

Health (Amendment) (Licensing of Professional Home Support Providers) Bill

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General Scheme Briefing Paper

Abstract

The General Scheme of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill was published in May 2024. In advance of the publication of the Bill, this paper examines home support policy and services in Ireland, different approaches to the regulation of home support services, and the legislative proposal contained in the General Scheme.



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Executive Summary

This briefing paper examines the legal and policy context for the General Scheme of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill (the Bill), which aims to introduce a licensing framework for home support providers. Currently, Ireland does not have a statutory regulatory framework for home support services. Nor is there a statutory entitlement to receive formal home support/care services.

Home support is a large and growing sector. The Department of Health estimates there are **29,000 home support workers** across **200 home support providers** (including the HSE, HSE-funded private and voluntary providers, and providers delivering to people paying privately). Collectively, they deliver approximately **34 million hours of support**.

A range of regulatory approaches have been applied to home support/care in other countries, such as regulating particular home support activities, embedding home care in legislation, requiring homecare workers to register with a regulator, and licensing requirements for organisations providing home support services. Regulation is often initiated to increase the quality of care provided, improve conditions for care 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 care to offset regulatory requirements.

Currently, the HSE funds home support services, primarily for older people and people with disabilities. The HSE also provides a smaller number of Intensive Home Care Packages and Paediatric Homecare Packages. In addition to state-funded home support some people pay privately for care. There has been a significant increase in HSE expenditure on home support in recent years, which now accounts for over 3% of its annual budget (€723 million was allocated for home support in 2023). Despite increased levels of provision, there are waiting lists for support and difficulties in recruitment of care workers. In 2023, the HSE reduced the number of hours of home support available in order to improve the pay and working conditions of home support workers.

Ultimately, it is intended that the regulatory framework for home support would be made up of primary legislation (i.e. the General Scheme under consideration here), regulations (to be developed by the Ministers for Health and Children, Equality, Disability, Integration and Youth), and national quality standards (to be developed by the Health Information and Quality Authority, HIQA). Government has also committed to developing a statutory scheme providing eligibility to home support.

There is broad support for regulation of home support among legal, human rights and regulatory agencies, respondents to public consultations, and representative groups of home support providers. As with regulation in other areas of health and social care, there is a need to ensure that regulation improves the quality of the service for recipients, while not being burdensome for providers.

While the Bill has not yet been published, the [General Scheme](#) (published May 2024) provides for the **licensing of professional home support providers**.

As outlined in the General Scheme, all professional home support providers (rather than individual home support workers) will need a **licence granted by HIQA** to provide services. It

will be an offence to provide services without a licence. HIQA's Chief Inspector of Social Services would establish and maintain the register for licensed home support services.

The proposals apply to the providers of home support services, i.e., support with personal care and domestic tasks provided in the home, rather than the wider provision of home care, which can include care provided by health professionals in a person's home. The proposed legislation does not cover Personal Assistance (PA) services.

The licensing system will incorporate **minimum requirements** and enable HIQA to set **licensing conditions**. Requirements will be placed on service providers, including to provide service users with written contracts of service and personal support plans.

A number of **exemptions** will apply to the requirement for a licence, such as: in the case of support provided informally, where no payment is made; providers of home support to under-18s; support provided in the context of a family or personal relationship; or where support is provided by a provider to three or less people.

The [Regulatory Impact Analysis \(RIA\)](#) accompanying the General Scheme states that 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).

This briefing paper firstly explores the legislative and policy context for home support services in Ireland, including the current provision of home support and estimates of future demand. The paper then examines regulation of social care, and of home support in particular, using examples of such regulation in other jurisdictions. In the final section, the briefing paper examines the legislative proposal outlined in the General Scheme and provides an overview of some of the key Heads.

Additional L&RS Resources

- Bill Resource Page (2024) [Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill » L&RS](#) providing resources related to this Bill.
- Spotlight (12 January 2018) [Home Care for Older People – Seven Policy Challenges](#) examining policy challenges in the professional home care sector.

[Resources may only be accessible on the Oireachtas network.]

Introduction

According to the Government Legislation Programme for the [Summer Session 2024](#), the Health (Amendment) (Licensing of Professional Home Support Providers) Bill will seek to introduce “A regulatory framework comprising of primary legislation for the licensing of home support providers, secondary legislation in the form of regulations, and HIQA national standards with the aim of ensuring that all service users are provided with high quality care”. The General Scheme of this Bill and a [Regulatory Impact Analysis \(RIA\)](#) were published in May 2024. The Joint Committee on Health held pre-legislative hearings on the General Scheme in June.¹

This briefing paper provides analysis of the policy and legislative context for this Bill and considers the proposed legislative treatment of the licensing of professional home support providers in the following sections:

1. Policy and legislative context
2. Home support policy and services in Ireland
3. Regulation of home support, including international approaches and proposals for Ireland
4. Legislative proposal

The broader amendments proposed by this Bill will be examined in a future Bill Digest published in advance of Second Stage debate.

Background

The Health (Amendment) (Licensing of Professional Home Support Providers) Bill (the Bill) reflects a policy impetus to enable people with support/care needs to live at home. This corresponds with many people’s preference to live and age at home, and a determination that care in the community can be more cost effective than institutional or acute care settings.²

As outlined in the [RIA](#) accompanying the General Scheme, this legislation proposes to “regulate home support services through the licensing of public, private and not for profit home support providers”, 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). In particular the Department of Health’s motivation to regulate home support providers arises from the lack of “consistent, minimum standards of care that apply universally to home support providers” and the “inherent risks for service users in the provision of health and social care services” in “an unregulated sector” (p. 5).

¹ Hearings were held on the [19 June](#) and [26 June](#) 2024. A PLS report from the Committee is not yet available.

² For an overview of the debate on whether home care is more cost effective than other forms of care see: L&RS (12 January 2018) [LRS Spotlight Home Care for Older People](#), in particular p.12-13. See also: Genet, N. *et al.* (eds.) (2012) *Home Care across Europe – current structure and future challenges*. The European Observatory on Health Systems and Policies.

Stakeholders, including recipients and providers of home support, have outlined in responses to government consultations and in commentary how the lack of regulation has led to regional variation in the quality of services across the country. The absence of a regulatory framework can also make it difficult for those receiving home support to raise complaints. There have been many calls to address the absence of regulation for home support. For example, fifteen years ago, the Law Reform Commission developed draft proposals for the home care sector (Health (Professional Home Care) Bill 2011), including recommendations that HIQA's functions be extended to professional home care providers, the creation of a registry of all professional home carers, and that independent living, quality of care, and privacy and dignity should be amongst the guiding principles of the legislative framework.³ More recently, 92% of responses to a 2017 Department of Health consultation on the future of home care policy agreed "the same national quality standards should apply to all (public, private and not-for-profit voluntary) providers of home care".⁴ The consultation revealed a "consistent message" "that a new system for the regulation of home care in Ireland needs to be developed", with a number of respondents highlighting HIQA as best placed to take on this oversight responsibility (p.65).

In 2020, a Private Members' Bill, the [Health \(Amendment\) \(Professional Home Care\) Bill 2020](#), sponsored by Deputies Colm Burke and Emer Higgins, was introduced with the intention of regulating formal home care services. The Private Members' Bill (PMB) sought to amend the Health Act 2007 to provide for "an appropriate regulatory framework and legal standards to be put in place for professional home carers (as opposed to informal carers) engaged in the provision of care to people in their own home".⁵ As such, this PMB sought to regulate the broader home *care* sector, whereas the General Scheme focused on in this briefing is limited to home *support* providers (see Box 1 below for the distinctions between home care and home support). During the September 2020 Second Stage Dáil debate on the PMB it was agreed to delay the Bill for 12 months to enable the Minister for Health to consider the issue.⁶ In January 2021, [the Spring Legislative Programme](#) included the Health (Amendment) (Licensing of Professional Home Support Providers) Bill.

Box 1: Terminology – home support and home care.

The terms 'home care' and 'home support' are often used interchangeably. However, home support generally refers to support with personal care and domestic tasks. Home care is a broader term encompassing a range of health and social care services and can include the input of various health professionals.⁷

³ Law Reform Commission (December 2011) [Report – Legal Aspects of Professional Home Care](#).

⁴ 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, p.51.

⁵ [Explanatory Memorandum Health \(Amendment\) \(Professional Home Care\) Bill 2020](#) (PMB), p.1.

⁶ Dáil Éireann (24 September 2020) [Health \(Amendment\) \(Professional Home Care\) Bill 2020: Second Stage \[Private Members\]](#).

⁷ For further discussion of the differences between home care and home support see: Department of Health (May 2024) [Regulatory Impact Analysis \(RIA\) Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill](#), p.7, and HIQA (May 2022) [Evidence review to inform the National Standards for Homecare and Support Services](#), p.8.

The General Scheme under consideration in this briefing paper aims to regulate home support only. However, reflecting the different approach to terminology of the sources relied on in this briefing, home care/home support are both used in the following text.

Policy and legislative context

Historically, care at home in Ireland was predominantly provided by family members combined with limited state outsourcing of provision to religious and voluntary care providers. As such, Ireland “belongs to the group of countries that traditionally have had a residual LTC [long-term care] system, with the state adopting a laissez-faire approach in home care”⁸. Perhaps reflecting this laissez-faire approach, a wide range of social care services in Ireland are not formally regulated, including homecare, day services, respite, and hospice/palliative care.⁹

National policy related to older people (including the [National Positive Ageing Strategy](#), [National Dementia Strategy](#), and the [National Carers Strategy](#)) and to people with disabilities (such as [A Time to Move on from Congregated Settings](#) and the [National Housing Strategy for Disabled People 2022-2027](#)) emphasises the provision of supports for people to live at home in their communities. However, as identified by the Oireachtas Special Committee on Covid-19 Response, the “State is over reliant on institutional care” for older people (p.14). The Committee also pointed to the lack of policy coherence in which tax incentives encourage entry to nursing homes while other models to support people to age at home or in smaller care units remain underdeveloped.¹⁰

European countries all face similar challenges in providing long-term care related to access to care, quality, employment of carers, and long-term sustainability.¹¹ The need to increase the quantity and quality of care, and of home care in particular, is increasingly acknowledged internationally.¹² At EU level, the 2022 [European Care Strategy](#) aims to ensure high-quality affordable and accessible care services and improve the situation of formal and informal care providers. The EU strategy recognises that for many older people and people with disabilities care services “are still not affordable, available or accessible”.¹³ Amongst a suite of recommendations, the Commission calls on Member States to increase: “the offer and mix of professional long-term care services (homecare, community-based care and residential care),

⁸ Mercille, J. and O'Neill, N. (2021) The growth of private home care providers in Europe: The case of Ireland, *Social Policy & Administration*, 55: 606–621. <https://doi.org/10.1111/spol.12646>, p.608.

See also: Cullen, P. (2019) The discursive politics of marketization in home care policy implementation in Ireland, *Policy and Society*, pp.1-20. <https://doi.org/10.1080/14494035.2019.1622274>.

⁹ HIQA (2021) [The Need for Regulatory Reform](#).

¹⁰ Special Committee on Covid-19 Response (October 2020) [Final Report Special Committee on Covid-19 Response](#). Houses of the Oireachtas.

¹¹ Spasova, S., Baeten, R. And Vanhercke, B. (2018) Challenges in Long-Term Care in Europe, *Eurohealth*, 24(4): 7-12.

¹² For example, see: Spasova, S., Baeten, R. And Vanhercke, B. (2018) Challenges in Long-Term Care in Europe, *Eurohealth*, 24(4): 7-12; Genet, N. *et al.* (eds.) (2012) *Home Care across Europe – current structure and future challenges*. The European Observatory on Health Systems and Policies.

¹³ European Commission (07 September 2022) [A European Care Strategy for caregivers and care receivers - Employment, Social Affairs & Inclusion - European Commission \(europa.eu\)](#) (Accessed 27 March 2024).

close territorial gaps in the access to long-term care, roll-out accessible digital solutions in the provision of care services, and ensure that long-term care services and facilities are accessible to people with disabilities” and to ensure “high-quality criteria and standards for long-term care providers”.¹⁴

In Ireland, the commitment to provide care at home was restated in the 2020 [Programme for Government](#) and in [Sláintecare](#), the strategy for reform of the health and social care system. The 2020 [Programme for Government](#) commits to “increase homecare hours and introduce a Statutory Homecare Scheme” (p.45), which would “support people to live in their own homes, which will provide equitable access to high-quality, regulated home care” (p.50). A detailed outline of how such a scheme would be structured and to whom it would apply has not yet been published.

In July 2023, the Minister for Health emphasised the introduction of regulation for home support services as a “key step” towards a statutory scheme “so that no matter where or how care is provided, service users can be assured that their provider meets minimum standards of quality”.¹⁵ As such, there are four key elements which are under current consideration to support development of the home support sector (two of which are directly related to the General Scheme):

1. Primary legislation providing a licensing system for home support providers (which would be introduced by the proposed government legislation).
2. Regulations which home support providers would be required to meet to receive a licence (via secondary legislation which would be provided for under the proposed government legislation).
3. Forthcoming HIQA national quality standards for home support services.
4. A future statutory scheme for home support provision.

Box 2: The difference between ‘regulation’ and ‘standards’ in Irish social care provision.

“The terms ‘regulations’ and ‘standards’ are often used interchangeably, but in the context of social care in Ireland, there are important distinctions. Regulations are instruments through which the Government seeks to deliver its policy priorities. They are legally enforceable and all designated centres must comply with regulations. They set out the basic requirements for a service and can be regarded as a minimum level of quality and safety. Standards, on the other hand, set the bar for quality and safety somewhat higher than regulations. They are devised by HIQA through research and consultation with a range of stakeholders and approved by the Minister for Health. Standards are not legally enforceable, but all designated centres should strive to the meet them.”

Source: HIQA (2021) [FAQ on the Need for Regulatory Reform of Social Care Services](#), p.7-8.

¹⁴ European Commission (07 September 2022) [A European Care Strategy for caregivers and care receivers - Employment, Social Affairs & Inclusion - European Commission \(europa.eu\)](#) (Accessed 27 March 2024).

¹⁵ [Home Care Packages – Thursday, 6 Jul 2023 – Parliamentary Questions \(33rd Dáil\) – Houses of the Oireachtas.](#)

Commentary on care provision in Ireland

The structure and provision of care services for older people, people with disabilities and children in Ireland has been subject of significant critique, which emphasise:

- High levels of unmet need for care;
- The state's reliance on unpaid family and informal carers to provide a majority of care;
- The entrenched gendered nature of care, with women tending to provide greater proportions of unpaid care and to be concentrated in paid care sectors¹⁶;
- The poor conditions and pay of many formal care workers; and
- The increasing commissioning out of publicly funded care services, including home support, to private providers.¹⁷

As documented by the Oireachtas Special Committee on Covid-19 Response, the pandemic also exposed considerable weaknesses in Ireland's long-term care sector and in the resilience of workforce arrangements for home support workers and other carers.¹⁸ Describing Ireland's care context, Ursula Barry, UCD Emeritus Associate Professor in the School of Social Policy, Social Work and Social Justice has outlined that: "Ireland heavily relies on the private marketplace and informal family and community networks to access care. While the State in Ireland funds a significant amount of formal child and long-term care, it is delivered mainly by private-for-profit services" (p.1-2).¹⁹ Considering unpaid carers specifically, the business representative group Ibec has called for "enhanced support for individuals balancing employment and caregiving responsibilities", including a "Carer's Guarantee" to cover essential services.²⁰ Dr. Kara McGann, Head of Skills and Social Policy at Ibec, said:

There is a crucial role for both the Government and employers to better support individuals in need of care and those providing ancillary care. The current waiting lists for home care and other social services highlight a significant gap between the demand

¹⁶ See, for example: CSO (2023) [Carers - CSO - Central Statistics Office](#); OECD (2023), Beyond Applause? Improving Working Conditions in Long-Term Care, OECD Publishing, Paris, <https://doi.org/10.1787/27d33ab3-en>; Russell, H., Grotti, R., McGinnity, F. and Privalko, I., ESRI and The Irish Human Rights and Equality Commission (2019) [Caring and unpaid work in Ireland](#) (Accessed 2 August 2023). [27d33ab3-en.pdf \(oecd-ilibrary.org\)](#)

¹⁷ See, for example: Power, C. and Crowley, C. (2024) [Supporting older people to age well at home: Assessing the potential of care co-operatives in Ireland](#). Centre for Co-operative Studies, University College Cork; Edwards, C., Daly, F., Kelleher, C., Loughnane, C. and O'Riordan, J. (2023) CareVisions: Re-Envisioning a Care-Centred Society in Ireland Beyond COVID-19. Cork: University College Cork; Irish Human Rights and Equality Commission (IHREC) (July 2023) [Policy Statement on Care](#); O'Neill, N., Mercille, J., Edwards, J. (January 2023) Home care workers' views of employment conditions: private for-profit vs public and non-profit providers in Ireland, *International Journal of Sociology and Social Policy*, DOI 10.1108/IJSSP-10-2022-0276, pp.1-17; O'Neill, N. (2020) [The home care sector post COVID-19](#). TASC. The Ireland We Want TASC Policy Brief Series; Daly, M. (2018) European Social Policy Network (ESPN) [Thematic Report on Challenges in long-term care Ireland](#). European Commission.

¹⁸ Houses of the Oireachtas (October 2020) [Final Report Special Committee on Covid-19 Response](#). For an international perspective see: Rocard, E. (2023) Chapter 7 Strengthening resilience in long-term care in OECD *Ready for the Next Crisis? Investing in Health System Resilience*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/1e53cf80-en>.

¹⁹ Barry, U. Emeritus Associate Professor, Gender Studies, School of Social Policy, Social Work and Social Justice, UCD (2021) [The Care Economy, Covid-19 Recovery and Gender Equality – A Summary Report](#), (Accessed 13 December 2023).

²⁰ Ibec (5 March 2024) [Ibec calls for a fully funded Carers Guarantee for core services - IBEC](#) (accessed 28 March 2024).

and supply of adequate services. Increased state investment, improved recruitment and retention levels, and a more flexible approach to the availability of supports are necessary. Failure to do so will potentially have significant repercussions for the labour market.

Box 3: Provision of informal care in Ireland.

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.

- Between Census 2016 and 2022, the **number of people providing regular unpaid care increased by over 50%** (195,263 people in 2016; 299,128 in 2022).
- In 2022, 46% of carers provided up to 14 **hours of unpaid help per week**. The percentage of carers who provided between 15 and 28 hours of unpaid care decreased from 16% in 2016 to 14% in 2022.
- Almost two-thirds of carers were aged between 40 and 64 years. **15% were aged 65 years or over.**

Source: CSO (2023) [Census 2022 Disability, Health and Carers](#).

In 2023, the Irish Human Rights and Equality Commission's (IHREC) [Policy Statement on Care](#) made a number of recommendations to align Irish care services with human rights and equality frameworks. IHREC argues this requires “a fundamental change in how the State views and values care across the life-cycle” (p.12).²¹ Amongst a large number of recommendations IHREC proposed the State establish a National Planning Unit for Care “to oversee all aspects of care planning and implementation, including current and future needs for care across the life cycle” and that the State “brings forward draft legislation on a statutory home support scheme imminently” (p.33). Of particular relevance to the regulation of home support providers, IHREC recommended the State “ensures a clear and transparent regulatory environment for high quality care services, which takes into account the social value of care, the fundamental rights of care recipients, and the need for decent working conditions for care workers. Separate regulations for PA services are required, which are rooted in the social model of disability²²” (p.4-5).

In summary, Ireland's care system relies on significant levels of informal, unpaid care and, in spite of increased state funding of care, there remains considerable shortfalls between the need for and the supply of formal care.

²¹ Irish Human Rights and Equality Commission (IHREC) (July 2023) [Policy Statement on Care](#).

²² According to the National Disability Authority (NDA): “The Social Model ... places an emphasis on ‘disabling barriers’ caused by economic and environmental factors and social attitudes that prevent the full participation of disabled people in society. ... The social model is widely acknowledged to have played a significant role in shaping the UN Convention on the Rights of Persons with Disabilities (UNCRPD).” Source: NDA (2022) NDA Advice paper on Disability Language and Terminology, p.3-4.

Legislation related to home support

A range 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.²³ In April 2024, in a report addressing adult safeguarding, the Law Reform Commission (LRC) determined "there is limited law and policy relevant to social care in Ireland".²⁴ The LRC defines social care as including home support, home care and other services and supports.²⁵ According to the LRC:

While existing legislation provides for the funding of nursing home care and the regulation of residential centres for older people and people with disabilities, provision of social care in Ireland is largely on a policy or administrative basis. There are no statutory provisions in Ireland for generally assessing the care and support needs of adults, who may be at-risk adults. Furthermore, there are no statutory provisions for meeting social care and support needs. This contrasts with the statutory social care frameworks in jurisdictions such as England and Wales...

The Commission recommends that the Government should consider whether it would be appropriate to introduce a comprehensive statutory framework for social care in Ireland.²⁶

While there are no nationally enforceable standards for home support, the HSE has produced guidance and some organisations have adopted voluntary standards.²⁷

²³ 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](#); Irish Human Rights and Equality Commission (IHREC) (July 2023) [Policy Statement on Care](#).

²⁴ Law Reform Commission (April 2024) [A Regulatory Framework for Adult Safeguarding Volume 1](#), p.101.

²⁵ As outlined by the Law Reform Commission: "Social care involves the planning and provision of services and supports to individuals who need them. This may include, for example, the provision of "Meals on Wheels", personal assistance, home care and home support, nursing care or residential services. 157 When the Commission discusses "social care", the term also encompasses delivery mechanisms and processes such as eligibility assessments and personal budgets" (p.100), Law Reform Commission (April 2024) [A Regulatory Framework for Adult Safeguarding Volume 1](#).

²⁶ Law Reform Commission (April 2024) [Executive Summary A Regulatory Framework For Adult Safeguarding](#), p.3.

²⁷

Box 4: Law relevant to social care in Ireland.

- Approved centres under the *Mental Health Act 2001* are subject to standard-setting and inspections by the Mental Health Commission.
- A range of health and social care professionals are regulated under the *Health and Social Care Professionals Act 2005*.
- Residential centres for people with disabilities and residential centres for older people are subject to standard-setting and inspections by HIQA under the *Health Act 2007*.
- The *Nursing Homes Support Scheme Act 2009* provides for the Nursing Home Support Scheme, also known as “Fair Deal”.

Source: Law Reform Commission (April 2024) [A Regulatory Framework for Adult Safeguarding Volume 1](#).

Under the Health Act, HIQA is empowered to develop national standards for health and social care services. These standards are designed as quality improvement standards but are also used by HIQA’s inspection and regulation directorates in their monitoring activities.²⁸ HIQA considers national standards as giving a “a shared voice to the expectations of the public, people using services, service providers and staff working in health and social care services”.²⁹

While there is no statutory regulatory framework for home support services – including any statutory basis to conduct inspections – since 2008 HIQA has been empowered to conduct independent inspections of all types of nursing homes.³⁰ HIQA has also produced standards for nursing homes/residential services and publishes inspection reports.³¹ In 2020, the report of the Oireachtas Special Committee on Covid-19 Response outlined how the pandemic exposed weaknesses in this regulatory framework.³²

Home support policy and services in Ireland

Home support services enable older people and others with care needs to continue living in their homes and act as a support for people’s informal carers. In Ireland, the majority of care provided in the home is undertaken on an unpaid basis by family members and others.³³ An analysis of homecare services across Europe, published in 2019, found that in Ireland only

²⁸ HIQA (2022) [Health and Social Care Standards Strategy 2022-2024](#).

²⁹ HIQA (2022) [Health and Social Care Standards Strategy 2022-2024](#), p.3.

³⁰ Daly, M. (2018) European Social Policy Network (ESPN) [Thematic Report on Challenges in long-term care Ireland](#). European Commission.

³¹ See: HIQA [Older People's Services | HIQA](#) and [National Standards | HIQA](#), *Webpages* (Accessed 26 July 2024).

³² Special Committee on Covid-19 Response (October 2020) [Final Report Special Committee on Covid-19 Response](#). Houses of the Oireachtas.

³³ Keane, C., Lyons, S., Regan, M. and Walsh, B. (February 2022) [Home Support Services in Ireland: Exchequer and Distributional Impacts of Funding Options](#). ESRI; Lafferty A, Phillips D, Dowling-Hetherington L, et al. (2022) Colliding worlds: Family carers’ experiences of balancing work and care in Ireland during the COVID-19 pandemic, *Health Soc Care Community*, 30: 1133–1142. <https://doi.org/10.1111/hsc.13365>; Daly, M. (2018) European Social Policy Network (ESPN) [Thematic Report on Challenges in long-term care Ireland](#). European Commission.

24% of those reporting a need for care received formal home care.³⁴ This indicates a significant reliance on informal carers.

The 2021 [Disability Capacity Review to 2032 - A Review of Social Care Demand and Capacity Requirements to 2032](#) estimated 8,000 people with disabilities get home support hours of circa seven (7) hours per week, while 2,500 people receive a Personal Assistance (PA) service averaging approximately 12 hours per week (p.74). Analysis, published by the ESRI in 2021, estimated 65,246 older people were in receipt of home support in 2019.³⁵ Of these, 53,417 older people were receiving support through the public home support scheme and 235 via an Intensive Home Care Package. People also pay privately for home support services. It is difficult to ascertain exactly how much home support is privately contracted and paid for by older people and people with disabilities. The ESRI analysis estimated that in 2019 approximately 6.1 million hours, or 25% of all home support received by older persons, were privately purchased.³⁶

Box 5: Estimating the current size of the home support sector in Ireland.

The Department of Health's [Regulatory Impact Analysis \(RIA\)](#) (2024) estimates:³⁷

- **29,000 home support workers** (across the HSE, private and voluntary providers).
- **200 home support providers** (HSE, HSE-funded private and voluntary, and providers delivering to people paying privately).
- **34 million hours of home support** delivered – 25.5 million funded by HSE Older Persons and Disability Services; 8.5 million delivered privately.

In 2024, the HSE plans to deliver 22 million home support hours to approximately **54,100 older persons** and 3.48 million hours to **7,300 people with disabilities**.³⁸

A 2017 Department of Health consultation on home care services indicated positives of home care provision for a number of respondents, from the professionalism of staff to the range of services provided and the ability for home care recipients to have control about their care plans.³⁹ At the same time, respondents:

“...overwhelmingly felt that there should be a statutory right to home care. They also felt that there should be a comprehensive policy framework, which integrates care with health, disability, older people, carers, housing and transport policies, all of which were considered vital for wraparound support for people living at home for longer. They also

³⁴ Privalko, I., B. Maître, D. Watson, and R. Grotti (2019) [Access to childcare and home care services across Europe](#), Department of Employment Affairs and Social Protection and ESRI.

³⁵ Walsh, B. and Lyons, S. (March 2021) [Demand for the Statutory Home Support Scheme](#), ESRI.

³⁶ Walsh, B. and Lyons, S. (March 2021) [Demand for the Statutory Home Support Scheme](#), ESRI.

³⁷ Department of Health (May 2024) [Regulatory Impact Analysis \(RIA\) Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill](#).

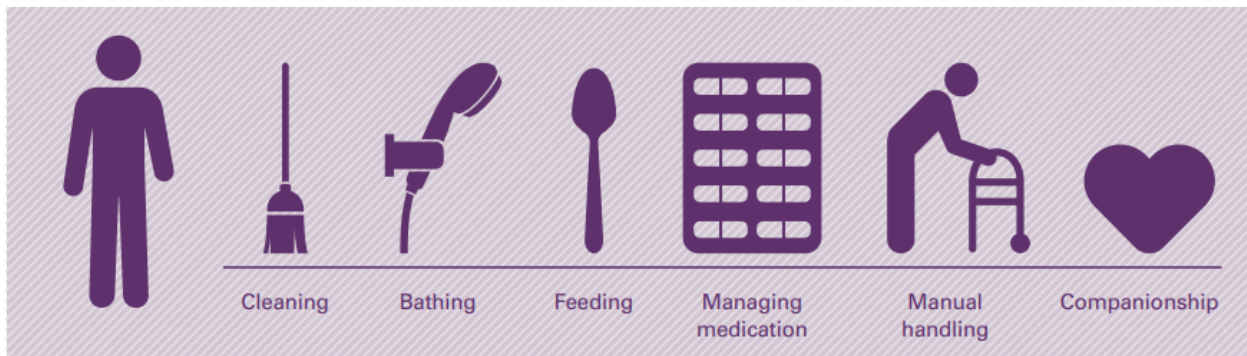
³⁸ HSE (January 2024) [National Service Plan 2024](#).

³⁹ 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.

felt that the policy should set out an effective monitoring and evaluation system focused on better health, care and wellbeing outcomes for the user” (p.3).

Figure 1 outlines some of the tasks undertaken by formal home care workers when providing care in the home.

Figure 1: Role of a care worker in home care.



Source: Migrant Rights Centre Ireland (2020) [Migrant-Workers-in-the-Home-Care-Sector-Preparing-for-the-Elder-Boom-in-Ireland](#).

Organisations representing older and disabled people have criticised the lack of national data available on current care provision, including the proportion of unmet care need.⁴⁰ The Home Care Coalition, a group of 23 charities, not-for-profit organisations, and campaigners⁴¹, has drawn on their collective experience of home care provision to highlight the key concerns and challenges within the sector.⁴² They emphasised a range of issues, including lengthening waiting lists, poor pay and training for workers, inadequate standards and quality assurance, poor safeguarding, and inconsistencies in assessment and access between HSE Community Health Organisations (CHOs).

A significant development in Ireland’s home support sector has been the expanded role of private home support providers. Analysis by UCD-based academics calculated that the amount of public funding allocated to private providers increased from €3 million in 2006 to €176 million by 2019.⁴³ During the same period, funding to non-profit and public providers increased only slightly. The authors summarise the business models in Irish home care as:

... a few U.S.- and UK-based global franchise chains like Home Instead Senior Care, Bluebird Care and Caremark dominate the market (the bulk of HCCI's [Home and Community Care Ireland] 80 members are individual franchises of these chains). Private providers follow two main models of operation, franchise or company-owned.

⁴⁰ Mr. Nat O'Connor, senior public affairs and policy specialist, Age Action at the [Joint Committee on Health debate – Home Care discussion - Wednesday, 9 Feb 2022 \(oireachtas.ie\)](#).

⁴¹ Home Care Coalition (September 2023) [Pre-Budget Submission 2024](#).

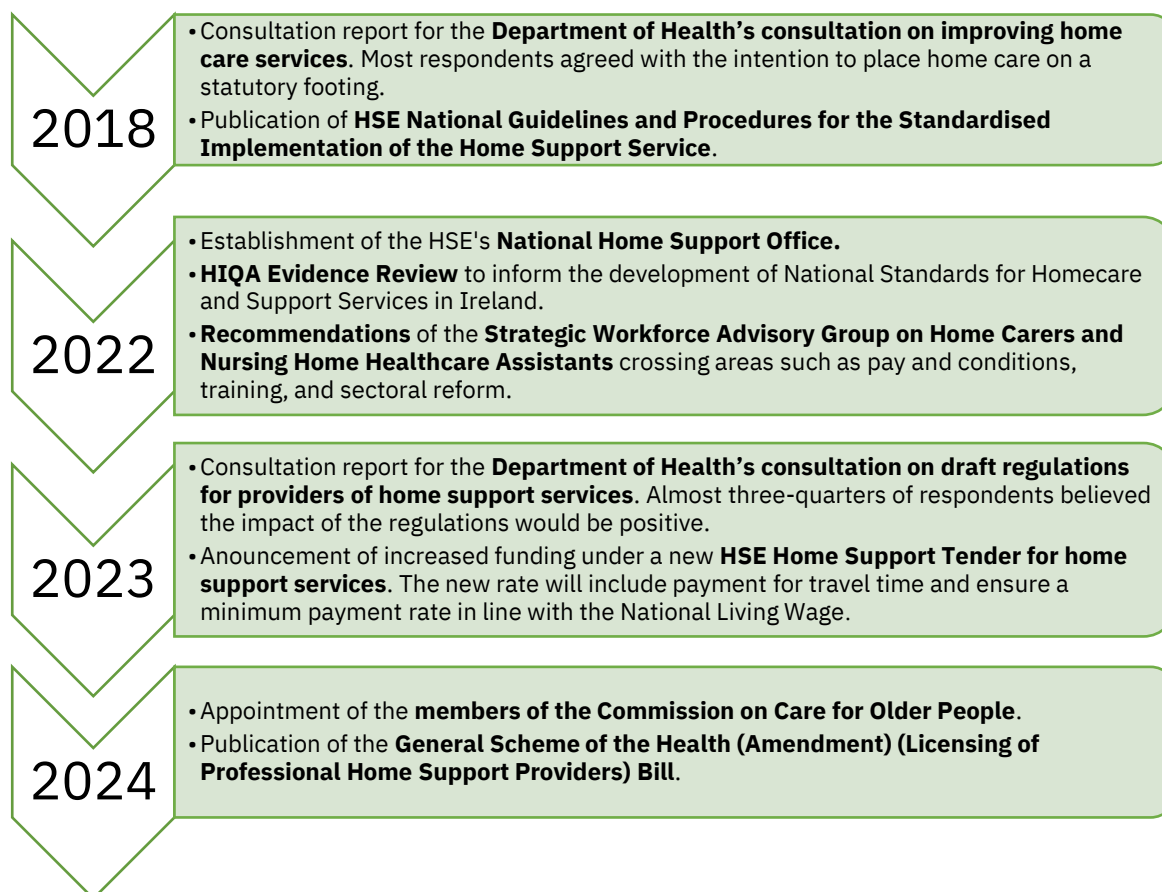
⁴² Home Care Coalition (no date) [The Home Care Coalition: Experiences from the Grassroots](#). See also: Home and Community Care Ireland (October 2023) [Home Support Delivery, Vol.2](#).

⁴³ Mercille, J. and O'Neill, N. (2021) The growth of private home care providers in Europe: The case of Ireland, *Social Policy & Administration*, 55: 606–621. <https://doi.org/10.1111/spol.12646>.

Amongst the dominant firms, the franchise model is most widespread, but some adopt a company-owned model. Moreover, there is a large number of smaller, family-owned private providers that operate locally or regionally. (p.611)

There have been a number of policy, service and legislative developments relating to home care in the last decade. A non-exhaustive snapshot of these developments is captured in Figure 2 below.

Figure 2: Selected recent home support policy, service, and legislative developments.



Source: Developed by the L&RS using information gathered from government/official publications.⁴⁴

The Minister for Health, Stephen Donnelly TD outlined four priority issues for home support for the Department of Health in 2024 – “Regulation of home support providers; working with the

⁴⁴ 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) [gov - Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Health Care Assistants \(www.gov.ie\)](#); 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

HSE to develop a reformed model of service delivery for home support; the examination of future funding options for home-support services; Implementation of the recommendations of the Strategic Workforce Advisory Group”.⁴⁵ The regulation of home support providers refers both to the progression of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill and the development by HIQA of standards for home support providers. Other ongoing actions include further recruitment for the HSE’s National Home Support Office and work to rollout the International Resident Assessment Instrument (interRAI) as the single home support assessment tool for older people.

In 2024, the Government’s Commission on Care for Older Persons commenced.⁴⁶ The independent commission will examine the provision of health and social care services and supports for older persons and make recommendations to the government for their strategic development.

An overview of publicly funded home support services

Spending on home support now makes up over 3% of the HSE’s budget and there has been a significant increase in HSE expenditure on these services in recent years.⁴⁷ €723 million was allocated for home support in 2023 which amounts to a 46% increase from 2020 (€495 million).⁴⁸ The HSE commenced a competitive tendering process in 2012, which has been further amended on a number of occasions, including following legal action by Home and Community Care Ireland.⁴⁹ Some analysts argue that large private providers are better placed to meet the requirements of the tender process.⁵⁰ In July 2023, a new HSE Home Support Tender for home support services was announced.⁵¹ The tender covers home care delivered on behalf of the HSE by the community, voluntary, and private sectors. For the first time, the rate will include payment for travel time and ensure a minimum payment rate in line with the National Living Wage. To reflect the higher tender rate, the HSE’s target of home support hours for 2023 was reduced by 1.9 million hours.⁵²

Health; Department of Health (20 July 2023) [Ministers for Health announce increased rates of funding for State-funded home support providers \(www.gov.ie\)](https://www.gov.ie/en/press-releases/2023-07-20-ministers-for-health-announce-increased-rates-of-funding-for-state-funded-home-support-providers/), Press Release; Department of Health (2024) [gov - Ministers for Health announce appointment of members of Commission on Care for Older People \(www.gov.ie\)](https://www.gov.ie/en/press-releases/2024-07-20-ministers-for-health-announce-appointment-of-members-of-commission-on-care-for-older-people/), Press Release.

⁴⁵ [Home Help Service – Thursday, 21 Mar 2024 – Parliamentary Questions \(33rd Dáil\) – Houses of the Oireachtas](https://www.gov.ie/en/press-releases/2024-03-21-home-help-service-thursday-21-mar-2024-parliamentary-questions-33rd-dail-houses-of-the-oireachtas/).

⁴⁶ [gov - Commission on Care for Older People \(www.gov.ie\)](https://www.gov.ie/en/press-releases/2024-07-20-gov-commission-on-care-for-older-people/), Webpage (accessed 26 July 2024).

⁴⁷ Department of Health (May 2024) [Regulatory Impact Analysis \(RIA\) Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill](https://www.gov.ie/en/press-releases/2024-05-20-regulatory-impact-analysis-ria-health-amendment-licensing-of-professional-home-support-providers-bill/).

⁴⁸ Department of Health (May 2024) [Regulatory Impact Analysis \(RIA\) Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill](https://www.gov.ie/en/press-releases/2024-05-20-regulatory-impact-analysis-ria-health-amendment-licensing-of-professional-home-support-providers-bill/).

⁴⁹ Mercille J. and O'Neill N. (2021) The growth of private home care providers in Europe: The case of Ireland, *Social Policy & Administration*, 55: 606–621. <https://doi.org/10.1111/spol.12646>.

⁵⁰ Cullen, P. (2024) Discursive Strategies of Private Home Care Providers in Ireland. Public <https://www.cairn.info/revue-des-politiques-sociales-et-familiales-2024-1-page-135.htm>; Mercille, J. and Lolich, L. (2024) What do private providers of home care want? An analytical framework, *Critical Public Health*, 34(1): 1-14; Cullen, P. (2019) The discursive politics of marketization in home care policy implementation in Ireland, *Policy and Society*, pp.1-20. <https://doi.org/10.1080/14494035.2019.1622274>. <https://doi.org/10.1080/09581596.2024.2315977>.

⁵¹ Department of Health (20 July 2023) [Ministers for Health announce increased rates of funding for State-funded home support providers \(www.gov.ie\)](https://www.gov.ie/en/press-releases/2023-07-20-ministers-for-health-announce-increased-rates-of-funding-for-state-funded-home-support-providers/), Press Release (accessed 18 July 2024).

⁵² Department of Health (20 July 2023) [Ministers for Health announce increased rates of funding for State-funded home support providers \(www.gov.ie\)](https://www.gov.ie/en/press-releases/2023-07-20-ministers-for-health-announce-increased-rates-of-funding-for-state-funded-home-support-providers/), Press Release (accessed 18 July 2024).

The HSE provides publicly funded formal home support (either directly, or via HSE-commissioned providers). The service operates within funding limits and access to the service varies across the country.⁵³ The HSE's publicly funded 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.⁵⁴

As a result, the HSE is both the main purchaser and a primary provider of home support services.⁵⁵ A large proportion of HSE-funded home care – approximately 60% for older persons – is delivered by private and voluntary providers.^{56,57} In June 2024, Minister of State Mary Butler TD told the Dáil that 63% of home support is provided on behalf of the HSE by 100 or so commissioned providers, approximately 20 of which are not-for-profit organisations.⁵⁸ The breakdown of HSE-provided/commissioned services varies significantly across regions. In general, the HSE provides more services in rural areas and commissioned providers do so in urban areas.⁵⁹

Currently, the HSE's Home Support Services for older people (formerly the Home Help Scheme/Home Care Package Scheme) provides supports, including personal care, for older people. Provision is underpinned by national guidelines and a tender process.⁶⁰ According to the [HSE National Service Plan 2024](#), one hour of home support for an older person has an illustrative cost of €30.08 (p.55). To qualify for the scheme, older people must undertake a [Care Needs Assessment](#).⁶¹ Income is not assessed. For older people's home support, the HSE operates a single Authorisation Scheme through which approved providers must comply with certain qualifications and specifications to provide home support.⁶² By contrast, for home support for people with disabilities, the HSE makes individual arrangements with for-

⁵³ For example, see: Care Alliance Ireland (September 2018) [Public Provision of Home Care in Ireland – Update](#). Briefing Paper 2; Home Care Coalition (no date) [The Home Care Coalition: Experiences from the Grassroots](#); Mullins, L. and Hodgins, M. (2019) "“The day is long you know?” Older people's voices on their homecare experiences in Ireland," *Journal of Social Care*: Vol. 2, Article 2. Available at: <https://arrow.tudublin.ie/jsoc/vol2/iss1/2>.

⁵⁴ HIQA (May 2022) [Evidence review to inform the National Standards for Homecare and Support Services](#).

⁵⁵ Department of Health (May 2024) [Regulatory Impact Analysis \(RIA\) Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill](#).

⁵⁶ Department of Health (May 2024) [Regulatory Impact Analysis \(RIA\) Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill](#).

⁵⁷ Power, C. and Crowley, C. (25 March 2024) [Could care co-operatives be an answer to home care crisis? \(rte.ie\)](#), *RTÉ Brainstorm*.

⁵⁸ Minister of State at the Department of Health, Deputy Mary Butler, Dáil Éireann (27 Jun 2024) [Statutory Home Care: Statements](#).

⁵⁹ Home and Community Care Ireland (October 2023) [Home Support Delivery, Vol.2](#); Mercille J, O'Neill N. (2024) Institutional Business Power: The Case of Ireland's Private Home Care Providers, *Journal of Social Policy*, 53(2): 348-365. doi:10.1017/S0047279422000277.

⁶⁰ Health Information and Quality Authority (HIQA) (2021) [Regulation of Homecare Services: Research Report \(abridged version\)](#). Dublin.

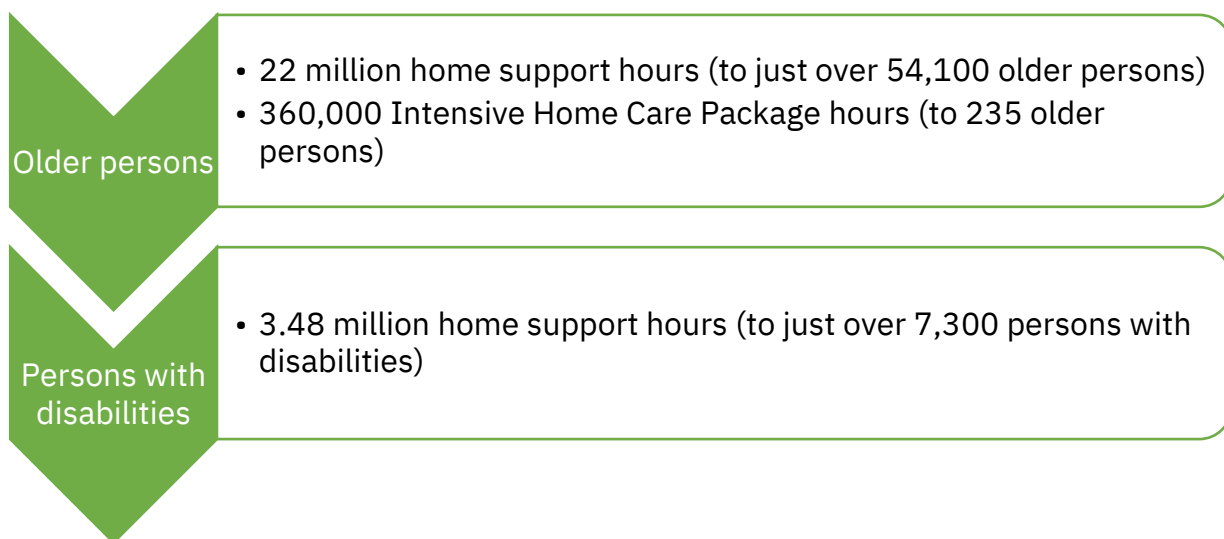
⁶¹ For more details see: Citizens Information [Home Support Service \(citizensinformation.ie\)](#), Webpage.

⁶² Department of Health (May 2024) [Regulatory Impact Analysis \(RIA\) Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill](#).

profit and not-for-profit providers.⁶³ The HSE also provides a smaller number of Intensive Home Care Packages (IHCPs). Initially developed for people with dementia, IHCPs provide up to 56 hours of care per week.⁶⁴ The HSE further provides Personal Assistance services to people with disabilities and Paediatric Homecare Packages to children.

In 2018, the HSE National Service Plan set a target of 20 million home support hours, and this rose to 25.5 million hours in 2024 (22 million hours for Older Persons Services and 3.5 million hours for Disability Services).⁶⁵ In 2023, 22.1 million hours of home care were delivered.⁶⁶ According to analysis by Home and Community Care Ireland, a national membership organisation for companies providing home care services⁶⁷, between 2018 and 2022 delivery of home support hours increased by almost 3.7million hours.⁶⁸ During this time, HSE delivery increased by 7.6% and other providers (for-profit and not-for-profit) by 32%. Despite this increase, each year the HSE's delivery targets were not met.

Figure 3: HSE National Service Plan 2024 home support expected activity.



Source: [HSE National Service Plan 2024](#).

A recent study of the Irish home care sector based on a survey of workers (sample of 350 accessed through SIPTU and the advocacy group HCA and Carers Ireland) found wide disparities in conditions (contracts, pensions, unsocial hours pay and travel allowances) between the public and private sector.⁶⁹ Concerns have been raised by carers and older

⁶³ HIQA (2021) [Regulation of Homecare Services: Research Report \(abridged version\)](#). Dublin.

⁶⁴ HIQA (2021) [Regulation of Homecare Services: Research Report \(abridged version\)](#). Dublin.

⁶⁵ Department of Health (May 2024) [Regulatory Impact Analysis \(RIA\) Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill](#).

⁶⁶ Department of Health (14 May 2024) [gov - Minister Butler introduces further safeguards for Older People \(www.gov.ie\)](#), Press Release.

⁶⁷ [About - Home and Community Care Ireland \(hcci.ie\)](#), Webpage (accessed 6 September 2024).

⁶⁸ Home and Community Care Ireland (October 2023) [Home Support Delivery, Vol.2](#).

⁶⁹ O'Neill, N., Mercille, J., Edwards, J. (January 2023) Home care workers' views of employment conditions: private for-profit vs public and non-profit providers in Ireland, *International Journal of Sociology and Social Policy*, DOI 10.1108/IJSSP-10-2022-0276, pp.1-17.

person's organisations and unions, including during a Joint Committee on Health 2022 hearing on home care, of the lower rates of pay for non-HSE home support workers.⁷⁰ Analysis by *TheJournal.ie*'s *Noteworthy* found that in 2019, five private providers – Home Instead, Bluebird Care, Comfort Keepers, Irish Homecare and Caremark Ireland – received more than 70% (€128 million) of all the HSE funding allocated to private home care providers.⁷¹

Despite the increased levels of provision considerable deficiencies in home support availability remain, as well as a shortage of care workers.⁷² Reflecting these and other concerns, there have been consistent calls to establish a statutory right to home care/support, including by the Citizens' Assembly on the ageing population (2017), HIQA (2021), the Joint Committee on Gender Equality (2022), IHREC (2023) and Ibec (2024).⁷³

Home support services and people with disabilities

Article 19 of the UN Convention on the Rights of People with Disabilities includes a right to a range of home, residential and community-based support services, including Personal Assistance (PA) services.⁷⁴ Ireland's disability services have tended to focus on care in the home and in congregated settings, rather than on the provision of PA services to support independent living.⁷⁵ In March 2023, responsibility for specialist community-based disability services (including policy development, oversight of services, and budget) transferred from the Department of Health to the Department of Children, Equality, Disability, Integration and Youth.⁷⁶

As outlined in the Department of Health's [Regulatory Impact Analysis \(RIA\)](#) for the General Scheme, "The proposed legislation ... does not relate to other specialist roles or programmes that exist or are being examined in the Disabilities sector, such as Personal Assistants (PAs)..." (p.7). During the PLS hearing [19 June](#) 2024 on the General Scheme, a senior Departmental official stated:

⁷⁰ [Joint Committee on Health debate – Home Care discussion - Wednesday, 9 Feb 2022 \(oireachtas.ie\)](#).

See also: ['It's demoralising and makes me want to leave': How poor pay is impacting home carers in this 'lucrative' sector](#), *Noteworthy*, *TheJournal.ie*, 5 August 2020.

⁷¹ ['It's demoralising and makes me want to leave': How poor pay is impacting home carers in this 'lucrative' sector](#), *Noteworthy*, *TheJournal.ie*, 5 August 2020.

⁷² For example see: HIQA (May 2022) [Evidence review to inform the National Standards for Homecare and Support Services](#); [Shortage of staff led to nearly three million HSE home care hours lost last year | Irish Independent](#), *Irish Independent*, August 2023; ['It's demoralising and makes me want to leave': How poor pay is impacting home carers in this 'lucrative' sector](#), *Noteworthy*, *TheJournal.ie*, 5 August 2020.

⁷³ 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](#).

⁷⁴ Irish Human Rights and Equality Commission (IHREC) (July 2023) [Policy Statement on Care](#).

⁷⁵ Carroll, E., and McCoy, S. (2022) [Personal assistance services in Ireland: A capability approach to understanding the lived experience of disabled people](#), *Disabilities*, 2:694-714; Department of Health (2021) [Disability Capacity Review to 2032: A Review of Disability Social Care Demand and Capacity Requirements up to 2032](#) (Accessed 13 December 2023); ILMI (2019) [Achieving a right to personal assistance in Ireland](#) (Accessed 12 December 2023).

⁷⁶ See: Government of Ireland (2024) [Action Plan for Disability Services 2024 – 2026](#). Department of Children, Equality, Disability, Integration and Youth; Joint Committee on Disability Matters (February 2023) [Report on Aligning Disability Services with the United Nations Convention on the Rights of Persons with Disabilities](#).

“there is a personal assistance review group that is looking at the definition of personal assistance. At this point, it is difficult to include something in legislation when there is not a clear definition of it. We are waiting upon the results of the personal assistance review group to come forward with an agreed definition we will be able to examine in consultation with our colleagues in disabilities. We expect them to bring forward the request to legislate for it at the appropriate time.”

Box 6: Differences between home care/support and personal assistance.

A carer/home support worker provides assistance to a person within their home (e.g., getting out of bed, washing, dressing, showering, meals, household tasks).

A Personal Assistant, under the direction of the disabled person, provides support with everyday tasks as well as supporting the person outside their home to live more independently and to participate in their community, education, and/or work.

Source: Joint Committee on Disability Matters (February 2023) [Report on Aligning Disability Services with the United Nations Convention on the Rights of Persons with Disabilities](#), p.56; Department of Health (2021) [Disability Capacity Review](#), p.150.

Concerns have been raised, including during the PLS hearings and by disabled people’s advocacy groups, both about the possible implications of PA services remaining unregulated by being excluded from the legislation, and conversely about regulations designed for home support services being applied to PA services. The report of the 2022 public consultation on the draft regulations for home support providers outlined that although there was “very strong support (94%) for including Personal Assistance (PA) services there were also concerns that the regulations would impact on service users’ own direction of their service and flexibility to determine what types of support they needed” (p.11).⁷⁷

IHREC argues there has been a been “a constant conflation of care and personal assistance”⁷⁸ in the Irish context.⁷⁹ Independent Living Movement Ireland (ILMI) in its 2022 submission to the Department on the Draft Regulations for Providers of Home Support Services argued that the regulations “confuse” the home support service and the PA service.⁸⁰ This has led to their concern that standards set for home support services, which focus on providing personal care and domestic tasks rather than activities supporting independent living, could be *de facto* applied to PA services. IMLI emphasised their perspective that “these are supports [PA] that are supposed to liberate disabled people to participate in society by providing supports for them to do the things that they cannot do for themselves, inside and outside of the home.

⁷⁷ 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.

⁷⁸ Irish Human Rights and Equality Commission (IHREC) (July 2023) [Policy Statement on Care](#), p. 15.

⁷⁹ For a discussion of the distinction between PA and home support services see: Carroll, E.; McCoy, S. (2022) Personal Assistance Services in Ireland: A Capability Approach to Understanding the Lived Experience of Disabled People, *Disabilities*, 2: 694–714. <https://doi.org/10.3390/disabilities2040049>.

⁸⁰ Independent Living Movement Ireland (ILMI) (July 2022) [Submission on the Department of Health’s Public Consultation on Draft Regulations for Providers of Home Support Services](#).

Additional regulation is likely to restrict services that were developed by disabled people to give them choice and control over their lives” (no page numbers).

The 2021 [Disability Capacity Review to 2032 - A Review of Social Care Demand and Capacity Requirements to 2032](#) estimated 8,000 people with disabilities get home support hours of circa seven (7) hours per week, while 2,500 people receive a PA service averaging approximately 12 hours per week. Overall, the [Disability Capacity Review](#) found that current home support and PA services provide for only a small portion of disabled people who experience difficulties with activities of daily living. Responding to the current and future service deficits captured in the [Disability Capacity Review](#), the current [Action Plan for Disability Services 2024 – 2026](#)⁸¹ commits to “Greater access to Personal Assistance and Home Supports to promote independence and participation” (p.6) and includes establishment of a working group to define PA and home care services and develop policy, eligibility and prioritisation criteria. The Action Plan provides for the delivery of an additional 800,000 PA hours and 110,000 home support hours per year by 2026 (p.27).

Estimates of future demand for home support

While existing unmet demand for home support is high – in June 2024 almost 5,700 people were on HSE waiting lists for new or additional home support⁸² – need is anticipated to rise, particularly as a result of Ireland’s ageing population. Key trends likely to impact on demand for home support include that the share of the population 65 years-plus and 85 years-plus is increasing⁸³ and the disability population is also growing and ageing.⁸⁴ Relatedly, women, who have traditionally provided the majority of informal care, are increasingly in full-time paid employment and both informal carers and care workers are themselves ageing.

⁸¹ Government of Ireland (2024) [Action Plan for Disability Services 2024 – 2026](#). Department of Children, Equality, Disability, Integration and Youth.

⁸² Minister of State at the Department of Health, Deputy Mary Butler during Dáil Éireann (27 Jun 2024) [Statutory Home Care: Statements](#).

⁸³ 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.

⁸⁴ Department of Health (2021) [Disability Capacity Review to 2032 - A Review of Disability Social Care Demand and Capacity Requirements up to 2032](#).

In Census 2022, the highest increase in population was seen among the over 70s, while the number of people aged 85 years and over increased by 25%.⁸⁵ Over 1.1 million people, or 22% of the population, have at least one long-lasting condition or difficulty.^{86, 87} This included more than 400,000 people (8% of the population) with at least one long-lasting condition or difficulty to a great extent. The proportion of people experiencing a long-lasting condition or difficulty tends to increase with age – and more rapidly from age 75. Forty-eight percent (48%) of those over 85 years have a long-lasting condition or difficulty to a great extent.



Source: [Census 2022](#)

1 Disability defined as at least one long-lasting condition or difficulty.

The Department of Finance's [Population Ageing and The Public Finances in Ireland report](#) (June 2024) indicates that the Old-Age Dependency Ratio is set to increase considerably to 2050. Currently, there are four persons of working age in Ireland for each retiree; by 2050 this will have reduced to around two persons of working age. The Department estimates this population shift will have significant implications for public finances, including for health and long-term care.⁸⁸

As older people make up a greater proportion of Ireland's population, demand for healthcare services – including home support – is expected to rise. One example using demographic projections to assess the implications for home care/support in Ireland was provided in the 2017 ESRI report, [Projections of Demand for Healthcare in Ireland, 2015-2030: First Report from the Hippocrates Model](#). This report projected that during the period 2015–2030 the country's population will grow by between 14–23%. Older people (65 years and over) will increase from one in eight of the population in 2015 to one in six by 2030. The numbers of those 85 years and over will almost double. The report concludes this will lead to increases in demand across all health and social care, but particularly in older persons' services. The authors calculated demand for home help hours will increase by between 38–54% by 2030 (from 14.3 million in 2015). More recently, analysis by the European Observatory on Health Systems and Policies suggests that by 2060 Ireland's 65 years-plus population will increase to 27% (from 15% in 2020), and to 32% by 2100.⁸⁹

Official reviews have examined likely increases in demand for home support/care in Ireland:

⁸⁵ CSO (30 May 2023) [Population Changes Census of Population 2022 - Summary Results - Central Statistics Office](#).

⁸⁶ [Press Statement Census 2022 Results Profile 4 - Disability, Health and Carers - CSO - Central Statistics Office](#)

⁸⁷ Note: In Census 2022, the two questions (Q15 and Q16) on long-lasting conditions and difficulties were revised to allow people to indicate the extent to which they experienced them. Due to the substantial changes in the long-lasting conditions and difficulties question, Census 2022 results are not comparable with previous census data for this question. CSO (28 September 2023) [Press Statement Census 2022 Results Profile 4 - Disability, Health and Carers - CSO - Central Statistics Office](#).

⁸⁸ Department of Finance (June 2024) [Population Ageing and The Public Finances in Ireland – Fiscal Costs](#).

⁸⁹ European Observatory on Health Systems and Policies, Population Ageing financial sustainability gap for health systems Population Ageing financial Sustainability gap for Health systems (PASH) Simulator. <https://eurohealthobservatory.who.int/themes/observatory-programmes/health-and-economy/population-ageing-financial-sustainability-gap-for-health-systems-simulator>, Microsoft Power BI (accessed 14 June 2024).

- The 2018 [Health Service Capacity Review](#) indicated the potential, within a reformed health system shifting care from the acute settings to the community, for a 120% increase in homecare for older people over the period to 2031.
- The 2021 [Disability Capacity Review to 2032 - A Review of Social Care Demand and Capacity Requirements to 2032](#) identified “demand [for disability services] is greater than service capacity and this demand is projected to continue to grow in light of both demographic growth and of current unmet need” (p.19), including for home help services. At the time of the review almost 11,000 disabled people were in receipt of home support or PA hours (p.74). Demographic changes are calculated to increase the cost of home support and PA services for people with disabilities by €15 million per year by 2032.

The [Disability Capacity Review](#) notes that data on unmet need for home support and related services is not properly recorded but “there are signs it is substantial” (p.120). A package to account for those with existing unmet need for such supports (no service or inadequate service) is estimated at €30 million.

[Research on home care sustainability](#) in Ireland by the European Observatory on Health Systems and Policies (2023) has argued that while Ireland’s population is ageing, the share of Ireland’s population over 65 years will remain relatively lower than most OECD countries up to 2060.⁹⁰ Noting that home care is more cost effective than residential care, the authors find that increasing home care provision “might actually be part of the solution rather than the problem in maintaining sustainability of care services” (p.3).

In 2021, the ESRI published a report, [Demand for the statutory home support scheme](#), estimating service demand for home support services for the population aged 65+ in Ireland under various scenarios: providing home support to all older people waiting for a support package or additional hours; halving the number of people moving from the home support scheme into residential care; and, additional home support for people who require help with Activities of Daily Living.⁹¹ The authors find:

- An estimated 24.7 million home support hours (public and privately funded) were provided in 2019.
- They estimate this could rise to almost 42 million hours under the demand projection scenarios, equating to an increase of 70% of hours (17.2 million hours).
- If all of these hours were provided through a statutory home support scheme, this increase would equate to a 126% increase (23.4 million hours) delivered through a public home support scheme.⁹²

As Ireland’s population ages, so too do the carers currently providing informal care (see Box 3: Provision of informal care in Ireland above). This is likely to further inflate demand for formal home support services. One estimate, outlined by Skillnet and the Royal College of Surgeons in Ireland, suggests meeting rising demand could require an additional 20,000 home support

⁹⁰ Durvy, B., van Ginneken, E. and Cylus, J. (2023) [Improving home care sustainability in Ireland Are user charges a promising option?](#) European Observatory on Health Systems and Policies.

⁹¹ Walsh, B. and Lyons, S. (March 2021) [Demand for the Statutory Home Support Scheme](#). ESRI.

⁹² Further research by the ESRI, [Home Support Services in Ireland: Exchequer and Distributional Impacts of Funding Options](#) (2022), examined different funding options for a statutory scheme, such as a flat rate or means-tested contribution by recipients.

workers.⁹³ Approximately 40% of HSE-employed home care support assistants in 2020 were 60 years of age and over, with many therefore likely to retire in the near future.⁹⁴ The widening gap between care needs and informal care capacity is outlined in a 2019 [L&RS Spotlight on family care](#).

Ireland increasingly relies on migrant care workers to provide home support services⁹⁵ and competition to attract such care workers has increased internationally.⁹⁶ Research based on the World Health Organization's National Health Workforce Accounts estimates a global shortfall of 10 million health and care workers by 2030.⁹⁷ In the EU, the [European Care Strategy](#) anticipates an additional 1.6 million long-term care workers will be needed by 2050 to maintain provision at current levels.

Development of a statutory home support scheme

Under the current home support scheme some older people and people with disabilities qualify for support free-at-the-point-of-use. Others pay privately for services. By contrast, the [Nursing Home Support Scheme](#) (NHSS or 'Fair Deal') enables all older people to access financial support towards the cost of nursing home care. Statutory supports for nursing home care without corresponding entitlements to home support may result in older people, who could be supported to live at home, entering nursing homes.⁹⁸

As outlined in the [RIA](#) accompanying the General Scheme:

The Programme for Government commitment is wider than the proposal being brought forward to legislate for regulation. The introduction of regulations is an essential first stage in proceeding to the development of a "statutory scheme" for home care. There is also an important opportunity within this proposed legislation to include provisions in relation to the gathering of data that would provide essential information and evidence to support the development of such a scheme. (p.6)

The Sláintecare reform programme commits to providing "the right care, in the right place, at the right time, at low or no cost" (p.5), including development of a statutory home support scheme.⁹⁹ In 2022, the [Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants](#) highlighted that developing a statutory home support scheme "is an ambitious, multi-annual programme of work with significant interdependencies

⁹³ Morrow, E., Lynch, M., Naessens, E., Kelly, C., & Killeen, C., (2024) [Green Paper on Home Support Workers: A Stakeholder Consultation on a Career Pathway for Ireland's Home Support Work](#). LHP Skillnet and RCSI Faculty of Nursing and Midwifery.

⁹⁴ See also Department of Health (September 2022) [Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants](#).

⁹⁵ Migrant Rights Centre Ireland (2020) [Migrant-Workers-in-the-Home-Care-Sector-Preparing-for-the-Elder-Boom-in-Ireland](#).

⁹⁶ HIQA (May 2022) [Evidence Review to inform the development of National Standards for Homecare and Support Services in Ireland](#).

⁹⁷ Boniol M, Kunjumen T, Nair TS, *et al.* (2022) The global health workforce stock and distribution in 2020 and 2030: a threat to equity and 'universal' health coverage? *BMJ Global Health*, 7:e009316. doi:10.1136/ bmjgh-2022-009316.

⁹⁸ L&RS (21 May 2021) [Background to the Nursing Home Support Scheme \(Amendment\) Bill 2021](#).

⁹⁹ Department of Health (2021) [Sláintecare Implementation Strategy & Action Plan 2021–2023](#).

which necessitates close partnership-working between the HSE and the Department of Health as well as engagement across Government departments and with the political system”.¹⁰⁰ HIQA’s 2021 [Regulation of Homecare: A Position Paper](#) identified 13 key areas for consideration in the development of Ireland’s homecare services. These include a statutory right to funding for homecare, investment in the home care workforce, and that “regulation should only be viewed as one component of broader reform and should not be burdensome” (p.9).

In June 2024, Minister of State Mary Butler TD told the Dáil that:¹⁰¹

The point has been made that the delivery of regulated home care is not the same as the delivery of a statutory scheme. I agree with this, but we cannot have a statutory scheme without a regulated system of care. I might note to colleagues that the fair deal took many years to develop and that was in the context of improving the fairness of existing systems that related to a sector that was well-known at the time. The home support sector is very different; it has never been subject to any kind of scheme or to the kind of oversight and regulation we are looking at now. Unlike residential care, there is potentially a very significant proportion of privately commissioned services that we do not currently have any insight to.

The introduction of licensing, regulation and inspection is something that I expect the sector to manage, but I acknowledge that it will be a fundamental shift for those services which will take some time to absorb. It is paramount that we do this carefully so that there are no undesirable impacts on the care that people are receiving in their homes or on the people who are delivering that care.

In order to implement a statutory home care/support scheme, decisions on a range of complex issues beyond regulation would be required, including eligibility for the scheme (e.g., by level of support need, age, etc.), the model of care (e.g., what support would be provided, how would it be given, and by what category of worker, etc.), and the scheme’s funding mechanisms (e.g., tax funded and/or contributions by recipients).

Regulation of home support

Following the discussion of home support policy and services in Ireland, this briefing paper now considers regulation of the home support sector, particularly how regulation is applied in other countries and the approach proposed for Ireland.

An analysis of Irish home care policy, led by TCD Professor in Social Policy & Ageing, Virpi Timonen (2012) identified the “time lag and contrast between radical expansion of [home

¹⁰⁰ Department of Health (September 2022) [Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants](#). (Accessed 27 June 2024) p.6.

¹⁰¹ Minister of State at the Department of Health, Deputy Mary Butler during Dáil Éireann (27 Jun 2024) [Statutory Home Care: Statements](#).

care] services and development of policy to govern this expansion” as “particularly striking”.¹⁰² As previously stated, a range of legal, regulatory, health and human rights stakeholders have recommended regulation of home support. For example, HIQA’s 2021 report, [The Need for Regulatory Reform A summary of HIQA reports and publications examining the case for reforming the regulatory framework for social care services](#), called for the introduction of regulation for forms of care – such as home care. HIQA has argued that: “At present in Ireland, regulations put greater emphasis on the location of the care rather than the type or the needs of the people. This contrasts greatly with neighbouring countries, who have tailored regulation for homecare, nursing care and personal care”.¹⁰³

A key concern for the state, for recipients and providers of home support is to balance the costs and benefits of regulation.¹⁰⁴

Balancing the costs and benefits of home support regulation

Regulation in care settings is often initiated to increase the quality of care provided, improve conditions for care 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 care to offset additional regulatory requirements. There are also concerns that regulation can lead to reductions in informal care arrangements, which remain the bedrock of long-term care for older people in Ireland and internationally. It is, therefore, important to consider how a regulatory approach may impact on home support recipients, on support workers, on home support providers and on the state.

One indication of the range of perspectives on the potential benefits/unintended consequences of home support regulation is captured in the inputs of two service users to the 2022 Department of Health consultation on draft regulations for providers of home support services:¹⁰⁵

“I live alone without family support. I couldn’t remain at home without home support services. Sometimes I feel rushed but understand that Home Support Workers are very busy and do not have much time to get to the next house. I value this service and those who provide it. Think that the regulations will improve services for me and home support workers.” (p.23).

¹⁰² Timonen, V., Doyle, M. and O’Dwyer, C. (2012) Expanded, but not regulated: ambiguity in home-care policy in Ireland, *Health & Social Care in the Community*, 20: 310-318. <https://doi.org/10.1111/j.1365-2524.2011.01048.x>, p.311.

¹⁰³ HIQA (2021) [From the shadow of COVID-19 must emerge robust, regulated and reformed health and social care services](#).

¹⁰⁴ For further discussion of the policy challenge of regulation in the home care sector see L&RS (12 January 2018) [LRS Spotlight Home Care for Older People](#).

¹⁰⁵ 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](#).

“I want to self-manage my own care and too much regulation will not allow me to do so. A one size fits all approach does not work for clients with differing needs and preferences.” (p.27).

In general, regulation tends to have three characteristics:

- provides direction for the regulated;
- sets the level of performance/compliance required; and
- uses powers to improve performance amongst the regulated.¹⁰⁶

HIQA is responsible for monitoring the safety and quality of Ireland’s healthcare and social care systems. As noted above, while nursing homes in Ireland are subject to regulatory regimes including HIQA registration and inspections, there is currently no statutory regulation of home support providers, or standards uniformly applied across the whole sector. Developing regulation for care provided in the home brings particular challenges, some of which are outlined in Box 7 below.

Box 7: Particular considerations for regulation of home support.

- The home is a unique setting for regulation as it is both someone’s own home and a workplace.
- A tension exists between regulation which standardises practices and which enables individualisation to meet an individual’s particular needs.
- Ensuring regulatory processes measure the ‘right’ things, e.g., focusing on quality outcomes rather than inputs.
- How the regulatory framework supports a wider focus on quality, including in staff training and continuous improvement projects.
- How people using home support services and the wider public can access and understand how services are performing against the standards.
- Care is a dynamic field and there are likely to be regular developments in how quality in home support is defined and measured, necessitating flexibility in the regulatory regime.

Summarised from: L&RS (12 January 2018) [LRS Spotlight Home Care for Older People](#), p.30.

Based on experience in other settings, HIQA has categorised three likely main priorities in the regulation of home support:

- improving the performance and quality of the service;
- creating assurance for recipients and the public that acceptable standards are adhered to; and,
- providing accountability in terms of performance and value for money.¹⁰⁷

HIQA cautions that regulation of home support cannot be expected to resolve all issues in service delivery. Instead, regulation should be considered as the “the third line of defence that

¹⁰⁶ HIQA (2021) [Regulation of Homecare Services: Research Report \(abridged version\)](#). Dublin, p. 98.

¹⁰⁷ HIQA (2021) [Regulation of Homecare Services: Research Report \(abridged version\)](#). Dublin.

comes after the people delivering the service, and the provider's governance and management arrangements to ensure care is in compliance with any regulations and set standards".¹⁰⁸

Home support provider groups, including via the Home Care Providers Alliance and Home and Community Care Ireland (HCCI), have also welcomed the development of regulations for the sector.¹⁰⁹ It should be noted that these groups primarily represent larger organisations providing home support and may not represent the views of small sole traders or people engaged in direct employment arrangements to provide home support to a small number of people, including those employed for live-in arrangements. Smaller organisations/individuals may not have sufficient administrative resources and governance capabilities to respond to regulatory requirements.¹¹⁰ The RIA accompanying the General Scheme suggests some small providers may decide to merge to share licensing costs and administration.¹¹¹ Exemptions to the licensing arrangements (discussed further below) will apply to those providing care to three or less people and support provided in the context of a family/personal relationship.

Recent analysis by Julien Mercille, Professor in the UCD School of Geography and Dr Luciana Lolich, TCD School of Nursing & Midwifery (2024) has examined the perspectives of Irish home care providers:

In interviews, private providers insisted that the home care market now requires stronger regulation and standards. The problem is that anybody can set up a home care company with little supervision in the private pay (out-of-pocket) market and regulations associated with the tender are too weak. In short, 'since we have a completely unregulated market, it's akin to the Wild West'...

In other words, 'bad apples' risk undermining the reputation of the industry. Thus, established private providers 'welcome regulation' (interviewee 8) because it 'perhaps is going to protect providers themselves from unscrupulous providers that are actually out there'¹¹²

The authors conclude that companies, which themselves benefitted from the low regulatory environment, are now largely in favour of regulations (which could potentially dissuade new entrants) and of the roll out of a statutory scheme. Providers who participated in this research

¹⁰⁸ HIQA (2021) [Regulation of Homecare Services: Research Report \(abridged version\)](#). Dublin, p.95.

¹⁰⁹ Home Care Providers Alliance (HCPA) (2022) [The Future of Home Care: A Report by the Home Care Providers Alliance](#). The HCPA is made up of Home & Community Care Ireland, the National Community Care Network and Family Carers Ireland; Home and Community Care Ireland (HCCI) (30 May 2018) [Home and Community Care Ireland Calls for regulation in the home care industry - Home and Community Care Ireland \(hcci.ie\)](#), Press Release (accessed 27 March 2024).

¹¹⁰ Citizens Information Board (2022) [Response to Department of Health Draft Regulations for Providers of Home Support Services Public Consultation Survey](#); Mercille, J. and Lolich, L. (2024) What do private providers of home care want? An analytical framework, *Critical Public Health*, 34(1): 1-14, <https://doi.org/10.1080/09581596.2024.2315977>; Mercille J. and O'Neill N. (2021) The growth of private home care providers in Europe: The case of Ireland, *Social Policy & Administration*, 55: 606–621. <https://doi.org/10.1111/spol.12646>.

¹¹¹ Department of Health (May 2024) [Regulatory Impact Analysis \(RIA\) Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill](#) (accessed 4 June 2024).

¹¹² Mercille, J. and Lolich, L. (2024) What do private providers of home care want? An analytical framework, *Critical Public Health*, 34(1): 1-14, <https://doi.org/10.1080/09581596.2024.2315977>, p.6.

also welcomed how regulation would split the roles of purchaser, provider, and regulator (all or some of which are currently played by the HSE) and that future commissioning could prioritise the meeting of quality standards, rather than emphasising cost.

In summary, there are multiple regulatory approaches which can be adopted, and each present their own benefits and challenges. In evaluating each approach, consideration should be given to the likely impacts for care recipients, workers, providers, and the state.

Using regulation to improve service quality

Attention to the quality of services, equitable access, and the financing of services are key governance issues in home care.¹¹³ Regulation is a common means to address the variability in quality in social care services.¹¹⁴ Across jurisdictions there has been growing unease about the time- and task-focused nature of much home care and how this can result in support which is not client-centred, and which creates a stressful environment for workers.¹¹⁵ Simultaneously, there are concerns that some forms of regulation in the care sector create administrative burdens which ultimately do not improve the quality of service provision.¹¹⁶ As a result, there is a drive towards regulatory and standards frameworks which prioritise improving the safety and quality of provision.

Quality of health and social care is often examined in relation to Donabedian's framework of structure, process, and outcome.¹¹⁷ Quality in health and social care is defined in many different ways and from the varying perspectives of care providers, funders, service providers, etc. As noted by researchers examining how 'quality' is understood in home care and nursing home settings, quality is a "multi-dimensional concept" and there are "many definitions of quality".¹¹⁸ Regulations also vary in how they are structured and how they relate to the structure, process, and outcome of care. For example, regulations seeking to improve patient experience through improvements in staffing may look to set staff ratios (focus on the structure of the service), or mandate particular supervision or development of staff (focus on process), or through means to measure patient experiences (focus on outcome).¹¹⁹

¹¹³ Genet, N., Kroneman, M., Chiatti, C., Gulacsi, L. and Boerma, W. (2012) 'The policy perspective' in Genet, N. *et al.* (eds.) *Home Care across Europe – current structure and future challenges*. The European Observatory on Health Systems and Policies. pp.25-54.

¹¹⁴ Dunbar P, Browne JP and O'Connor L. (2021) Determinants of regulatory compliance in health and social care services: a systematic review protocol [version 3; peer review: 2 approved] HRB Open Research, 4:13, <https://doi.org/10.12688/hrbopenres.13214.3>.

¹¹⁵ Sanders, R (2021) [ESSS Outline: New models of care at home](#). The Institute for Research and Innovation in Social Services (Iriss).

¹¹⁶ For example see: OECD and European Commission (2013) A [Good Life in Old Age? Monitoring and Improving Quality in Long-term Care](#), OECD Publishing.

¹¹⁷ Dunbar P, Browne JP and O'Connor L. (2021) Determinants of regulatory compliance in health and social care services: a systematic review protocol [version 3; peer review: 2 approved] HRB Open Research, 4:13, <https://doi.org/10.12688/hrbopenres.13214.3>.

¹¹⁸ Aase, I., Ree, E., Johannessen, T. *et al.* (2021) Talking about quality: how 'quality' is conceptualized in nursing homes and homecare, BMC Health Services Research, 21:104 <https://doi.org/10.1186/s12913-021-06104-0>, pp.1-12.

¹¹⁹ Dunbar P, Browne JP and O'Connor L. (2021) Determinants of regulatory compliance in health and social care services: a systematic review protocol [version 3; peer review: 2 approved] HRB Open Research, 4:13, <https://doi.org/10.12688/hrbopenres.13214.3>.

Countries have adopted different regulatory approaches and the standards applied in the regulation of adult community health and social care services can span “a continuum from legalistic compliance to supportive self-improvement approaches”.¹²⁰ A number of countries, such as Belgium, Luxembourg, and Spain, attach quality requirements (e.g., qualification level) to home care provider licensing.¹²¹ In many jurisdictions licensing authorities also use standards (e.g., Wales’s Care and Social Services Inspectorate and the Office of Health Care Quality Maryland, U.S.) to ensure quality of care.¹²²

In 2022, HIQA published a [review](#) of Irish and international evidence to inform the development of national standards for homecare and support services in Ireland.¹²³ The review includes an analysis of models and arrangements for homecare and support services, relevant legislation, policy, standards in seven countries (Scotland, England, Northern Ireland, Wales, The Netherlands, New Zealand, and Australia.). All the reviewed countries were identified as “exploring how to move from a regulatory environment that focuses primarily on organisational processes to one that focuses instead on user-led outcomes, placing the service user at the centre of all aspects of homecare services” (p.17). Some examples of practice in the examined countries (see HIQA report for full details) include:

- Six countries, excluding New Zealand, have regulations related to homecare.
- Northern Ireland was the only country out of the seven with a dedicated mandatory set of standards specifically for homecare. For example, in England and Wales the National Institute for Health and Care Excellence (NICE) quality standard for home care for older people are not mandatory.
- A number of countries had a strong focus on service-user outcomes in their approaches to monitoring and regulation. For example, the regulatory framework created under the Regulation and Inspection of Social Care (Wales) Act 2016 changed the focus of service registration and inspections to emphasise wellbeing outcomes for people using services and improving quality of care and support. Scotland’s Quality Frameworks has also adopted an outcomes-focused approach, in which a holistic view of the person receiving care and support is prioritised.
- A number of countries (the Netherlands, Australia, and New Zealand) include the service user and or their families in the monitoring and evaluation process.
- In four countries (Scotland, Wales, Northern Ireland, and the Netherlands) home support workers are required to register with a professional body.

HIQA has called for the introduction of standards and regulations for homecare integrating the principles of a human rights-based approach, safety and wellbeing responsiveness, and

¹²⁰ 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.
<https://doi.org/10.1080/26408066.2020.1770647>

¹²¹ Genet, N., Kroneman, M., Chiatti, C., Gulacsi, L. and Boerma, W. (2012) ‘The policy perspective’ in Genet, N. *et al.* (eds.) *Home Care across Europe – current structure and future challenges*. The European Observatory on Health Systems and Policies. pp.25-54

¹²² 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.
<https://doi.org/10.1080/26408066.2020.1770647>

¹²³ HIQA (May 2022) [Evidence Review to inform the development of National Standards for Homecare and Support Services in Ireland](#).

accountability, to achieve person-centred care and support.¹²⁴ Based on research¹²⁵, which included an online survey and focus groups with homecare service providers and advocates and a review of international research on the regulation of homecare, HIQA contends that a focus on structure, process and outcomes should underpin Irish regulation of the home care sector. In this instance “structure relates to how homecare is organised and elements that form the homecare system. Process relates to what is done in the homecare environment, for example the technical and interpersonal aspects, and outcomes relate to what happens for homecare recipients”.¹²⁶

While regulation is intended to improve the safety and quality of home support services, as with all regulation it is important to be cognisant of possible unintended effects. In the case of home support such potential consequence could relate to providers only seeking to meet minimum requirements, thereby neglecting quality improvements, or providers prioritising documenting compliance over direct care-related activities.¹²⁷

Regulation of home support services in different jurisdictions

HIQA CEO, Phelim Quinn, has articulated that Ireland “is very much behind the curve in terms of regulation of home care” compared to other European countries, which have been “regulated for a significant period of time”.¹²⁸ This includes Northern Ireland where regulation has been in place for more than a decade.

Internationally, countries use a range of financing, organisation (via central health authorities, local government, etc.), and commissioning systems for home care, with home care workers also engaging in different roles and having varying qualifications between jurisdictions.¹²⁹ As such, it can be difficult to compare regulatory approaches across jurisdictions. Particular regulatory challenges also present themselves in relation to home support, as a service which is often fragmented in nature and delivered by multiple workers within a home, rather than traditional, care setting (see Box 7 above).¹³⁰

Genet *et al.* (2012) developed a three-part typology of home care governance across countries (Table 1), which provides a perspective to compare different jurisdictions.¹³¹ Amongst these

¹²⁴ HIQA (December 2021) [Regulation of Homecare: A Position Paper](#).

¹²⁵ HIQA (2021) [Regulation of Homecare Services: Research Report \(abridged version\)](#). Dublin.

¹²⁶ HIQA (December 2021) [Regulation of Homecare: A Position Paper](#), p.5-6.

¹²⁷ HIQA (2021) [Regulation of Homecare Services: Research Report \(abridged version\)](#). Dublin.

¹²⁸ *Noteworthy*, *TheJournal.ie*, (6 August 2020) [‘It’s dangerous’: How Ireland is behind the curve on home care regulation](#).

¹²⁹ Murphy L., Farragher L., and Long J. (2022) The role, function, and supply of home care workers in four European countries. An evidence brief submitted to the Department of Health by the Health Research Board, Dublin; Roland D., Forder J., Jones K. (2022) What Is Out There and What Can We Learn? International Evidence on Funding and Delivery of Long-Term Care, *Social Policy and Society*, 21(2): 261-274. doi:10.1017/S1474746421000531; Genet, N. *et al.* (eds.) (2012) *Home Care across Europe – current structure and future challenges*. The European Observatory on Health Systems and Policies.

¹³⁰ 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. <https://doi.org/10.1186/s12913-020-05149-x>, pp.1-12.

¹³¹ Genet, N., Kroneman, M., Chiatti, C., Gulacsi, L. and Boerma, W. (2012) ‘The policy perspective’ in Genet, N. *et al.* (eds.) *Home Care across Europe – current structure and future challenges*. The European Observatory on Health Systems and Policies. pp.25-54

ideal types, Ireland was largely determined to be ‘laissez-faire’, characterised by a weak role for government and a lack of regulation and quality of assurance of the private home care sector, leading to different conditions for public/private home care workers.

Table 1: Three main types of home-care governance.

Centralized	Framework	Laissez-faire
<i>Features</i>		
Dominant role of national government Detailed entitlements set by national government National vision on home care	Non-state actors have wide decision-making power National vision on home care	Weak role of central government No government vision Few entitlements
<i>Actors</i>		
Central government lays down detailed regulation Municipal or regional government has main involvement in operation activities Private providers may be strictly regulated	Central government lays down regulation along broad lines Municipal or regional governments have large discretionary powers NGOs may have large roles	NGOs setting their own rules or contracted sporadically by government Private providers setting their own rules and helping those who can afford Government for most severe cases
<i>Main policy issues</i>		
Efficiency Maintaining equity	Equity	Equity Quality in general
<i>Examples</i>		
Cyprus, France, Malta, Portugal	Denmark, England, Finland, Germany, Netherlands, Norway, Sweden, Switzerland	Bulgaria, Romania

Source: Genet, N., Kroneman, M., Chiatti, C., Gulacsi, L. and Boerma, W. (2012) ‘The policy perspective’ in Genet, N. *et al.* (eds.) *Home Care across Europe – current structure and future challenges*, p.38.

Ultimately, based on their review of home care policies and procedures across Europe, Genet *et al.* conclude:

The concept of quality has been well defined in only a few countries. Where quality criteria are laid down, the criteria are generally vague; when explicit they are often not set on a national level. ... Regulation on quality of care exists in most countries but control over quality is generally low. Regulation mainly regards a set of minimum

organizational standards and when and how quality inspections (or external checks) take place. (p.34).¹³²

Countries use a range of mechanisms to regulate home support and similar services, but these primarily fall into registration or accreditation processes.¹³³ HIQA's (2021) [Regulation of Homecare Services: Research Report \(abridged version\)](#) found:

... that in England, Scotland, Northern Ireland, Wales, Australia and Sweden homecare providers are registered by an independent regulator to provide homecare services. This means the regulator registers services and they are legally permitted to provide homecare services. In other countries, such as New Zealand, Finland, France, Germany and the Netherlands, there is an accreditation approach towards homecare where providers are permitted to provide homecare services. While there are similarities and differences regarding how homecare is regulated in all countries, it would appear that where decentralisation of services exists, the approach towards regulation is more fragmented and difficult to identify...

... the registration and requirements of homecare workers was addressed in a number of jurisdictions. Wales, Northern Ireland, and New Zealand are examples of where the homecare workforce falls under the regulatory framework. Legislation introduced has placed an emphasis on the homecare workforce, improving working conditions, wages and providing education and training.¹³⁴

Box 8: Different approaches to regulation of home care in a sample of countries.

- **Homecare embedded within legislation**, e.g., homecare in Wales is regulated against a framework under the Regulation and Inspection of Social Care (Wales) Act 2016 and in Scotland free personal and nursing care is a statutory entitlement outlined and defined in legislation and monitored against national standards.
- **Registration¹³⁵ by an independent regulator** to provide homecare services, e.g., in England, Scotland, Northern Ireland, Wales, Australia and Sweden.
- **Accreditation approach¹³⁶** applied in New Zealand, Finland, France, Germany, and the Netherlands.

¹³² Genet, N., Kroneman, M., Chiatti, C., Gulacsi, L. and Boerma, W. (2012) 'The policy perspective' in Genet, N. *et al.* (eds.) *Home Care across Europe – current structure and future challenges*. The European Observatory on Health Systems and Policies. pp.25-54.

¹³³ HIQA (December 2021) [Regulation of Homecare: A Position Paper](#).

¹³⁴ HIQA (2021) [Regulation of Homecare Services: Research Report \(abridged version\)](#). Dublin, p.12.

¹³⁵ HIQA outlines that registration 'would mean that the homecare provider would need to register with the regulator to be deemed as an organisation that can provide homecare services. They would need to provide evidence that they can meet a basic set of standards in order to be registered', HIQA (2021) [Regulation of Homecare Services: Research Report \(abridged version\)](#), p.92. See p.91-93 for further description of registration, accreditation, and other approaches to regulation.

¹³⁶ HIQA outlines that accreditation involves '...an external evaluation procedure independent of healthcare organisations and their administrative bodies, conducted by professionals and concerning all operations and practices...', HIQA (2021) [Regulation of Homecare Services: Research Report \(abridged version\)](#), p.92.

- The home care **workforce comes under the regulatory framework** in Wales, Northern Ireland, and New Zealand, e.g., the Regulation and Inspection of Social Care (Wales) Act 2016 introduced an increase in the separation between travel and call time and limited zero-hour contracts; workers must register with Social Care Wales.
- **Activities are regulated**, e.g., in England the concept of regulated activities (such as nursing care and personal care) is set out under the Health and Social Care Act 2008 Regulations 2014. Homecare providers need to register which activities are relevant to their service.

See source for full details: HIQA (2021) [Regulation of Homecare Services: Research Report \(abridged version\)](#). Dublin.¹³⁷

Based on their experience in other settings and a review of international homecare governance, HIQA describes two regulatory approaches which could be utilised to regulate these services in Ireland – directive and external oversight.¹³⁸ Directive approaches use target setting, performance indicators, and regulation/standard setting. External oversight approaches include accreditation, certification, licensure, registration, inspection or review or audit, or enforced self-regulation. HIQA cautions that either approach also requires responsiveness, where the frequency and type of regulatory activity is based on the level of risk, and there is an initial emphasis on persuasion and capacity building with providers. Regulators may also combine directive and external oversight within a single regulatory framework.¹³⁹

Developing a regulatory framework for Ireland's home support services

The Department of Health's [Regulatory Impact Analysis \(RIA\) for the Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill](#) examines three possible approaches to address the lack of regulation in the home support sector:

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

The Department outlines that no policy change is not preferred as it does not support Programme for Government commitments, nor does it resolve the issue of the lack of regulation and oversight of home support services. The second option, registration of home support workers, would protect the job title of 'home support worker' by requiring all workers to register with a regulator (e.g., CORU). Only those registered could legally provide home support services. The Department argues that while this approach would professionalise home support workers as a category, with likely impacts on quality of care, it would not regulate home support services themselves. The RIA also identifies that "internationally, registration of

¹³⁷ HIQA examined regulation in 13 jurisdictions.

¹³⁸ HIQA (December 2021) [Regulation of Homecare: A Position Paper](#), p.7.

¹³⁹ Health Information and Quality Authority (HIQA) (2021) [Regulation of Homecare Services: Research Report \(abridged version\)](#). Dublin.

these workers is secondary to regulation of the sector” (p.8). As a result of these considerations, the third option – statutory licensing system for providers – is preferred:

Under this option, providers would be required to apply to an independent regulator, the Health Information and Quality Authority (HIQA), for a fee-based licence to provide a home support service. It would be an offence for a provider to deliver a home support service unless they were licensed to do so. The licence to provide Home Support services would be granted only to providers who meet minimum requirements.

HIQA would monitor ongoing compliance with these regulations and standards, and ultimately have the authority to revoke or place a condition on a provider’s licence where there is non-compliance. Licensing will also act as a mechanism for the quality improvement of home support service provision, as providers would be required to adhere to regulations, HIQA’s national standards and a legal framework.

This system would allow for the introduction of minimum standards of care for all home support services provided in Ireland and for independent oversight of all home support service providers. (p.8-9)

Box 9: World Health Organisation (WHO) definition of licensing [licensure].

Licensing for health care providers is a “Process by which a government authority grants permission, usually following inspection against minimal statutory standards, to an individual practitioner or healthcare organization to operate or to engage in an occupation or profession.”

Source: WHO (2004) [Developing hospital accreditation in Europe](#), p.5.

The RIA provides four potential advantages and disadvantages of statutory licensing of home support providers (Table 2 below). The associated costs are estimated at €1.1 million per year to HIQA (for employment of 14 posts for the initial three-year development period), with the potential for additional resourcing once the licensing system is in operation. This initial annual cost represents approximately 0.15% of the annual HSE funding allocation for home support for older persons (2023: €723m) and 3.17% of HIQA’s annual budget (2022: €34.69m). HIQA has indicated a further six posts may be necessary once the scheme is fully in place, but this depends on the number of home support providers providing services. These operation costs would be offset by licensing fees to some extent.

Similar to the system currently applying to designated centres, home support providers would pay a three-year registration fee, an annual fee related to a rate per hour of home support provided, and fees to vary or remove a condition on a licence. Once operational (circa 2027), the Department estimates the fee system could generate approximately €710,000 in annual fees and an additional €100,000 every three years in registration fees. A significant proportion of this would be payable by the HSE and HSE-funded services. However, these estimates are indicative as while the proposed Bill would provide for the charging of fees the actual amounts would be outlined in future regulations. Within this indicative system, the licensing system would represent a charge of 2.1c on an hour of home support, where the core rate under the

Authorisation Scheme for HSE-funded providers is €31 per hour. Providers may also incur additional costs to meet new requirements set out in regulations.

Table 2: Statutory licensing of home support providers.

Advantages	Disadvantages
<ul style="list-style-type: none"> • The licence will achieve uniformity of standards and consistency across organisations and can set expectations for organisations, employees and service users affected by the standards. • Licence scheme allows for independent evaluation against standards. • Licensure strengthens the public's confidence in the quality of the home support service. • Data gathered will inform future planning regarding service delivery and demands, will assist with service monitoring and identify training gaps allowing for the prediction of training and education needs, and will provide an evidence base for efficient and effective policy-making. 	<ul style="list-style-type: none"> • Increased costs for home support providers, in terms of the licence fee. • Licensure and accompanying regulations may result in a requirement for additional staff to address the administrative workload to achieve compliance with regulatory requirements. • Additional training for employees may increase operating costs and reduce provider margins. • Potential cost to the Exchequer.

Source: Department of Health (May 2024) [Regulatory Impact Analysis \(RIA\) for the Health \(Amendment\) \(Licensing of Professional Home Support Providers\) Bill](#), p.15.

The Department anticipates it would take three years post enactment for the system to become fully operational (including a 12-month commencement period and 24-month transitional period). The transitional period is designed to enable existing providers to maintain service provision while their licence application is considered and for HIQA to produce national standards.

As outlined above, the regulatory framework proposed in the General Scheme provides for a licensing scheme for professional home support providers *and* the development of regulations for home support. In 2022, the Department of Health conducted a public consultation to inform the development of regulations setting out the minimum requirements for home support providers to obtain a licence to operate.¹⁴⁰ More than 200 consultation responses

¹⁴⁰ Department of Health (20 January 2023) [gov - 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 (accessed 27

were received from individuals and organisations (92), such as home support providers, healthcare organisations, and advocacy groups. Some of the key findings of the Institute of Public Health's report of the consultation are provided in Box 10 below.¹⁴¹

The [draft regulations](#) included requirements for: service providers to develop a statement of purpose and a charter of service delivery; a written contract between a service provider and service user; a need assessment and a personal support plan; management of records. The draft regulations also detail requirements for service provision; medication management support; safeguarding and protection of the service user; staffing; qualifications, training, and development; supervision of staff; and areas for corporate governance and corporate oversight.

Box 10: Some findings of consultation on draft regulations for home support providers.

Three-quarters (74%) of survey respondents believed the **impact of the proposed regulations** would be positive, 4% believed it would be negative and 22% were unsure. There were differences between respondent types. For example, 86% of home support providers believed the impact would be positive, compared to 72% of service users and 67% of family members of service users (p.21).

Asked if they had **concerns about the introduction of the regulations**, 46% of survey respondents said they did, 38% did not and 14% were unsure.

On the **benefits of regulation**:

- 85% of survey respondents indicated the regulations would result in better quality and consistency of service.
- 82% said they would provide greater protection for service users.
- 88% said they would offer guidance for all involved in home support services.

78% of respondents agreed with the requirement for all home support workers to have **minimum educational qualifications** or to get these within a set timeframe.

At least nine in every ten respondents agreed with inclusion of all the **types of activity covered by the regulations**, namely: physical assistance with mobility, washing etc (97%); reminding or supervising someone to take medication (94%); helping with everyday activities such as shopping and cleaning (93%); exercise and social engagement inside and outside the home (90%); care for emotional welfare such as listening and providing encouragement and personal assistance (94%).

Although there was very strong support (94%) for including **Personal Assistance (PA)** services there were also concerns that the regulations would impact on service users' own direction of their service and flexibility to determine what types of support they needed.

June 2024); Department of Health (June 2022) [Draft Regulations for Providers of Home Support Services Public Consultation Document](#).

¹⁴¹ 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).

Almost half (49%) of survey respondents agreed that **services for people under 18** should not be covered by the regulations, 28% did not agree and 20% were unsure.

69% agreed that **home support by a family member or friend** should be excluded, with 17% disagreeing and 12% unsure.

64% agreed that **unpaid home support services** should be excluded with 18% disagreeing and 15% unsure.

45% of respondents agreed employment situations where a person using home support **employs an individual worker directly** should be excluded from regulation, with 30% disagreeing and 21% unsure.

50% agreed **services provided exclusively by registered healthcare professionals** (such as nurses or physiotherapists) should be excluded from regulations, 27% disagreed and 20% were unsure.

Source: 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](#).

The Institute's report of the consultation covers a wide range of issues, including service delivery, staffing, corporate governance, and management of complaints. The key themes the authors identified across submissions are outlined in Box 11.

Box 11: Key Themes – overarching messages from the consultation responses.

- It was recognised that home support regulations are key to providing better **quality of service and guidance** for all involved in home support services. This view was consistent across all sectors including service users, providers, and state bodies.
- It was felt that by specifying **minimum standards**, the regulations would create a level playing field for providers that would ensure higher and more consistent standards of delivery.
- A large majority felt that the regulations would provide **greater protection to service users** which was particularly important if they were vulnerable due to ill health or reduced cognitive ability.
- Clarity was sought by all sectors on how the **regulations relate to the overall architecture of publicly funded home support provision**. This includes primary legislation, HIQA standards and the current and future models of home support provision including the new statutory scheme and funding mechanisms. This was considered important both for understanding how the regulations fit into the home support scheme, and in relation to specific provisions such as contracts with service users and needs assessments.
- Clarity was sought on **HIQA's role as the regulator of home support providers and the HSE's role as Commissioner of Services** and funder under these regulations.
- There was a concern that the regulations reflected a form of home support provision that had been mapped from the **model of services** for older people and **did not adequately reflect the need for flexibility and active service-user direction**.
- There was widespread support across all sectors for having **minimum qualifications for home support workers** to improve service standards. On the other hand, there was also strong concern that this could worsen existing staffing and recruitment

shortages by driving competent workers out of the workplace and deterring potential recruits who felt unable to achieve the required formal qualification levels.

- Many submissions hoped that mandatory qualifications would lead to clearer **career pathways and better pay and conditions** in the home support sector. Improved conditions for home support workers were seen as vital to creating a more sustainable workforce and high-quality service for home support service users.
- Respondents indicated that the **implementation of the regulations could be onerous** for providers and home support workers in terms of increased record keeping and documentation, and that this could impact negatively on the service user.
- There were concerns that **some types of home support service are excluded** from the regulations, particularly services for children, services by healthcare professionals and services provided by individuals directly employed by service users.
- **Stronger governance structures** were sought such as minimum qualifications for managers and more active and formal service user representation and feedback to ensure greater oversight and improved service.

Source: 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](#), p.72-73. [Bold emphasis added].

Legislative proposal

This section briefly examines how the [General Scheme of the Health \(Amendment\) \(Licensing of Professional Home Support Bill\)](#) approaches the regulation of home support providers. This Briefing Paper does not provide an exhaustive examination of each Head of the General Scheme, instead it provides an overview of selected Heads. A future Bill Digest would examine the published Bill’s provisions in more detail.

As outlined by a senior Departmental official at the Pre-Legislative Scrutiny of the General Scheme by the Joint Committee on Health, 19 June 2024:

“The general scheme is modelled after the regulatory framework for residential services for older persons, also known as designated centres, set out under the Health Act 2007. It sets out to introduce a licensing framework for home support providers, who will be required to meet minimum standards set out under ministerial regulations in order to provide a service...This regulatory framework and inspection process will ensure quality standards are met and will help build public confidence in the expanding provision of home support.”

Box 12: Overview of proposed licensing scheme for home support providers.

- The General Scheme provides for a licensing system for home support providers. All providers (rather than home support workers) will need a **licence granted by HIQA** to provide services. It will be an offence to provide services without a licence.
- The licensing system will incorporate **minimum requirements** and enable HIQA to set **licensing conditions**. Requirements will be placed on service providers, including to:
 - Provide service users with written contracts of service and personal support plans.
 - Have a publicly available written statement of purpose.
 - Implement policies on a range of issues, including safeguarding.
 - Operate a complaints procedure.
 - Adhere to new requirements, such as management of records, financial requirements, and compliance with regulations.
- A number of **exemptions** will apply to the requirement for a licence, including:
 - providing home support services to three or less people;
 - providers of home support to under-18s;
 - support provided informally, where no payment is made; and,
 - services of registered healthcare professionals, such as nurses.

The General Scheme contains 53 Heads. Heads 3 and 9 provides for key definitions, including of “home support provider”, “personal care”, and “home”. Heads 4–8 deal primarily with changes to the Health Act 2007 related to HIQA’s regulatory functions and Heads 10–17 with the licensing of home support providers. Heads 18–35 and Heads 38, 40, 44, 49–50 principally address the responsibilities and activities of HIQA’s Chief Inspector, including enforcement. In brief:

- **Head 3: Amendment of section 2 of the Principal Act** provides for definitions, including for “Activities of Daily Living (ADLs)”, “home support service”, and “home support provider”.
- **Head 9: Interpretation** provides for definitions of “home” and “policy of insurance”.
- **Heads 4–8** deals primarily with changes to the Health Act 2007 related to HIQA’s regulatory functions.
 - Includes under **Head 7** powers of the Chief Inspector to register those licensed to provide home support services, to inspect such services, and to develop reporting mechanisms for data on issues such as finances and safeguarding.
- **Heads 10–17** address the licensing of home support providers.
 - **Head 10** prohibits the provision of home support services without a licence (subject to a number of exemptions, such as providing services to three or less people, and support delivered in the context of a family or personal relationship).
 - **Head 11** provides for the register of home support providers and the information it would contain.

- **Head 12** deals with the application for and renewal of a licence by a home support provider and **Head 14** with the process to grant or refuse a licence.
- **Head 16** provides grounds for the Chief Inspector to revoke or vary the conditions of a licence or impose conditions on a licence. Grounds include the provider ceases to be a fit and proper person to provide the service and a failure to pay the licence fee within three months.
- **Heads 18–35** and **Heads 38, 40, 44, 49–50** principally address the responsibilities and activities of the Chief Inspector, including enforcement.
 - **Head 19** provides for the Chief Inspector to keep a non-compliance list of registered providers who have had a fine or penalty imposed.
 - **Head 24** provides for appeal of certain decisions of the Chief Inspector, such as refusing or revoking a licence, to the District Court.
 - **Head 31** provides the process for registered home support providers to notify the Chief Inspector of their intention to cease providing a service.
 - **Head 34** outlines a requirement for the Chief Inspector to notify the HSE and the Minister in the instance of the revocation of a licence of a Section 38 provider.
- **Head 36** provides for transitional arrangements for existing home support providers.
- **Head 46** enables the Minister for Health to develop regulations for home support providers and set registration fees for different categories of providers.
- **Head 47** enables the Minister for Children, Equality, Disability, Integration and Youth to develop regulations for different categories of home support services.
- **Head 51** provides for a review of the Act within five years.

Key issues explored in pre-legislative scrutiny hearings

Pre-legislative scrutiny (PLS) of the General Scheme by the Joint Committee on Health took place on two dates in June 2024. On the 19 June 2024, the Committee met with Department of Health officials and a representative of the Institute of Public Health, which had collated the Departmental consultation on draft regulations. On the 26 June, the Committee met with representatives of ALONE, which provides the secretariat to the broader Home Care Coalition.

Some of the key thematic issues raised during these hearings are summarised below:

- The proposed legislation does not provide a right to home care/support.
- The regulations may not go far enough to ensure quality and equity of service provision.
- Ongoing concerns about equity of access to home support services, which are already stretched and not available to all those who have been assessed as needing support.
- Concern about continuity of service for service users in a case where a licence is suspended/revoked.
- Lack of clarity about the interaction between the proposed legislation and the draft regulations for home support providers under development by the Department of Health.
- The omission of Personal Assistance services and services for under-18's from the scope of the legislation.
- General Scheme does not propose to cover private, individual home support arrangements, i.e., where a person directly employs a home support worker.

- Concerns about the coherence of the legislative approach with the UN Convention on the Rights of Persons with Disabilities.

A PLS report from the Committee is not yet available. The PLS process and any resultant recommendations would be examined in further detail in a Bill Digest.

Conclusion

Home support, currently provided to thousands of older people and people with disabilities, is likely to experience significant further demand. HSE funding for the service has grown sharply, and now accounts for 3% of the overall HSE budget. Currently, there is no statutory regulatory framework for home support services.

The General Scheme of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill proposes to introduce a licensing framework for providers in the sector. There is broad support for regulation of home support among legal, human rights and regulatory agencies, respondents to public consultations, and representative groups of home support providers. Regulation of the sector is seen as a necessary precursor to the establishment of a statutory home support scheme. A key concern is how the form and functioning of the regulatory framework can improve quality of care provision and the overall accountability and governance of the home support sector.

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