MARCH 2022

THE FUTURE OF HOME CARE

A report by the Home Care Providers Alliance

Family Carers Ireland
No one should have to care alone

HCCI
Home & Community Care Ireland

National Community Care Network

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INTRODUCTION

The Home Care Providers Alliance is directly responsible for more than half of all home care in Ireland. We are acutely aware of the challenges the sector faces now and into the future.

Ireland's population is ageing — by 2040, 23% of the population will be aged over 65 — demand for home care services, which are already growing, will accelerate in the years ahead. At the same time, the sector is facing unprecedented recruitment and retention challenges, which are hindered by Government measures that discourage employment in the sector.

While acknowledging that some individuals cannot live at home due to high dependency, poor family support, increased falls risk, etc., and will need residential care, home care has the potential to play a much bigger role in meeting the needs of individuals and balancing demand on the health and social care system. It is the stated preference of the vast majority of older people in Ireland, and of the Government.

However, inefficiencies in how care is allocated across the country and in how home care services are procured are symptomatic of a system of home care commissioning and assessment that is completely dysfunctional.

The introduction of a commissioning model that prioritises quality care over cost is essential to ensure the care needs of the future are met. This model must ensure that the individual needs of care recipients are equally assessed and delivered in a flexible manner that care recipients want.

A Statutory Home Support Scheme is long overdue. It is now critical that the Government steps up and acts to bring forward this essential measure. As part of this process, it is important that robust regulations and governance standards are introduced, ensuring that the highest quality of care can be provided.

The State must not impede the efficient allocation of home care, whether it is being provided by tendered, non-statutory providers or its own directly provided services. Measures to disincentivise employment within the sector, such as the exclusion of home care workers from the non-EEA permits scheme, a system that incentivises often unnecessary residential care instead of care being provided at home, and a social welfare trap that disincentivises many part-time care workers from taking on additional working hours, must be reversed, and avoided.

The time to act is now.

SUMMARY OF KEY FINDINGS

- We share a commitment to the urgent introduction, without further delay, of **a national statutory home support scheme** and to the licencing and regulation of home care providers
- **We believe there is significant dysfunction in the operation of the current system** of allocating, assessing and commissioning home care in Ireland.
- Care is not allocated **equally** across Ireland, for those with comparable needs, amounting to an arbitrary Eircode lottery.
- The current inefficient tendering model expires this year. Any new model must do better. The **quality of care delivered must be at the heart** of any scheme.
- Home care can play a much bigger role in **meeting the needs of individuals through the provision of more complex health care.**
- The State sector **obstructs the payment of travel time to tendered service providers**, even though they provide it to their own staff.
- The **'social welfare trap' discourages many care workers** from accepting additional working hours.
- **The State's employment permit policy discriminates against home care** by allowing non-EEA citizens to work as carers in hospitals and nursing homes, but not in home care where the need is just as great.
- Home care provision should allow care recipients, and their family carers where appropriate, to deal directly with approved providers of **their choice to identify and agree a suitable home support package.**

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DYSFUNCTION IN THE HOME CARE SYSTEM

We believe there is significant dysfunction in the operation of the current system of allocating, assessing and commissioning home care in Ireland.

There is complete inconsistency in how home care needs are assessed by the HSE and how services are allocated across the country. Assessment and decision criteria vary not just by region but between and within the different Community Health Organisations (CHOs).

At a political level, there is a lack of understanding of, if not commitment to, home care as part of the provision of integrated healthcare. This is despite the stated commitments of both Government (including in the Programme for Government) and major political parties to the principles of care being provided at home; and the HSE's call for a "home first" principle of health care provision.

This is evidenced by the continued and repeated failure to introduce a long-overdue national statutory home support scheme.

Despite home care being the stated preference of the vast majority of older people in Ireland, there remains no statutory right to receive care at home. By contrast, such a right does exist to receive care in nursing homes.

This incentivises people into residential settings, many of them unnecessarily, a mode of care provision that is one of the most expensive Exchequer costs.

There is a lack of independent national standards and regulation for home care. This has also led to a situation where the national commissioning model, through the HSE tender process, makes little assessment of home care providers on the grounds of the quality of care provision. This incentivises providers to compete largely on price.

The current tendering model for home care expires at the end of 2022. In the absence of it being replaced through the introduction of statutory home care, it will need to be renewed. It is vital that any renewal must not simply roll forward the inefficiencies in the current "old-fashioned" model.

> **"The current inefficient tendering model expires this year. Any new model must do better. The quality of care delivered must be at the heart of any scheme.**

ESTABLISHING STATUTORY HOME CARE

Urgent establishment of Statutory Home Support Scheme

We share a commitment to the urgent introduction, without further delay, of a national Statutory Home SupportScheme and to the licensing and regulation of home care providers. We are concerned about a lack of progress to date and the absence of clarity about the timetable for the introduction of these measures.

Without the introduction of legislation on statutory home care, there remains an ongoing inequality in how care is allocated, for those with comparable needs, amounting to an arbitrary Eircode lottery.

Universal regulation and licensing
To provide assurance to service users and their families, the entire provider sector, including private providers, the HSE and section 38/39 health agencies, must be subject to equal regulation, licensing, inspection, and independent audit on a universal and consistent basis, without exception.

Governance and training accreditation of providers
At a minimum, all provider organisations must be required to demonstrate that they have systems of governance, supervision, and assurance in place to safeguard clients and the quality of the services being provided. This will require training, professional development structures, and resources that support professional development and career progression.

The overall system of licensing, accreditation, and inspection/audit must encompass the above requirements and assure the quality of care being delivered. Although clients have access to the "Your service your say" complaints system, this is via the HSE. There must be a robust system for service user complaints with recourse to an independent third party, where necessary. This could be in the form of a dedicated new statutory Ombudsman for Home Care or the extension of the statutory remit of the main Ombudsman service with appropriate additional resourcing.

"There remains an ongoing inequality in how care is allocated, for those with comparable needs, amounting to an arbitrary Eircode lottery.

Home care has the potential to play a much bigger role in meeting the needs of individuals through the provision of more complex health care than at present, thus balancing demand on the health and social care system.

To facilitate this, the provision of health care in the home needs to be viewed as a banded system, perhaps with several tiers or bands of complexity.

Such a system would be reflected in the assessment of the care needs of clients, pricing, licensing of providers, the required level of governance of provider organisations, and in the necessary caregiver qualifications. However, there should also be scope for flexibility regarding those in hard to access areas or challenging individual cases.

Complex care within these bands should be defined and will require additional training for carers and providers. It should not be a requirement for all provider organisations to operate across all bands of care provision.

The HSE will also need to develop a distinct function in assessing/determining care needs that operates independently of its function in providing home care, similar to its role in the nursing home/Fair Deal sector.

We are jointly committed to the view that the Statutory Home Support Scheme should be for the whole of the adult population, from 18 years upwards. We recognise that it would need to be phased in, within an agreed timeline, by age cohort. A statutory home care scheme for the whole of the adult population should reflect the individual needs and wishes of the care recipient and their families.

We believe that time-bound resourcing and a workforce development plan should be published and implemented to make this realisable.

We are concerned that the existing siloed approach within and between the different elements of HSE social care runs counter to this objective.

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ADDRESSING THE WORKFORCE CRISIS

We have a shared and growing concern about the home care workforce crisis and how to meet future growing care needs. In part, the measures discussed below regarding commissioning and procurement would assist, but there are wider challenges.

Care workers are not homogenous in nature, and the strategic review of the care workforce should examine different ways to attract and retain different groups of workers.

However, and notwithstanding this review, we believe that provider organisations urgently need to be supported to provide career structures for the carer workforce. A new pricing mechanism that facilitated differential pay based on qualification and the tiers of care provided, as well as paid travel time and expenses, would make work in the sector more attractive and sustainable.

The State sector's approach to the payment of travel time and travel expenses is incoherent.

The State obstructs the payment of travel time and travel expenses to care workers working for providers who tender for services, even though these payments are paid to those home care staff directly employed by the HSE.

The new pricing mechanism should also allow for home care providers to recover payment in instances where a client is hospitalised or in receipt of respite care. This is an area of inequality where such measures are applied to nursing home providers but not those who provide care in clients' own homes. It negatively impacts the availability and sustainability of home care provision and continuity of care for clients.

In these situations, home care providers are left without income, as payment for a client can immediately cease without warning and for several weeks. In turn, this creates a risk for carers of a sudden and significant reduction in their wages and financial instability, and obstructs the introduction of reasonable guaranteed hours contracts. These factors can discourage them from remaining within the sector.

In some commentary there is negativity towards the home care sector arising from the extent of part-time employment and split shifts. While a significant proportion of care workers do undertake part-time and split-shift working, this is a reflection of the concentration of care needs during certain parts of the day as well as the flexible employment preferences that attract many workers into the sector. There are many modes of employment throughout the sector including full-time roles.

> **"The State sector obstructs the payment of travel time to tendered service providers, even though they provide it to their own staff.**

RECRUITMENT AND RETENTION

It is also important that the State does not use its powers to create artificial barriers to recruitment. For example, the failure to remove home care workers from the non-EEA Ineligible List of Occupations has distorted the market for care workers, by directing potential non-EEA carers away from home care and into nursing homes and hospitals where employment permits can be obtained.

There is scope for the State to support "earn as you learn" programmes (e.g. Apprenticeships) in home care to create a supply of qualified care workers. Such programmes should be strengthened and include, where appropriate, additional training to allow for the provision of complex care.

Given the wider public interest, we would encourage re-examination of benefit eligibility assessment procedures in the Department of Employment Affairs and Social Protection (DEASP) with a view to maximising the opportunity for participation in the care workforce.

Part-time and split shift work is undertaken by a significant proportion of the home carer workforce, in line with the need and demand for those services. Many part-time workers are also in receipt of social welfare supports, and the manner in which benefits are calculated and administered amounts to a 'social welfare trap', which is incoherent and makes no recognition of this reality.

Care workers who work just one hour a day can find themselves ineligible for social welfare benefits – as if they had worked for the entire day on a full-time basis. The calculation of eligibility for social welfare on the binary basis of 'days worked', rather than a 'cumulative hours worked' basis discourages many workers in the sector from either seeking employment, or more critically, accepting additional hours. It also compromises continuity of care (by the same care worker) which is a key quality indicator in care provision.

> **The 'social welfare trap' discourages many care workers from accepting additional working hours.**

> **The State's non-EEA visa waiver scheme discriminates against home care, incentivising non-EEA citizens to leave home care to work in nursing homes.**

Demand for home care services can vary from week to week in line with client demand. Therefore, predicting future hours can be uncertain, and can also see care workers decline additional hours of work, rather than risk unfairly losing out on benefit entitlements. This significantly reduces the amount of working hours available to home care when the human resource is ready and available to provide it.

Amending this practice to cumulative hours instead of days worked, will continue to provide alignment with the purpose of the DEASP governance of social welfare payments. At the same time, it would allow this valuable untapped human resource to be released into the sector at this critical time of staff shortages.

Ultimately, the home care market in Ireland is dominated and shaped by the State, through its policies and actions. In future, these should be subject to workforce impact assessments so that the State's own objectives in the provision of home care are facilitated.

ASSESSING AND ALLOCATING CARE

Care should be allocated in line with a number of key core principles:

- Care provided should go beyond the bare minimum and be about more than simply assisting with basic needs;
- Using standardised national eligibility criteria;
- Provided based on needs – of the care recipient and their family carers;
- Care that is person-centred;
- Care that is client-directed, and;
- Services provided which are outcome-based.

It is key that recipients of funding, subject to their capacity to do so, have some flexibility to tailor their package of care to their individual needs and circumstances, and not have this centrally determined. Home care provision needs to build on the current concept of 'consumer-directed home support', a concept that while available, is not widely promoted by the HSE. This approach allows care recipients to deal directly with approved providers of their choice to identify and agree a suitable home support package, bearing in mind the new capacity and consent bill that will come into law this year. Above all, home support services must be more than simply the bare minimum level of service required.

They should be based on need, which, if taking account of the presence of family care support, should also address the need of the family carer.

The interRAI assessment process is not perfect. InterRAI is an international not-for-profit organisation consisting of a collaborative network of clinicians and researchers, and their single assessment tool to evaluate and assess home care needs is currently being trialled by the HSE. The current pilot schemes should be observed closely and reported on transparently. There must be a commitment to adapt interRAI as appropriate, considering lessons learned in the pilot schemes, in order to ensure that operationally it is closely matched to the needs of clients. Specifically, nobody should be penalised in being assessed for, and allocated, home care for having family available to assist with care provision needs.

Clients and their families should be entitled to reasonable flexibility in the way that their allocated home support funding is used in practice, provided that the funding is spent with licensed providers and includes core minimum components of care.

A person in receipt of care funding should also be able to avail of home care services that meet nutritional, exercise, mental health and social needs. They should go beyond the provision of high dependency personal care and include assistance with daily living needs including companionship and the alleviation of isolation.

Investing in such areas would provide early intervention to vulnerable people, which would result in the avoidance of premature, costly hospital admissions. Funding allocated to service users should be administered centrally to ensure speedy and regular payments to providers who would invoice this centralised resource. This would streamline administration and provide greater transparency over the allocation and use of funding.

“Home care provision should allow care recipients to deal directly with approved providers of their choice to identify and agree a suitable home support package.

PAYING FOR HOME CARE SERVICES

There needs to be a national conversation about how home care is funded. This should consider what can be expected of families, how the State determines what home care providers will be paid for the delivery of services, the interplay between total funding for care provided in a person's own home and in nursing homes, and how the overall budget cap is to be determined.

Quality of care, qualifications of carers, the key components of care, and the complexity of care needs should be at the centre of this conversation. We hope that the recently published ESRI report on funding options for home care acts as a catalyst for this debate.

Clarity needs to be brought to the questions of means testing, family contributions, co-payments, and supplementary payment for additional services.

The procurement of services from other providers by the HSE extends the capacity of the system to provide for the care needs of the population and has been shown to introduce cost efficiency and lower the overall cost to the Exchequer (e.g. ESRI's "Projections Of Expenditure For Primary, Community And Long-Term Care In Ireland, 2019–2035").*

However, a price-focused approach to tendering has produced an unsustainable provision model that places insufficient focus on provider quality.

The Home Care Providers Alliance recommends a move to a quality-based commissioning model, with a separate arrangement for pricing.

Procurement and pricing mechanisms for home care should contribute to workforce development and sustainability by incorporating and reflecting a national living wage for care workers and both time and reasonable expenses for travel between clients.

*** Link to report: https://www.esri.ie/system/files/publications/RS126_0.pdf**

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ABOUT THE HOME CARE PROVIDERS ALLIANCE

The Home Care Providers Alliance includes companies, organisations and representative bodies drawn from the voluntary, community and private home care sectors. They collectively deliver over half of all home care packages and home support in Ireland.

The current Programme for Government pledged the introduction of a statutory home support scheme, however progress in delivering on this scheme has been slow. The Spring Legislative Programme again makes no reference to introducing the scheme, two years into the lifetime of the Government. At the same time, the sector faces unprecedented recruitment challenges.

This report outlines the issues of mutual concern to home care providers such as the planned statutory home support scheme and home care regulation, and the current recruitment challenges.

The membership of the Home Care Alliance includes Family Carers Ireland (FCI), Home and Community Care Ireland (HCCI) and the National Community Care Network (NCCN). Full details are provided on each organisation in the Appendix to this report.

The formation of the Alliance was facilitated and supported by Home Instead, including the production of this joint position paper.

APPENDIX 1: MEMBERSHIP

Family Carers Ireland

No one should have to care alone

Family Carers Ireland is the national charity established by family carers to support the estimated 500,000 family carers across the country. We have almost 9,000 members and over 100,000 engagements in our online communities each month. Although primarily a family carer support and advocacy body we have been providing quality home care for more than 30 years. We currently support 15,000 caring families at any given time and this support includes home care packages delivered on behalf of the HSE in approximately 10% of these cases. Undertaking contracted home care delivery gives us practical insights that inform our advocacy in support of an optimum quality Home Care benchmark within prevailing budgetary constraints. It also allows us to engage with many family carers who remain unaware of supports available to them beyond Home Support. As a not-for-profit organisation any profits earned from the delivery of homecare go directly to fund other supports for family carers.

HCCI Home & Community Care Ireland

Home & Community Care Ireland (HCCI) is the representative body for private home care providers in Ireland. It currently represents 24 member companies. HCCI members have over 100 offices nationwide, employ over 10,000 carers and provide a managed home care service to 20,000 clients of all ages across the country.

HCCI advocates for the highest standard of regulated home care services to be made available to all on a statutory basis, enabling as many people as possible to remain living independently within their homes and communities.

National Community Care Network

The National Community Care Network (NCCN) was established in 2014 to provide a unified voice on the commissioning and delivery of quality home care and support to vulnerable persons in the community. The support services provided by member companies are wide-ranging and diverse, and include Home Care, Meals on Wheels, Day Centres and Confidential Help Lines.

NCCN represents 20 Community Home Care Providers, working in urban and rural areas across the country, providing 2,500,000 Home Support hours to approximately 7,000 Older Persons and some 200,000 hours to Persons with Disabilities. NCCN member companies employ circa 3,000 trained Carers, largely on a part-time basis, to deliver these services.

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