



WDC Insights

*providing insights on key issues for
the Western Region of Ireland*

The Health & Care Sector in the Western Region

Regional Sectoral Profile

November 2018

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1.0 Introduction

The [Western Development Commission](#) (WDC) is a state agency with responsibility for promoting the economic and social development of the Western Region of Ireland.¹ To effectively deliver this remit the WDC carries out detailed analysis of a range of socio-economic issues of relevance to the region to inform policy debate and formulation.

This is the second in a series of 'Regional Sectoral Profiles' analysing the most recent employment and enterprise data for the Western Region on specific economic sectors and identifying key policy issues.²

The two-page **WDC Insights: The Health & Care Sector in the Western Region** summarises the main points from this report. It is available [here](#).

1.1 Health & Care

The Health & Care sector is the third largest employment sector in the Western Region (after Industry and Wholesale & Retail). It is a broad sector including all those working in hospitals, nursing homes, crèches, day facilities for the elderly and people with disabilities, dental, medical and physiotherapist practices etc. It includes professional healthcare occupations e.g. nurses, doctors, as well as clerical and administrative roles and care assistants, home carers, childminders and childcare workers.

The Health & Care sector is of fundamental importance. It provides vital services, often at critical and difficult periods in people's lives. It is also a sector facing significant challenges in serving the population's needs and is the subject of considerable public debate.

Discussions of the Health & Care sector mainly focus on the provision of these vital services, rather than its role in job creation, economic growth and regional and rural development. The focus of this 'Regional Sectoral Profile' however is not on the provision of Health & Care services, rather it considers the role of Health & Care as a key regional employer.

Health & Care is more widely dispersed geographically than many other sectors and is present in all areas, from city centres to towns and villages. An ageing population means that demand for services is increasing and creates a number of specific challenges in meeting this future demand, as well as opportunities to do it well. As the Western Region has an older age profile and is a predominantly rural region, meeting the health and care needs of older persons, including those living in rural areas, is a primary policy concern. At the same time, increasing female participation in the labour force is driving demand for childcare services across all parts of the region.

Health & Care is particularly important for women's employment and is a key provider of professional employment opportunities for women in the Western Region. Given the nature of the sector, the flexibility of hours can be attractive for those with home caring responsibilities.

As well as professional occupations, the sector also offers lower skilled jobs (especially in care), which are important in providing job opportunities for people of all skill levels. Some of these lower

¹ Counties Donegal, Sligo, Leitrim, Roscommon, Mayo, Galway and Clare.

² The first Regional Sectoral Profile examined the Wholesale & Retail sector and is available here <https://www.wdc.ie/publications/reports-and-papers/>

skilled care jobs are characterised by high turnover and may be part-time and relatively low paid. Regulatory changes have increased the qualification requirements to fill certain care jobs and while improved standards of care are to be welcomed, it has created some challenges for recruitment of qualified staff.

Following a description of the data that will be used, Sections 2 and 3 outline the current employment and enterprise situation of the Health & Care sector in the Western Region. Key policy issues are examined in Section 4.

1.2 Data Used

A number of CSO data sources are used to examine the Health & Care sector in the region.

Census of Population: The Census provides comprehensive data on employment by sector at both county and town level. No other data source provides this level of geographic breakdown. There are a number of issues to bear in mind:

1. Most recent Census data is 2016.
2. Census data refers to where a person lives which may not be the same as where they work.³ Data presented here on the number of people working in a sector in a specific county/town refers to the number of residents of that county/town working in the sector, even if they work elsewhere.
3. Census data does not give an indication of whether employment is full or part-time. Each person who works in the sector, regardless of how many hours per week they work, is counted the same.

Business Demography: Business Demography data gives the number of enterprises in each sector in each county. An enterprise is assigned to the county where it is registered with the Revenue Commissioners. Therefore a business with multiple locations e.g. a dental practice chain, is only counted once where it is headquartered (often Dublin), individual branches are not counted. Data for the Health & Care sector includes public, private and community/voluntary owned Health & Care entities that are registered with the Revenue Commissioners e.g. private nursing homes, GP practices, public and private hospitals, crèches, home care providers. While Business Demography data for most sectors is available from 2008, the CSO only began publishing data for Health & Care from 2015.

³ See WDC (2018), [Travel to Work and Labour Catchments in the Western Region: A Profile of Seven Town Labour Catchments 2018](#), for an analysis of travel to work patterns in the region.

2.0 Employment in Health & Care

In this section we examine employment over time and by gender, as well as self-employment, in the Health & Care sector in the Western Region, western counties and towns. Employment in specific Health & Care sub-sectors is also set out.

2.1 Employment in the Western Region and its counties

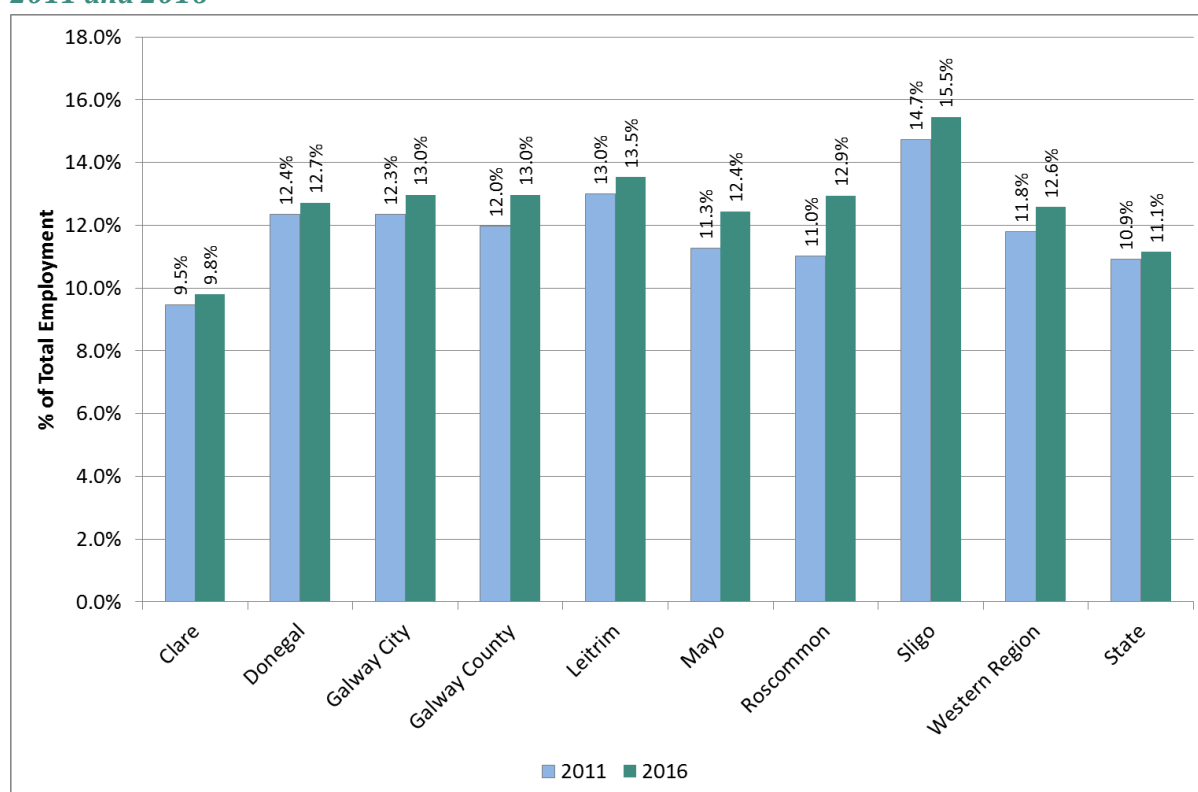
42,027 people were employed in the Health & Care sector in the Western Region in 2016. **Of everyone working in Health & Care in Ireland, 18.8% of them live in the Western Region.** In comparison, the Western Region is home to 16.6% of total employment which means it accounts for a greater share of national Health & Care employment, than it does of total national employment.

Health & Care plays a bigger role in the region's labour market than nationally (Fig. 1). In 2016 it accounted for 12.6% of total employment in the Western Region but only 11.1% of total employment nationally. It is the region's third largest employment sector (after Industry and Wholesale & Retail). The share of total employment that was in Health & Care increased everywhere between 2011 and 2016 e.g. from 11.8% to 12.6% in the Western Region.

Among western counties, Health & Care is strikingly important in Sligo. **At 15.5% of all employment, Sligo has the highest share working in this sector in the country, while Leitrim (13.5%) has the second highest share nationally with Galway City and Galway County (both 13%) jointly fourth.** The presence of a regional hospital, private hospital and a number of care facilities in Sligo town is clearly a strong influence, as is the number of public and private hospitals in Galway. Commuting from north Leitrim into Sligo is likely a factor in that county's high share.

All western counties (except Clare) have a higher than average share working in Health & Care and all counties saw an increase in the role played by the sector in their overall employment profile between 2011 and 2016. While the change was marginal for Donegal and Clare, Roscommon saw the share working in this sector increase by almost two percentage points (from 11% to 12.9%).

Fig. 1: Percentage of total employment that is in Health & Care in Western Region and state, 2011 and 2016



Source: CSO, Census 2016: Summary Results Part 2, Table EZ011

As there are considerable numbers of Health & Care facilities in every county in the country, the higher reliance on employment in this sector in western counties is partly due to lower diversity in their employment profile, with greater reliance on public sector employment especially for professional careers in more rural areas.

Given the nature of the Health & Care sector, demographic factors also influence the size of the sector. The Western Region has a higher than average share of its population aged over 65 years (15.4% compared with 13.4% nationally) while over 16% of the population of Mayo, Leitrim, Roscommon and Sligo are in this age group. The same four counties, plus Donegal, also have an above average share of their population with a disability. As some disability is age-related these two indicators are linked. These factors increase demand for Health & Care services. See Appendix 1 for more detail.

2.1.1 Change in employment in the Western Region and its counties

The number of people working in Health & Care in the Western Region grew by 14.8% between 2011 and 2016 (Table 1). This was close to double the growth of total employment in the region (7.5%). Comparing all economic sectors, Health & Care had the second highest employment growth in the region, after Information & Communications. Given that Information & Communications is a far smaller employer (3% of regional employment), **Health & Care was a substantial driver of recent regional jobs growth.**

The region experienced stronger growth than nationally (17.8% v 13.4%) during 2011-2016; as a consequence the share of total national Health & Care employment based in the Western Region

increased slightly from 18.6% in 2011 to 18.8% in 2016.

All western counties experienced far stronger growth in Health & Care jobs than in jobs generally e.g. Health & Care employment in Galway County grew by 17.4% compared with 8.5% overall employment growth.

Given the fact that the share of total employment that was in Health & Care in Roscommon grew from 11% to 12.9% between 2011 and 2016 (See Fig. 1), it is not surprising that it was the western county with the strongest employment growth. **The number of people working in Health & Care in county Roscommon increased by almost a quarter between 2011 and 2016.** A major factor in this was very strong growth in the residential and non-residential care sector (e.g. nursing homes, childminding, home care), which will be examined in Section 2.2.

Galway County and Galway City had the next highest growth contributing to the increasing role played by Health & Care in Galway’s labour market, with Mayo also showing above average growth. Counties Sligo and Leitrim, which have the highest shares working in the sector, had the slowest growth. Section 2.2 examines employment by sub-sector which illustrates which elements of Health & Care drove growth in different counties.

Table 1: Number employed in Health & Care in Western Region and state, and percentage change 2011-2016

County	Health & Care Sector			Total Employment % Change 2011-2016
	2011	2016	% Change 2011-2016	
Clare	4,318	4,852	12.4%	8.6%
Donegal	6,585	7,420	12.7%	9.5%
Galway City	3,894	4,533	16.4%	10.8%
Galway County	8,294	9,739	17.4%	8.5%
Leitrim	1,557	1,722	10.6%	6.3%
Mayo	5,532	6,400	15.7%	4.8%
Roscommon	2,687	3,343	24.4%	5.9%
Sligo	3,746	4,018	7.3%	2.2%
Western Region	36,613	42,027	14.8%	7.5%
State	197,343	223,725	13.4%	11.0%

Source: CSO, Census 2016: Summary Results Part 2, Table EZ011

2.2 Employment in Health & Care sub-sectors

Census data on employment in the Health & Care sector is sub-divided into five separate activities.⁴ Two sub-sectors dominate ‘Residential care & social work’ and ‘Hospital activities’ (Fig. 2).

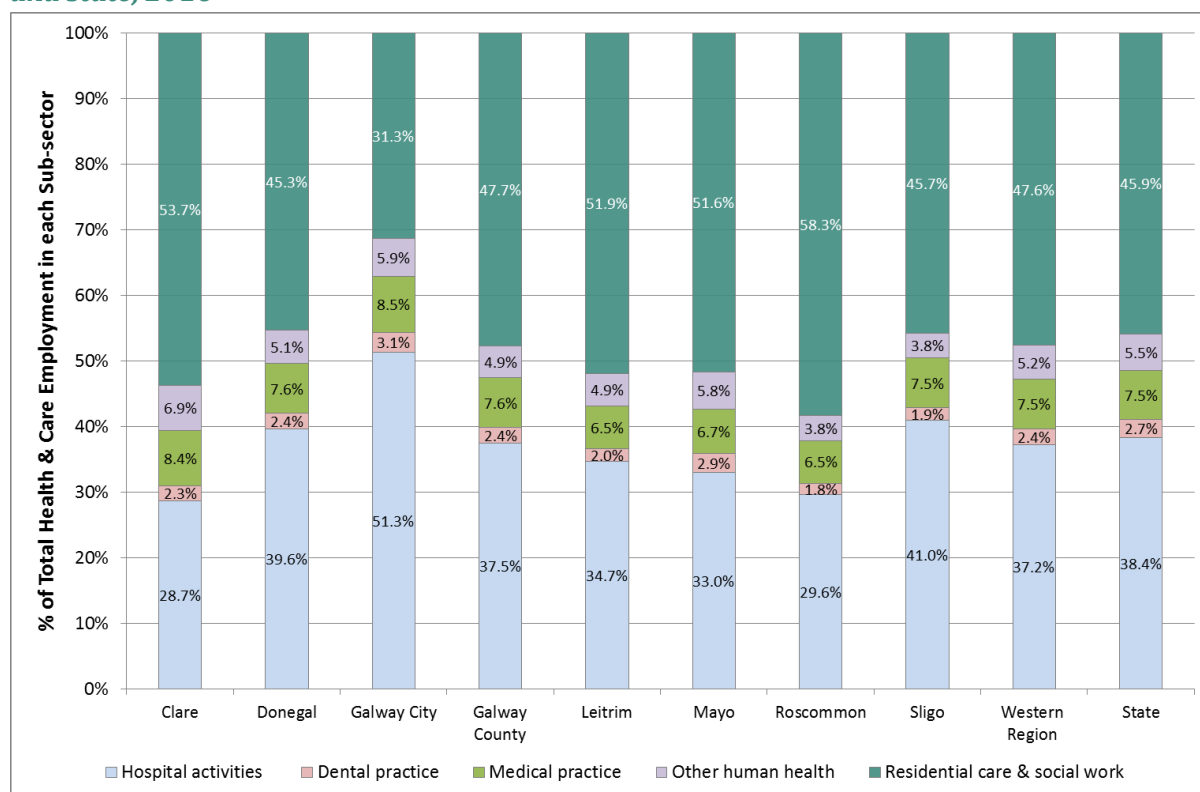
‘Residential care & social work’ is a broad category including nursing homes, residential homes for people with disabilities, crèches, childcare facilities, day facilities for the elderly and home care providers. It is the largest sub-sector in the Western Region accounting for 47.6% of all employment in Health & Care, a somewhat higher share than nationally (45.9%).

⁴ Appendix 2 provides detailed data for all five activities for all western counties.

Its importance varies across the counties. In Roscommon 58.3% of all employment in Health & Care is in 'Residential care & social work'. It accounts for over half of employment in Clare, Leitrim and Mayo. The high share working in this area in Roscommon, Mayo and Leitrim is likely linked to their older age profile and higher share of persons with a disability (see Appendix 1). For Clare, childcare may play a more important role. The fact that Roscommon, Clare and Leitrim do not have large acute hospitals would also reduce the importance of 'Hospital activities' in the overall Health & Care sector and increase the relative importance of care activities.

Over half of Health & Care employment for Galway City residents however is in 'Hospital activities', not surprising given the presence of four hospitals serving the wider region, as well as its younger age profile. At 41% and 39.6%, Sligo and Donegal have the next highest shares working in hospitals due to the presence of Sligo University Hospital and Letterkenny University Hospital respectively.

Fig. 2: Percentage of total Health & Care employment in each sub-sector in Western Region and state, 2016



Source: CSO, Census 2016: Summary Results Part 2, Table EZ011

Among the three smaller sub-sectors, 'Medical practice' (people working in GP or consultant practices) is largest. Galway City and Clare have somewhat higher shares working in this sub-sector, while Leitrim and Roscommon have the lowest. This may be linked to the fact that consultant practices are often based close to major hospitals, while the rural nature of Leitrim and Roscommon would reduce the extent of medical practices, exacerbated by the issue of retiring rural GPs. Clare has the highest share employed in 'Other human health' (e.g. physiotherapists, chiropodists) at 6.9% followed by Galway City and Mayo.

2.2.1 Change in employment in Health & Care sub-sectors

For the Western Region, all sub-sectors (except 'Medical practice') showed quite strong growth

between 2011 and 2016 (Table 2). The smallest sub-sector of 'Dental practice' grew most strongly (38%) though clearly from a low base. Recent expansions, particularly of dental chains focusing on cosmetic procedures, have likely contributed, as well as increasing disposable income.

The largest sub-sector 'Residential care & social work' had the next highest growth (23.7%) in the region. This was a major driver of the overall strong performance of Health & Care, given that the other large sub-sector 'Hospital activities' had more modest growth (7.8%).

All counties saw strong growth in 'Residential care & social work' with the 38.2% increase in Roscommon clearly driving its overall strong performance. Leitrim also had over 30% growth. Growing demand for care services due to the increasing share of Roscommon and Leitrim's population aged over 65 years (in Roscommon from 14.7% to 16.6% and in Leitrim from 14.8% to 16.9% 2011-2016) drove expansion of this sub-sector. Also, improved conditions in the labour market increased demand for childcare across all counties.

Galway County and City, as well as Mayo, saw the greatest increases in hospital employment, likely due to some return to recruitment in public hospitals and growth of private hospitals. Clare and Sligo saw declines in hospital employment. The centralisation of some health services in the Mid-West region into Limerick may have reduced hospital activity in Clare.

Table 2: Percentage change in employment in Health & Care sub-sectors in Western Region and state, 2011-2016

County	% Change in Employment 2011-2016					
	Hospital activities	Dental practice	Medical practice	Other human health	Residential care & social work	Total
Clare	-5.8%	28.4%	-0.2%	28.0%	25.1%	12.4%
Donegal	7.1%	41.6%	-5.0%	10.9%	20.9%	12.7%
Galway City	13.8%	19.8%	4.1%	41.5%	20.4%	16.4%
Galway County	14.4%	42.1%	2.5%	19.4%	21.5%	17.4%
Leitrim	8.7%	25.9%	-25.3%	-41.0%	30.1%	10.6%
Mayo	11.2%	55.4%	-14.4%	22.6%	21.9%	15.7%
Roscommon	8.8%	55.3%	-1.4%	17.8%	38.2%	24.4%
Sligo	-3.2%	28.3%	7.4%	-19.9%	21.6%	7.3%
Western Region	7.8%	38.0%	-2.8%	13.2%	23.7%	14.8%
State	3.8%	25.7%	-1.8%	25.2%	23.9%	13.4%

Source: CSO, Census 2016: Summary Results Part 2, Table EZ011

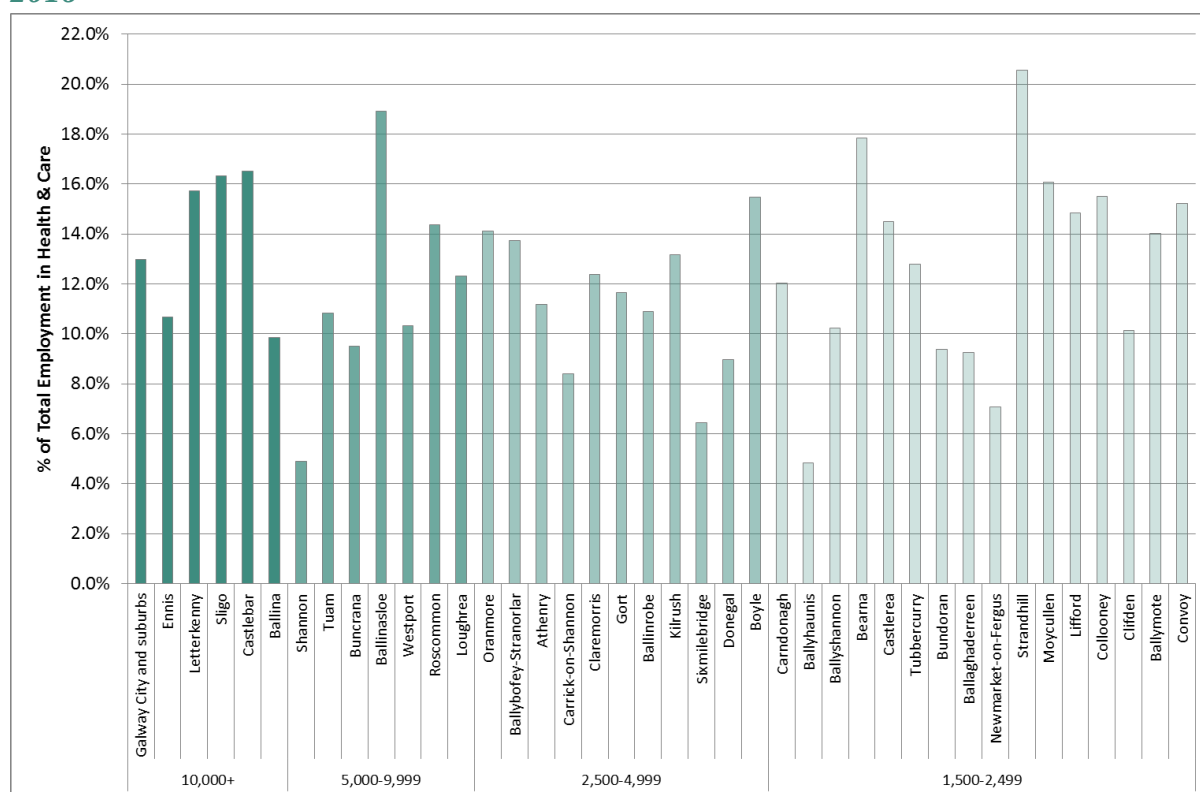
'Medical practice' was the only sub-sector with a decline, down 2.8% in the region and 1.8% nationally. All western counties, except Galway and Sligo, experienced a fall. **County Leitrim lost a quarter of its employment in 'Medical practice' and Mayo experienced a 14.4% drop.** Retirement of GPs in rural towns and villages and reported difficulties in finding replacements, in some cases leading to the closure of the local medical practice, is likely a key factor for rural counties. Strong population growth in Galway, and Sligo's role as a regional centre for health services, would have contributed to growth in these counties.

2.3 Employment in western towns

In 2016 there were 40 urban centres with a population over 1,500 in the Western Region. The relative importance of the Health & Care sector varies across these towns. **It is the largest employment sector for six out of the region's 40 urban centres – Letterkenny, Sligo, Ballinasloe, Bearna, Strandhill and Collooney.**⁵ When considering towns, commuting can be particularly important and it must be remembered that this data refers to residents of the towns, although some may work elsewhere.

There is no clearly discernible pattern in the relative importance (as a percentage of total employment) of the sector across the 40 towns, ranked by descending size (Fig. 3). Factors such as proximity to a major hospital, age profile, diversity of the local economy and alternative job options combine to determine the role played by the sector in a town.

Fig. 3: Percentage of total employment in Health & Care in towns in the Western Region, 2016



Source: CSO, Census 2016: Profile 11 – Employment, Occupations and Industry, Table EB030

With 20.6% (164 people) of all its working residents employed in Health & Care, Strandhill in county Sligo has the highest share working in the sector in the region and is second highest in Ireland.⁶ Commuting to the public and private hospitals and care facilities in Sligo town would be a key factor. At 18.9% (429 people) Ballinasloe in county Galway has the third highest share nationally with Portiuncula Hospital clearly a major employer, as well as mental health services based in the town.

⁵ See Appendix 3 for more detailed data on Health & Care employment in towns.

⁶ Rathdrum, Co Wicklow (20.9%) has the highest share.

Considering the links between Health & Care employment and demographic factors, **Castlerea (23.6%), Boyle (23.1%), Kilrush (22.7%) and Convoy (20.8%) have the highest shares of their population living with a disability across the 200 cities and towns in Ireland.** All of these, except Kilrush, have over 14% working in Health & Care, with residential care and social work likely a key element. It should be noted that residents of institutions in a town e.g. three nursing homes in Boyle, a prison in Castlerea, would be counted in the number of persons with a disability living in the town.

Among the region's six largest urban centres (10,000+), Castlebar (16.5%, 800 people), Sligo (16.3%, 1,165 people) and Letterkenny (15.7%, 1,220 people) have high employment in the sector, largely due to the presence of Mayo, Sligo and Letterkenny University Hospitals respectively. While Galway City has a very large number of residents working in the sector (4,610 people), the greater diversity of its employment profile makes the sector relatively less important, while the fact that Ennis Hospital is relatively small leads to a smaller share working in Health & Care.

2.3.1 Change in employment in western towns

There are 38 towns in the Western Region which had a population above 1,500 in both 2011 and 2016.⁷ Of these, **32 towns experienced growth in the number of people working in the Health & Care sector between 2011 and 2016** (Fig. 4). Ballaghaderreen (86.2%, +25 people), Claremorris (40.6%, +56 people) and Loughrea (34%, +72 people) had the most substantial percentage growth. In the case of Ballaghaderreen for example, a nursing home in the town expanded during this period. It is important to recall that this data refers to the town where a person lives, though they may work elsewhere, and in the case of Loughrea it is likely to include people commuting to Galway City or Ballinasloe.

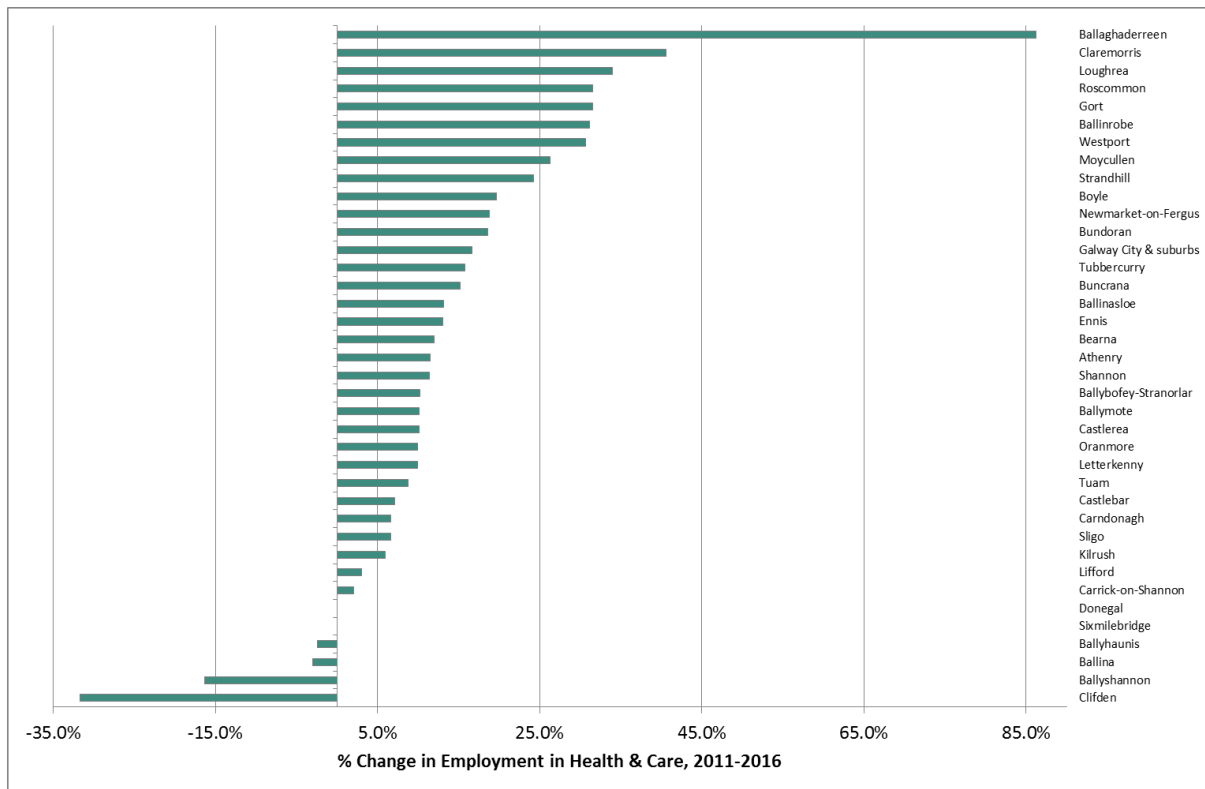
In general, small and medium-sized towns experienced the strongest growth, with increasing demand for childcare as labour market conditions improved as well as growing demand for elder care services likely factors. Smaller towns in commuting distance of the region's large hospitals e.g. Gort, Moycullen also saw employment grow strongly. Among towns with a hospital, Roscommon town had the largest growth in Health & Care employment. Following closure of the emergency department at Roscommon Hospital employment initially declined but has since recovered with the expansion of other services at the hospital. As shown in Table 2 the care sector was also a major driver for the county.

Only four towns in the region saw a decline in the numbers working in Health & Care (Clifden, Ballyshannon, Ballina⁸, Ballyhaunis). Clifden also suffered the largest population decline of all western towns, partly due to the closure of a Direct Provision Centre in 2012 which likely also impacted on employment in the Health & Care sector.

⁷ Two towns with a population above 1,500 in 2011 (Portumna and Bunbeg-Derrybeg) dropped below in 2016. Two towns (Collooney and Convoy) rose above the 1,500 threshold in 2016. There were also town boundary changes between 2011 and 2016 for 15 of the 40 towns in the Western Region which has an impact when considering change over time. For most towns the impact was relatively minor, however there was a quite substantial change for Ballina.

⁸ In the case of Ballina, a significant town boundary change reduced its population and the actual decline in employment in this sector is likely less than it appears in Fig. 4.

Fig. 4: Percentage change in employment in Health & Care in towns in the Western Region, 2011-2016

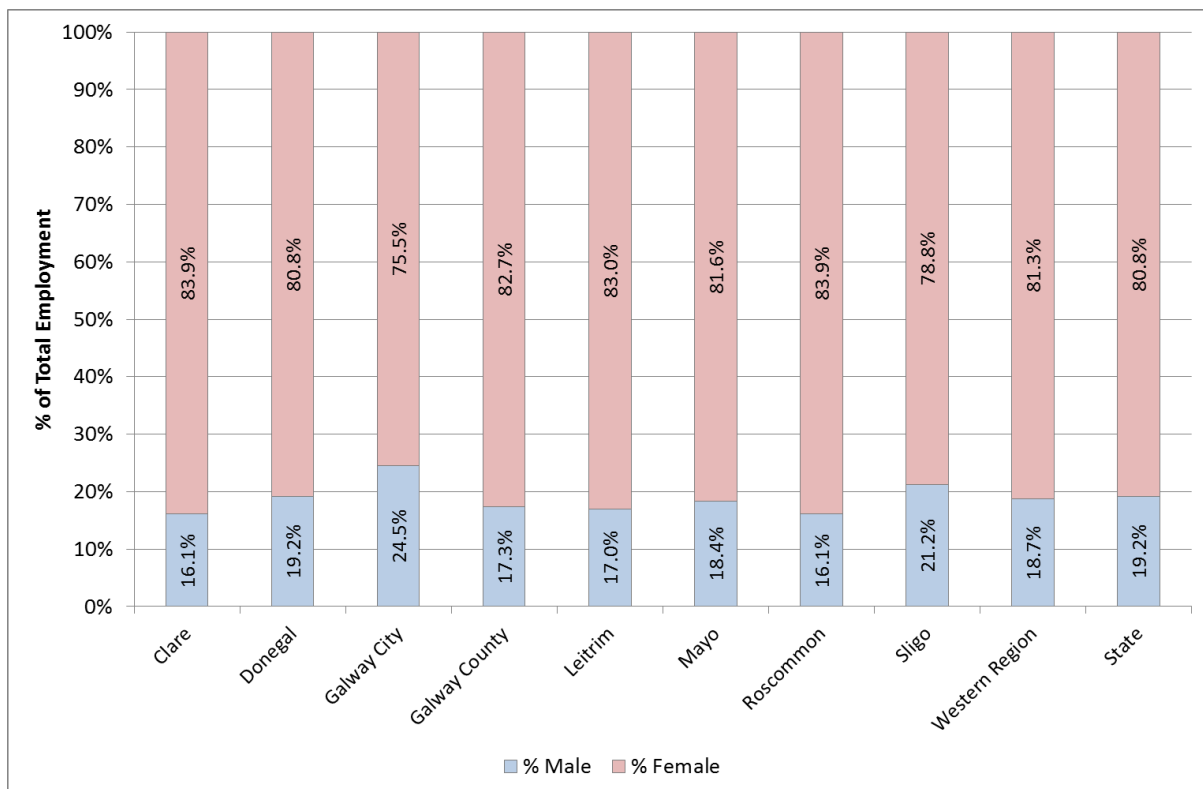


Source: CSO, Census 2016: Profile 11 – Employment, Occupations and Industry, Table EB030; CSO, Census 2011: Profile 3 – At Work, Table CD320

2.4 Employment by gender

81.3% of people working in the Health & Care sector in the Western Region are female, slightly above the national average (Fig. 5). Women account for the vast majority in all western counties, with Galway City (75.7%) having the lowest female share and Clare and Roscommon (83.9% each) having the highest. While data is not published on employment by gender for the sub-sectors, the fact that Roscommon and Clare are also the two counties with the highest shares working in ‘Residential care & social work’ indicates it is highly female-dominated, while Galway City has the highest share working in ‘Hospital activities’ indicating a greater share of male employment in that sub-sector.

Fig. 5: Percentage of total employment in Health & Care in Western Region and state by sex, 2016



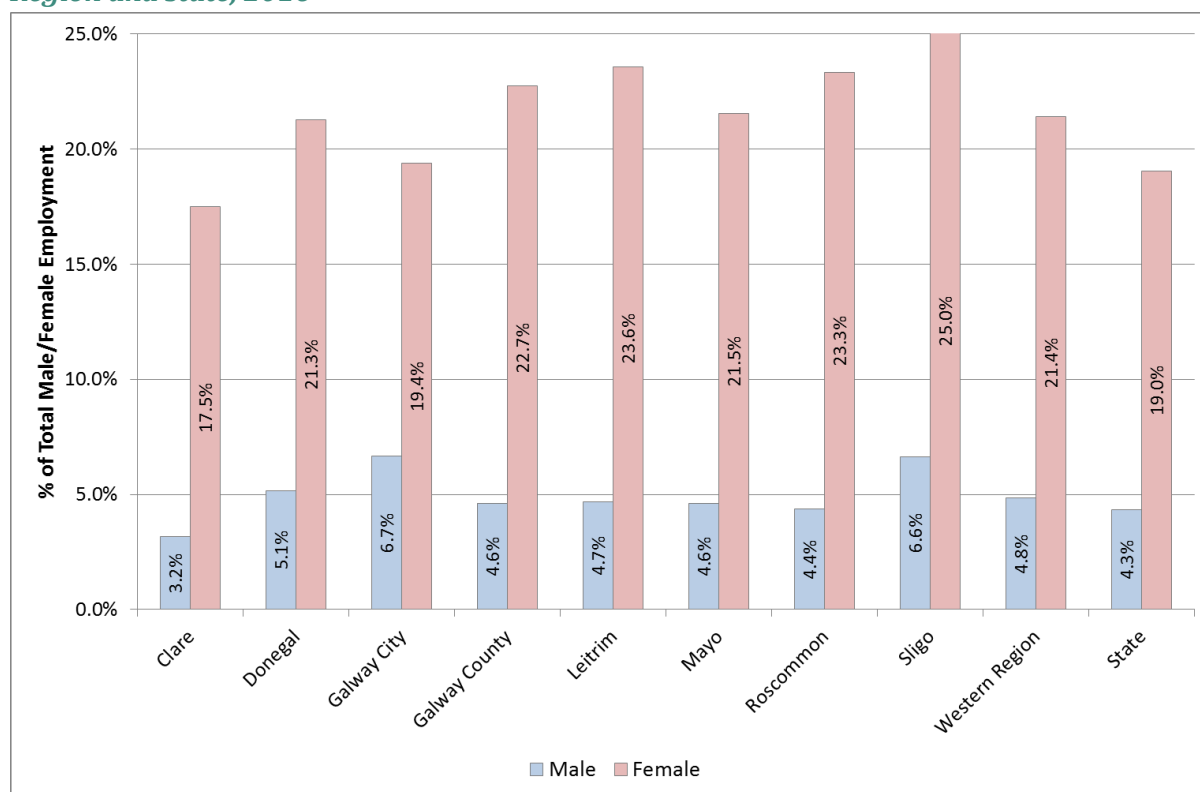
Source: CSO, Census 2016: Summary Results Part 2, Table EZ011

In terms of the sector’s relative importance to male and female employment (Fig. 6), 21.4% of all working women in the Western Region work in Health & Care. The sector plays a more significant role in female employment in the region than nationally (19% of all female employment). In contrast, less than 5% of working men work in Health & Care, also higher in the region than nationally.

Very strikingly 1 in 4 of all working women in county Sligo work in Health & Care. In Leitrim and Roscommon over 23% of working women work in the sector. This is partly influenced by relatively few alternative professional opportunities for women in these counties. As seen in Section 2.1, Clare is the county where Health & Care is least important as an employer and this is reflected for both women and men.

As noted above, Galway City was where men accounted for the highest share of total employment in the sector. In Galway City, Health & Care accounts for 6.7% of all male employment and, along with Sligo (6.6%), is where the sector plays its greatest role in men’s employment. Again, likely due to greater employment in the ‘Hospital activities’ sub-sector.

Fig. 6: Percentage of total male and female employment that is in Health & Care in Western Region and state, 2016



Source: CSO, Census 2016: Summary Results Part 2, Table EZ011

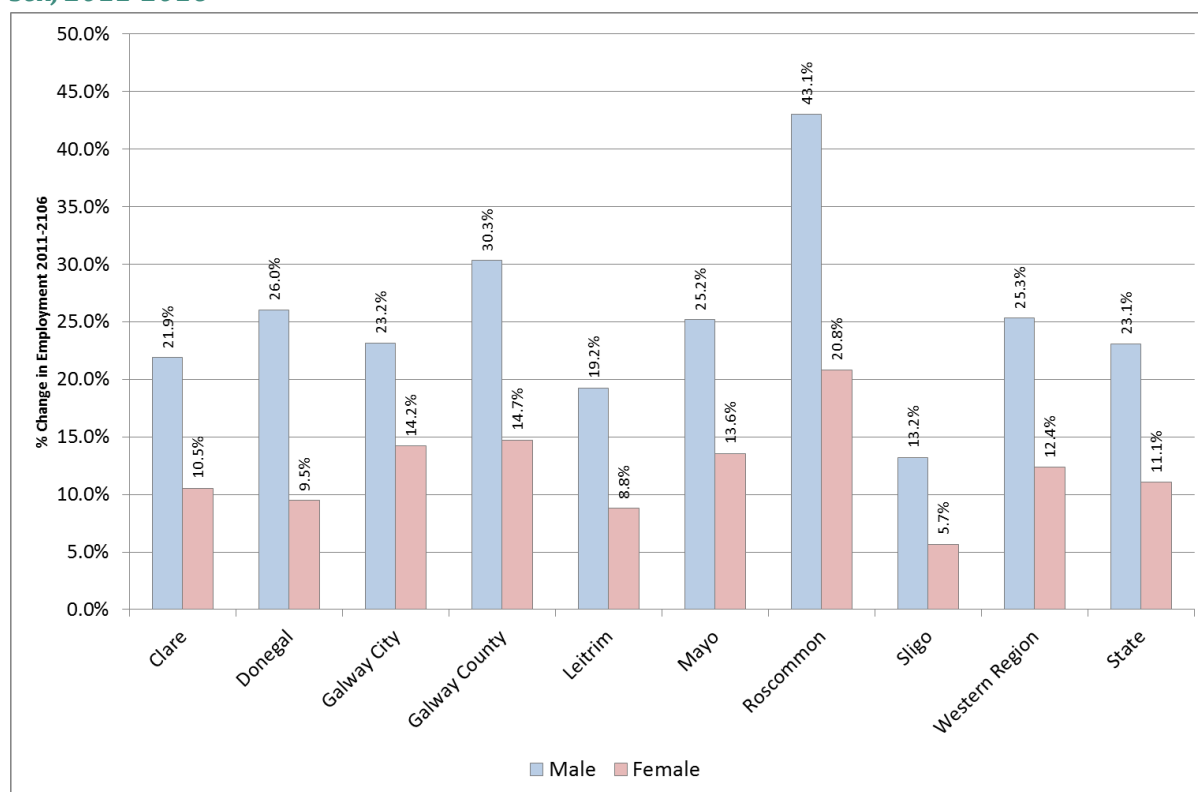
2.4.1 Change in employment by gender

The period 2011 to 2016 saw male employment in Health & Care increase by a quarter in the Western Region, while female employment grew by 12.4% (Fig. 7). The region had somewhat higher growth in both male and female employment than the national average.

All western counties experienced considerably stronger male than female jobs growth in this period, with Roscommon seeing a 43.1% increase in the number of men working in the sector and most counties seeing 20+% growth, though clearly from a much lower starting point. It is unclear why this may have happened, though large job losses in traditionally male-dominated sectors such as construction, may have led more men than previously to consider Health & Care as an employment option. While employment in the sector remains highly female-dominated, the gender balance did improve somewhat during this period.

Roscommon also saw the greatest growth in female employment (20.8%) with Sligo experiencing the lowest growth in the region for women (5.7%) as well as for men (13.1%).

Fig. 7: Percentage change in employment in Health & Care in Western Region and state by sex, 2011-2016



Source: CSO, Census 2016: Summary Results Part 2, Table EB027

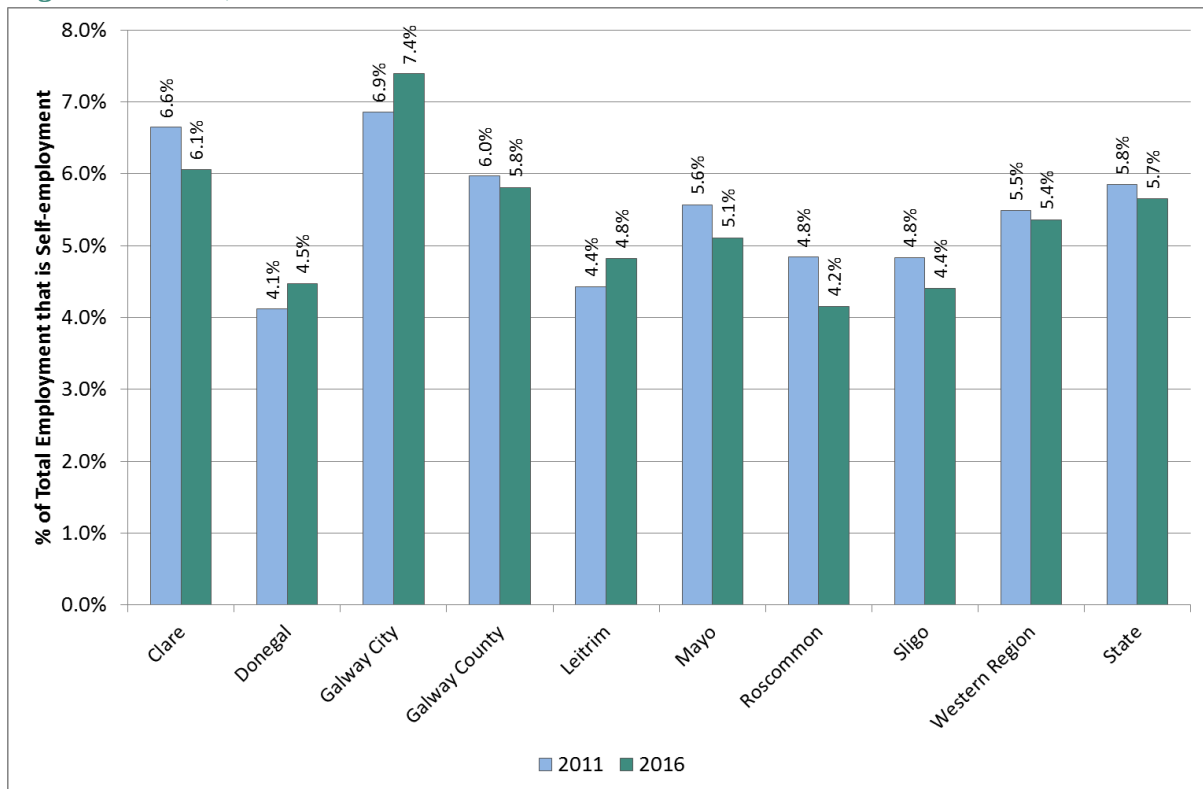
2.5 Self-employment in Health & Care

Of the 42,027 people working in this sector in the Western Region, 5.4% (2,253 people) are self-employed (employer or own account worker). The Western Region is characterised by slightly lower self-employment in Health & Care than the national average (5.7%) (Fig. 8). Unsurprisingly, given the dominance of the public sector, self-employment is considerably less common in Health & Care than generally across the economy.⁹ While data is not available on self-employment in the sub-sectors, there is likely to be notable self-employment in the childcare, GP, dental practice and ‘other human health’ areas.

At 7.4%, Galway City had the highest level of self-employment in 2016, followed by Clare (6.1%). As noted earlier the same counties had the highest shares in ‘Medical practice’, ‘Dental practice’ and ‘Other human health’ which probably helps explain higher self-employment. There may also be greater private sector involvement in healthcare provision in larger urban centres. With under 5% self-employment, the public sector seems to be particularly important in Roscommon, Donegal, Sligo and Leitrim.

⁹ 18.3% of all employment in the Western Region is self-employment, compared with 5.4% in Health & Care. In the state, 15.6% of all employment is self-employment compared with 5.7% in Health & Care.

Fig. 8: Percentage of total employment in Health & Care that is self-employment in Western Region and state, 2011 and 2016



Source: CSO, Census 2016: Profile 11 – Employment, Occupations and Industry, Table EB033. Special run from CSO.

The share of all employment that was self-employment fell between 2011 and 2016 in Clare, Roscommon, Sligo, Mayo and Galway County. As the actual number of self-employed people in Health & Care grew in this period (except in Sligo), the decline in the relative importance of self-employment was due to much stronger growth in the number of employees, probably driven by renewed recruitment in the public sector and expanding demand for child and elder care.

Galway City, Donegal and Leitrim all had a rise in the share of self-employment and were also the counties with the strongest growth in the actual number of self-employed, increasing by 25.5%, 22.5% and 20.3% respectively.

In the Western Region as a whole, the number of self-employed in Health & Care grew by 12.2% between 2011 and 2016. This compares with 1% decline in total self-employment in the region, indicating that self-employment in this sector performed considerably better than in other areas, though from a quite low base. The only exception was Sligo, which actually saw a decline in the number of self-employed people (-2.2%) in Health & Care in this period, while there was a small increase in total self-employment in the county (1%).

3.0 Health & Care Enterprises

In this section we examine enterprise numbers in the Health & Care sector in the Western Region and counties. The data includes Health & Care entities which are owned by the public, private or community/voluntary sector and have a registration address with the Revenue Commissioners that is located in the Western Region.

3.1 Enterprises in the Western Region and its counties

In 2016 there were 3,485 Health & Care enterprises registered in the Western Region; that was 6.4% of total enterprises registered in the region in that year (Fig. 9). In 2016, the Western Region was home to 17.6% of all Health & Care enterprises in the state, similar to its 17.4% share of total national enterprises. This is in contrast to employment where the region accounted for a far higher share of national employment in Health & Care than its share of total national employment (see Section 2.1).

Health & Care is only the sixth largest enterprise sector in the region, compared with third largest employment sector. The reason for this is the presence of some very large employers in the sector e.g. a hospital, which would only count as one enterprise but could employ thousands (University Hospital Galway employs approximately 3,000 full-time equivalent staff).

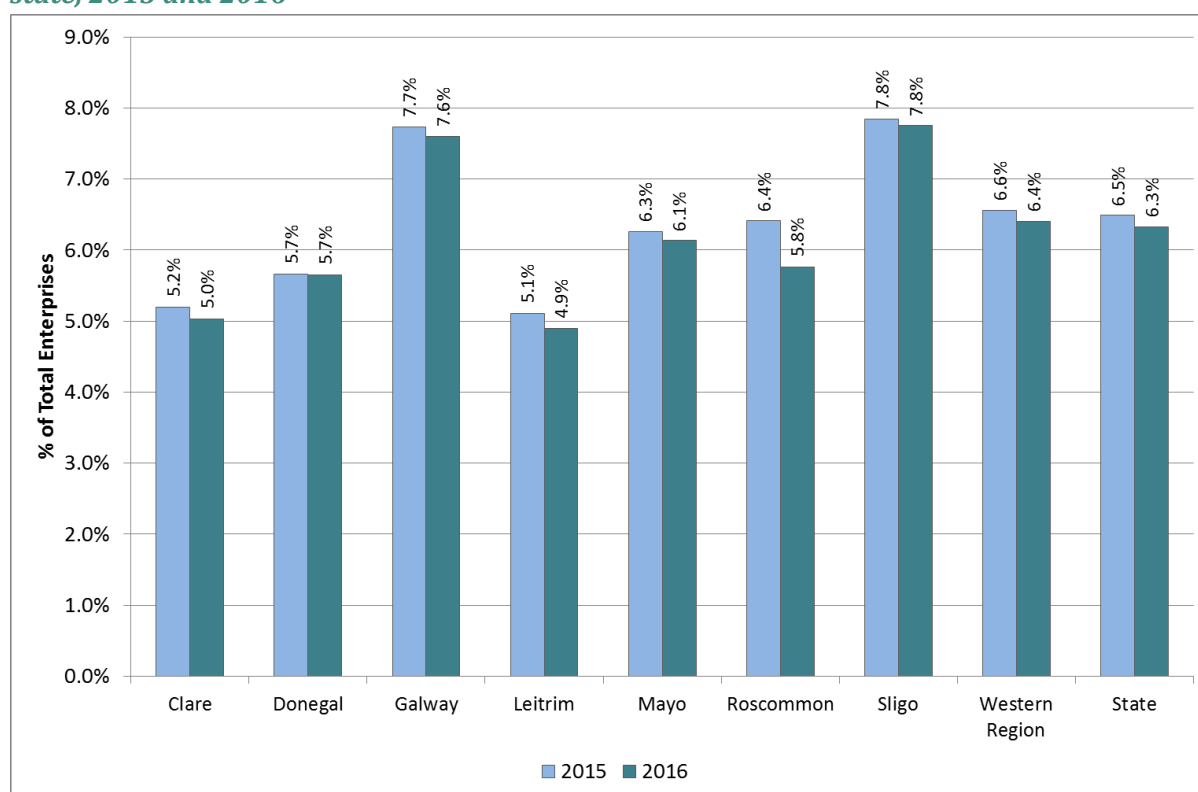
Sligo (7.8%) and Galway¹⁰ (7.6%) have the highest shares of enterprises in Health & Care among all counties in Ireland, again reinforcing the very substantial role played by the sector in the region's economy. As noted in Section 2.5, Galway City has the highest share of self-employment in Health & Care so private enterprises would account for a notable share there. In the case of Sligo however, self-employment was relatively low, so the public and community/voluntary sectors are likely to play a greater role among its Health & Care enterprises.

Leitrim is where Health & Care accounts for the smallest share of enterprises, at just 4.9% it is the smallest share among all counties in Ireland. Given that Leitrim has the second highest share working in Health & Care in the country, a very considerable number of those working in the sector are travelling to Health & Care establishments outside the county e.g. commuting to Sligo.

Clare has the next lowest share of enterprises in the sector (5%) and is also the western county with the lowest employment in the sector, again reflecting the relatively smaller role played by Health & Care in Clare's economy.

¹⁰ Business Demography data does not distinguish between Galway City and Galway County.

Fig. 9: Health & Care enterprises as a percentage of total enterprises in Western Region and state, 2015 and 2016



Source: CSO, Business Demography 2016, Table BRA18.

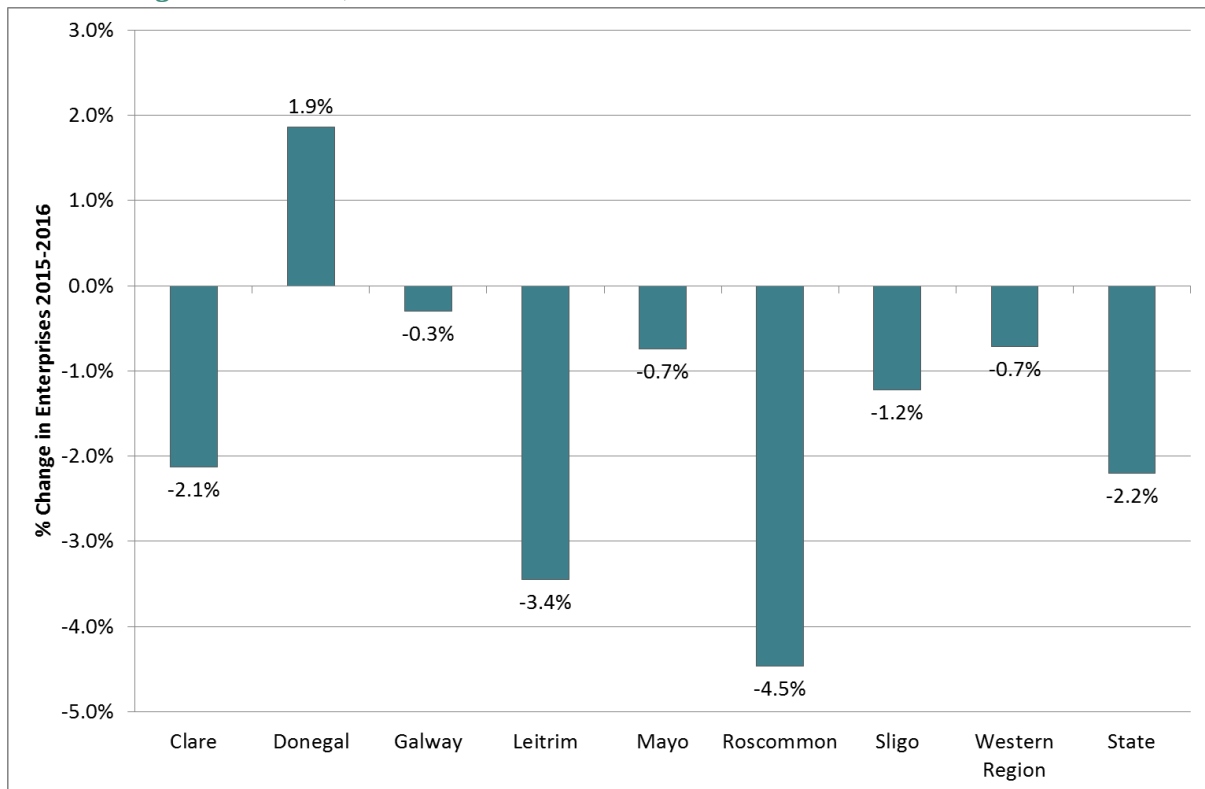
3.1.1 Change in enterprises in the Western Region and its counties

The CSO only began publishing Business Demography data for the Health & Care sector in 2015 so there is very limited time-series data. From Fig. 9 it can be seen that all western counties saw a marginal decline in the share of all enterprises that were in the Health & Care sector between 2015 and 2016. A decline in the relative importance of a sector can result from a fall in the actual number of enterprises in the sector and/or even stronger growth in other sectors. In this case it was caused by a decline in the actual number of enterprises (Fig. 10), except in the case of Donegal where numbers grew.

Roscommon, which had the most notable decline in the share of its total enterprises in the sector (6.4% to 5.8%, Fig. 9), also had the largest fall in the actual number of Health & Care enterprises (-4.5%) (Fig. 10). Leitrim and Clare had the next largest declines. The Western Region actually performed better than nationally however (-0.7% v -2.2%).

It is difficult to draw any conclusions from change over a single year. Given the low numbers involved, the actual change may be quite small, for example in Roscommon the 4.5% decline represents a decline of 10 enterprises (from 224 to 214) while in Donegal its 1.9% growth was an increase of 10 enterprises (from 536 to 546). Also as 2015 was the first year that the CSO published this data for the Health & Care sector there may have been some corrections due to the ‘newness’ of collecting data on enterprises in the sector.

Fig. 10: Percentage change in the number of Health & Care enterprises registered in Western Region and state, 2015-2016



Source: CSO, Business Demography 2016, Table BRA18.

4.0 Key Policy Issues for the Western Region's Health & Care Sector

As the third largest employer in the Western Region and an area showing strong jobs growth in recent years, the Health & Care sector plays a pivotal role in the regional economy, in addition to providing vital services. Therefore future trends in the sector will have significant regional implications. Some of the key issues for the Western Region's Health & Care sector are discussed below.

Higher reliance on Health & Care in the Western Region

Health & Care is a more significant employer in the Western Region than nationally. Sligo and Leitrim have the highest shares working in Health & Care in Ireland, with Galway City and County not far behind. Sligo and Galway also have the highest shares of enterprises in the Health & Care sector across all counties.

The Health & Care sector plays a critical role in providing opportunities for professional careers, especially in more rural areas where there may be fewer alternatives. It also offers jobs at lower skill levels which are important in providing employment for all sections of the labour force.

However this higher reliance on the sector in the region increases its vulnerability to any jobs decline. Developments such as the moratorium on recruitment in the public sector from 2009 onwards would therefore have had a greater economic impact in the region than elsewhere. While the primary policy focus for Health & Care must be on the provision of quality services, the sector's parallel role as a provider of jobs, particularly in the Western Region, should also be a factor in policy decisions.

Central role in female employment

The Health & Care sector is the largest employer of women in the Western Region, employing more than 1 in 5 of all working women and an even greater share in Sligo, Leitrim and Roscommon. Women's employment in the sector ranges across all skill and pay levels from professional to unskilled manual jobs and is a vital source of employment. For example women's employment in this sector can help maintain the viability of farming households.¹¹ Any future development in this sector will have a far greater impact on female than male employment levels.

Key driver of job creation

The number of people working in Health & Care in the Western Region grew by 14.8% between 2011 and 2016, almost twice the region's average employment growth rate. Health & Care was therefore a major driver of overall regional jobs recovery over that period and particularly in Roscommon, Galway and Mayo.

This role may often be overlooked in debates on recent job creation trends, with greater focus placed on exporting and high-tech businesses. The role of Health & Care in job creation, as well as future growth opportunities in the sector, should be fully explored in national, regional and local economic development strategies. Though it must be recognised that it is closely tied to the performance of the domestic economy e.g. rising unemployment reduces demand for childcare.

¹¹ CSO (2018), Who Marries Whom? - An Occupational Hazard, states that nurses (13%) is the most common occupation for women married to male farmers.

Given the dominance of the public sector in Health & Care provision, Government policy has a strong and direct influence on the scale and location of Health & Care employment and this influence should be considered in job creation strategies as should the important role played by the private and community/voluntary sector.

An ageing population and growing demand

Over 16% of the population of Mayo, Leitrim, Roscommon and Sligo are aged 65 years or over; among the highest shares of older persons in the state. They also have above average shares of their population with a disability, some of which would be age-related. Increased longevity and ageing of the older population, means that there is a growing share among the 'older old' (80+ years) age group. In Roscommon 4.4% of the population is aged 80+, while Leitrim (4.3%) and Mayo (4.2%) are the next highest in the state. To put this in context, in Kildare only 1.9% are in this age group.¹²

The percentage of older persons, including the 'older old', is rising in all counties. While increased longevity is a significant human achievement, it can have important implications. Those in the 80+ age group can experience more social isolation and poorer health than the 'younger old', giving rise to greater and more complex care needs. As women have higher survivorship and a lower propensity to re-marry there is a strong gender dimension, with more older women likely to live alone.

During 2011-2016 employment in the 'Residential care & social work' sub-sector, which includes residential and non-residential elder and child care, grew by almost a quarter in the Western Region, a major driver of overall Health & Care jobs growth. Responding to the needs of an ageing population, endeavouring to ensure that as many years as possible are lived with good health and good quality of life, is one of the greatest challenges facing the Health & Care sector.

Significant job and growth opportunities exist in effectively meeting the needs of an ageing population. For example provision of non-residential elder care services, allowing people to remain in their own homes or in an assisted living setting for as long as possible, is a particular area of growing need and demand, as can be seen from calls to extend the Fair Deal Scheme to cover home care, in addition to residential nursing homes.

The Western Region's older age profile and high level of rurality means it is at the forefront of this growing demand for elder care services. Addressing this is both a policy challenge and an opportunity to develop new and innovative solutions and to learn from successful models across Europe, which is facing a far greater ageing challenge.

Loss of rural GP practices

As noted above, 'Medical practice' was the only Health & Care sub-sector which saw a decline in employment, with a greater fall in the region than nationally. Rural counties such as Leitrim and Mayo saw particularly large falls. The issue of the retirement of GPs and difficulties in finding replacements has been in the news for some time now. It has been reported that over 660 GPs are

¹² WDC Insights blog 'Census 2016: Profiling Age and Dependency'
<https://wdcinsights.wordpress.com/2017/06/01/census-2016-profiling-age-and-dependency/>

due to retire over the next seven years with relatively high numbers of newly qualified GPs emigrating.¹³

At a county level, the Irish Medical Organisation (IMO) has estimated that 50% of GPs in Leitrim will retire over the next five to seven years, the highest level in the country. Anticipated retirements for other western counties are 41% in Mayo, 38% in Roscommon, 30% in Galway, 29% in Clare, 25% in Sligo and 24% in Donegal.¹⁴ The retirement of a GP and loss of a medical practice can also mean the loss of other jobs e.g. receptionist, practice nurse.

While the number of GP training places has increased and negotiations are currently underway between the Government and medical representative organisations on the conditions of the GP contract, it is likely that there will continue to be a loss of local medical practices in rural areas in particular, at least in the short to medium term. In counties due to experience high levels of GP retirement, this could mean that practices in neighbouring towns and villages may close, greatly increasing the distance to the nearest medical practice, which may not be in a position to accept new patients. Such closures coincide with growing demand for healthcare. Provision of adequate GP services to the rural population and the impact on the delivery of health services in rural areas of the loss of medical practices need to be considered in Government policy.

Online delivery of GP services is currently expanding, with eHealth a growing trend. While offering a potential partial solution, such delivery requires adequate high speed broadband and digital literacy skills and must be considered in the wider context of overall GP service provision and patient needs.

Skill shortages

Given strong recent jobs growth, and following a period of low recruitment where significant numbers of new healthcare graduates emigrated, a number of skill shortages have emerged in the sector.

According to the National Skills Bulletin 2017,¹⁵ healthcare professionals (nurses and doctors) accounted for a relatively high share of all persons hired in Ireland in 2016. Most recruitment was to replace retirees or fill vacancies when someone moved employer. A large number of skilled personnel were sourced from outside the EU and Health & Care accounted for a higher share of all employment permits issued for the West and Border regions than nationally.¹⁶ Demand for healthcare professionals is expected to continue to grow and skill shortages have been identified for doctors, nurses, radiographers and certain niche specialists.

Care workers and childminders are occupations characterised by high turnover, with considerable numbers moving between different employers and also between employment and economic inactivity (unemployment, retirement or home duties). High numbers of vacancies exist for care workers across all western counties and some employers may be experiencing difficulty in attracting

¹³ Irish College of General Practitioners (ICGP) https://www.icgp.ie/go/about/policies_statements/2018/8D7F6B73-FC42-4C89-8641FD6409E750B4.html

¹⁴ Irish Medical Times <https://www.imt.ie/news/half-leitrim-gps-due-retire-27-03-2018/>

¹⁵ Nationals Skills Council and Solas (2017), National Skills Bulletin 2017 <http://www.solas.ie/SolasPdfLibrary/NSB.pdf>

¹⁶ Solas (2017), Profile of the West Region <https://www.regionalskills.ie/ImageLibrary/West%20Images/WEST-SLMRU-Profile.pdf> and Profile of the Border Region <https://www.regionalskills.ie/ImageLibrary/North-West-Images/Northwest-SLMRU-Profile.pdf>

and retaining qualified care and childcare workers. The introduction of minimum qualification levels for childcare workers¹⁷ may be causing difficulties in recruiting appropriately qualified staff. There are also concerns in terms of the attractiveness of care worker and childminder jobs with regard to wages, temporary contracts and working hours.

Changing demographics, along with Government policy, will impact on the demand for Health & Care skills in the short to medium term. Initiatives to increase the number of people with qualifications in care, as well as to improve conditions and increase its attractiveness as a job option are important. Improving the quality and security of employment for those working in Health & Care is not only important in terms of worker rights, but also for the sector's capacity to meet future needs.

¹⁷ Leaders require a minimum of NFQ Level 6 with a forthcoming EU requirement for a Level 7 qualification.

5.0 Conclusion

Health & Care is a more important source of jobs in the Western Region than nationally and as employment is quite widely distributed, helps to sustain the regional economy. Demand for Health & Care services is growing and, following a period of stagnation, employment in Health & Care in 2016 was considerably greater than in 2011 across all counties. A number of demographic factors, notably the ageing of the population and a growing share in the 'older old' age group, means that demand is predicted to increase and employment forecast to grow. Improving labour market conditions are also driving demand for childcare.

Given the region's older age profile, the need for residential and non-residential elder care services is growing and Government policy has a key role to play in meeting this demand. Government policy on the extent and method of delivery for elder care services, such as the Fair Deal scheme and resources provided to homecare packages, will influence employment in the sector as well as the balance between public and private sector provision. Given that Ireland has a relatively young population compared with the rest of Europe, there are considerable opportunities for Ireland to learn from, and adopt, innovative models for meeting the needs of an ageing population, including in a rural context.

With growing demand comes a growing requirement for suitably qualified staff. Existing and predicted skill shortages for healthcare professionals and care workers have been identified. While the primary focus of policy in relation to Health & Care must be the provision of quality services, it is important that its significance as an employer is fully recognised in debates on national, regional and local strategies for development and job creation, including the ongoing renewal of the Regional Action Plan for Jobs and the upcoming Regional Spatial and Economic Strategies.

Download **The Health & Care Sector in the Western Region: Regional Sectoral Profile** and **WDC Insights: The Health & Care Sector in the Western Region** [here](#)

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Appendix 1: Selected demographic indicators for Western Region, 2016

County	% of Population aged 0-14 yrs	% of Population aged 65+ yrs	% of Population with a Disability	% of Population with Bad or Very Bad Health	% of Population working in Health & Care
Clare	21.5%	14.9%	12.9%	1.6%	9.8%
Donegal	22.0%	15.7%	14.4%	1.8%	12.7%
Galway City	16.8%	11.2%	12.9%	1.6%	13.0%
Galway County	22.7%	14.5%	12.6%	1.4%	13.0%
Leitrim	21.6%	16.9%	14.0%	1.6%	13.5%
Mayo	20.3%	17.6%	13.8%	1.8%	12.4%
Roscommon	21.2%	16.6%	14.4%	1.8%	12.9%
Sligo	20.3%	16.2%	14.6%	1.7%	15.5%
Western Region	21.1%	15.4%	13.5%	1.7%	12.6%
State	21.1%	13.4%	13.6%	1.6%	11.1%

Source: CSO, Census 2016: Profile 3 - An Age Profile of Ireland Table E3006; CSO, Census 2016: Profile 9 - Health Disability and Carers Table E9003 and Table E9076; CSO, Census 2016: Summary Results Part 2, Table EZ011

Appendix 2: Population aged 15 years and over by detailed industrial group in the Health & Care sector NACE Rev 2 in Western Region 2011 and 2016

Detailed industrial group	Clare			Donegal			Galway City		
	2011	2016	% Change	2011	2016	% Change	2011	2016	% Change
Hospital activities	1,478	1,392	-5.8%	2,745	2,941	7.1%	2,044	2,327	13.8%
Dental practice activities	88	113	28.4%	125	177	41.6%	116	139	19.8%
Medical practice activities	409	408	-0.2%	595	565	-5.0%	369	384	4.1%
Other human health activities	261	334	28.0%	341	378	10.9%	188	266	41.5%
Residential care and social work activities	2,082	2,605	25.1%	2,779	3,359	20.9%	1,177	1,417	20.4%
Total Health & Care	4,318	4,852	12.4%	6,585	7,420	12.7%	3,894	4,533	16.4%

Detailed industrial group	Galway County			Leitrim			Mayo		
	2011	2016	% Change	2011	2016	% Change	2011	2016	% Change
Hospital activities	3,188	3,648	14.4%	549	597	8.7%	1,898	2,110	11.2%
Dental practice activities	164	233	42.1%	27	34	25.9%	121	188	55.4%
Medical practice activities	724	742	2.5%	150	112	-25.3%	501	429	-14.4%
Other human health activities	396	473	19.4%	144	85	-41.0%	301	369	22.6%
Residential care and social work activities	3,822	4,643	21.5%	687	894	30.1%	2,711	3,304	21.9%
Total Health & Care	8,294	9,739	17.4%	1,557	1,722	10.6%	5,532	6,400	15.7%

Detailed industrial group	Roscommon			Sligo			Western Region		
	2011	2016	% Change	2011	2016	% Change	2011	2016	% Change
Hospital activities	910	990	8.8%	1,702	1,647	-3.2%	14,514	15,652	7.8%
Dental practice activities	38	59	55.3%	60	77	28.3%	739	1,020	38.0%
Medical practice activities	221	218	-1.4%	282	303	7.4%	3,251	3,161	-2.8%
Other human health activities	107	126	17.8%	191	153	-19.9%	1,929	2,184	13.2%
Residential care and social work activities	1,411	1,950	38.2%	1,511	1,838	21.6%	16,180	20,010	23.7%
Total Health & Care	2,687	3,343	24.4%	3,746	4,018	7.3%	36,613	42,027	14.8%

Source: CSO, Census 2016: Summary Results Part 2, Table EZ011

Appendix 3: Population aged 15 years and over employed in the Health & Care sector in western towns 2011 and 2016

Towns	2011		2016		% Change 2011-2016
	No. Employed	% of Total Employment	No. Employed	% of Total Employment	
Galway City and suburbs	3,951	12.3%	4610	13.0%	16.7%
Ennis	996	10.1%	1126	10.7%	13.1%
Letterkenny	1,110	15.4%	1220	15.7%	9.9%
Sligo	1,093	15.5%	1165	16.3%	6.6%
Castlebar	747	15.7%	800	16.5%	7.1%
Ballina	368	9.4%	357	9.8%	-3.0%
Shannon	184	4.7%	205	4.9%	11.4%
Tuam	330	11.0%	359	10.8%	8.8%
Buncrana	197	9.5%	227	9.5%	15.2%
Ballinasloe	379	17.1%	429	18.9%	13.2%
Westport	225	8.9%	294	10.3%	30.7%
Roscommon	247	11.7%	325	14.4%	31.6%
Loughrea	212	10.9%	284	12.3%	34.0%
Oranmore	332	13.2%	365	14.1%	9.9%
Ballybofey-Stranorlar	205	13.4%	226	13.7%	10.2%
Athenry	191	11.3%	213	11.2%	11.5%
Carrick-on-Shannon	144	8.7%	147	8.4%	2.1%
Claremorris	138	9.8%	194	12.4%	40.6%
Gort	111	10.6%	146	11.7%	31.5%
Ballinrobe	93	8.5%	122	10.9%	31.2%
Kilrush	101	12.4%	107	13.2%	5.9%
Sixmilebridge	75	7.3%	75	6.4%	0.0%
Donegal	97	9.7%	97	9.0%	0.0%
Boyle	107	12.6%	128	15.5%	19.6%
Carndonagh	90	14.1%	96	12.0%	6.7%
Ballyhaunis	42	5.1%	41	4.8%	-2.4%
Ballyshannon	98	12.5%	82	10.2%	-16.3%
Bearna	142	17.4%	159	17.8%	12.0%
Castlerea	89	13.8%	98	14.5%	10.1%
Tubbercurry	76	11.4%	88	12.8%	15.8%
Bundoran	59	8.4%	70	9.4%	18.6%
Ballaghaderreen	29	5.5%	54	9.3%	86.2%
Newmarket-on-Fergus	48	6.5%	57	7.1%	18.8%
Strandhill	132	17.8%	164	20.6%	24.2%
Moycullen	95	13.4%	120	16.1%	26.3%
Lifford	67	15.4%	69	14.8%	3.0%
Collooney	N/A	N/A	102	15.5%	N/A
Clifden	101	11.3%	69	10.1%	-31.7%
Ballymote	69	12.4%	76	14.0%	10.1%
Convoy	N/A	N/A	73	15.2%	N/A

Source: CSO, Census 2016: Profile 11 – Employment, Occupations and Industry, Table EB030