



Home & Community  
Care Ireland

# Building the Home First Model

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Pre-Budget Submission 2022  
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## About Home and Community Care Ireland (HCCI)

HCCI is the national representative body for home care providers in Ireland. We have 24 members, who between them have over 100 offices around the country. Our members serve approximately 20,000 clients comprising 16,000 Older Persons clients, 1,000 Disabilities clients and 3,000 private clients. More than 10,000 frontline care staff are employed by members to care for these clients. While HCCI represents many of the largest home care providers in the country, most of our members are small and medium-sized enterprises (SMEs).

We represent a flexible and scalable capacity to bolster the HSE's range of home care services, whilst continuing to support our private clients with:

- Expert home care for the elderly, those of all ages with disabilities, those with mental health illness and vulnerable children with complex needs.
- Modern technological supports and solutions with capabilities to enhance the HSE's service.
- Extensive expertise in care with some members providing care for over 15 years.

HCCI's mission is to advocate for, and represent, a unified professional home care service through leadership, experience and good governance. It is a mission that every member of HCCI has committed to, and that can only be achieved in collaboration with the public health system – our partners in healthcare.

Upon admission to the organisation, all members are audited against the HCCI Standards, and again every three years. We strongly support the introduction of a statutory scheme for home care with attendant regulation. This should be brought in no later than the new target date of 2022.

## Context: Developing a Home First Model

In the past 12 months, Ireland has faced two further waves of Covid-19. HCCI members have continued implementing enhanced infection prevention and control measures and, thanks to extraordinary efforts by carers and our members, cases among HCCI clients peaked at just 193 in the week ending January 24<sup>th</sup>, 2021. Throughout the pandemic, home care has proved to be the safest method of healthcare delivery.

People have a strong preference to remain living at home, and home care allows people to live independently in a safe and dignified manner. This is why our proposals for Budget 2022 continue to advance a Home First approach to healthcare delivery. It is welcome that the Government are supporting this approach but there is still much work to be done to ensure that home care is available to all who need it. The Covid-19 pandemic is not over – uncertainty over new variants and vaccine boosters mean it is essential that vulnerable people avoid congregated settings during the Winter. Changing demographics show a substantial increase in demand for home care in the future. Without a reform of recruitment and retention of the home care workforce, there will not be enough capacity to meet demand.

It is essential that the delayed Statutory Home Support Scheme is implemented as a priority. The scheme will provide an entitlement to care in the home and regulate the sector. We know from various Minister's public statements that the Scheme has been near ready to go for the last year. Staff at the Department of Health and HSE must be given the resources to implement this.

HCCI welcome the increase in home care provision as set out in the HSE national service plan. However, these targets are in danger of being missed in 2021. Along with a social care workforce review, which we have requested for some time, HCCI has proposed standing up services like a cost-effective overnight care service that will deliver home care hours, improve quality of life for clients and keep vulnerable people out of congregated settings.

Without addressing the recruitment and retention challenges, any changes in home care delivery will be seriously undermined. Many HCCI providers are at capacity and some are not in a position to take on new clients. To make home care an attractive and sustainable career, it is necessary for the Government to engage with providers and convene a workforce review.

There is no apprenticeship or earn-as-you-learn scheme for new entrants. HCCI are ready to lead on this and support new entrants into the market. Further, the current HSE tender system does not recognise any upskilling by carers, leaving little incentive to take additional training. We are proposing a review that creates a career pathway for carers to remain in the sector.

The recent decision to allow nursing homes and hospitals but not home care providers, hire non-EEA healthcare assistants signals that there is not a coherent, cross departmental strategy to provide home care to those who need it.

HCCI and the Government agree that a Home First model is the safest and most preferential model of healthcare delivery. However, simply providing funding for additional home care hours is not sufficient. There must be a better developed system of home care, with additional services and incentives for workers to enter and remain in the industry. HCCI are confident that with the appropriate engagement and political will, Ireland can develop a world class home care system that allows vulnerable people to live independently and thrive in their communities.

## List of Recommendations

Recommendations	Relevant Department
<ol style="list-style-type: none"> <li>1. Expediate the implementation of the Statutory Home Support Scheme.               <ul style="list-style-type: none"> <li>• Publish the heads of the licensing framework for home support providers and begin stakeholder consultation.</li> <li>• Ensure the National Home Support Office and the recruitment of interRAI assessors are rolled out with urgency.</li> <li>• Ensure there are adequate staffing and resources within the Department of Health to quickly implement the scheme.</li> </ul> </li> <li>2. Fund the establishment of overnight home care.</li> <li>3. Increase home care provision by 1,165,000 hours to account for demographic shifts.</li> <li>4. Adjust the 2018 HSE Home Support Tender to account for increased insurance and staff costs.</li> </ol>	<p style="text-align: center;">Department of Health</p>
<ol style="list-style-type: none"> <li>5. Fund and convene workforce review to help establish supply of home care workers and concretely map career path.</li> </ol>	<p style="text-align: center;">Department of Health and Department of Enterprise Trade and Employment</p>
<ol style="list-style-type: none"> <li>6. Work with sector to establish a new earn-as-you-learn scheme for home care.               <ul style="list-style-type: none"> <li>• Suspend the requirement for new entrants to have completed two QQI Level 5 modules before entering the sector.</li> <li>• Approve a QQI Level 5 apprenticeship scheme for new Home Care Assistants.</li> </ul> </li> </ol>	<p style="text-align: center;">Department of Health. Department of Enterprise Trade and Employment and Department of Further and Higher Education, Research, Innovation and Science</p>
<ol style="list-style-type: none"> <li>7. Ensure the home sector receives fair treatment from the insurance sector.               <ul style="list-style-type: none"> <li>• Cap increases in insurance premiums so that home care providers are not forced out of the market.</li> <li>• Ensure there is fair competition within the insurance sector.</li> <li>• Require insurance companies to be transparent when calculating insurance premiums.</li> <li>• Ensure reductions in Personal Injury compensation are passed onto customers.</li> </ul> </li> </ol>	<p style="text-align: center;">Department of Finance</p>
<ol style="list-style-type: none"> <li>8. Introduce flexibility when assessing Social Welfare entitlements to ensure people are not stuck in a Welfare Trap that disincentivises work and creates barriers to entry for workers entering the sector.</li> </ol>	<p style="text-align: center;">Department of Social Protection</p>

## Department of Health

### Recommendation 1:

#### **Expediate the implementation of the Statutory Home Support Scheme.**

- Publish the heads of the licensing framework for home support providers and begin stakeholder consultation immediately.
- Ensure the National Home Support Office and the recruitment of interRAI assessors are rolled out with urgency.
- Ensure there are adequate staffing and resources within the Department of Health to quickly implement the scheme.

A statutory home support scheme has been in development since 2018. We understand that four pilot sites across the country have been agreed by the DoH and HSE prior to Covid-19 and that the scheme was ready to be implemented. It is understandable that the initial outbreak of Covid-19 required resources to be diverted and the pilot programme to be delayed. Nevertheless, the lessons learned from Covid-19 should be seen as reasons to prioritise the piloting and the implementation of the scheme.

At the end of the 2020, it was reported that the pilot scheme was due to start in Q1 2021. This target was subsequently delayed until the second half of 2021. In March 2021, officials informed the Oireachtas that the licensing framework for home support providers would soon come in front of the Government for approval, with the heads of the bill to be published in Q1 or Q2 2021 and a resulting stakeholder and public consultation to begin in Q2. The heads of the bill have not been published, neither has any consultation began. We are concerned that this will result in further delays and missed targets for developing the scheme.

Funding has been secured for the establishment of a national home support office and the appointment 128 interRAI assessors. We are keen to see these urgently rolled out to support the implementation of the scheme.

As of September 2020, between three and five officials in the Department of Health were working on this scheme. We believe this is insufficient and the Department should allocate more staff and funding to ensure the scheme is developed in line with Government and Sláintecare targets.

In June 2020, Minister Harris told the Dáil that the legislation for the statutory home support scheme was ready to be passed by the end of 2020 depending “on the priorities of the new Government”. While the current Government has made public statements confirming that implementing the scheme is a priority, the lack of progress is deeply concerning.

It is the clear wish of older people to remain living in their community. The lessons from Covid-19, as outlined in the *Expert Panel of Nursing Homes* report make clear that home and community care is the preferential model of care for older people. The Ombudsman *Wasted Lives* report makes clear that long term residential facilities are unsuitable for people under 65. Without the prompt implementation of the Statutory Home Support Scheme, it is inconceivable that any true and meaningful shift towards home care will be realised.

## Recommendation 2:

### **Fund the establishment of overnight home care.**

Without additional home support services, there is a danger that home support targets will not be met and the government's policy of keeping care in the community will not be realised. An overnight home support service, where a carer works a night shift of between 10-12 hours, would increase the number of hours allocated, ensure timely discharges from hospitals and expand the role of home and community care, as set out in Sláintecare and the Programme for Government.

An overnight home support service is aimed at high dependency users. It can be short, medium or long term. For example,

- Ensure a patient is rapidly discharged from hospital.
- Provide respite if a family carer is suddenly unavailable.
- Form part of reablement package.
- Form part of a package that ensures younger people no longer remain in long term residential facilities.
- End of life/palliative care.

HCCI estimate the total annual cost of an overnight care programme would be €108,836,000. This assumes that at any given day, 1,150 people will be in receipt of overnight care at a cost of €260 per night.

In comparison, the average cost per day of an in-patient bed in an acute hospital is €897. An overnight service would allow patients to be discharged quickly from hospitals, representing a significant saving for the exchequer.

Overnight care can act as a preventive measure, reducing injuries and identifying conditions such as falls or UTI infections before they require hospital admissions or consultations in acute care settings. This would free up beds and reduce waiting lists.

HCCI members already offer overnight care services to private clients and are therefore ready for this to be rolled out to public home care clients.

HCCI welcomes the Government's Home First policy and recent increases in the allocation of home support hours. However, without the expansion of home support services people will remain in acute hospitals or LTRCs.

### Recommendation 3:

#### **Increase home care provision by 1,165,000 hours to account for demographic shifts.**

The Department of Health's Health Service Capacity Review 2018 forecasts a 24% increase in people aged 75 and older between 2021 and 2026. This represents an average increase of 4.8% per annum. The ever-increasing number of older people mean it is vital to increase the number of home support hours on a yearly basis to avoid a future crisis of unmet demand and long waiting lists.

Home support hours should be increased by 1,165,000 in 2022 to a total of 25,425,000. This increase only accounts for changing demographics and does not include the rollout of the Statutory Home Support Scheme or the Government's Home First policy.

The Government has committed to a Home First policy that provides additional home and community care to allow people to remain living independently. While HCCI unequivocally supports this policy, the fact that there has been no substantial engagement from the Government to address the recruitment issues in the sector means that there is not enough workforce capacity to meet additional demand.

### Recommendation 4:

#### **Adjust the 2018 HSE Home Support Tender to account for increased insurance and staff costs.**

The 2018 HSE Home Support Tender has been extended until the end of 2021 and given the delays in implementing the Statutory Home Support Scheme, the expectation is that it will be extended again until the end of 2022. A recent survey of HCCI providers with the Alliance for Insurance Reform found that insurance premiums increased by an average of 122%. If the tender is extended again then providers face an additional increase on their premiums. Staff costs have also increased since the tender was incorporated. The tender does not take account of these increased costs and have placed a financial burden on providers. HCCI are therefore proposing that the tender is adjusted to take account of these increased costs.

## Department of Health and Department of Enterprise Trade and Employment

### Recommendation 5:

#### **Fund and convene workforce review to help establish supply of home care workers and concretely map career path.**

The private home care sector and the HSE have faced long standing difficulties recruiting and retaining health care assistants. An ESRI report projects that an increase in demand and the Statutory Home Support Scheme will see the number of home support hours provided rise from 24.7 million hours in 2019 to 42 million hours. This will require a considerable recruitment drive, with improved career pathways to retain staff.

The current HSE tender process calculates home care pay on the basis of hours worked, not the skill set the carer has. For example, caring for a 75-year-old with mild dementia requires a different set of skills than caring for a 75-year-old who requires help with washing and bathing. However, there is currently no acknowledgment for a carer's skills or experience within the tender framework. This acts as a disincentive for a carer to upskill and can leave them feel undervalued. In the UK, a home carer has a clear career pathway with supporting training programmes and incentives to progress their careers. A similar pathway in Ireland would make the sector more attractive, incentivise carers, aid retainment, expand the role of a carer and improve the quality of care.

We estimate that an additional 3,000 health care assistants will be needed by HCCI members alone to meet the demand if home support hours are increased to 42m per annum, as per ESRI projections. This is an addition to the usual recruitment cycle that requires around 3,000 new hires per year. It is worth noting that the standard practise is for the HSE to hire experienced and fully trained carers, rather than add capacity to the sector. This effectively means that HCCI providers bear the cost of recruitment and training of carers.

Unless the Government is willing to engage with HCCI providers and the HSE to address recruitment issues, funding for additional home support hours will not be able to be fully utilised. Some providers are already at capacity and unable to take on new clients. This means vulnerable people left in hospital longer, admitted to nursing homes prematurely or left at home without proper care. The Government's commitment to a Home First policy is welcome, as is the increase in home support hours. But without meaningful engagement on recruitment, the Government's own targets and commitments will be missed.

We believe that the skills shortage can be solved. For action to be cohesive across Government, we recommend a rapid cross-departmental review of the workforce capacity in the sector, which should start in October 2021 and be completed by December 2021. This will identify short, medium and long-term policies that Government can enact to support the sector. It could also look at ways to help people who are currently unemployed gain the necessary skills to work in the home care sector.

# Department of Health, Department of Enterprise Trade and Employment and Department of Further and Higher Education, Research, Innovation and Science

## Recommendation 6:

### **Work with sector to establish a new earn-as-you-learn scheme for home care.**

- Suspend the requirement for new entrants to have completed two QQI Level 5 modules before entering the sector.
- Approve a QQI Level 5 apprenticeship scheme for new Home Care Assistants.

Apprenticeships and earn-as-you-learn schemes are a centrepiece of this governments economic policy, and the number of schemes has rapidly expanded over the last few years. However, there are currently no schemes available for new home care workers. This has proved to be a major barrier to recruitment. HCCI estimates a typical recruitment cycle requires 3,000 new hires per year. However, a further increase in recruitment is needed to meet additional home care hours allocated to the HSE in 2021 and to meet the obligations of the impending Statutory Home Care Scheme.

During Covid-19, the requirement for this QQI pre-requisite was relaxed and providers could hire candidates on the agreement that they would earn their full QQI award within 18 months. A survey of HCCI members in 2020 reported a 200% increase in recruitment when the QQI relaxation was introduced. This is evidence that the supply of home care workers exists but is artificially limited by the QQI pre-requisite.

The two QQI Level 5 modules, 'Care Skills' and 'Care of the Older People', are available through private colleges and training providers. They can be completed flexibly and online within four months. They already require a work experience component, signalling the suitability for home care to operate an earn-as-you learn scheme.

HCCI propose the QQI pre-requisite be immediately suspended on the condition that new entrants completed the necessary courses within 18 months and complete robust induction training. This will greatly assist in meeting 2021's allocated home care targets.

In preparation for the impending Statutory Home Care Scheme, we propose that the Department engages with the HSE, HCCI and training providers to implement an apprenticeship for new entrants to the home care sector.

HCCI are ready to lead a Consortium to develop an apprenticeship, should funding be approved. We have already begun discussions with a training provider, and we are ready to bring proposals to SOLAS, the Department of Health and the Department of Further and Higher Education, Innovation and Science.

## Department of Finance

### Recommendation 7:

#### **Ensure the home sector receives fair treatment from the insurance sector.**

- Further reform of Personal Injuries Guidelines to align them with UK and EU countries.
- Ensure there is fair competition within the insurance sector.
- Require insurance companies to be transparent when calculating insurance premiums.
- Ensure reductions in Personal Injury compensation are passed onto customers.

The home care sector has experienced significant hikes in insurance premiums in the past year. Provider's report increases of between 200%-400%. This includes one provider with a 15-year clean insurance record, who did not seek Covid-19 cover, and yet still faced a 200% increase on their insurance premium. A significant proportion of home care providers revenue comes from the 2018 HSE Home Support Tender. This tender is likely to continue until December 2022 and makes no allowances for insurance increases. By the end of 2022, some home care providers may have faced an additional two insurance renewals.

There is a significant lack of competition within the market, with only two insurance companies underwriting cover. HCCI are calling for a comprehensive plan of action by the Insurance Competition Office to ensure the urgent entry of more underwriters into the Irish insurance markets.

Insurance companies have not been transparent about the increases in premiums. They do not explain their risk assessments behind the increases. This is despite the relatively low Covid-19 incidence rate within the home care sector and the recent Judicial Council Personal Injuries Guidelines.

The impending Statutory Home Support Scheme requires additional supply of home care. A failure to reform the insurance sector and ensure fair premiums could result in home care providers leaving the sector at a critical time.

HCCI are seeking reasonable insurance premiums to protect the industry. There should be a requirement for insurance companies to be transparent in their decision making, so home care providers can do their own risk assessments and for this to be considered when calculating premiums. We also believe that the Personal Injury Guidelines do not go far enough in reducing compensation and these should be reviewed while ensuring the reductions are passed on when calculating premiums.

## Department of Social Protection

Recommendation 8:

**Introduce flexibility when assessing Social Welfare entitlements to ensure people are not stuck in a Welfare Trap that disincentivises work and creates barriers to entry for workers entering the sector.**

The social welfare assessment system is currently too rigid and offers disincentives to work. This is particularly true for those receiving Working Family Payments, Medical Cards, Carers Allowance and Jobseekers Benefit. Many carers and people interested in entering the sector are stuck in a welfare trap that penalises additional work and presents barrier to entry into the sector.

The Working Family Payment is aimed at low-income workers and capped at 38 hours per fortnight. A worker who is offered over-time or additional shifts has to consider this threshold before accepting additional work. Both the Carer's Allowance and the Medical Card assess income. This can also force carers to refuse additional work.

HCCI propose that flexibility is offered across social welfare assessment so that workers are not penalised for working additional shifts. A better system would be to calculate earnings or hours worked on a yearly basis and to deduct, not remove the social welfare benefits.

65% of home support carers are working part time. The reality of home care is that there are certain peak hours, between 7am-10am and between 6pm-10pm. These are based on client wishes and the levels of intensity in the home care packages offered by the HSE.

Part-time Jobseekers is calculated on the basis of days not hours worked. If a person works ten hours on a single day, they may claim jobseekers for the remaining four days of the week. However, a person working two hours each day over the course of five days has no entitlement to claim any Jobseekers Benefit, despite working the same number of hours.

This presents a clear barrier to entry for a person on Jobseekers Benefits to become a carer. They are stuck in a welfare trap because the current social welfare assessment system is effectively an antiquated blunt instrument that makes no account for the actual hours spent working.

To address the significant skills shortage in the home sector, HCCI propose that Jobseekers Benefits be calculated based on total hours worked, with allowances for those working a small number of hours. An ILO report outlines how various developed countries have a more flexible benefits system that allows people to work part-time while still claiming benefits.

- In Canada, claimants can earn up to 40% of weekly benefits without any deduction from their regular unemployment benefits.
- In France, unemployment benefits are paid if earnings do not exceed 70% of previous earnings and total hours worked does not exceed 110 hours monthly.
- In Germany, people working less than 15 hours a week can claim full unemployment benefits.
- In the UK, people working up to 16 hours can claim full unemployment benefits.

There are clear benefits to moving to an hours-based jobseekers' benefits assessment.

1. It will help to alleviate the skills shortage in the home care sector.
2. Beneficiaries remain in the labour market.
3. Incentivise people to return to work.
4. It can act as a steppingstone for workers to enter full time employment, particularly considering the impending Statutory Home Support Scheme will increase the number of home care hours allocated, thus giving more opportunities for full time roles.
5. Employers can sponsor or provide training.
6. It will allow beneficiaries to maintain a reasonable standard of living. This is important considering the recent debates on social welfare inequalities, brought on by the PUP being paid at a significantly higher rate than traditional job seekers.



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