a key policy concern in many of the appeals taken in relation to Jobseeker's Allowance and refusal of payment on medical grounds was at the core of many of the Disability Allowance appeals – with the vast majority resulting in successful outcomes for the CIS clients.

Typically these cases involved significant sums of money (ranging from €200 to €32,000 in one case, and many concerning sums around €8,000 - €12,000). Appeals that were concerned with the application of the Habitual Residence Condition (HRC) were mainly taken in relation to Jobseeker’s Allowance. A number of the cases referenced overpayment demands from the DSP Debt Recovery Unit and the advocacy intervention by the service was successful in the majority of the cases detailed – and in one case involved the reversal of an overpayment demand of €21,000 to an arrears payment of €1,800.



Social policy feedback on advocacycase.ie, January – March 2018

A review of the data that was submitted by services during the first quarter of 2018 indicates that there were 55 cases on advocacycase.ie in the first quarter of 2018 that provided social policy feedback. Particular policy issues relating to specific cases included the following:-

- Delays in applications and appeals processing times causing hardship. The need for priority to be given to SWA appeals due to hardship that can result;
- A considerable number of the appeals resulted in successful outcomes for clients, with some involving overpayments to DEASP being reduced, and another detailing an appeal of the refusal of DA, which was then overturned and the client was awarded a backdated payment, Free Travel and Household Benefit Package;
- Delays when a client is moving from one area to another and could be dealing with two DEASP offices, with payment not being backdated to the date of the original application;
- Lack of notification of DEASP decisions. It was noted in one case that a local social welfare office had revised the practice following a successful appeal and is now issuing revised decisions as standard practice;
- Lost files (or documents from files) and phone calls not answered, with the advocate noting that “the continual delay in issuing decisions adds to the stress of families already under pressure”;
- Some local DEASP offices cancel appointments as they say the client is not eligible, effectively making a decision in advance. In some cases, this may prevent clients from making an application and thus denies the client the right to appeal a negative decision;
- Reports of a lack of joined up thinking between service providers.

Given the level of casework involved with these advocacy cases, we continue to be grateful to advocates for the social policy feedback that is provided through the case management system as many of these cases involve multiple issues and actions.

In the Oireachtas

This section looks at policy-related questions and debates in the Oireachtas, with a particular focus on issues currently arising in social policy feedback from Citizens Information Services. The text may be edited. For the full text of any PQs/debates featured here, go to www.oireachtasdebates.oireachtas.ie

UN Convention on the Rights of Persons with Disabilities [PQ 15102/18; 17 April 2018]

Deputy Catherine Connolly (*Galway West, Independent*) asked the Tánaiste and Minister for Justice and Equality “the reforms needed for Ireland to ratify the Optional Protocol to the Convention on the Rights of Persons with Disabilities; the roadmap to achieve same and if she will make a statement on the matter”.

In a response on behalf of Minister Flanagan, **Deputy Finian McGrath** (*Dublin Bay North, Independent*) stated that “the final legislative amendments needed to enable Ireland to comply with the Convention will be contained in the Disability (Miscellaneous Provisions) Bill 2016 and in a standalone Bill on Deprivation of Liberty. The Disability (Miscellaneous Provisions) Bill 2016 is currently awaiting Committee Stage in Dáil Éireann. At its meeting on 5 December 2017, the Government approved the publication of draft legislative provisions on deprivation of liberty safeguards for public consultation....

The Assisted Decision-Making (Capacity) Act 2015 also needs to be commenced and this requires the establishment of a Decision Support Service (DSS) under the Mental Health Commission. The Assisted Decision-Making (Capacity) Act 2015 provides a modern statutory framework to support decision-making by adults with capacity difficulties. The Act was signed into law on 30 December 2015. New administrative processes and support measures, including the setting up of the Decision Support Service within the Mental Health Commission (a body under the auspices of the Department of Health), must be put in place before the substantive provisions of the Act can be commenced. A high-level Steering Group comprised of senior officials from the Department of Justice and Equality, the Department of Health, the Mental Health Commission and the Courts Service, together with the Director of the Decision Support Service, is overseeing the establishment and commissioning of the Decision Support Service (DSS) and this work is ongoing... .. The recruitment and appointment of the Director of the DSS, and the appointment of DSS staff, is a matter for the Mental Health Commission with the approval of the Minister for Health. Ms Áine Flynn was appointed Director of the Decision Support Service on 2 October 2017.

Preparations are being made, by the Steering Group, to allow for further commencement orders for the provisions of the 2015 Act to be made when the DSS is ready to roll out the new decision-making support options. The Director is also working in a very determined way to get the necessary staff resources, processes, IT system, expert panels, codes of practice and regulations in place in order that the Decision Support Service can be up and running as quickly as possible. However, it is not possible at the moment to provide an exact time line for the full implementation of the 2015 Act, as there are many complex strands to this work, including involvement of multiple organisations, and the prevailing view is that the Decision Support Service will not be ready to become operational until 2019. The 2018 Budget provides for an allocation of €3 million in the Justice and Equality Vote for the establishment of the Decision Support Service. The commencement of Part 8 of the Act, which provides for a legislative framework for advance healthcare directives, is a matter for the Minister for Health. Finally, I fully recognise the utility of the Optional Protocol to the Convention in providing a high degree of accountability. My intention is that the Optional Protocol will be ratified once we have completed the tasks outlined above”.

Jobseeker’s Allowance for under 26’s [PQ 19307/18; 3 May 2018]

Deputy Richard Boyd-Barrett (*Dún Laoghaire, People Before Profit Alliance*) asked the Minister for Employment Affairs and Social Protection “the way in which she plans to address the anomaly that persons who are homeless and under 25 years of age on jobseeker's allowance are on a reduced payment as per the rules of the

scheme making it much more difficult for them to extricate themselves from homelessness”. **Minister Regina Doherty** (*Meath East, Fine Gael*) replied noting that “In line with other EU and OECD jurisdictions where such measures feature in their social welfare systems, reduced rates for younger jobseeker’s allowance recipients were first introduced in 2009. These were further extended in subsequent budgets and now apply to jobseeker’s allowance recipients under 26 years of age. This is a targeted, non-discriminatory, measure aimed at protecting young people from welfare dependency by incentivising them to avail of education and training opportunities. If a jobseeker in receipt of the reduced jobseeker’s allowance rate participates on an education or training programme they will receive a higher weekly payment of €198. To guard against the development of welfare dependency I believe it is necessary to provide young jobseekers with a strong financial incentive to engage in education or training or to take up employment. If they do not improve their skills, it will be much more difficult for them to avail of job opportunities as the economy recovers and they are at risk of becoming long term unemployed from a young age. My Department continues to engage in inter-agency responses to homelessness through its work in the Homeless Persons Unit in Dublin and engagement with Tusla, the HSE and non-Government organisations in providing the necessary support to all vulnerable people including young people who are experiencing homelessness or are in insecure situations. These cases are managed on a case-by-case basis and the payment of deposits and rent in advance is considered”.

Illness Benefit [PQ 12201/18; 20 March 2018]

Deputy Brendan Howlin (*Wexford, Labour*) asked the Minister for Employment Affairs and Social Protection “if her attention has been drawn to the difficulties persons are having making contact with the illness benefit section of her Department; her plans to improve the service; and if she will make a statement on the matter”.

Deputy Finian McGrath (*Dublin Bay North, Independent*) responded on behalf of Minister Doherty stating that “my Department’s Illness Benefit Section receives approximately five thousand claims per week and has over 50,000 claims in payment at any time. There are a number of ways for customers to contact the Illness Benefit Section. There is a phone service available Monday to Friday from 10am to 1pm and from 2pm to 5pm. Enquiries can be made via the traditional postal service or by email to... Customers can also email using the online enquiry form. Enquiries can be made at local Intreo Centres. Some delays have occurred in processing illness benefit claims due to an increase in claims resulting from the recent flu outbreak and the adverse weather conditions. My Department is working hard to reduce any backlogs to ensure speedy payment of benefits and a new computer system is being introduced from June which will increase the speed and efficiency of the process. Any delay in payment is regretted and anyone who is in financial difficulties should contact the Community Welfare Officer at their local Intreo Centre”.

Medical Card administration [PQ 13277/18; 22 March 2018]

Deputy Eamon Scanlon (*Sligo-Leitrim, Fianna Fail*) asked the Minister for Health “his plans to increase staffing levels and improve efficiency in the medical card unit in view of ongoing delays in the processing of medical card applications, particularly for applicants recently diagnosed or undergoing treatment for serious illness”.

In reply, **Minister Simon Harris** (*Wicklow, Fine Gael*) stated that “the Health Service Executive (HSE) National Medical Card Unit (NMCU) has responsibility over the management of staffing levels to ensure sufficient medical card turnaround times. A key performance indicator within the NMCU is the processing of Medical Card and GP Visit Card applications within 15 working days of receipt of application. The HSE has advised that the NMCU are currently working within a 15 day turnaround for all completed applications including applicants diagnosed or undergoing treatment of a serious illness. It is useful to note that on the 15th January the HSE launched its new National Medical Card online service www.medicalcard.ie. This new system enables people to make an online application for a medical card that is faster and more convenient than the current paper based system”.

Policy News, Resources and Opinion

This section features developments, resources, events and opinions likely to be of interest to those engaged in policy work.

CIB does not endorse or otherwise any of the policy positions featured.

Central Bank Quarterly Report on Residential Mortgage Arrears – Q4 2017



Banc Ceannais na hÉireann
Central Bank of Ireland
Eurosystem

In March 2018, the Central Bank published the Quarterly Report on Residential Mortgage Arrears and Repossessions for the last quarter of 2017. The Report noted the following headline figures with regard to Principal Dwelling Houses (PDH):

- Over 70,000 households (with mortgages on private dwellings or Principal Dwelling Houses) are in arrears. This represents 10% of the total of 729,722 mortgages held by private households throughout the state and is the eighteenth consecutive quarter of decline;
- The number of households in arrears under 90 days (or “early arrears”) was reported at just over 22,000 - a slight increase on the previous quarter and the total number of households in arrears for over 90 days at the end of Q4 stood at 48,433;
- Within this, the number of households in “very long term arrears” (over 720 days) stood at over 28,000 - or 41% of all households in arrears;
- Over 118,000 mortgages were classified as “restructured” and over 87% of these were deemed to be meeting the terms of the arrangement. Typical fore-bearance arrangements included interest-only, reduced payments, temporary deferrals, term extension and arrears capitalisation;
- Non-bank entities now hold just over 61,000 mortgage accounts for Principle Dwelling Houses and Buy-To-Let properties;
- Legal proceedings were issued against 829 households in the fourth quarter of 2017;
- A total of 311 properties were taken into possession by lenders during this quarter – down from 396 in the previous quarter;

The Report also provides a breakdown of arrears, repossessions and restructures on Buy-To-Let properties (totalling over 122,000 mortgage accounts to a value of €22 billion). The full Report can be accessed [here](#).

ESRI report - impact of the 2016 increase in the National Minimum Wage



In April 2018, the Economic and Social Research Institute (in association with the Low Pay Commission) published research which examined the impact of the increase in the National Minimum Wage. The study set out to examine if the increase in the wage in 2017 (from €8.65 to €9.15 per hour) prompted employers to reduce either their number of employees or the number of hours worked by their employees.

The research found that the increase did not result in greater unemployment among minimum wage employees, but that there was a reduction in the average number of hours worked by these workers. The study estimated this reduction to be between 0.7 hours and 3.3 hours per week, but attributed this decline to an increase in the number of part-time workers joining the workforce due to the higher minimum wage, noting that there were “no negative employment effects because of the 2016 increase”.

Mr Donal de Buitléir (Chairperson of the Low Pay Commission) noted that the report, which was developed as part of a research partnership agreement between the ESRI and the Low Pay Commission, “provides much needed evidence of the impact of the 2016 increase in the national minimum wage on both hours worked and overall employment trends of minimum wage workers”. The report can be accessed [here](#).