



General Scheme of the Employment Permits (Consolidation and Amendment) Bill 2019 Submission

Home and Community Care Ireland

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Introduction

Home and Community Care Ireland (HCCI) is the representative association for home care providers in Ireland. We represent over 70 member companies who directly employ over 10,000 carers who care for over 20,000 clients. Just over 30% of public home care is provided by tendered private providers and, of that, we estimate that at least 90% is carried out by HCCI members. This is based on the results of HCCI's first ever *Annual Curám Baile Survey* carried out among our member organisations in 2019.

HCCI members are directly involved on the frontline of home care delivery, in both the public and private sectors. We receive regular feedback from our members on where the strengths, weaknesses and opportunities for improving home care lie. We believe this puts HCCI in a unique position to assess the health of home care in Ireland and make well-informed, practical recommendations.

Home Care Context

Most people with health and care needs prefer to receive care in the comfort and familiarity of their own home. There is an abundance of Irish and international research demonstrating that home care is a cost and clinically effective intervention which reduces unnecessary admissions to hospital and length of stay in acute care.¹ There has also been a clear policy preference for home care since at least the late 1960's² through to the present-day. This can be seen in *The Carer's Strategy, the Positive Ageing Strategy, the National Dementia Strategy, and the Integrated Care Program for Older People*, among others.

This is positive, and fully supported by HCCI, although we acknowledge that budgetary constraints and competing priorities have often made it difficult for government to fully achieve this policy preference. As such, supply has typically fallen well below what is needed. As of May 2019, 6,819 people were on the waiting list for home care.³

Compounding this, the re-orientation of the healthcare system away from an over-reliance on acute care towards greater primary and community care, and demographic changes (e.g. rapid population growth and ageing, increasing life expectancies, declining and ageing pool of informal caregivers) are expected to place intense pressure on home care services in the short and long-term. Ireland has one of the fastest growing and ageing populations in the EU⁴ and demand for home care has been projected to grow by 120% between 2016 and 2031.⁵

HCCI welcome the additional €52M announced for home care by the Government in Budget 2020. This will deliver 1M additional hours, taking the planned total delivery of home care hours to 19.2M in 2020. However, we note that the increase in hours will not be enough to make a significant reduction in the waiting list for home care.⁶

¹ (O'Shea & Monaghan, 2016; Cullen & Keogh, 2018; Tomita, Yoshimura, & Ikegami, 2010; Costa-Font, Jimenez-Martin, & Vilaplana, 2017; Oliver, Foot, & Humphries, 2014; Department of Health and Children, 2009).

² (Government of Ireland, 1968).

³ <https://www.hse.ie/eng/about/personal/pq/pq/2019-pq-responses/july-2019/pq-31015-19-stephen-donnely.pdf>

⁴ (Department of Health, 2018a).

⁵ (Department of Health & PA Knowledge Ltd., 2018).

⁶ <https://www.hse.ie/eng/about/personal/pq/pq/2019-pq-responses/july-2019/pq-33266-19-caoimhghin-o-caolain.pdf>

Employment in Home Care

Types of Occupations, Employment Numbers and Importance to the Economy

Home care, or home support services, often requires multi-disciplinary teams in the delivery of care. As such, many health and social care occupations can be involved in the delivery of home care. This can include, but is not limited to, GP's, public health nurses, occupational therapists, physiotherapists, speech and language therapists and carers.

Carers are by far the largest occupation involved in delivering home care and are sometimes also known as Home Helps, Home Carers, Healthcare Assistants (HCAs), Care Workers, Support Workers, Care Assistants, or Home Care Assistants.

There are few, if any, reliable figures for the number of HCAs across the formal home care sector specifically. In their *National Skills Bulletin 2018*, SOLAS and the National Skills Council estimate that 61,700 people were employed as "Care workers, home carers, etc." in 2017, representing 51% of all social and care occupations. This figure is not limited to home care, however, as care workers can also be employed in a range of health and social care settings (e.g. hospitals, nursing homes, day care centres, respite facilities, hospices, etc.).

National or Sectorial Strategies/Actions

The importance of home care goes beyond the mere economic impact of employment, although HCCI believes this is significant, and extends into the social fabric of Ireland. Various national policy and strategy documents support increasing the availability of home care services. The Department of Health's 2016-2019 Strategy states:

"The Department is committed to the creation of a more responsive, integrated and people-centred social care system which... Supports older people [and those with disabilities] to live in dignity and independence in their homes and communities for as long as possible.... Services such as home help and home care, carers' supports, respite services, aids and appliances are critical to achieving this ambition."

Under *Sláintecare*, the government has committed to re-orientating the health system away from an over-reliance on acute care settings to providing a greater proportion of care in primary and community care settings, including within the home, over the next 10 years. Further, the Department of Health are currently in the process of developing a statutory scheme for home care, to commence from 2021 onwards.

Recent and Projected Growth of the Sector

Labour growth in the home care sector is difficult to estimate as there are no definitive statistics. The *National Skills Bulletin 2018* estimates that between 2012 and 2017, overall employment for Social & Care Occupations increased by 21,800. For the 'Care workers, home carers, etc.' occupational group specifically, this equates to roughly 2,225 new HCAs each year between 2012 and 2017.

In 2019, the HSE plan to provide 18.2m home support hours to 53,417 people across Ireland. Minister of State with Responsibility for Mental Health and Older People, Jim Daly, has repeatedly accepted that this level of service provision is well below the demand for home care and that home care provision must grow. In the last 4 years the HSE's home care budget has increased by 45%. And yet, the waiting list for home support grew by 93% between April 2016 and March 2019. There are currently over 6,800 people across the state on the waiting list for home support services.

Demand is expected to increase across almost all areas where HCAs are employed, though this is particularly acute in the case of home care. There are various factors driving this demand. Factors include changing demographics (such as increasing life expectancies, population ageing, an increasing old age dependency ratio and a reduced availability of informal HCAs as more women enter the labour market) and shifting a greater proportion of care from acute settings to the community. The statutory scheme for home care, when introduced, is also expected to significantly increase demand for home care.

In 2018, the Department of Health (DoH) published future projections of demand in their report *Health Service Capacity Review 2018: Review of Health Demand and Capacity Requirements in Ireland to 2031*. This report presents several possible scenarios based on potential trends in demographics, morbidity, mortality and a re-orientating of healthcare towards greater primary and community care in line with Government policy but restricts its analysis to publicly provided home care.

It estimates that the provision of public home care will need to increase by 36-39% between 2016 and 2021, and by 120% between 2016 and 2031. Based on current (2019) provision of home care and DoH projections for home care 2021, HCCI estimate that at least 7,000 new care workers will be required between the HSE and HCCI members, with a further unknown increase required among voluntary providers also. These figures do not consider the likely effect of a statutory scheme for home care, which is expected to increase demand and capacity requirements even further.

In its 2018 tender, the HSE recommends that care workers possess the following QQI qualifications:

Code	Level	Title	Type	Awards in 2018 ⁷
5M3782	5	Health Service Skills	Major	1,221
5M2786	5	Community Care	Major	221
5M4339	5	Healthcare Support	Major	2,609
5M4349	5	Nursing Studies	Major	1,249
Total				5,300

In 2018 5,300 people were awarded with a recommended qualification. This is 12% below what will be needed in 2020. Further, graduates of these courses will be eligible to continue into further education or work in a range of healthcare settings beyond home care, such as acute care or long-term residential care, which themselves are also experiencing a shortage of care workers. There is significant competition for an insufficient pool of skilled care workers.⁸

Extent of Skills Shortage

HCCI members across Ireland regularly report a severe shortage of appropriately skilled care workers and this rated as a key concern among our members in a recent survey carried out by HCCI. An *Independent Expert Review of Delayed Discharges* found during its consultations that “As Ireland reaches full employment, it is becoming even more difficult to recruit carers, particularly carers with the necessary skillsets”.⁹ Nursing Homes Ireland have reported a similar skills shortage in care workers in the nursing home sector.¹⁰

⁷ (Quality and Qualifications Ireland, 2019).

⁸ (McNaboe & Hogan, Vacancy Overview 2017: A Report Produced by the Skills and Labour Market Research Unit (SLMRU) in SOLAS, 2018).

⁹ Working Group on Delayed Discharges. 2018 (p. 41). *Independent Expert Review of Delayed Discharges*. Dublin: Department of Health.

¹⁰ Nursing Homes Ireland. 2019. *High performance sports sectors are now a bigger priority than healthcare*. Retrieved June 12, 2019, Nursing Homes Ireland Website: <https://nhi.ie/high-performance-sports-sectors-are-now-a-bigger-priority-than-healthcare/>.

In HCCI's latest Staff and Capacity Review Survey, 60% of our members say it takes between 4-6 weeks for them to fill a vacancy. However, 70% say that they can never fill all their vacancies with an average of 5 positions per HCCI member remaining open at any one time.

Wage Ranges

Through the Tender process, the HSE largely determines market conditions for pay for contracted voluntary and private providers. To provide home care at a reasonable cost to the State, as the Tender process is in theory designed to do, requires that HCCI members have flexibility to employ staff at the rates determined by the Tender process. We have little to no latitude to affect the prevailing rate.

HCCI members currently pay, on average, €25,500 per year for a full-time position. In HCCI's latest Staff and Capacity Review Survey, the reported wages range per hour varied from €10.60 to €17. The average reported hourly rate for an HCA employed by a HCCI member is €12.14. This well exceeds the national minimum wage and is virtually at parity with the 2019 Irish Living Wage.

The Critical Skills List

HCCI has estimated that the home care sector will require an additional 6,000 healthcare assistants (HCAs)¹¹ among the HSE and HCCI members in 2020 alone if capacity is to sufficiently expand to meet the demand for home care. This demand simply considers population changes and providing a full level of service provision. It does not include the requirements of voluntary providers (who provide 20% of public home care) or the impact of a statutory scheme for home care which is due to commence in 2021 and which will likely further increase the demand for home care. An estimate of 6,000 additional HCAs is considered conservative.

Other healthcare sectors, such as nursing homes, are similarly experiencing a severe shortage of HCAs.¹² In 2018, only 5,300 people were awarded a relevant QQI Level 5 award to qualify them as an employable HCA.¹³

The European Commission has estimated there will be a shortfall of around 1 million healthcare workers by 2020, rising to 2 million if long-term care and ancillary professions are considered.¹⁴ There is an insufficient supply of appropriately skilled indigenous and EEA HCAs.

Clearly, there is a role for expanding training placements to facilitate greater numbers of home-grown HCAs to enter the labour market. Indeed, HCCI have made this case to the Department of Education and Skills. There is also a role to play for increasing the efficiency and availability of the current workforce of HCAs within home care. HCCI have also made this case to the Department of Health and Department of Employment Affairs and Social Protection.

However, even if both Departments accept HCCI's arguments – and to date they have not – there is still likely to be a severe shortage of HCAs. Many people who complete a relevant QQI Level 5 course will continue into further education. Assuming 50% of all awardees could be recruited directly into home care, which is highly optimistic given the demand for HCAs across the healthcare system, this would require a 125% increase in the number of available places on relevant courses.

¹¹ In home care, HCA's can also be known as Home Helps, Home Carers, Home Care Assistants, Care Workers, Support Workers, or Care Assistants. HCA is used here as a generic term for all these titles.

¹² (NHI, 2019).

¹³ (Quality and Qualifications Ireland, 2019).

¹⁴ (De Ponte, Mans, Di Sisto, & Van De Pas, 2014).

This is unrealistic within the space of a year, especially considering demand for the relevant courses fell by 11% between 2017 and 2018.¹⁵

Further, the *National Skills Bulletin 2018* found that healthcare assistants were among the main vacancies notified through DEASP and Irish Jobs, and this role was identified as a difficult to fill occupation. Nor is it feasible yet for technology to fill the skills gap.¹⁶ The *National Skills Bulletin* states “if a shortage is of a temporary nature it may be more effective to source the scarce skills from abroad, rather than to increase the number of student places in the relevant discipline”.¹⁷

In this context, HCCI strongly believe that HCAs should be placed on the Critical Skills List or at the least removed from the Ineligible Occupations List. Doing so would benefit both service providers and thousands of people around the country in need of home care but who cannot access it due to lack of supply. Significant benefits would also accrue to the exchequer through increased tax revenue.

¹⁵ (Quality and Qualifications Ireland, 2019).

¹⁶ (Expert Group on Future Skills Needs, 2018).

¹⁷ (McNaboe, et al., 2018, p. 77).

Changes to the System

Proposed Changes to Employment Permits Legislation

Below is HCCI's reaction to the key changes proposed by the Department of Business, Enterprise and Innovation that we feel we are qualified to speak to.

1. Seasonal Permits to be introduced: this is not likely to impact the home care sector.
2. Changes to labour market needs test: we support the proposed change so that criteria can be amended by Regulations rather than primary legislation. However, a clear decision-making framework should be laid out – perhaps in primary legislation – so that all stakeholders understand the process by which the Government will amend the criteria.
3. Special circumstances employment permit: this could be a useful tool, but it would be helpful if the Government gave examples of occupations it thinks would avail of this mechanism.
4. Change to 50:50 rule: we support this proposed change.
5. UK Nationals: we support this proposed change.
6. Definition of remuneration: we strongly support the measure to simplify the current system so that it is easier for all to understand.
7. Conditionality for training: we support this measure.

Additional Changes Sought by Home Care Sector

There are some additional recommendations we have for the Committee given our experience trying to articulate the challenges of the home care sector to Government. These are:

- A. Further clarity is required on the extent of recruitment needed to satisfy the Government that a sector has fully engaged with the Irish and EEA market. Criteria should also be allowed to vary by sector and take cognisance of the unique circumstances of an employment type. For example, the HSE currently commissions home care packages for an average of 4-6 hours per week and gives contracted providers no guarantee of work. In these circumstances, it is difficult for home care employers to satisfy some of the labour market conditions despite a government body (the HSE) itself setting the conditions of the labour market.
- B. This clarity should extend to the acceptable wage ranges the Government will accept and more flexibility should be introduced to take account of different sectors. The needs of the multinational firms and the wages they can afford differ greatly from home care.
- C. Where the Government is uncertain about the merits of a case but believes there may be an argument to allow recruitment from outside the EEA, it should have the ability to conduct pilot projects to assess the situation more fully. HCCI has proposed this for the home care industry, without success. We are disappointed by this as the horticultural sector has a pilot scheme in place. This sort of treatment is arbitrary and should instead be codified.
- D. HCCI also believes the Bill should set out a clear framework for how decisions on employment permits are made and which Departments feed into the process, and when. The current system is too unclear. In our last two submissions to the Economic Migration Policy Unit (EMPU), they explained that the Department for Health review the submission and make some sort of determination on it. The Department for Health disputed this, saying it is the EMPU who ultimately decide. Furthermore, the Department for Health could not tell HCCI who in their Department would look at our submission. We think it would improve the transparency and trust in the system if a clear framework – with appointed individuals – was published for stakeholders to engage with.