

Health (Amendment) (Home Support Providers) Bill 2025

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Abstract

The Health (Amendment) (Home Support Providers) Bill 2025 proposes to introduce a regulatory framework for home support providers. Providers will need to be registered to provide home support services and it will be an offence to provide services without registration. The regulatory system will enable HIQA to undertake inspections. This Bill Digest provides an overview of the policy context for home support provision and the regulation of social care, examines how the issues raised during pre-legislative scrutiny by the Joint Committee on Health have been addressed in the Bill as published, and presents some of the principal provisions of the Health (Amendment) (Home Support Providers) Bill 2025.



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Glossary and abbreviations

Table 1: Glossary and abbreviations.

Term	Meaning
Chief inspector	HIQA's Chief Inspector of Social Services
ESRI	Economic and Social Research Institute
HIQA	Health Information and Quality Authority
HSE	Health Service Executive
IHREC	Irish Human Rights and Equality Commission
IPH	Institute of Public Health
L&RS	Library and Research Service
PLS	Pre-legislative scrutiny
RIA	Regulatory Impact Assessment

Executive Summary

- The **Health (Amendment) (Home Support Providers) Bill 2025 (as published)** seeks to amend the *Health Act 2007* to provide for a scheme of registration and inspection of persons who provide certain support services to older persons and persons with disabilities in their private dwellings and to provide for related matters.
- It will be an offence to operate a home support service without registration. Transitional arrangements will apply for existing home support providers. The Health Information and Quality Authority (HIQA), via the Chief Inspector of Social Services, will have the power to inspect home support providers and monitor their compliance with regulations.
- Currently, Ireland does not have a statutory regulatory framework across the home support sector. Nor is there a statutory entitlement to receive home support/care services.
- It is difficult to definitively determine the number of home support providers and home support workers within the current system. For the purposes of their **Regulatory Impact Analysis (RIA) (2024)** for the **General Scheme of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill**, the Department of Health estimated there are approximately 200 home support providers (HSE, HSE-funded private and voluntary, and providers delivering to people paying privately) and further estimated a maximum of 29,000 home support workers (across home support for older and disabled people).
- The **Health (Amendment) (Home Support Providers) Bill 2025** (the Bill) aims to introduce a regulatory framework for home support providers centred on a system of registration and inspection.
- For the first time, home support providers would have to comply with a registration framework and meet minimum requirements set out in regulations. This system would be further supplemented by national quality standards for home support.
- Ultimately, it is intended that the regulatory framework for home support would be made up of primary legislation (i.e. the Bill under consideration here), regulations (to be made by the Minister for Health in consultation with the Minister for Children, Disability and Equality), and national quality standards (to be developed by HIQA).
- The **2025 Programme for Government** commits to developing a statutory home care scheme. Such a scheme has been promised by successive governments.
- In May 2024, the Minister for Health published the **General Scheme of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill**, and the accompanying **Regulatory Impact Analysis (RIA)**.
- This **RIA** estimated a cost of €1.1m per annum to HIQA for the three-year development period of introducing a licensing system. The RIA recognised that additional resources might be required once the system is fully operational.
- The General Scheme underwent pre-legislative scrutiny (PLS) by the Joint Committee on Health. Two public hearings were held on the 19 June and 26 June 2024. In October 2024, the Committee published their **Report on the Pre-Legislative Scrutiny of the General Scheme of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill 2024**.

- On the 9 December 2025, Minister for Health, Jennifer Carroll MacNeill, and the Minister of State for Older People and Housing, Kieran O'Donnell, **announced Cabinet approval for the publication of the Health (Amendment) (Home Support Providers) Bill 2025**. The Bill comprises of 2 sections and 22 parts.
- According to the **Department of Health's press release** (9 December 2025):

“The Bill amends the Health Act of 2007 to provide for a registration framework for home support providers, while making it an offence to operate a home support service without a registration, and incorporating transitional arrangements for existing home support providers.

Home support providers will be required to adhere to a registration framework supported by national quality standards developed by HIQA, and meet minimum requirements set out under Ministerial regulations. This will act to safeguard service users, raise the quality and consistency of care nationally and represents tangible progress in meeting the Programme for Government commitment of a statutory homecare scheme.”
- In particular, the Bill will require home support providers to meet new regulatory requirements, primarily to join a register overseen by HIQA and to participate in inspections under the aegis of HIQA's Chief Inspector of Social Services. The Bill will also provide for exemptions to the requirement to join the register of home support providers.

Additional Library and Research Service (L&RS) Resources

- **Policy and Legislative Briefing Paper** (September 2024) examining the policy proposal outlined in the General Scheme for the Health (Amendment) (Licensing of Professional Home Support Providers) Bill. The briefing paper provides an overview of current provision of home support in Ireland and estimates of future demand. It also examines how social care regulation is used to improve service quality, and different approaches to the regulation of home support in other jurisdictions.
- **Bill Resource Page** providing resources related to this Bill, including select media, publications from Government, the Oireachtas, stakeholders, and specialist commentary.

[Some resources may only be accessible on the Oireachtas network.]

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Introduction

The **Health (Amendment) (Home Support Providers) Bill 2025** ('the Bill') was approved by Cabinet on the 9 December 2025 and **published** on the 16 December 2025. It is scheduled for Second Stage debate in Dáil Éireann on Tuesday 20 January.

The Bill comprises of 2 Parts and 22 Sections and is accompanied by an **Explanatory Memorandum**.

Announcing Cabinet approval of the Bill on the 9 December 2025, the Minister for Health, Jennifer Carroll MacNeill TD stated:¹

“In a first for Ireland, this Bill will introduce the registration and regulation of professional home support services by HIQA and the Chief Inspector of Social Services.

Regulation is fundamental to ensuring that all service users are provided with high quality care with the same minimum standards wherever and however it is provided, in line with best international practice.”

While Minister of State for Older People and Housing, Kieran O'Donnell TD said:

“The introduction of this Bill demonstrates the progress that we are making in reforming home support and is an integral step in delivering on the Programme for Government commitment to design a statutory home care scheme to allow people to stay in their home for as long as possible.

This regulatory framework and inspection process will ensure that the public can be confident that the home support services provided are of a high quality and standard.”

The **Explanatory Memorandum** for the Bill notes that the purpose of the Bill is to set “...out a registration framework for providers of home support services not already regulated or registered under other legislation. The Chief Inspector of Social Services in HIQA will be the regulatory authority”.

Pre-legislative scrutiny (PLS) hearings for the General Scheme of the Bill took place on the **19 June** and **26 June** 2024. The Joint Committee on Health published their **report on PLS** in October 2024.

¹ Department of Health (9 December 2025) **Government approves publication of Health (Amendment) (Home Support Providers) Bill 2025**, *Press release*.

Overview of proposed registration and inspection scheme

- The Bill amends the *Health Act 2007* to provide a **registration and inspection scheme** for home support providers.
- All providers (rather than home support workers) will need to **register with** the Health Information and Quality Authority (**HIQA**) to provide services.
- It will be an **offence** to operate a home support service without registration.
- **Transitional arrangements** will apply for existing home support providers.
- HIQA, via the **Chief Inspector of Social Services** ('chief inspector'), will have the power to inspect home support providers and assess their compliance with regulations.
- Regulations will outline **minimum requirements** for registered home support providers. Requirements may include to:
 - Develop service users with personal support plans.
 - Have a statement of purpose.
 - Maintain policies to ensure the quality and safety of services, including for safeguarding, medication support and infection control.
 - Adhere to new requirements related to managing and operating as a registered home support provider, such as risk management and financial procedures.
- **Exemptions** will apply to the requirement for registration, including, but not limited to:
 - providing home support services to fewer than 4 people.
 - being an individual who provides a service without commercial gain

Source: L&RS (2026), derived from the **Health (Amendment) (Home Support Providers) Bill 2025** and where relevant the **Explanatory Memorandum**.

Firstly, this Digest introduces the policy and legislative context for the Bill. The Digest further examines the Regulatory Impact Analysis conducted by the Department of Health and examines the extent to which issues raised in the Joint Committee on Health's Report on Pre-Legislative Scrutiny were taken on board in the final drafting of the Bill as published. Finally, the Digest summarises some of the key provisions of the Bill and outlines potential implications of the Bill for consideration.

In September 2024, the Library & Research Service (L&RS) published a **Policy and Legislative Briefing Paper** on the **General Scheme of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill**. It is recommended to read the Policy and Legislative Briefing Paper in conjunction with this Bill Digest where the reader is seeking more substantive policy and legislative context.

Background

The **Health (Amendment) (Home Support Providers) Bill 2025** (the Bill) reflects a policy impetus to enable older and disabled people with support/care needs to live at home. Currently, Ireland does not have a statutory regulatory framework across the home support sector, nor is there a statutory entitlement to receive formal home support/care services.²

In Ireland, the commitment to provide care at home, as outlined in **Sláintecare**, the strategy for reform of the health and social care system, was restated in the **2025 Programme for Government**. The **2025 Programme for Government** commits to “Design a Statutory Homecare Scheme to allow people to stay in their own home for as long as possible” (p.96). A detailed outline of how such a scheme would be structured and to whom it would apply has not yet been published.

The Department of Health’s January 2025 **briefing for the incoming Minister for Health** highlighted the need for “the ongoing reform and expansion of home support”, including “delivery of primary legislation for the licensing and regulation of home support providers” and development of the home support workforce.³

As such, there a number of key elements which have been under consideration to support development of home support services, including:

1. Primary legislation providing for a registration and inspection regime for home support providers (which would be introduced by the Bill).
2. Regulations with which home support providers would be required to comply (the Bill provides the Minister for Health with powers to make regulations).⁴
3. HIQA national standards for home support services. In November 2025, HIQA outlined that the revised standards (following consultation with stakeholders) have been submitted to the Minister for Health and “...will be published along with the forthcoming legislation on home support services”.⁵

² Law Reform Commission (April 2024) **Executive Summary A Regulatory Framework For Adult Safeguarding**; Irish Human Rights and Equality Commission (IHREC) (July 2023) **Policy Statement on Care**; HIQA (December 2021) **Regulation of Homecare: A Position Paper**; The Citizens’ Assembly (December 2017) **Second Report and Recommendations of the Citizens’ Assembly How We Best Respond to the Challenges and Opportunities of an Ageing Population**.

³ Department of Health (23 January 2025) **Divisional Briefing for New Minister**, p.56.

⁴ For more details on the development of these regulations see Department of Health (28 June 2024) **Submission to the Joint Committee on Health Re: Pre-legislative scrutiny of the General Scheme of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill 2024**. In the submission, the Department states: “... it should be noted that the current proposed regulations are still in draft and are subject to change following amendments made to the general scheme and Bill, once initiated” (p.5).

⁵ HIQA (November 2025) **Home Support Standards Stakeholder Involvement Report**, p.42

4. A future statutory scheme for home support provision.

Generally, there is broad support for regulation of home support among legal, human rights and regulatory agencies, respondents to public consultations, and representative groups for home support providers. There have also been calls to establish a statutory right/scheme for home care/support by various bodies, including by the Citizens' Assembly on the ageing population (2017), HIQA (2021), the Joint Committee on Gender Equality (2022), the Irish Human Rights and Equality Commission (IHREC) (2023), and Ibec (2024).⁶

Previous legislation related to the current Bill⁷

- *Nursing Home Support Scheme Act 2009*
- *Health Act 2007*
- *Health and Social Care Professionals Act 2005*

⁶ The Citizens' Assembly (December 2017) [Second Report and Recommendations of the Citizens' Assembly How We Best Respond to the Challenges and Opportunities of an Ageing Population](#); HIQA (2021) [Regulation of Homecare Services: Research Report \(abridged version\)](#); Joint Committee on Gender Equality (December 2022) [Unfinished Democracy: Achieving Gender Equality Final Report](#); IHREC (July 2023) [Policy Statement on Care](#); Ibec (2024) [Better Care, Better Business](#).

⁷ Note: Where available, the hyperlinks above provided direct to Revised Acts, which are administrative consolidations of the current law compiled by the Law Reform Commission.

Regulatory Impact Assessment (RIA)

A **Regulatory Impact Analysis (RIA)** (dated 26 February 2024) was published alongside the **General Scheme of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill** in May 2024.⁸ The RIA outlined the policy objectives as:

“To regulate home support services through the licensing of public, private and not for profit home support providers. This legislation will give partial effect to the commitment in the Programme for Government to “introduce a statutory scheme to support people to live in their own homes, which will provide equitable access to high quality, regulated home care”.” (p.1)

Policy options considered in the RIA:

1. No policy change.
2. Registration of home support workers.
3. Statutory licensing of home support providers.

Option 1 (no policy change) was discounted as the sector would remain unregulated, with no statutory minimum standards of care and no independent oversight of providers.

Option 2 (registration of home support workers) would have regulated the individual workers providing home support rather than the providers employing them. This would have involved the protection of the title of ‘Home Support Worker’. This option was discounted in part because of regulatory and cost burden it would place on workers, the administrative burden on providers due to potential high staff turnover, and that home support providers would remain unregulated.

Option 3 (statutory licensing of providers) was selected as the preferred option, as it would regulate the sector through the regulation of organisations that are contracted to provide home support services (e.g., HSE, HSE-funded private and voluntary providers, and privately-contracted providers). This option would enable independent oversight of home support providers and monitoring of compliance with new regulations and standards for home support. The RIA anticipated that the **primary costs of the proposed system** would occur **within HIQA** as the entity overseeing the licensing and inspection system. During the three-year development period to introduce Option 3, HIQA estimated a cost of €1.1m per annum, which includes an additional 14 Whole Time Equivalent staff. Once the system is in place, providers (including the HSE) would be required to pay licensing fees (to be determined in future regulations).

⁸ Department of Health (16 May 2024) **General Scheme of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill 2024**; Department of Health (dated 26 February 2024) **Regulatory Impact Analysis**.

Policy and legislative context

The section provides an overview of how home support is funded and provided, the regulation of Irish social care, and recent public consultations on home support provision and standards.

In September 2024, the L&RS published a [Policy and Legislative Briefing Paper](#) on the General Scheme of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill. This briefing paper explores the legislative and policy context for home support services in Ireland, including:

- Current home support provision and estimates of future demand
- The unique context of regulation related to support within a person's home
- Balancing the costs and benefits of home support regulation
- Using regulation to improve service quality.

It is recommended to read the [Policy and Legislative Briefing Paper](#) in conjunction with this *Bill Digest* in order to gain a deeper understanding of the broader context of the Bill.

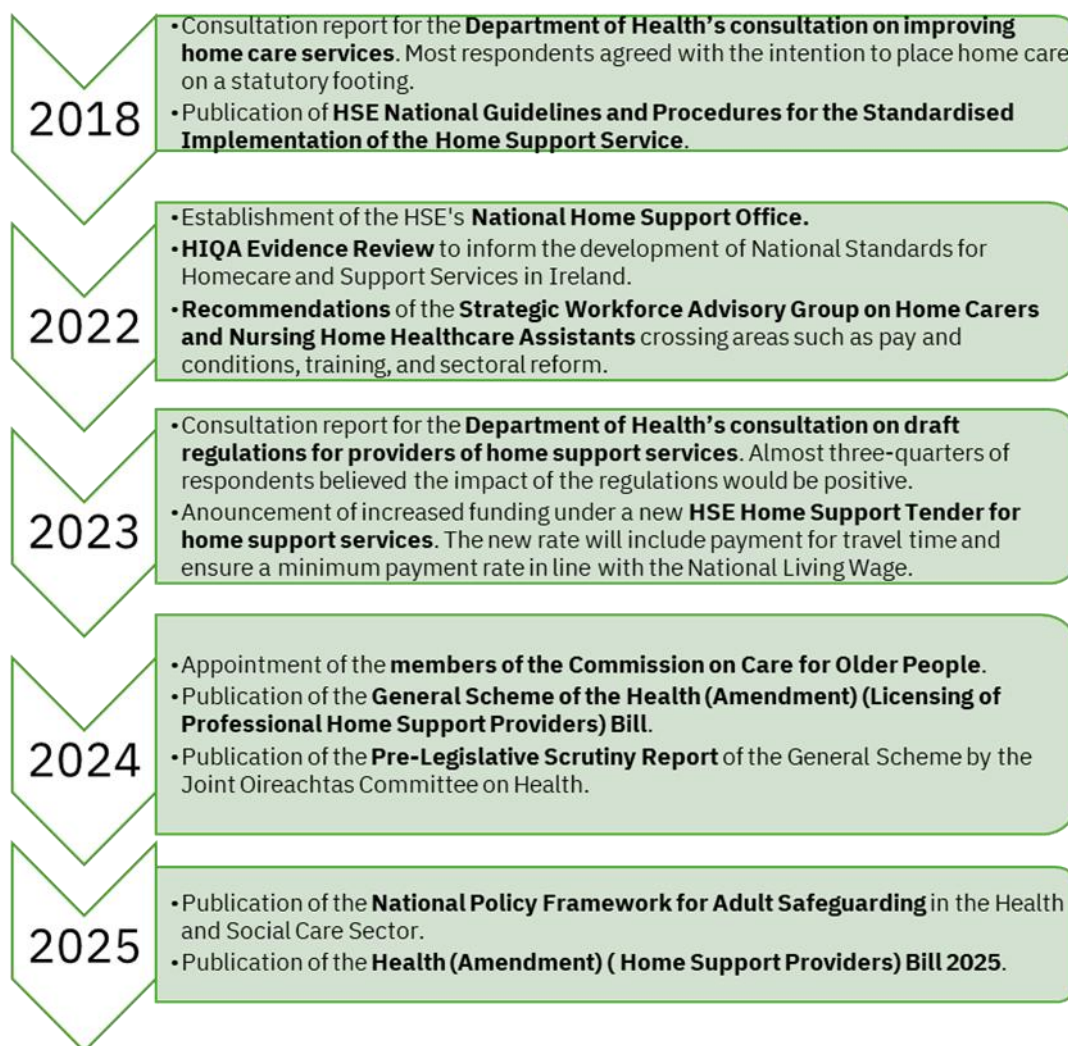
The Bill's proposals apply to the providers of home support services, i.e., support with personal care and domestic tasks provided in the home.⁹

In spite of increased state funding of care services (including home support), Ireland's care/support system relies on significant levels of informal, unpaid care and considerable shortfalls exist between the need for and the supply of formal care (see [Policy and Legislative Briefing Paper](#) for discussion of care provision in Ireland, p.8-9).

There have been a number of policy, service and legislative developments relating to home support in the last decade. A non-exhaustive snapshot of recent developments is captured in Figure 1 below.

⁹ The terms 'home support' and 'home care' are often used interchangeably. However, home support generally refers to support with personal care and domestic tasks, while home care is often used to refer to a broader range of activities encompassing health and social care services, and which can include the input of various health professionals. For further discussion of the use of these terms see: Department of Health (2024) [Regulatory Impact Analysis \(RIA\) Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill](#), p.6-7, and HIQA (May 2022) [Evidence review to inform the National Standards for Homecare and Support Services](#), p.8.

Figure 1: Selected home support policy, service, and legislative developments.



Source: Developed by the L&RS (2025) using information gathered from government/official publications.¹⁰

¹⁰ The Institute of Public Health in Ireland (2018) **Improving Home Care Services in Ireland: An Overview of the Findings of the Department of Health's Public Consultation**. Dublin: Institute of Public Health in Ireland; HSE (2018) **National Guidelines & Procedures for the Standardised Implementation of the Home Support Service (HSS Guidelines)** (hse.ie); HSE Annual Report and Financial Statements 2022; HIQA (May 2022) **Evidence Review to inform the development of National Standards for Homecare and Support Services in Ireland**; Department of Health (2022) **Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Health Care Assistants**; Sheehan, A. and O'Sullivan R. (January 2023) **Draft Regulations for Providers of Home Support Services: An Overview of the Findings of the Department of Health's Public Consultation**, Institute of Public Health; Department of Health (20 July 2023) **Ministers for Health announce increased rates of funding for State-funded home support providers**, *Press Release*; Department of Health (2024) **Ministers for Health announce**

Home support in Ireland

The majority of care/support provided to people in their home is undertaken **informally by family members and others**. While it is difficult to quantify the exact number of people undertaking unpaid care, we know that:

- In July 2025, more than 100,000 carers were receiving Carer's Allowance (means-tested social assistance payment) and more than 4,300 were receiving Carer's Benefit.¹¹
- Census 2022 recorded almost 300,000 unpaid carers (6% of the population).¹²
- In the Irish Health Survey 2024, almost one in five (18.2%) respondents reported providing informal care or assistance at least once a week.¹³
- 14% of respondents to the Healthy Ireland survey 2024 identified as carers.¹⁴ Almost a quarter (24%) of these carers reported providing around the clock care for someone they live with.

Formal home support is a large and **growing sector** in Ireland and there has been a significant increase in HSE expenditure on home support in recent years.¹⁵

[appointment of members of Commission on Care for Older People](#), *Press Release*; Department of Health (9 December 2025) [Ministers launch new National Policy Framework for Adult Safeguarding in the Health and Social Care Sector](#), *Press Release*.

¹¹ Department of Social Protection (3 July 2025) [Minister Calleary announces significant improvements to the Carer's Allowance means test](#), *Press Release*.

¹² Central Statistics Office (CSO) (2023) [Census 2022 Disability, Health and Carers](#). Census 2022 sought to identify people who provided regular unpaid personal help or support to a family member, neighbour or friend with a long-term illness, health issue or an issue related to old age or disability.

¹³ CSO (July 2025) [Key Findings Irish Health Survey \(IHS\) 2024 - Main Results](#). Online survey of adults 18 years and over, with 5,101 completed responses. In the IHS, informal care or assistance refers to the provision of care or assistance to one or more persons suffering from any chronic health condition or infirmity or due to old age, at least once a week.

¹⁴ [Healthy Ireland \(HI\) Summary Report 2024](#) (Reissue) Department of Health. Survey of 7,398 individuals aged 15 and over. The HI survey used the same question as included in the Census but provided additional context, instructing respondents to "Include problems which are due to old age. Personal help includes help with basic tasks such as feeding or dressing." This additional context information may have caused an increase in the number of respondents saying they provided personal help. Additionally, the HI survey figure may include some respondents who receive a carer's allowance, contributing to the gap between the Census 2022 and HI survey figures.

¹⁵ For example see: HSE (5 February 2025) [Response to Parliamentary Question from Cian O'Callaghan TD](#).

The **HSE** has responsibility for publicly-funded **formal home support services**, primarily for **older people and disabled people**.¹⁶ The service operates within funding limits and access varies across the country. The HSE's home support services are delivered through a number of different approaches, primarily:

- direct home support provided by the HSE
- indirect home support provided for voluntary and for-profit providers contracted by the HSE
- Consumer Directed Home Support (CDHS) through which the person receiving the service controls by whom and how the service is provided.¹⁷

In addition to state-funded home support, some **people pay privately for home support** services. Researchers from the Economic and Social Research Institute (ESRI) estimate that in 2022 approximately a quarter of the almost 29 million home support hours provided to older people were purchased privately (the remainder provided through the HSE's home support service).¹⁸

The HSE's **National Service Plan 2025** planned for the delivery of 24.3 million home support hours to approximately 60,000 older people (10% increase of number of targeted recipients since 2024) and 3.8 million hours to circa 7,300 people with disabilities.¹⁹ However, this does not reveal how much home support is purchased privately by individuals and their families.

Given the nature of the current home support system and the differing public and private funding mechanisms it can be **difficult to establish the exact size of the overall sector**, the number of organisations providing the service, and the total size of the workforce. For the purposes of their **Regulatory Impact Analysis (RIA)** (dated February 2024), the Department of Health estimated:

- Approximately 200 home support providers (including HSE, HSE-funded private and voluntary providers, and providers delivering to people paying privately).

¹⁶ For service requirements see, for example: HSE (September 2025) **Home Support Services – Services for Older People Authorisation Scheme –Service Specifications**.

¹⁷ HIQA (May 2022) **Evidence review to inform the National Standards for Homecare and Support Services**.

¹⁸ Walsh, B., and Kakoulidou, T. (2025) **Projections of national demand and bed capacity requirements for older people's care in Ireland, 2022–2040: Based on the Hippocrates model**, ESRI Research Series 214, Dublin: ESRI.

¹⁹ HSE (January 2025) **National Service Plan 2025**.

- A maximum of 29,000 home support workers²⁰ (across home support for older and disabled people provided/funded by the HSE and provided by private and voluntary organisations both for the HSE and for private clients).
- Providing a potential national total of 34 million hours of home support (25.5 million funded by HSE Older Persons and Disability Services; 8.5 million funded privately).

While there is existing unmet demand for home support – for example, as outlined by the Department of Health, in June 2025 almost 5,000 people were waiting on home support care²¹ – **demand is anticipated to rise**, particularly as a result of Ireland’s ageing population.²² A **2025 report** by researchers at the ESRI projects that the number of long-term residential care beds and home support hours for older people will need to increase by at least 60% by 2040.²³ The required home support hours are forecast to grow from 28.7 million annually in 2022 to between 44.9 million to 54.9 million annually by 2040 (projected growth of between 57 to 91%).²⁴ Population ageing is a key driver of this increased demand. **Further analysis** by ESRI researchers (November 2025) extends this national level analysis to provide medium-term regional projections of demand to 2040 for home support in each of the six HSE Health Regions.²⁵ Again, this regional analysis projects large increases in requirements for home support hours between 2022 and 2040 across all projection scenarios for all HSE Health Regions.

In December 2025, as part of the Department of Health’s work to plan for future workforce needs in the health and social care sectors, the Minister for Health published a paper on

²⁰ As outlined by the Department of Health (2025): “This is considered to be the high end estimate [of home support workers] as there is likely to be an element of duplication, as individual workers may provide services to both HSE and privately funded clients, or in both older persons and disability sectors.” **Regulatory Impact Analysis (RIA)**, p. 11-12.

²¹ Department of Health (December 2025) **Ireland’s Future Health and Social Care Workforce Detailed Report**, section on older persons care, p.40.

²² See for example: Department of Finance (June 2024) **Population Ageing and The Public Finances in Ireland report**; Department of Health (2021) **Disability Capacity Review to 2032 - A Review of Disability Social Care Demand and Capacity Requirements up to 2032**; PA Knowledge (2018) **Health Service Capacity Review 2018 Executive Report - Review Of Health Demand And Capacity Requirements In Ireland To 2031 – Findings And Recommendations**. Department of Health.

²³ ESRI (30 June 2025) **New ESRI report projects that long-term residential care and home support requirements will increase by at least 60% by 2040 | ESRI, Press Release**.

²⁴ Projections include both publicly funded and privately purchased home support hours.

²⁵ Walsh, B., and Kakoulidou, T. (2025) **Projections of regional demand and bed capacity requirements for older people’s care in Ireland, 2022–2040: Based on the Hippocrates model**, ESRI Survey and Statistical Report Series 135, Dublin: ESRI.

Ireland's Future Health and Social Care Workforce.²⁶ As outlined in the paper, Ireland's growing and ageing population, rising levels of chronic diseases, and a high reliance on foreign educated workers amid a global shortage of healthcare workers, necessitates action to future-proof Ireland's health and social care workforce, including of home support workers.

Regulation of home support

The Health Information and Quality Authority (HIQA) is responsible for monitoring the safety and quality of Ireland's healthcare and social care systems.²⁷ While nursing homes in Ireland are subject to regulatory regimes, including HIQA registration and inspections, there is currently no statutory regulation across the home support sector.²⁸ While there are no nationally enforceable standards for home support, the HSE produces guidelines and service specifications, and some providers have adopted voluntary standards.²⁹ An array of legal, regulatory, health, and human rights stakeholders have recommended regulation of home support services, including the Law Reform Commission, the Citizens' Assembly on an Ageing Population, HIQA and IHREC.³⁰

Regulation in the health and social care sector is often initiated to increase the quality of service provided, to improve conditions for workers, and to ensure safeguards are in place to prevent abuse. However, there are also potential downsides to regulation, such as increasing costs for the state, or where providers decide to impose additional charges on recipients of services to offset regulatory requirements.³¹ A **range of regulatory approaches to home**

²⁶ Department of Health (23 December 2025) [Minister for Health publishes paper on Ireland's Future Health and Social Care Workforce](#), *Press Release*; Department of Health (December 2025) [Ireland's Future Health and Social Care Workforce Detailed Report](#). See also [Overview Paper](#) and [Technical Note](#).

²⁷ Functions of HIQA are set out in section 7 of the *Health Act 2007 Revised Acts*.

²⁸ See for example: Law Reform Commission (April 2024) [A Regulatory Framework for Adult Safeguarding Volume 1](#), p.101-3; Irish Human Rights and Equality Commission (IHREC) (July 2023) [Policy Statement on Care](#), p.32.

²⁹ See for example: HSE (September 2025) [Home Support Services – Services for Older People Authorisation Scheme –Service Specifications](#); HSE (2018) [National Guidelines & Procedures for the Standardised Implementation of the Home Support Service \(HSS Guidelines\)](#) ([hse.ie](https://www.hse.ie)).

³⁰ Law Reform Commission (December 2011) [Report – Legal Aspects of Professional Home Care](#); The Citizens' Assembly (December 2017) [Second Report and Recommendations of the Citizens' Assembly How We Best Respond to the Challenges and Opportunities of an Ageing Population](#); HIQA (December 2021) [Regulation of Homecare: A Position Paper](#); IHREC (July 2023) [Policy Statement on Care](#).

³¹ For example, see: Johannessen, T., Ree, E., Aase, I. *et al.* (2020) [Exploring challenges in quality and safety work in nursing homes and home care – a case study as basis for theory development](#), *BMC Health Services Research*, 20, 277, pp.1-12; Cunningham, S., Taylor, B., & Murphy, A. (2020) [Standards in regulating quality of adult community health and social care: systematic narrative review](#), *Journal of Evidence-Based Social Work*, 17(4), 457-468; HIQA (2021) [Regulation of Homecare Services: Research](#)

support/care have been applied in other countries, such as regulating particular home support activities, embedding home care in legislation, requiring home support workers to register with a regulator, and licensing requirements for organisations providing home support services (for a discussion of different regulatory approaches see [Policy and Legislative Briefing Paper](#), p.24–38).

Public consultations

There have been a number of recent public/stakeholder consultations on issues related to home support/home care.³² Three public consultations of particular relevance to the current Bill are summarised in this section.

In 2017, the Department of Health conducted a **public consultation to inform the development of a statutory scheme and system of regulation for home-care services**.³³ More than 2,600 responses were received. As outlined in the Department’s press release, the **consultation report**, prepared by the Institute of Public Health (IPH)³⁴, identified a number of key themes, including a consensus on the ‘...imperative for a statutory home-care scheme which will provide equity of access to standardised services’ and for the regulation of home-care, the need for coordination of services provided in the home and the community, and the ‘...need for greater investment in, and for the development of a sustainable funding model for, home-care services’.³⁵

In 2022, the Department of Health conducted a **public consultation to specifically inform the development of regulations setting out the minimum requirements for home support**

[Report \(abridged version\)](#); HIQA (2021) [From the shadow of COVID-19 must emerge robust, regulated and reformed health and social care services](#); OECD and European Commission (2013) [A Good Life in Old Age? Monitoring and Improving Quality in Long-term Care](#), OECD Publishing.

³² Including: HIQA (4 November 2024) [Public consultation on draft National Standards for Home Support Services in Ireland | HIQA, Webpage](#); Department of Health (29 August 2024) [Public consultation on health and social care services and supports for older people launched, Press release](#); Department of Health (2024) [Regulatory Impact Analysis \(RIA\) Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill](#); Department of Health (20 January 2023) [gov.ie - Draft Regulations for Providers of Home Support Services: An Overview of the Findings of the Department of Health’s Public Consultation \(www.gov.ie\), Webpage](#); The Institute of Public Health in Ireland, IPH (2018) [Improving Home Care Services in Ireland: An Overview of the Findings of the Department of Health’s Public Consultation](#). Dublin: IPH.

³³ Department of Health (26 June 2018) [Minister Daly launches the report on the findings of the public consultation on home-care services, Press Release](#).

³⁴ The Institute of Public Health in Ireland, IPH (2018) [Improving Home Care Services in Ireland: An Overview of the Findings of the Department of Health’s Public Consultation](#). Dublin: IPH.

³⁵ Department of Health (26 June 2018) [Minister Daly launches the report on the findings of the public consultation on home-care services, Press Release](#).

providers.³⁶ The **draft regulations** included requirements for a wide range of areas, including: a contract between a service provider and service user; a needs assessment and a personal support plan; safeguarding and protection of the service user; staffing; and, management of records. 210 consultation responses were received from individuals (118) and organisations (92) such as home support providers, healthcare organisations, and advocacy groups. The IPH's report of the consultation covered a range of issues, including service delivery, staffing, corporate governance, and management of complaints.³⁷ The IPH authors identified a number of key themes from the submissions, including:³⁸

- Home support regulations are key to providing better quality of service and guidance.
- Minimum standards could create a level playing field for providers.
- Regulation would provide greater protection for service users.
- A need for clarity about how the regulations relate to the overall architecture of publicly-funded home support (e.g., legislation, HIQA standards, funding mechanisms).
- A need for clarity on HIQA's role as regulator and the HSE's role as both commissioner and funder of services.
- Concern that the regulations were based on the model of services for older people and did not adequately reflect the need for flexibility and service user direction in home support.
- Support for minimum qualifications for home support workers but concern about how this might worsen worker shortages.
- Implementation could be onerous for home support providers and workers.
- Concerns about the exclusion of some types of home support services from the remit of the regulations.
- A need for stronger governance structures, such as minimum qualifications for managers and enhanced processes for service user representation and feedback.

³⁶ Department of Health (20 January 2023) **Draft Regulations for Providers of Home Support Services: An Overview of the Findings of the Department of Health's Public Consultation**, *Webpage* (accessed 27 June 2024); Department of Health (June 2022) **Draft Regulations for Providers of Home Support Services Public Consultation Document**.

³⁷ Sheehan, A. and O'Sullivan R. (January 2023) **Draft Regulations for Providers of Home Support Services: An Overview of the Findings of the Department of Health's Public Consultation**, Institute of Public Health; Department of Health (16 June 2022) **gov - Public Consultation on Draft Regulations for Providers of Home Support Services (www.gov.ie)**, *Webpage* (accessed 27 June 2024).

³⁸ Sheehan, A. and O'Sullivan R. (January 2023) **Draft Regulations for Providers of Home Support Services: An Overview of the Findings of the Department of Health's Public Consultation**, IPH, p.72-73.

In November 2024, **HIQA** opened a **public consultation on draft national standards for home support services in Ireland**.³⁹ The **draft standards** were designed around four principles – a human rights-based approach, safety and wellbeing, responsiveness, and accountability. In November 2025, HIQA published a **Stakeholder involvement report informing the development of the National Standards for Home Support Services** documenting the output from the consultation process and the consequent refining of the national standards. In this report HIQA indicated that the revised standards (which are not yet publicly-available at the time of writing) have been submitted to the Minister for Health and “will be published along with the forthcoming legislation on home support services”.⁴⁰ As part of the stakeholder engagement process HIQA also received feedback that was beyond the scope of the standards under development, such as feedback about the potential exclusion of some forms of home support from the legislative framework in which the standards will reside. Further, HIQA stated: “HIQA acknowledges the concerns raised by providers in relation to implementing the standards under the current commissioning model and recognises that there are challenges in the delivery of home support services due to various factors, including increasing demand for services and resource dependency.”⁴¹

Details of targeted consultations undertaken by the Department of Health with specific national stakeholders and agencies/regulators in other jurisdictions are outlined in the **Regulatory Impact Assessment** (p.22-24).

³⁹ HIQA (4 November 2024) **Public consultation on draft National Standards for Home Support Services in Ireland | HIQA**, *Webpage* (accessed 16 January 2026).

⁴⁰ HIQA (November 2025) **Home Support Standards Stakeholder Involvement Report**, p.42

⁴¹ HIQA (November 2025) **Home Support Standards Stakeholder Involvement Report**, p.41.

Pre-Legislative scrutiny (PLS)

The Joint Committee on Health undertook pre-legislative scrutiny of the [General Scheme of the Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill](#). On the **19 June 2024**, the Committee met with Department of Health officials and a representative of the Institute of Public Health (IPH), which had collated the Department's consultation on draft regulations for providers of home support services. On the **26 June**, the Committee met with representatives of ALONE, which provides the secretariat to the broader Home Care Coalition⁴².

Following the hearings, the Committee invited written submissions from a number of stakeholders. Submissions were received from ALONE, the Home Care Coalition, Home and Community Care Ireland, the Ombudsman for Children, Department of Health, and Sage Advocacy.⁴³

The PLS process focused on the legislative proposal in the General Scheme, which provided for the licensing and registration of home support providers. The Bill as published provides for the registration of home support providers.

PLS report

The Committee published its [Report on the Pre-Legislative Scrutiny of the General Scheme of the Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill 2024](#) in October 2024.

The Committee's PLS report listed 21 'key issues of concern raised by stakeholders in relation to the General Scheme' (p.10) (see Table 3 below). The Committee report stated:

⁴² "The Home Care Coalition is a group of 25 charities, not-for-profit organisations and campaigners including organisations who work with older people, people with disabilities and people with long-term illnesses, organisations working directly with carers, and groups working in the primary care sector."
Source: Home Care Coalition (2024) [Pre-Budget Submission & General Election Ask 2025](#).

⁴³ See Appendix 1 of the Committee's [PLS report](#) for links to these written submissions.

“The Committee considers that the concerns raised by those stakeholders who engaged with the Committee [...] need to be considered. The Committee recommends that the concerns should be addressed, as appropriate –

- by the Minister in drafting the Health (Amendment) (Licensing of Professional Home Support Providers) Bill or in the Regulations to be made
- through the proposed HIQA national quality standards
- through the other regimes and systems (e.g. the HSE approach to commissioning and funding home care supports) that will interact with the new legislation.

The Committee requests that the Minister informs the Committee of how the concerns will be addressed.” (p.14).

How these key issues are treated in the Bill is considered in the following section.

L&RS traffic light analysis of PLS key issues versus published Bill





This section seeks to assess the extent to which the key issues of concern raised in the Committee’s **PLS report** have been addressed in the Bill, as presented for Second Stage (see Table 3). As part of the Bill Digest process, the L&RS compares the issues/recommendations outlined in the PLS report with their inclusion, partial or otherwise, in the subsequent Bill. We do this by asking the relevant Department (in this case the Department of Health) to outline the extent to which, in their view, each of the key issues documented by the Joint Committee influenced the drafting of the Bill as published.

The L&RS is grateful to the Department of Health for providing its commentary, which is included verbatim in Table 3 below, along with the traffic light symbols as determined by the L&RS.

In tandem with the Department’s input, the L&RS also assesses the extent to which the PLS process impacted the drafting of the Bill. To do this, the L&RS uses a traffic light system, which allocates a green, orange, red or black symbol indicating respectively the extent to which the key issue has been accepted in full, in part, or is not reflected in the published Bill, or is not reflected in the Bill but additional considerations are present. This traffic light approach represents the L&RS’s own, independent analysis of the Bill, and a key to this dashboard is shown in Table 2.

While the Committee’s **PLS report** recommended that the Department address the concerns raised by stakeholders (see above), some of these concerns did not specify recommended actions for the Department or are policy-based concerns outside the scope of the Bill. Members should be aware that some of the black symbols in Table 3 appear for this reason.



Table 2 Key to traffic light dashboard comparing the Bill as published with key issues outlined in the Committee's PLS report.

L&RS categorisation of the Department's response in the Bill to the key issue in the Committee's report	Traffic light dashboard used in Table summary of PLS key issues to highlight impact of the Committee's PLS conclusion
Key issue has clearly been accepted and is reflected in the Bill	
The Bill may be described as adopting an approach consistent with the key issue or the impact of the key issue is unclear	
Key issue has not been accepted or implemented in the Bill	
Key issue has not been implemented in the Bill, but additional considerations are present	


Source: L&RS (2026).

Table 3 Traffic light dashboard comparing the Bill as published with key issues outlined in the Committee's PLS report.




Key issue outlined in Committee's PLS report	Traffic light	Whether addressed (either in whole or in part) in the Bill – Departmental commentary
Recommendations		
<p>The Committee considers that the concerns raised by those stakeholders who engaged with the Committee – ... [listed below] – need to be considered. The Committee recommends that the concerns should be addressed, as appropriate –</p> <ul style="list-style-type: none"> • by the Minister in drafting the Health (Amendment) (Licensing of Professional Home Support Providers) Bill or in the Regulations to be made • through the proposed HIQA national quality standards • through the other regimes and systems (e.g. the HSE approach to commissioning and funding home care supports) that will interact with the new legislation. 	N/A	<p>Concerns raised by stakeholders are noted and will be considered, as appropriate, through various mechanisms including the proposed legislation, consequent regulations, HIQA national standards and through other regimes and systems as appropriate. Further details on specific actions regarding the concerns raised are set out below.</p>
<p>The Committee requests that the Minister informs the Committee of how the concerns will be addressed.</p>		



Key issue outlined in Committee's PLS report	Traffic light	Whether addressed (either in whole or in part) in the Bill – Departmental commentary
<p>The key issues of concern raised by stakeholders in relation to the General Scheme are as follows:</p>		
<p>Exclusions from the General Scheme</p>		
<p>1. The fact that a statutory entitlement to home care is not established within the General Scheme was highlighted. Stakeholders call for the inclusion of the statutory entitlement to home care in the General Scheme or the separate development and implementation of such statutory entitlement.</p>		<p>This is beyond the scope of the Bill.</p>
<p>2. The exclusion of minors from the proposed regulatory framework was identified as an important issue and the inclusion of home care support services provided to minors in the proposed legislation is recommended.</p>		<p>Section 69B, inserted under section 9 of the Bill, sets out definitions of key terms used in the Bill. This includes the definition of “service user” which, following PLS and consideration by DCDE, has been amended to include any person to whom a home support service is provided. As such, all home support providers delivering services in the State to people of any age are now captured under the Bill.</p>



Key issue outlined in Committee's PLS report	Traffic light	Whether addressed (either in whole or in part) in the Bill – Departmental commentary
<p>3. Concerns were raised regarding the omission of certain specialist roles and programmes within the disability sector such as Personal Assistants (PAs), and that this would risk –</p> <ul style="list-style-type: none"> a. the creation of a possible loophole b. the possible re-categorisation of staff, and c. possible avoidance of regulatory compliance by service providers. 		<p>Extensive engagement has been undertaken with colleagues in the Department of Children, Disability and Equality as well as the HSE, HIQA and the Personal Assistance Review Group, as appropriate, regarding the exclusion of HSE funded personal assistant services.</p> <p>In order to maintain the important distinction between home support and personal assistance and to avoid impacting the work of the Personal Assistance Review Group to develop a protocol for the eligibility and allocation of personal assistance services, this exemption has been retained.</p>
<p>4. The exclusion of introductory recruitment agencies, registered healthcare professionals such as nurses, and home care service providers with three clients or less (see Head 10) was identified as an issue that could potentially damage the quality and delivery of home care support services and lead to gaps in protections and standards. It was recommended that all State-funded services be covered by the proposed legislation and related regulations.</p>		<p>The legislation relates only to the regulation of providers of home support services, which are currently outside of regulation. Other registered health professionals who provide care in the home are members of statutorily recognised, regulated professions, with well-established mechanisms for oversight, complaints and sanction.</p> <p>The exclusion of home support service providers with three clients or less has been maintained to ensure that the impact of the legislation is proportionate.</p>



Key issue outlined in Committee's PLS report	Traffic light	Whether addressed (either in whole or in part) in the Bill – Departmental commentary
Ministerial Regulations and Licensing		
<p>5. Questions were raised in relation to the minimum training and educational requirements that would apply for home support service providers. For this reason, stakeholders point to the need for clarity in relation to the regulations to be made. They also point to the importance of taking account of the report published by the Law Reform Commission in 2011, entitled <i>Legal Aspects of Professional Home Care</i>.⁴⁴</p>		<p>Under amendments included in Section 21 of the Bill, the Minister for Health, in consultation with the Minister for Children, Equality and Disability as appropriate, may make regulations in respect of the “the qualifications, training and availability of the registered home support provider or the numbers, qualifications, training and availability of any persons employed by the provider, as the case may be”.</p> <p>Extensive stakeholder engagement has taken place in relation to the draft regulations and Department of Health officials will continue to engage closely with relevant stakeholders as these regulations are finalised and implemented.</p>

⁴⁴ [Legal Aspects of Professional Home Care](#).




Key issue outlined in Committee's PLS report	Traffic light	Whether addressed (either in whole or in part) in the Bill – Departmental commentary
<p>6. Greater clarity is required regarding the operation of the licensing regime, including</p> <ul style="list-style-type: none"> a. the length of time for which a licence will be applicable b. public access to information on fines/penalties imposed c. public access to the register of home care support service providers. 		<p>A. Section 9 of the Bill inserts section 69F into the Health Act of 2007. Subsections (2) of section 69F sets out that “the registration of a home support provider has effect for 3 years.”</p> <p>B. Section 69F(1), inserted under Section 9 of the Bill, sets out the information to be entered into the register of home support providers, including details of any fine or other penalty imposed on the provider by a court under this Act during the period in which the registration is valid.</p> <p>C. Section 69F(3), inserted under Section 9 of the Bill, provides that the register of home support providers be kept at the office of the chief inspector, open to inspection by members of the public free of charge, and is made available on the internet and by any other means that the Minister specifies.</p>
<p>7. There needs to be certainty that the provisions of the General Scheme comply with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).</p>		<p>The proposed legislation has been reviewed in this regard. No concerns have been identified to date however, compliance with the UNCRPD will remain under consideration as the regulations are finalised.</p>
<p>8. There is a lack of clarity regarding how service-users would consent to the collection of data related to them by service providers and the sharing of this data with the HSE and/or HIQA.</p>		<p>This is beyond the scope of the Bill. Providers are required to comply with relevant data protection legislation.</p>




Key issue outlined in Committee's PLS report	Traffic light	Whether addressed (either in whole or in part) in the Bill – Departmental commentary
<p>9. Stakeholders stress the importance of the proposed regime being effective and capable of being operationalised in practice.</p>		<p>This is beyond the scope of the Bill, however Department of Health officials will continue to engage closely with relevant stakeholders, including sectoral representative groups, on this and any other issues that relate to implementation.</p>
<p>Workforce Challenges and Recruitment</p>		
<p>10. Although minimum training and educational attainments are generally supported by stakeholders, the need to mitigate any unintended consequences this may have on staff recruitment and retention was identified as an issue.</p>		<p>Under amendments included in Section 21 of the Bill, the Minister for Health, in consultation with the Minister for Children, Equality and Disability as appropriate, may make regulations in respect of the “the qualifications, training and availability of the registered home support provider or the numbers, qualifications, training and availability of any persons employed by the provider, as the case may be”.</p> <p>Extensive stakeholder engagement has taken place in relation to the draft regulations and Department of Health officials will continue to engage closely with relevant stakeholders as these regulations are finalised and implemented to minimise any unintended consequences to providers.</p>


Key issue outlined in Committee's PLS report	Traffic light	Whether addressed (either in whole or in part) in the Bill – Departmental commentary
<p>11. The importance of attracting and retaining home care personnel was emphasised, particularly in the not-for-profit sector, which operates under the regime by which the HSE commissions home care support services. It was noted that uncertainty can arise for home care support service providers when clients are hospitalised, resulting in the cessation of payments to staff delivering direct care services.</p>		<p>This is beyond the scope of the Bill.</p>
<p>12. To date, the 16 recommendations published in October 2022 by the cross-departmental Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants have only partially addressed employment contractual issues for staff providing services, travel expenses and issues with the commissioning model. Stakeholders have indicated that more comprehensive measures are needed to tackle the challenges faced by the workforce within the sector.</p>		<p>This is beyond the scope of the Bill.</p>

Key issue outlined in Committee's PLS report	Traffic light	Whether addressed (either in whole or in part) in the Bill – Departmental commentary
<p>13. Also, in relation to the above recommendations, there is concern regarding the current set invoice rate payable by the HSE. It was noted that service providers had demonstrated that this rate is insufficient to cover costs and introduce changes. Stakeholders stated that an audit conducted by Grant Thornton concurred with the views expressed by service providers.</p> <p>(The Committee acknowledges that the Minister of State at the Department of Health, Ms Mary Butler, TD, has informed Dáil Éireann that the tender process has a built-in 12-month review provision.⁴⁵)</p>		<p>This is beyond the scope of the Bill.</p>
<p>14. The inclusion of travel time as working hours in the context of social protection benefit thresholds is in some cases deterring staff from working additional hours that would be spent directly with home care support clients. This creates challenges in general to productivity and optimal utilisation of resources. It also affects provision of services in rural locations where additional travel time is likely to be required.</p>		<p>This is beyond the scope of the Bill.</p>

⁴⁵ Home Care Workers and Home Support Scheme: Motion [Private Members] – Dáil Éireann (33rd Dáil) – Wednesday, 8 Nov 2023 – Houses of the Oireachtas.

Key issue outlined in Committee's PLS report	Traffic light	Whether addressed (either in whole or in part) in the Bill – Departmental commentary
Tendering, Commissioning and Operational Issues		
<p>15. The HSE currently operates as a provider and commissioner of home care support services in Ireland. Stakeholders expressed concerns regarding the additional financial and administrative burdens that will be imposed on service providers. Concerns were also raised regarding an underestimation of the costs and resources required for transferring the ownership and responsibility of care planning to service providers. Furthermore, the likely negative effects that this may have on direct care activities, staffing levels and service delivery was identified.</p>		<p>This is beyond the scope of the Bill, however Department of Health officials will continue to engage closely with relevant stakeholders, including sectoral representative groups, on this and any other issues that relate to implementation.</p>
<p>16. Concerns were raised regarding compatibility of the proposed new system with the current HSE commissioning model and the limitations of the HSE's current home support service ICT infrastructure.</p>		<p>This is beyond the scope of the Bill, however Department of Health officials will continue to engage closely with relevant stakeholders, including sectoral representative groups, on this and any other issues that relate to implementation.</p>
<p>17. Stakeholders acknowledged that the HSE's interpretation of the General Data Protection Regulation (GDPR) prevents them from sharing information obtained in their assessments of needs. This prevents the appropriate sharing of information with service providers that will be necessary to enable the providers to comply with requirements to develop care plans.</p>		<p>This is beyond the scope of the Bill, however Department of Health officials will continue to engage closely with relevant stakeholders, including sectoral representative groups, on this and any other issues that relate to implementation.</p>

Key issue outlined in Committee's PLS report	Traffic light	Whether addressed (either in whole or in part) in the Bill – Departmental commentary
<p>18. There needs to be certainty and clarity in relation to the interaction between the provisions of the General Scheme and the Assisted Decision-Making (Capacity) Act 2015.</p>		<p>This is beyond the scope of the Bill, however Department of Health officials will continue to engage closely with relevant stakeholders, including sectoral representative groups, on this and any other issues that relate to implementation.</p>
<p>19. A review of the current tendering system (including costs and rates of payment) to consider the challenges faced by Section 39 home support providers is recommended. The delivery of overnight services at 20% below daily service rates exclusively affects not-for-profit and private providers which is leading to a reduction in services and staffing levels nationwide. This has resulted in criticism from the sector in relation to the delivery of overnight services and in creating a two-tier workforce between the HSE and not-for-profit home care service providers. In this context, stakeholders have recommended the alignment of terms and conditions for home care support staff across the sector to improve stability in the home care support workforce.</p>		<p>This is beyond the scope of the Bill.</p>
<p>20. Concerns was raised in relation to delays in implementing the new regulatory framework and the expected impact this will have on the timeline for the improvement and regulation of home care services.</p>		<p>This is beyond the scope of the Bill.</p>

Key issue outlined in Committee's PLS report	Traffic light	Whether addressed (either in whole or in part) in the Bill – Departmental commentary
Review		
<p>21. The carrying out of a review of operation of the new regime after three years is recommended.</p> <p>(It is noted by the Committee that Head 51 of the General Scheme allows for the review of the operation of the Act no later than five years after the coming into operation of Head 37 of the Act of 2024.)</p>		<p>Section 3 of the Bill provides that the Minister shall carry out a review of the operation of the amendments effected by this Bill and prepare and submit the findings of the review before each House of the Oireachtas. This is to be completed no later than 5 years following Section 3 coming into operation.</p> <p>This timeline takes notice of the transitional arrangements set out under Section 69ZD, introduced under Section 9 of this Bill, to ensure that the registration system is fully operational in advance of the review taking place.</p>

Source: Joint Committee on Health (October 2024) [Report on the Pre-Legislative Scrutiny of the General Scheme of the Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill 2024](#); Department of Health commentary provided to the L&RS (16 January 2026). The traffic light assessment represents the analysis of the L&RS.

Legislative proposal

This section examines the principal provisions of the **Health (Amendment) (Home Support Providers) Bill 2025**. The Bill contains 2 Parts, made up of 22 sections. This Bill Digest does not seek to treat each provision, or each element of a provision, but focuses on some of the main policy issues that the Bill proposes to provide for.

The Bill's proposals apply to the **providers of home support services**. As outlined in the Bill, home support providers (rather than individual home support workers) will need to **register to provide services**.⁴⁶ It will be an **offence to provide services without registration**.⁴⁷ The Minister will have the power to make **regulations** under the Bill governing the registration of home support providers and to ensure proper standards in relation to registered home support providers.⁴⁸ **Exemptions** will apply to the requirement to register.⁴⁹ **Transitional arrangements** will apply for existing providers.⁵⁰

Principal provisions of the Bill

Part 1- Preliminary and General

Part 1 of the Bill contains sections 1–4. **Section 1** is a standard provision which provides for the short title of the Act and commencement information. **Section 2** provides for the definitions of 'Minister' as Minister for Health and the 'Principal Act' as the *Health Act 2007*. **Section 3** provides for review of the operation of amendments to the Principal Act not later than five years after the coming into operation of this section. This section provides that the Minister shall prepare a report as soon as practicable after the completion of the review and copies of this report shall be laid before each House of the Oireachtas. **Section 4** provides for repeal of Section 53(3)(e)(iii)(I) of the *Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024*. This provision, which has not been commenced at the time of writing, amends section 73 of the *Health Act 2007* and substitutes a paragraph (a) into section 73(4)(a). Section 73 relates to the right of entry and inspection by an authorised person or the chief inspector under select provisions of the *Health Act 2007*. Section 73(4)(a) relates to the power of the authorised person or chief inspector to inspect,

⁴⁶ Section 69E inserted by section 9 of the Bill.

⁴⁷ Section 69C inserted by section 9 of the Bill provides that a person shall not carry on the business of a home support provider unless the person is registered as a registered home support provider. Section 19 of the Bill amends section 79 of the *Health Act 2007* to provide that a person is guilty of an offence if he or she contravenes section 69C.

⁴⁸ Per section 20 and 21 of the Bill, amending section 99 and section 101 of the *Health Act 2007*.

⁴⁹ Section 69B(2) inserted by section 9 of the Bill sets out persons that shall not be a home support provider for the purposes of the *Health Act 2007*.

⁵⁰ Section 69ZD as inserted by section 9 of the Bill.

take copies or extracts from and remove documents or records from certain premises under section 73 of the *Health Act 2007*. Section 11(c)(ii) of the Bill amends section 73(4)(a) of the *Health Act 2007*.

Part 2 – Amendment of the Principal Act

Part 2 comprises the bulk of the Bill's provisions, with 18 sections. Some of the key provisions in each section are set out below.

Section 5 amends section 2 'Interpretation' of the Principal Act and inserts a number of definitions, including, but not limited to: 'home support provider', 'home support service', and 'service user'.

Section 6 amends section 8 'Functions of the Authority' of the Principal Act to amend HIQA's functions to include setting standards in relation to home support services provided by registered home support providers.

Section 7 amends section 9 'Investigations by the Authority' of the Principal Act to provide HIQA with the power to undertake investigations as to the safety, quality and standards of registered home support providers.

Section 8 amends section 41 'Functions of chief inspector' of the Principal Act and provides for the expansion of the functions of chief inspector in relation to home support services, including to establish and maintain register(s) of home support providers, collect information, inspect premises where the chief inspector has reasonable grounds to believe that a person is providing a home support services which is not registered under the Act, and register and inspect premises of registered home support providers to assess compliance with regulations and standards.

Section 9 seeks to insert Part 8A into the Principal Act. This section (**69B–69ZD**) deals with the 'regulation of home support providers' and includes:

69B(1) is the Interpretation section for Part 8A. It provides definitions for terms for this Part such as, 'activities of daily living', 'business premises', 'home support provider' [subject to subsections (2) and (3)], 'home support service' [subject to subsection (3)], 'registered home support provider', and 'service user'.

69B(2) lists exemptions to being regarded as a home support provider, including, but not limited to: providing a home support service to fewer than 4 people; being an individual who provides a service without commercial gain; and, providing a home support service in that person's capacity as a member of a relevant profession under the *Health and Social Care Professionals Act 2005*.

69C prohibits carrying out the services of a home support provider if not registered, subject to transitional provisions set out in section 69ZD.

69D prohibits a person from knowingly making a false or misleading statement in a material respect in an application for registration or renewal by a person under this Part.

69E requires a person seeking to register or renew registration as a registered home support provider to make an application for registration or renewal of registration to the chief inspector. This section provides for regulations on the information to be provided by a person seeking to be registered or to have their registration renewed as a home support provider, including information on the resources available to the applicant to provide the proposed home support service and information related to Garda vetting. Subsection (8) provides that the renewal of a registration for a home support provider be made at least 6 months, or a lesser period specified by the chief inspector, before the expiry date of the current registration. Subsection (10) outlines that where a person intends to organise/manage a home support service from more than one business premises, the person can make a separate application for registration/renewal of registration for each business premises or can make a single application including all business premises of the person.

69F provides for the details to be contained in the register of home support providers established and maintained by the chief inspector, which will be made publicly available, including online. Registration of a home support provider has effect for three (3) years [subject to subsections 69E(9) and 69H].

69G outlines procedures for the granting or refusal of registration or renewal of registration of a home support provider by the chief inspector, while **69H** addresses the cancelling of registration, varying conditions of registration or imposing new conditions, for cause.

69I deals with the removal of a condition of registration by the chief inspector and **69J** with applications from registered home support providers to vary or remove a condition of registration.

Decisions of chief inspector: **69K** seeks to require the chief inspector to provide written notice of certain proposed decisions, including, but not limited to: refuse an application, grant an application subject to conditions, cancel the registration of a registered home support provider, attach an additional condition to the registration, remove any condition of the registration. **69L** outlines home support provider's right to respond to notice of proposed decision. This section provides that the applicant or registered home support provider may make written representation to the chief inspector within 14 days of notice of a proposed decision. Where written notice of a proposal has been given under section 69K, the chief inspector shall not decide the matter until the person has made written representations to the chief inspector, or the person has notified the chief inspector that he/she does not intend to make representations, or the 14 days has elapsed. **69M** provides that the chief inspector is required to give written notice to the applicant or the registered home support provider under this section of a decision, including, but not limited to: to refuse an application, to grant an application subject to any conditions, to cancel registration, to vary or remove any condition of the registration, or to attach an additional condition to the registration. **69N** relates to certain proposed decisions of chief inspector where a home support service is organised or managed

from more than one business premises and a single application was made for the registration or renewal of registration. Where the chief inspector proposes actions such as to grant or refuse an application, cancel the registration, vary or remove any condition of the registration, attach an additional condition to the registration, or refuse an application, he/she may make the decision in relation to the applicant/registered home support provider as a whole, or relation to only certain of the business premises.

69O outlines required or prohibited conduct in relation to a registered home support provider, including, but not limited to, the requirement to display their certificate of registration in a conspicuous place at their business premises.

Engagement with the District and Circuit Courts

69P provides that an applicant or registered home support provider may appeal a decision of the chief inspector under section 69G, 69H or 69J in relation to registration which includes, but not limited to, decisions to grant or refuse an application for registration or renewal of registration of home support provider, to cancel registration or to vary or remove any condition of the registration of a registered home support provider, or to attach an additional condition to the registration of a registered home support provider. An applicant is required to bring an appeal to the District Court within 14 days of receiving the written notice of the decision under section 69M. The District Court may confirm the decision of the chief inspector or direct the chief inspector to register the home support provider or renew the registration of the home support provider, restore the registration of the home support provider, vary or remove a condition of the registration, or attach an additional condition to the registration of the home support provider.

69Q provides for circumstances where the chief inspector may apply to the District Court for an order enforcing certain decisions. The chief inspector may apply to the District Court for an order to enforce a decision where the chief inspector "...believes on reasonable grounds that any person is providing a home support service in contravention of a decision...". These decisions include a decision to refuse an application under section 69G or 69J, to grant an application subject to any conditions under section 69G or 69J or, under section 69H to cancel the registration of a registered home support provider, vary or remove any condition of the registration of a registered home support provider, or attach an additional condition to the registration of a registered home support provider. The District Court on hearing the application may make an order in the terms of what is sought by the chief inspector or in other terms as the Court considers appropriate.

69R provides for circumstances where the chief inspector may apply to the District Court for an order for cancellation or variation of registration. An application can be made by the chief inspector where the chief inspector "...believes on reasonable grounds that there is a risk to the life, or a serious risk to the health or welfare, of service users, because of any act, failure to act or negligence on the part of— (a) a registered home support provider, or (b) a person acting on behalf of a registered home support provider ...". The chief inspector can apply for an order cancelling the registration of the registered home support provider, or varying or removing any

condition attached to the registration or attaching an additional condition to the registration. On hearing an application under this section, the District Court may make an order in the terms sought by the chief inspector or in other terms as the Court considers appropriate.

69S and **69T** provide for procedures relating to *ex parte* interim orders made under section 69R. **Section 69S** provides that an application under section 69R made by the chief inspector may be made on an *ex parte* basis and without notice for an interim order. The *ex parte* interim order may be made where the court “...considers it necessary or expedient to make the order immediately in the best interests of the service users to whom the registered home support provider provides a home support service”. An *ex parte* interim order has effect for a period not exceeding 28 days, unless the District Court within that period confirms that the order will have effect for a further period with the consent of the parties or on the application of the chief inspector on notice to the registered home support provider. **Section 69T** then sets out procedure whereby the chief inspector may apply to the District Court for a final determination in relation to matters dealt with in an *ex parte* order made under section 69R. The chief inspector may apply while an interim *ex parte* order has effect and within 42 days after the order to the District Court for a final determination of the matters. The chief inspector shall be required to provide notice to the registered home support provider of an application under this section. The District Court may make an order confirming, varying or setting aside the *ex parte* interim order, make an order restating the registration of the registered home support provider, if the registration was cancelled under the *ex parte* order, or make any other order the Court considers appropriate. If the chief inspector does not apply within the set time period for a final determination, then on the next day after the expiry of the 42 days, the *ex parte* order ceases to have effect, the registration of the home support provider is reinstated, and the provider is restored to the same status under the Act as immediately before the *ex parte* order.

69U provides that an appeal of a decision of the District Court under section 69P(4), 69R(3) or 69T(3) is to the Circuit Court.

69V provides that the chief inspector is a party to any court proceedings under this Part and is entitled in these proceedings to appear, be heard, adduce evidence and give evidence.

Information to be provided by home support providers: **69W** provides that the home support provider shall provide information to the chief inspector where the chief inspector requires such information, as the chief inspector considers necessary to enable the chief inspector to carry out the chief inspector’s functions. **69X** provides for the chief inspector, in accordance with regulations made under section 101C(1)(e), to publish aggregated information on registered home support providers to inform service users, family members and others. The information which a registered home support provider shall submit to the chief inspector may be prescribed in regulation. A registered home support provider shall be required to submit information related to the provider that may be prescribed in regulations under section 101C(1)(a). The chief inspector may request further information where in his/her reasonable opinion the information provided is incomplete, and the registered home support provider shall comply with this request. Under this section the chief inspector shall establish

and maintain a record of the information submitted by registered home support providers under this section. The chief inspector shall in accordance with regulations made under section 101C provide any information submitted to them or data derived from that information to the Minister, Minister for Children, Disability and Equality, HIQA, the HSE and such public bodies as are prescribed in regulations under section 101C(1)(d). Information/data provided by the chief inspector shall exclude any information or data that may or could reasonably lead to the identification of an individual. **69Y** prohibits home support providers submitting information under section 69W or 69X to the chief inspector that the provider knows or should reasonably know to be false or misleading.

69Z prohibits closure of a registered home support provider without written notice to the chief inspector within a minimum period as may be prescribed. Different periods may be prescribed for different categories of home care providers.

69ZA provides for the cancellation by the chief inspector of the registration of a registered home support provider or the home support provider in respect of the particular business premises, where the provider ceases to carry on the provider's business or ceases to carry on the provider's business from a particular premises.

69ZB provides for notice of appointment to the chief inspector of a person taking charge of any part of the business of a registered home support provider. This notice shall be given to the chief inspector not later than 48 hours after the appointment and shall be provided in the manner and form as the chief inspector considers appropriate.

69ZC provides for notifications to be made to the Executive by the chief inspector in relation to certain home support providers, including, but not limited to, where:

- The chief inspector cancels a provider's registration, and the cancellation takes effect
- The chief inspector varies or removes certain conditions, and the variation or removal takes effect
- The chief inspector makes certain applications to the District Court.

This section also provides for notifications to be made to the Minister and to the Minister for Children, Disability and Equality in certain circumstances, including, but not limited to, where the chief inspector cancels a provider's registration, and the cancellation takes effect or where the chief inspector receives a notification from the registered home support provider under section 69Z regarding the closure of the home support provider or the cessation of the provider's business from a particular business premises.

69ZD concerns transitional arrangements for existing providers, including their ability to continue to provide services pending a registration decision by the chief inspector. Existing providers are required to notify the chief inspector as soon as practicable, and no later than three (3) months after the date of section 69C coming into operation, that the provider is providing a home support service, that it is their intention to seek registration and other information which the Minister may, after such consultation with the Minister for Children, Disability and Equality as may be appropriate, prescribe. An existing provider is required to, as

soon as practicable, and no later than two (2) years after the date of section 69C coming into operation, make an application for registration under section 69E. During this two year period, the chief inspector shall establish and maintain a register of the existing providers who have made a notification to the chief inspector under this section. This register will also include details of where a decision by the chief inspector to grant or refuse the provider's application under section 69G has not yet been made.

Section 10 inserts a new section 71A 'Appointment by Executive of persons to examine service providers that are home support providers' into the Principal Act. This section provides for the appointment of persons to examine, for the purpose of assessing compliance with the terms and conditions, regulations and standards and other statutory obligations, any business premises of a registered home support providers or with the consent of the service user any private dwelling where a home support service is provided by a service provider. Subsection (3) sets out the powers of the person appointed by the Executive. Subsection (4) sets out the obligations of the home support provider or any person in charge of the premises to allow the appointed person to enter the premises and to cooperate with that person throughout the examination.

Section 11 amends section 73 'Right of entry and inspection by authorised person or chief inspector' of the Principal Act to provide for the right of entry and inspection by an authorised person or chief inspector to the premises of a registered home support provider and private dwelling where home support was/is provided, with the consent of the former or current service user. Where a home support service is or was provided by a registered home support provider to a service user in a private dwelling, an authorised person or the chief inspector may interview certain persons connected to the home support provided in a private dwelling and may make examinations into the standard of the home support service provided by the provider in a private dwelling.

Section 12 amends section 73A 'Right of entry and inspection by chief inspector (premises that are not registered)' of the Principal Act to provide for the right of entry and inspection by chief inspector for premises that are not registered where the chief inspector has reasonable grounds to believe that a person is carrying on the business of a designated centre which is not registered under the Act or organising or managing the provision of a home support service as a home support provider which is not registered under this Act.

Section 13 Amends section 73B 'Circumstances in which District Court may issue warrant for premises that is not registered' of the Principal Act which relates to the circumstances in which District Court may issue a warrant for entry into a premises referred to in section 73A(1). This amendment provides for the inclusion of a home support provider within the scope of the section.

Section 14 amends section 74 'Requirement for occupier's consent or District Court warrant to enter dwelling' of the Principal Act, which relates to the requirement for occupier's consent or District Court warrant to enter a dwelling as defined in this section. This amendment provides

for inclusion of a business premise of a home support provider which is occupied as a private residence and any private dwelling where a home support service is/was provided to a service user within the meaning of dwelling under this section. This section also substitutes in a new subsection (2) to provide that, notwithstanding sections 71A and 73, a person appointed under section 71A(1), an authorised person or the chief inspector may not enter a dwelling without the consent of the occupier or in accordance with a warrant issued by the District Court.

Section 15 amends section 75 ‘Further circumstances in which District Court may issue warrant’ of the Principal Act and relates to further circumstances in which District Court may issue a warrant to an authorised person or the chief inspector and provides for the inclusion of a registered home support provider as a relevant premises for which to seek a warrant.

Section 16 amends section 77A ‘Reports of Authority or chief inspector’ of the Principal Act which relates to the reports of HIQA or the chief inspector. This amendment provides for the preparation and publication of reports related to the monitoring of compliance with standards by registered home support providers.

Section 17 amends section 78A ‘Compliance notices’ of the Principal Act which relates the power of the chief inspector to serve compliance notices under the Act. This amendment seeks to expand the power of the chief inspector to include the power to serve compliance notices on a registered home support provider where the provider has contravened or is contravening section 69W or 69X of the Act, or a provision of regulations under section 101 or 101C that applies in relation to a registered home support provider. A registered provider or registered home support provider who fails to comply with a compliance notice by the specified date shall be guilty of an offence and shall be liable for penalties on summary conviction or on conviction on indictment under section 78A(8). See Figure 2 below.

Section 18 Amends section 78B ‘Chief inspector may publish information respecting certain persons’ of the Principal Act to require the chief inspector to keep and maintain a list of registered providers and a list of registered home support providers on whom a fine or a penalty is imposed by the court under section 78A(8).

Section 19 amends section 79 ‘Offences’ of the Principal Act which provides for offences under the Act. This amendment provides for offences for existing home support providers who do not fulfil their obligations under the transitional provisions set out in section 69ZD and provides for offences for registered home support providers where the provider:

- fails to discharge a duty under the Act or under regulations made under section 101⁵¹,
- contravenes certain sections of the Act or a provision of regulations made under section 101 or⁵²

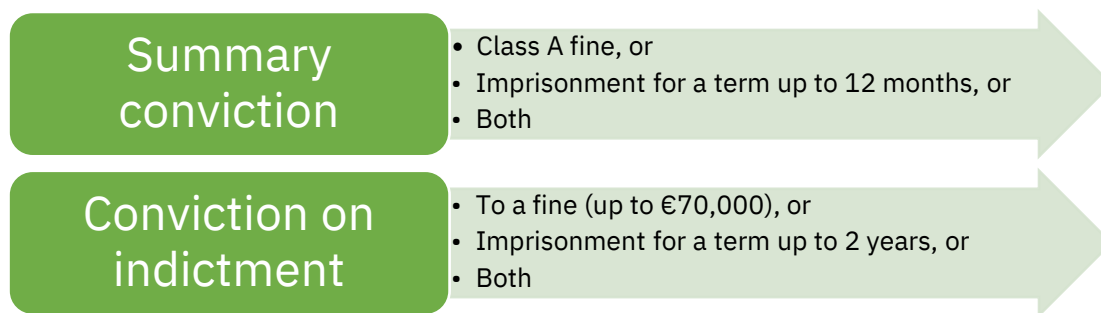
⁵¹ Sections 69F(6), 69O(1), 69W, or 69X.

⁵² Sections 69O(2), (3) or (4), 69Y or 69Z(1).

- fails to comply with a condition of the registration of the home support provider.

A registered home support provider guilty of an offence under this section is liable to a fine or a term of imprisonment or both. See Figure 2 below.

Figure 2: Penalties under s.17 and s.19 of the Health (Amendment) (Home Support Providers) Bill 2025.



Source: L&RS (2025).

Section 20 amends section 99 ‘Regulations governing registration under this Act’ of the Principal Act. This amendment provides the Minister with the power to make regulations, after consultation with the Minister for Children, Disability and Equality, governing registration of home support providers, including prescribing an annual fee.

Section 21 amends section 101 ‘Regulations respecting designated centres’ of the Principal Act which provides for the Minister to make regulations addressing a range of matters. This amendment provides that the Minister may make regulations under this section in relation to registered home support providers, including, but not limited to: the care, welfare and well-being of service users; records kept by a registered home support provider; the numbers, qualifications, training and availability of persons employed by the provider; and, policies to be maintained by the providers, including in relation to safeguarding and medication support. Subsection (5) provides that the Minister may require registered home support providers to have a complaints procedure.

Section 22 inserts a new section 101C ‘Regulations respecting submission of information to chief inspector concerning registered home support providers’ into the Principal Act. This section provides that the Minister may make regulations, after such consultation with the Minister for Children, Disability and Equality as may be appropriate, prescribing the provision of information by registered providers to the chief inspector under section 69X, the frequency at which information or data is derived from this information is to be provided under section 69X(8), the sharing of this information or data with public bodies and the publication of this information. The Minister may make different regulations for different purposes or for different categories of registered home support providers. The regulations may include information in relation to:

- the home support provider

- any person employed by the home support provider
- the service users to whom the home support provider provides a home support service.

Potential implications

While significant stakeholder commentary is not available on the potential implications of the legislative proposal in the Bill as published, potential implications of the proposal outlined in the General Scheme were addressed in the Department of Health's **Regulatory Impact Analysis** and during **pre-legislative scrutiny by the Joint Committee on Health**. Further, **responses to public consultations** on home support-related matters (discussed above) addressed issues related to the regulation of home support services/providers.⁵³

Some of the potential implications of regulation for the sector highlighted in these processes were that regulation could:

- Apply regulatory requirements across home support providers covered by the legislation, including providers across HSE, HSE-funded private and voluntary providers, and providers directly contracted and paid for by individuals/families.
- Facilitate independent oversight of the home support sector through a HIQA monitoring regime.
- Create an ongoing administrative burden for home support providers.
- Support the home support workforce through minimum requirements for service delivery, employee education, governance and other areas. May necessitate additional training for workers.
- Would not introduce professional registration of home support workers as a specified profession in Ireland, nor designate who is entitled to use the title of 'Home Support Worker'.
- A number of providers may be exempted from the regulatory framework.
- Enable collection of data across the sector to support future planning and policy for home support services.

⁵³ Department of Health (26 June 2018) [Minister Daly launches the report on the findings of the public consultation on home-care services, Press Release](#); Department of Health (20 January 2023) [Draft Regulations for Providers of Home Support Services: An Overview of the Findings of the Department of Health's Public Consultation, Webpage](#) (accessed 27 June 2024); Department of Health (June 2022) [Draft Regulations for Providers of Home Support Services Public Consultation Document](#); HIQA (November 2024) [Public consultation on draft National Standards for Home Support Services in Ireland | HIQA](#); HIQA (November 2025) [Home Support Standards Stakeholder Involvement Report](#).

Conclusion

Home support, currently provided to thousands of older people and people with disabilities, is likely to experience significant further demand due to population growth and ageing and people's preference to receive support while remaining in their own homes.

The Health (Amendment) (Home Support Providers) Bill 2025 proposes to introduce new regulatory requirements for home support providers, primarily to join a register overseen by HIQA, to meet minimum requirements set out in regulations, and to participate in inspections under the aegis of HIQA's chief inspector.

A key concern for stakeholders is how the form and functioning of the regulatory framework can improve quality of home support provision and the overall accountability and governance of the sector.