Precarious work and access to healthcare in Ireland:

Some results from TASC's social implications of precarious work project

NERI Labour Market Conference webinar
5 July 2021

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Social implications of precarious work project

Key starting point:

- Unbundle ‘precarity’

Key hypotheses:

- Impact of precarious employment moderated by welfare state
- Experience of precarious employment moderated by household/life-course context

Defining precarious work

TABLE 2.1 DELIMITING PRECARIOUS WORK

	Employed	Non-standard	Precarious
Low-paid employment	Y	N	N
Temporary contract	Y	Y	Y
Regular part-time	Y	Y	N
Irregular part-time	Y	Y	Y
Regular self-employed	N	Y	Y
Bogus self-employed	N	Y	Y
Portal economy	N	Y	Y

Sampling matrix

	Part-time irregular hours	Self-employ-ment no employees	Fixed term	Total
Single	7	2	4	13
Single with child/children	2	2	2	6
In a relationship	3	2	10	15
In a relationship with children	2	0	4	6
Total	14	6	20	40

Some forms of precarity

- Bogus self-employment
  - Especially in construction, facilitated by tax system
- Irregular part-time/ ‘zero hours’
  - Widespread in hospitality industry
- Temporary /short-term contracts
  - Increased in ‘professional’ occupations
  - Transformation of service class

Healthcare systems

- Insurance-based
  - Continental Europe;
  - Prioritise regular employment
- Universal, taxation-funded
  - UK – NHS
  - Break link between employment and access
- Liberal, residual public provision
  - USA
  - Double whammy – precarious employment exacerbates unequal access
- Do not map directly onto conventional welfare state typologies.

Ireland's two and a half system

- Private health insurance
  - 46% of population (2019)
  - Varying levels of coverage; community loading
  - Ireland unusual in extent of private system
  - Especially aggressive expansion in recent decades?
- Public system
  - 32.4% have Medical Card
  - Public provision considerably expanded in recent years (e.g. GP access)
- BUT
  - 'Choice' of using public or private systems
  - Approximately 20% covered neither by MC or PHI
  - **These disproportionately young and in precarious employment**

Accessing healthcare…

I don't get a medical card even though my illness, like asthma is chronic; you've inhalers and tablets every month. But I am not entitled to one because I still live at home. So, it goes off my wages and it goes off my mum's wages.

Mary, fixed-term contract

I can't really afford PHI, which is a big issue for me now as I'm thirty-five'

Ciara, fixed term contract

Health deprivation

I have no health insurance. And I have no medical card…And when it comes to going to doctors, you just don't go'.

Peter, irregular part-time

I have also been in situations where I put off going to the doctor, and I remember in one situation starting with a cold and two weeks later, it was a chest infection, and I got really sick, and I had to take some days off and eventually had to pay some money. (Ciara)

I used to be on the pill, but you have to go back every six months to see your doctor again, which is 60 quid. So, I've come off that'.

Paula, early-years educator, temporary contract

Dependency

I have this stomach problem, and I was on a waiting list for a year and a half to see a specialist who I finally got to see last week. I got a letter today with an appointment for the tests that need to be done for next year! So, my dad is saying to me to go private and that he will pay for it. I do not have the money to pay for it privately.

Claire, part-time irregular hours

With my recent back situation, I cannot pay those consultants; my parents must pay them. And I have Health Insurance through my parents, but they only give you a small percentage of some things back!

Noel, home care assistant, irregular hours

Infantalisation?

I am just a named person on the policy, so I do not even control it; I cannot call the health insurance and discuss the details, it has to be my parents. Talk about another bloody thing that makes me feel small!

Noel, home care assistant, irregular hours

Conclusion: The revival of universalism?

- Key argument:
  - Impact of precarious employment massively mediated by form of welfare state
- Ireland's double whammy
  - Extensive precarious employment PLUS lack of universal healthcare
- In Ireland Covid-19 has highlighted:
  - Importance of regular employment relationships
  - BUT ALSO in a public emergency universal healthcare can massively expand