



**Home & Community
Care Ireland**

The Statutory Home Support Scheme: Progress Report 2024

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April 2024

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About this report

This report provides a comprehensive overview on the progress made on developing and implementing the Statutory Home Support Scheme. The report uses Oireachtas statements, media reports, public consultations and relevant stakeholder publications to highlight the motivations, challenges and delays to the progress of the Statutory Scheme. The report examines the progress made between 2016 to 2024 and offers an analysis of the factors that have led to significant delays in developing the Scheme.

Importantly, this report offers an analysis of an independent report which examines the performance of four pilots of the interRAI single assessment tool intended to support the development of the Statutory Scheme. This report, completed by the Centre of Effective Services, was delivered to the HSE in Summer 2023, who have not published it. HCCI have received a copy through a freedom of information request.

About HCCI

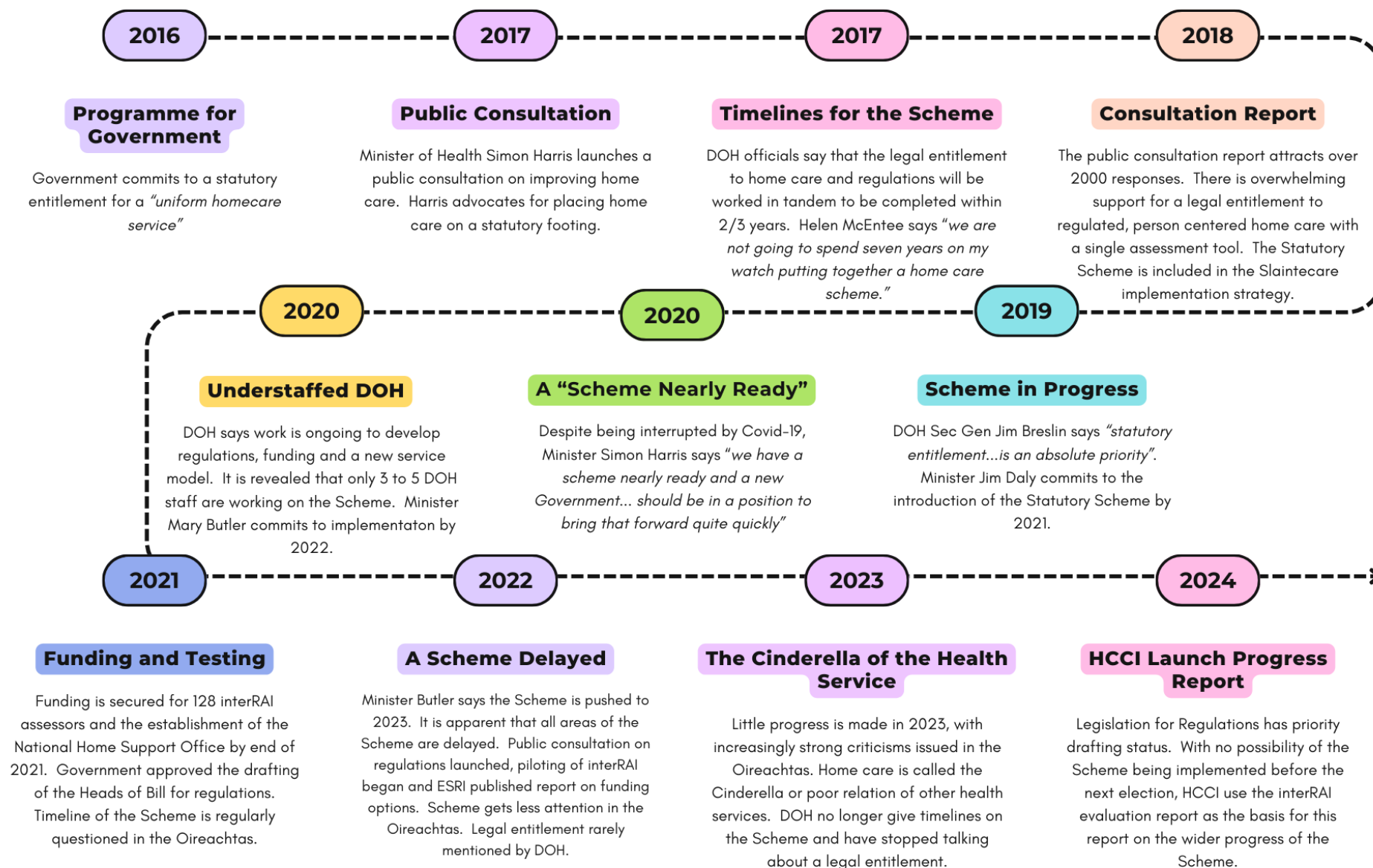
HCCI is the representative body for the home care sector. It currently represents 34 member companies (with over 100 offices nationwide) who among them employ 12,000 carers and provide a managed home care service to over 20,000 older and vulnerable people in Ireland. HCCI advocates for the highest standard 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. Visit online: <https://hcci.ie>

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Timeline of the Statutory Home Support Scheme



Executive Summary

The Statutory Home Support Scheme, originally targeted for implementation in 2021, has been in development since 2016. It was launched with the aim of placing home care on par with nursing homes by offering equal access and a statutory entitlement to a regulated, patient centered home care service with standardised eligibility and assessment criteria. The Scheme has several modules; statutory entitlement, regulation, funding, and a reformed model of service delivery which includes a single assessment tool and National HSE Home Support.

In response to mounting delays to the Scheme, HCCI has developed this progress report, which has three key sections. The first section uses Oireachtas contributions, media reports, consultations and publications to track the progress of the Scheme and the various modules from inception in 2016 to stagnation in 2024. It shows that despite the Government describing the Scheme as being “*nearly ready*” in 2020, we are no closer now to the implementation of the Scheme. In fact, HCCI argue that we are now further behind in implementing several of the modules.

This report shows how, prior to 2021, the statutory entitlement or legal right to home care was the very essence of the Scheme but now this crucial aspect is no longer mentioned by the Government in Oireachtas contributions. Likewise, prior to 2020 the issue of future funding options was regularly discussed by Ministers and the Oireachtas. Funding has been rarely mentioned in the last four years and potential funding options have not been sufficiently developed. The report highlights a lackadaisical approach to much of the Scheme. The report argues that in the absence of any urgency to implement the Scheme, straightforward aspects like finding premises for the HSE’s National Home Support Office have been allowed drift and time has been wasted on half-baked pilot testing of interRAI (more on this below).

For the last four years, the primary development has been drafting regulations. This is an important module but the report shows that, from the outset of the Scheme, the intention was that regulation be developed in tandem with other modules. Delays to policy development is not a new phenomenon. However, the report shows that up to 2021,

officials from the HSE and Department of Health gave regular updates on the Scheme's progression and offered timelines for its future development. Since 2022, officials have stopped giving the same level of progress updates and do not offer timelines for anything beyond regulations.¹ It is a serious issue that TDs and Senators have repeatedly asked for this but have gotten no satisfactory explanation for why the Scheme is delayed. The report argues that the Scheme has been delayed to such a degree that the overarching purpose of the Scheme, to give equal access and a legal right to home care, has been forgotten by policymakers.

In researching delays to the rollout of the interRAI single assessment tool, HCCI received a copy of the independent evaluation report prepared by the Center for Effective Services (CES) into the pilot testing of interRAI through an FOI request. The HSE has had the report since Summer 2023 and has not published it. After consideration, HCCI believe that the stark findings contained within the report merit its full publication.

This HCCI progress report offers a detailed analysis of the CES evaluation including:

- InterRAI allows for a more thorough and objective assessment but the process is viewed as too lengthy, taking 90 minutes for an assessment with four to five hours of follow up administration. This is unsuitable for acute and palliative settings and challenging in community settings for some clients.
- This has likely contributed to the lack of multi-disciplinary buy-in to interRAI, with the report saying, *"the pilot received limited engagement from other HSE divisions, especially from primary care, and stronger leadership was felt to be needed from across the HSE at a national and regional level to support buy-in to the pilot from primary care services."* This lack of buy-in resulted in duplication with most pilot sites also using a different CSAR assessment tool.
- InterRAI did not lead to the consistent awarding of home support hours, with different sites and different staff interpreting the results differently. Consistency is one of the most fundamental aspects of the Statutory Scheme and if interRAI does not give a consistent allocation of hours, then this is an existential problem for the Scheme which must be addressed.

¹ Timelines on regulation, such as priority drafting status in Autumn 2023 have also been missed.

- From these findings, HCCI question the suitability of interRAI as the single assessment tool for home care and call for policymakers to urgently confront the findings in this evaluation report.

The HCCI progress report concludes with a wider analysis of factors leading to the delay of the Scheme. The key factor highlighted is the lack of buy-in from the HSE to the Statutory Scheme. This includes the interRAI testing highlighted above. The report questions why leadership allowed the testing to continue without engagement from other HSE services and while other assessments continued to be used. The report questions why the evaluation was not published, which has up to now denied the public from scrutinising its findings. The report notes other failings like the recruitment of interRAI assessors, the establishment of the National Home Support Office and the procurement of a new home support IT system. HCCI now believes that the HSE are resistant to the reforms and culture change that the Scheme entails, and we challenge the Government to urgently address this report's findings. HCCI's report highlights other factors that have delayed the Scheme. It notes that Covid-19 led to a greater examination of the Scheme by Oireachtas members, particularly in the Health and Special Covid-19 committee. This fell by the wayside when Covid-19 restrictions ended in 2022. The report suggests that there is not enough support from the wider Government to implement the Scheme, leaving Minister Butler alone to juggle competing priorities. The report notes an understaffed Department of Health and wider recruitment issues within the care sector that have diverted attention away from the Scheme. The report accepts that Covid-19 led to some delay but rejects that it is a sufficient explanation for the severe delays the Scheme is facing.

In conclusion, this progress report paints a grim picture for the development of the Scheme. The report concurs with a number of statements made in the Oireachtas in the past year that show extreme frustration with how the Scheme is being progressed and dismay that in reality, we are no closer to the Scheme's implementation than we were in 2020. HCCI hope that this detailed analysis of the Scheme's delays serves as a call to action for an urgent reassessment of how the Scheme is being progressed.

Introduction

The Statutory Home Support Scheme has been in development since the [2016 Programme for Government](#), which pledged to “introduce a uniform homecare service so all recipients can receive a quality support, 7 days per week, where possible”. In 2017, shortly after the Sláintecare report gave cross-party support for the Statutory Scheme, the Department of Health (DOH) launched a public consultation on improving home care services in Ireland.

The [DOH consultation paper outlines the key reasons](#) *“to develop a new scheme that operates in a consistent and fair manner for all those who require it:”*

1. **Unmet Need and Population Changes:** The paper shows 4,600 people were on the waiting list despite significant levels of funding. The paper notes that Ireland’s ageing population means that *“home care will continue to be an increasingly important part of the supports we offer into the future.”*
2. **Consistency in Service Provision:** The paper notes that home care *“has a basis in law but there is no statutory entitlement to these services. Services are not means tested or ‘limited’ in any other way.”* According to the paper, the lack of statutory underpinning *“has led to inconsistencies in how State funded home care is delivered across the country”* contrasting with the *“Nursing Homes Support Scheme – “A Fair Deal” which is consistently applied throughout the country.”*

The reasons given in the paper for regulating home care services are: *“to ensure that all users are treated with dignity and respect while promoting their independence and choice; to promote client safety; to promote equity and freedom of choice for service users; to improve performance and quality; to provide assurance that core standards are achieved; to provide accountability both for levels of performance and value for money; and to bring Ireland in line with best international practice.”*

Herein lies the reasoning behind advancing both regulation for home support and, in tandem, a new Scheme for home support that would clarify eligibility, entitlements and funding in much the same way the Fair Deal Scheme did for nursing home care. Although regulation and the Scheme were separate, it was always intended they would happen together.

Progress of the Statutory Scheme 2016 – 2017

The Scheme progressed well initially with the public consultation launched in Summer 2017. Prior to the consultation's launch, then [Minister for Health Simon Harris spoke](#) about the need to place home care on a statutory footing, indicating that the current system of providing home care for free is “unsustainable”. Indeed, [other media reports](#) and Oireachtas debates signalled a move toward co-funding of home care through the Statutory Scheme. [At the Oireachtas Health Committee in 2017](#), Professor Eamon O’Shea neatly explains the problems with funding long term care through general taxation:

Funding for long-term care here in Ireland has typically come from general taxation. There are good reasons we use general taxation to fund care. General taxation is universal. It is democratically accountable. It yields a large amount of money and it tends to be progressive. However, dependent older people have lost out. General taxation does not trickle down to where we want those resources for older people. In particular, it does not trickle down to flexible, responsive, personalised community-based care. If we simply legislate for more home care and rights, unless we address the funding issue we will not change very much... Some countries, such as Japan and Germany, use designated social insurance funding for long-term care. Under a social insurance system, people would pay into a fund and in return would get an automatic entitlement. I will not go into how one would create that system, but it is a social insurance system. Such a system would allow for a more protected, and, if we want, designated, visible transparent community-based care system where we could say what we have, what we allocate and what is the impact of that.

Through that Oireachtas term (2016 to 2020), there were numerous calls to develop a Statutory Home Support Scheme that would give people a legal entitlement to home care, akin to Fair Deal. Debates show clear cross-party support for the Scheme to be developed as a priority. It is important to highlight that those debates on the Scheme focused on the legal entitlement to home care, something that has been lost in recent times.

“The fair deal scheme was heavily criticised at the time it was introduced, but most people now accept it works reasonably well and assures people that if they need a

nursing home space, they can get it within four or five weeks, although they have to make a contribution. What is being considered for home care is similar: a fair deal for home care, giving people the guarantee they will get the home care they need within weeks, even if it means having to pay a contribution if it can be afforded. If that were introduced on a statutory basis, as the Deputy mentioned, it would become a legal right and something that I believe can be delivered on.”

Then Taoiseach, [Leo Varadkar](#) TD – Leaders Questions. 27th June 2017.

[Sláintecare endorsed](#) the Government’s work on the Scheme, with the next significant update on its progress [outlined in an Oireachtas Health Committee](#) sitting in November 2017 with officials from DOH. Here, members were told that a new DOH unit, the older people’s project unit has been set up to drive implementation. This, and the [Health Research Board evidence review \(HRB\)](#), ‘Approaches to the regulation and financing of home care services in four European countries’ were the main achievements at this point. Officials did provide insight into their plans for progression and related timelines.

- DOH said that their intention was to make parallel proposals on regulation and the Statutory Scheme. *“The reason both processes will be done in tandem is that we want them to mesh well, as opposed to having them develop in isolation.”*
- Giving a timeline for regulations, DOH officials said, *“We think developing the proposals and having the legislation enacted will take two to three years.”*

Indeed in 2017, [Minister of Older People, Helen McEntee](#) committed to the timely implementation of the Statutory Scheme, *“I wish to make it clear that we are not going to spend seven years on my watch putting together a home care scheme.”* As we know, seven years later, neither the Statutory Scheme nor the regulations have developed into legislation. Nor have the two been developed in parallel. Rather, both have faced persistent delays with regulations now taking priority and some areas of the Statutory Scheme being developed as a secondary item, with others receiving minimal attention to date.

Conclusion

The first two years of the 2016-2020 Government saw promising progress on the development of the Statutory Scheme. A statutory entitlement for home care was included

in both the Programme for Government and the Sláintecare report, showing clear cross-party support for the Scheme. In response, the Government launched a public consultation. Both DOH officials and the Minister for Older People committed to implementing the Scheme within three years. There was also consideration about the future funding of the Scheme, with the Government indicating support for co-funding.

However, as we now know, despite the cross-party support remaining strong, the timelines given here were dramatically missed and no alternative funding options have been considered.

PROGRESS OF THE STATUTORY SCHEME 2016 TO 2017

YEAR	STATUTORY ENTITLEMENT TO HOME CARE	REGULATION	FUNDING	SINGLE ASSESSMENT TOOL	NATIONAL HOME SUPPORT OFFICE/ICT SYSTEM	TIMELINES & DELAYS
2016	<ul style="list-style-type: none"> Minister for Health Simon Harris advocates for putting home care on a statutory footing. 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Simon Harris says that continuing to provide home care for free is unsustainable 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A
2017	<ul style="list-style-type: none"> Taoiseach Leo Varadkar speaks about a "fair deal for home care" that would give people a legal right to home care. Public consultation launched. 	<ul style="list-style-type: none"> DOH officials say that regulation and the Statutory Scheme will be developed in tandem. DOH say it will take 2 or 3 years to legislate for regulations. HRB publish "Approaches to the regulation and financing of home care services in four European countries". 	<ul style="list-style-type: none"> Varadkar and Minister for Older People Helen McEntee indicate support for co-funding. HRB publish "Approaches to the regulation and financing of home care services in four European countries". Prof Eamon O'Shea outlines funding options to Oir Health Committee. 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> DOH officials give a timeline of 2 to 3 years for the implementation of the Statutory Scheme. Helen McEntee says "I wish to make it clear that we are not going to spend seven years on my watch putting together a home care scheme."

Progress of the Statutory Scheme 2018 to 2020

Improving Home Care Services in Ireland: An Overview of the Findings of the Department of Health's Public Consultation

There was strong engagement in the public consultation with a total of 2,629 responses, including 104 from named organisations. [The Institute of Public Health in Ireland](#) published an overview of the consultation's findings in 2018. This report remains the most comprehensive evaluation of the home care sector's strengths, weaknesses and future direction from the perspective of service users, civil society organisations and the general public. The findings are integral to understanding the motivation and vision that underlines the Scheme and in assessing the progress of the Scheme's development to date.

Part 5 of the findings paper outlines the key themes from the consultation. It is worth nothing that apart from questions on fundings, there was near unanimity on the questions asked in the consultation survey.

- 1. The development of a statutory home care scheme:** There was a clear consensus that there should be a *“statutory entitlement to home care in accordance with people's assessed needs; it would create a standardised service; agree eligibility criteria; establish a new regulatory system; and determine the financial resources to meet demand”*.
- 2. Need for a clear definition of home care services:** *“Respondents felt the legislative and policy basis should define home care and the specific services that enable people to live independently in their own home.”*
- 3. A person-centred model of home care:** Respondents indicated that *“services should be designed around the needs of the user, rather than for the convenience of the supplier, with the users, as well as their informal carers and families, helping to shape the type, level and quality of the services they receive”*. There was strong mention of the importance of developing continuity of care and client choice (the HSE were trailing Consumer Directed Home Support at this time). Respondents also wanted a *“comprehensive information strategy building awareness of services and how to access them”*.

4. **The roll-out of the Single Assessment Tool (SAT):** Respondents stressed their support for a SAT. *“It was felt the SAT would enable an effective and fair appraisal of the support needed, determine resources and ensure equity of service delivery across the country.”*
5. **A more integrated approach to service delivery:** Respondents felt that the SAT could *“inform a more integrated approach to service delivery”*, citing the success of the HSE/Genio pilot projects in dementia care.
6. **Better integration of the community and voluntary sectors:** Similarly, respondents *“emphasised the need to better integrate the voluntary sector, community support and social enterprises into home care services.”* Services that could be better integrated into home care include day centres, in-home respite, community transport, social care schemes, Meals on Wheels and befriending.
7. **Skills and training in the home care sector:** There was agreement that home care workers skills and knowledge should be strengthened. Respondents highlighted *“the need for additional training to examine: the different skills needed in the workforce; how standards are set and assessed; and the need for specialist training in caring for people with a range of disabilities”*. A key point highlighted that training *“should help build caring as a career with appropriate conditions and pay, progression and opportunities to deepen expertise and experience”*.
8. **The regulation of home care:** Respondents consistently raised the need for a new system for the regulation of home care. Regulation should include *“setting standards; developing a register of providers; accrediting and monitoring provider performance; ensuring compliance with agreed training standards; developing a Code of Conduct for providers; undertaking inspections; taking enforcement action where services do not meet required standards; and developing good practice for carers, families and home care providers.”*
9. **Funding home care:** Respondents agreed that the level of funding allocated to home care was insufficient and should be ring-fenced. There was no consensus on how home care should be funded, with options expressed including *“a universal national care system funded through taxation; a social insurance model; and co-financing between the State and means tested contributions from the individual”*.

At the launch of the public consultation report in June 2018, Minister for Older People Jim Daly (who now serves as the Chair of HCCI) committed to the *"development of a new statutory home care scheme and associated system of regulation is a key priority for me as Minister for Older People and for the government."* In August 2018, the development of the Statutory Scheme was included in the [Sláintecare implementation strategy](#). When discussing the implementation strategy, [Minister for Health Simon Harris](#) said his intention was *"that this scheme will be operational within this first three-year period of the strategy under discussion today."* The intention to operationalise the Scheme by 2021 was reaffirmed by Ministers Harris and Daly.

"In relation to home care, my Department has committed to the enactment of legislation to underpin a stand-alone, statutory scheme for the financing and regulation of home care by 2021. The statutory scheme will introduce clear rules in relation to what services individuals are eligible for and how decisions are made on allocating services. The new scheme will help to improve access to the home care services that people need. The system of regulation for home care will help to ensure that the public can be confident that the services provided are of a high standard."

Further PQs inform us of the work undertaken by the Department of Health in 2019.

The Sláintecare Implementation Strategy commits to the introduction of a statutory home care scheme by the end of 2021. As part of this, work is on-going to determine the optimal approach to the development of the scheme within the broader context of the Sláintecare reforms and in 2019 work has focussed on the design of the scheme, the options for regulation, and a review of existing services.

Of the additional €52m allocated in Budget 2020 for home support services, a proportion of this funding will be used to test a reformed model of service delivery in 2020 at pilot sites. My Department is currently working with the HSE to identify the pilot sites and to agree the approach to testing.

I expect to be in a position to provide further details in January 2020.

Jim Daly TD – Dáil Eireann 26th November 2019

The development of the Statutory Scheme was also a priority for officials in the Department of Health and the HSE, as revealed in [a meeting of the Public Accounts Committee](#) attended by DOH Secretary General Jim Breslin and HSE CEO Paul Reid. Breslin said *“the Deputy is asking is to put in place a statutory entitlement, similar to the nursing home subvention scheme, and there is a lot of work under way to do this. It is an absolute priority and it is set out in Sláintecare.”*

It appears that significant progress was made in 2019, with Minister Daly indicating that the Scheme was nearly ready to be brought before cabinet.

“Home care is being addressed with the introduction of a statutory home care scheme in 2021, which is committed to under Sláintecare. We have funding in the budget for next year to bring in some pilots to test the scheme. I will bring proposals for that scheme to Cabinet in the next weeks and we will unveil more detail of it in late January. That will assist as well because there is an issue there. The Government accepts the benefit of home care and that is why the budget has increased from €300 million or so to almost €500 million in the last number of years.² We cannot keep up with the pace of its success and trying to meet the demand for it, but we are determined to do so under a statutory scheme.”

[Jim Daly TD – Dáil Eireann 26th November 2019.](#)

Understandably, development of the Scheme was impacted by the Covid-19 pandemic, which diverted attention, resources and DOH/HSE workforce toward managing its impacts. Nevertheless, the outgoing Government signalled that Scheme was nearly ready.

² Funding increased from €306m in 2015 to €490m in 2020.

“There is no statutory home care scheme. Incidentally, we have a scheme nearly ready and a new Government, whoever the Minister for Health may be, should be in a position to bring that forward quite quickly. A statutory home care scheme is key.”

Minister for Health, [Simon Harris TD – Dáil Eireann 21st May 2020.](#)

“In regard to a statutory right to home care provision, I fully support such a right, which I note is included in the new draft programme for Government. It will be a matter for the new Government to decide when to progress the matter but I would like to see it progressed quickly. From memory, the proposed timeline is that the legislation could be brought forward towards the end of this year or the start of next year, with an implementation in 2022.”

Minister for Health [Simon Harris TD– Dáil Eireann 24th June 2020.](#)

Conclusion

The Government continued to make good progress in the later half of their term. The public consultation showed overwhelming support for the components that now make up the Statutory Scheme: a statutory entitlement to home care, a regulated home care sector, the roll out of a single assessment tool, a reformed patient centred model of care and reform to funding (although there was no consensus on what the new funding model should be).

Statements from the Government, DOH and the HSE show that the development of the Statutory Scheme was a high priority. What they repeatedly stressed was the point about the need for a statutory entitlement to home care, something that you will see has been swept aside in much of the commentary in the last two years. The outgoing Government spoke of a Scheme that was nearly ready to implement. While Covid-19 focused attention elsewhere, the facts are that the Scheme was ready to implement after the first wave of Covid-19. There has never been a satisfactory explanation for why the “nearly ready” Scheme has not been implemented four years later.

PROGRESS OF THE STATUTORY SCHEME 2018 TO 2020

YEAR	STATUTORY ENTITLEMENT TO HOME CARE	REGULATION	FUNDING	SINGLE ASSESSMENT TOOL	NATIONAL HOME SUPPORT OFFICE/ICT SYSTEM	TIMELINES & DELAYS
2018	<ul style="list-style-type: none"> Public consultation shows overwhelming support for a legal right to home care. Statutory Scheme included in Slaintecare implementation strategy. 	<ul style="list-style-type: none"> Public consultation shows strong support for a regulated home care sector. 	<ul style="list-style-type: none"> Public consultation indicates that opinion is divided on funding for home care. 	<ul style="list-style-type: none"> Public consultation shows strong support for a single assessment tool. 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Simon Harris and Minister for Older People Jim Daly target 2021 for the implementation of the Scheme.
2019	<ul style="list-style-type: none"> DOH Sec Gen Jim Breslin says the Statutory Scheme is an <i>"absolute priority"</i> 	<ul style="list-style-type: none"> Jim Daly says work is progressing on regulations. 	<ul style="list-style-type: none"> The mixed response to the funding question in the public consultation seems to have stopped previous talk about funding. 	<ul style="list-style-type: none"> Funding secured for the testing of a single assessment tool in 2020. 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Jim Daly commits to 2021 as the target for the Scheme to be operational.
2020	<ul style="list-style-type: none"> Simon Harris says the Scheme is "nearly ready" and legislation could be brought forward to the end of 2020. 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Pilot testing was initially planned for 2020 but delayed due to Covid-19. 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Covid-19 delayed testing of pilot sites and led to diversion of staff and attention. Harris says legislation for the Scheme could be brought forward to the end of 2020 and put into operation in 2021.

Progress of the Statutory Scheme 2020 – 2021

With the outgoing Government saying that the Scheme is “nearly ready” in June 2020 the Fine Gael, Fianna Fail and Green Party coalition agreed [a programme for government](#) which included a commitment 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.” In July 2020, [Taoiseach Micheál Martin indicated](#) that legislation for the Scheme would be introduced in 2020.

“Some work still has to be done to ensure that when the statutory commitment is made, the capacity to deliver it efficiently and properly is available. The legislation will probably be introduced in the autumn. We will finalise the autumn legislative schedule in due course.”

However, the week after the Taoiseach’s statement, [officials from DOH and the HSE suggested](#) that progress has been “delayed somewhat” due to the Covid-19 response. [In September 2020](#), DOH/HSE officials revealed more details on delays and progress made to the Scheme’s development:

- Dr. Kathleen MacLellan, Assistant Secretary General, DOH said that “Significant work has been done across the HSE in looking at new forms and processes of home care.” and that DOH were focusing on the “Home First” model of care. MacLellan also said that work on developing regulations for home care was ongoing.
- In giving details of progress to date, MacLellan said “We have looked at international models. We have been working with the ESRI in terms of examining demand. We have also been examining - my colleague mentioned it earlier - the standard assessment tool, which is critically important.”
- Niall Redmond, Principal Officer, DOH, gave more details on the roll out of the Scheme, revealing that the pilot testing of the Scheme was delayed due to Covid-19:
 - “One area of work we are looking at is a statutory home care scheme and its roll-out. I refer to regulation, a finance model and service configuration in the basket of services. Work is, therefore, ongoing on that scheme. We had hoped to be able to test some elements of it on a pilot basis this year, but that became challenging due to the impact of Covid-19 and we were unable to do it. We are, however, examining and planning the reinstatement of that testing programme, which will be evaluated

as we go to inform the overarching development of the scheme. We are hoping to do that in 2021.

- *“Several elements will be involved. We will be looking at the regulatory framework required, because the home support system and home care services are not currently regulated. Consequently, we will be examining putting regulation in place. We will also be looking at financial models and the type of modelling required, as well as future funding and service capacity requirements. Equally, we are exploring the type of service to be delivered on the ground and how that will be delivered. We are undertaking a fundamental examination of the home support service and what it needs to look like in future. There will be a greater focus on providing far more care at home and, in that context, we are looking at some new models. Those include the enablement model, and work is ongoing with the Health Research Board on an international evidence review.”*
- When it was revealed that between three and five staff in DOH were working on the Scheme, Fergus O’Dowd TD expressed that he does not think DOH are “putting enough care and attention into [the Scheme]” saying *“Only a small number of people in the Department - between three and five - are working on this issue. The number of people working on this scheme should be increased. The scheme should have been finished, proofed and ready to roll at this stage. A huge change is necessary regarding the care of older people.”*

Later in September 2020, [Colm Burke TD introduced a private members bill](#) (PMB) to regulate professional home care providers. In doing so, he expressed concern at the delays to regulating home care:

“This is the third time I have introduced this Bill. I introduced it in 2014, in 2016 and now in 2020. This is not a criticism of the Minister of State, Deputy Butler, or anyone previously. I fully understand that the Department has a heavy work schedule, but this was first discussed in 2009. Then the Law Reform Commission³ produced its report in 2011. It is nine years since that report was produced. It is time to move on with this.”

The PMB debate showed clear cross-party support for regulating home care providers. However, Minister of Older People, Mary Butler amended the bill to delay reading of the bill

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

for 12 months in order to develop a “comprehensive regulatory framework”. Minister Butler explained the approach to developing regulations:

1. **Regulate and license home care providers:** *“First, it is proposed to draft primary legislation to regulate home support services through the licensing of public and private providers. The objective of such a licensing system is to improve patient safety by ensuring that home support providers do not operate below the standard set by ministerial regulations. The approach being taken in the draft primary legislation will require home support providers to apply to a regulator for licences to undertake home support activities.”*
2. **Minimum standards for regulation:** *“Second, in tandem with the development of primary legislation, my Department is progressing work on the development of minimum standards that will form the criteria against which the regulator will determine whether a home support provider’s service is of the requisite standard for the provider to be licensed to operate. Pending the enactment of the requisite primary legislation, providers would be encouraged to meet these minimum standards on a voluntary basis. In this regard, my Department plans to undertake a targeted stakeholder consultation on these draft minimum standards before the end of the year.”*
3. **Developing HIQA national standards:** *“Third, the development of primary legislation and minimum standards is expected to be complemented by the development of national standards for home support services by HIQA. My Department has already submitted a proposal for the development of national standards. That proposal is due to be considered by the board of HIQA at its meeting scheduled for next week.”*

[In a December 2020 Seanad debate](#), Minister Butler outlined her intention to deliver the Scheme by 2022, revealing that its progress is dependent on the roll-out of the interRAI single assessment tool and a new IT system:

“Our plan is to deliver a statutory home care scheme by 2022. A couple of key enablers have to be put in place first. The first is the single assessment tool, interRAI, which provides an assessment of the person that needs to enter home care or nursing home care. Currently, the assessments vary from county to county. We will roll out a pilot programme early next year across four different areas in the country. By the end of 2021, we will have a statutory assessment of need for everybody throughout the country. I have secured funding for 128 assessors and that will be rolled out by the

end of next year. We have also received funding to put in place an IT system to support this. Those are the two key enablers and I hope the scheme will be up and running by 2022.”

On the same day as Minister Butler Seand contribution, [Minister of Health Stephen Donnelly outlined](#) the importance of interRAI.

“We have fully funded the interRAI system for next year. We are rolling that out straightaway and a number of assessors are being hired. They will do a full assessment of every person's needs. Rather than saying one can have five hours or six hours, it will be a bespoke individual assessment.”

In February 2021, [Dr. MacLellan from DOH told the Oireachtas Health Committee](#) that they were working with the HSE on the “key elements” of the Scheme; interRAI and the establishment of the HSE’s National Home Support Office and that the target for implementation of the Scheme was 2021.

“We are working with the HSE in respect of the establishment of the home care office, the interRAI assessors and those key elements that need to go in place. It is intended that they will be in place in 2021... The timeframe will depend on the capacity with the current Covid-19 surge. However, it is absolutely intended that they will be in place by the end of 2021.”

Dr. MacLellan also indicated that the drafting of regulation was at an advanced stage and would also be progressed by the end of 2021.

“We are also finalising a draft scheme in respect of to the regulation of home care. We intend to bring a memorandum to Government to seek permission to draft it. That would relate to setting the minimum standards that need to be in place. HIQA has agreed within its business plan to start working on those minimum standards for care for home care providers, because they are not regulated at the moment... that will be happening within 2021, absolutely..”

In March 2021, [Sarah Cooney of the DOH Older Person's Project Unit](#) told the Oireachtas Health Committee that they are aiming to publish the heads of bill for regulation in Q1 or Q2 2021.

“We would hope to move forward on that and get Government approval shortly, and then publish the heads as early as possible in quarter 1 or quarter 2 of this year.”

With the country facing its third wave of Covid-19, the Statutory Scheme continued to be raised frequently in the Oireachtas between March and July 2021, signalling cross-party support for the Scheme to be urgently implemented. In April, the Government gave approval to draft a General Scheme and Heads of Bill to establish a licensing framework for home care providers.

A significant development in March 2021 was the release of the influential [ESRI report 'Demand for the Statutory Home Care Scheme'](#). The report estimates the potential demand for home care if a Statutory Scheme were to be introduced. The report, which is based on a 2019 baseline and does not account for demographic increases, projects that up to an additional 8 million hours would be required to meet demand under a Statutory Scheme.

In July, [Minister Butler gave the latest timeline for implementation](#), telling the Seanad that the Scheme has been pushed into 2022.

“I wish to address now the issue of statutory home care because it has come up frequently and we are doing a significant amount of work on it. We hope to bring in a statutory home care scheme next year which will be like the fair deal scheme but in the home. In Budget 2021, I got funding for 128 assessors to roll out this international resident assessment instrument, interRAI, programme. That means that those being assessed for their needs will undergo the same assessment no matter which part of the country they live in or the CHO they are in. That will determine applicants' needs. A significant amount of work is being done on that.”

Despite a delay to the full roll out of the Scheme, [Minister Butler told the Seanad](#) that the Government had given approval to draft a Heads of Bill.

“Regarding the development of a regulatory framework for home support services, I am pleased to say the Government gave approval in April to draft a general scheme and heads of a Bill to establish a licensing framework for publicly-funded for-profit and not-for-profit home support providers. I intend to progress this general scheme and heads of Bill as a priority with a view to bringing it through the Houses at the earliest opportunity.”

Further progress was made in Summer 2021 when the HSE announced that the ‘Home Support Pilot Programme’, initially slated to begin in 2020, would commence across four pilot sites in August. [HSE correspondence to HCCI](#) gives further detail on the objectives of the Pilot Programme.

“As you will be aware funding has been provided as part of the HSE’s National Service Plan for the delivery of a Home Support Pilot Programme in 2021. This programme of work will include all preparatory work to launch and operationalise the Pilot and will include an end-to-end evaluation in order to gather insights into the standardisation of structures and processes associated with the provision of Home Support. In addition, the Pilot will enhance the evidence-base for the design of all aspects of the proposed legislation and regulation of Home Support services, including the development of care-bands, and the financial and clinical governance model for the Scheme. The Pilot will also provide insight into the breadth of services that service-users require and the viability of personal care-plans.

“Mobilisation of the Home Support Pilot will commence at the end of August 2021 and will deliver an additional 230,000 hours of Home Support services over a six-month period, with the evaluation of the outputs to continue over a 12-month period from its commencement. The pilot will be delivered across four identified Community Health Network (CHN) Pilot sites. The four sites are:

- *(CHO 2) Tuam, Athenry and Loughrea*
- *(CHO 4) Bandon, Kinsale and Carrigaline*
- *(CHO 7) Ballyfermot and Palmerstown*
- *(CHO 8) East Westmeath*

The implementation of the Home Support Pilot will contribute to the following long-term objectives:

- *Establishment of a statutory scheme for the financing and regulation of Home Support services.*
- *Ensure equity of access to high-quality Home Support services on an affordable and financially sustainable basis.*

The objectives of the Home Support Pilot in 2021 include:

- *Delivery of an additional 230,000 hours of Home Support services at selected Pilot sites.*
- *Testing of a reformed model of service including reablement and LTC Avoidance initiatives within Home Support.*
- *Testing the single assessment tool (InterRAI) for standardising assessment of need.*
- *Collection of the data provided by InterRAI on the broad set of services required to meet service users' wider care needs.*
- *Development of a standardised population-based process for Home Support service allocation.*
- *Commissioning of an action research project to evaluate the findings of the Pilot and support the practice-based refinement of the service delivery model through its implementation.*
- *Enhancement of the evidence-base for the design of all aspects of the new Home Support Scheme. “*

However, in September [Minister Butler told the Seanad](#) that it would be November before the piloting would begin, with the establishment of the HSE's National Home Support Office and the recruitment of interRAI assessors to begin by the end of the 2021.

“As the Senator quite rightly said, in July I announced the selection of four sites to test a reformed model of service delivery, through the delivery of 230,000 hours of home support. This pilot will underpin the development of the statutory scheme for home support services and will be fully operational by 1 November.

A national home support office will be established before the end of this year to support the testing of the reformed model of service delivery. In addition, approximately 130 posts have been funded for the national roll-out of the interRAI Ireland system, which the home support pilot will test as the standard assessment tool for care needs. Recruitment of these posts will occur in quarter 4 of this year.”

In December 2021, [HIQA published a position paper](#) on the regulation of home care in which they strongly advocated for an urgent root and branch review of home care services and the implementation of the Statutory Scheme.

“HIQA believes that Option 3 — where a full review of homecare is undertaken and regulation is introduced as one of a number of measures to reform the sector — is the only option to ensure that the needs of people who require homecare services are met, and anything less is unacceptable. While HIQA accepts that Option 3 will not be an easy option, it is the right option with long-term benefits. It is also in line with the the Sláintecare implementation strategy(7) view that the Irish health service is ‘facing extraordinary challenges’ which require ‘an extraordinary response’. Sláintecare has acknowledged that difficult decisions will need to be made while undertaking the progressive transformation of health and social care services in Ireland. It is from this perspective that HIQA reaffirms and underlines the need to progress this as a matter of urgency.

The implementation of a statutory scheme for homecare was due to be delivered during 2021. While COVID-19 has impeded this programme of work, this cannot absolve the fact that this is long overdue, critically important and needs to be progressed forthwith. The cost of not initiating this ‘extraordinary response’ is incalculable and disconnected from the ‘right care, right place, right time’ philosophy of Sláintecare, which has cross-political support.”

Conclusion

By the of 2021 it was apparent that all areas of the Statutory Scheme were now beset with delays. In November 2021, [the Irish Examiner reported](#) that the Scheme would not be operational until 2023. The next week it was reported that only one of the four pilot sites began testing in October with the remaining three beginning in January 2020. [The National Home Support Office was also delayed](#), first to Q1 2022 and then to Q2 2022. In response to the delays, [HCCI issued a press release](#) calling for the Statutory Scheme to be expediated.

Given that the health service was dealing with the Covid-19 pandemic and the HSE cyber-attack, delays to the Scheme were understandable. Yet, questions remain. Why did the previous Government assert multiple times that the Scheme was nearly ready? This has never been explained publicly. Indeed, if the Scheme was not ready to go, then why did the Minister and officials consistently offer only short extensions to their own timelines? Not only was the Scheme delayed, but it was never properly explained why it was delayed. We know from this report that Minister Butler inherited an understaffed unit, with only between three to five people working on the Scheme within DOH.

Delays aside, 2020 and 2021 did provide a greater insight into what the Scheme would look like:

- InterRAI would be the single assessment tool. Funding was secured in 2021 for 128 assessors. The HSE made no progress in recruiting them, a problem which persists in 2024.
- The HSE were also responsible for the establishment of the National Home Support Office, which was delayed without explanation.
- Four sites in different CHOs were chosen to pilot interRAI and the reformed model of service delivery. This was initially targeted to begin in 2020 under the previous Government. Piloting began in three of the four sites before the end of 2021.
- Minister Butler outlined the Government's proposal to regulate the sector. HIQA would regulate and issue licences to providers, with national standards to follow.
- The cabinet approved the drafting of the Heads of Bill in April 2021. At the time of writing, three years later, this has not been completed.
- No progress was made on developing funding options for home care.

The Statutory Scheme did benefit from significant political attention throughout this period, largely resulting from the question of how to care of older people raised by the pandemic. This saw the establishment of the Special Covid-19 Committee, which alongside the PAC and the Health Committee, regularly invited officials from DOH and the HSE to give updates and timelines on the Scheme.

PROGRESS OF THE STATUTORY SCHEME 2020 TO 2021

YEAR	STATUTORY ENTITLEMENT TO HOME CARE	REGULATION	FUNDING	SINGLE ASSESSMENT TOOL	NATIONAL HOME SUPPORT OFFICE/ICT SYSTEM	TIMELINES & DELAYS
2020	<ul style="list-style-type: none"> Programme for Government commits to Statutory Scheme. DOH say "<i>significant work</i>" is being done to progress the Scheme. 	<ul style="list-style-type: none"> DOH say work is ongoing on regulation. Minister Butler delays reading of PMB on regs so DOH can develop a "<i>comprehensive regulatory framework</i>". 	<ul style="list-style-type: none"> DOH say work is ongoing on funding. 	<ul style="list-style-type: none"> DOH say work is ongoing on the "<i>critically important</i>" single assessment tool. Funding is secured for 128 interRAI assessors. Minister of Older People Mary Butler says the roll out of interRAI is a "<i>key enabler</i>" for the Scheme. 	<ul style="list-style-type: none"> Funding is secured for the roll out of a new IT system for HSE Home Support. Minister Butler says IT is also a "<i>key enabler</i>". 	<ul style="list-style-type: none"> 2021 is no longer the target for the implementation of the Scheme. Minister Butler says 2022 is the new target. Testing of interRAI is delayed due to Covid-19.
2021	<ul style="list-style-type: none"> Roisin Shortall, TD questions delays to the Scheme. HIQA publish a position paper in which they strongly advocated for an urgent root and branch review of home care services and the implementation of the Statutory Scheme. The ESRI publish "The Demand for the Statutory Scheme" report. 	<ul style="list-style-type: none"> DOH say they are "<i>finalising a draft scheme in respect of the regulation of home care.</i>" Government approves the drafting of the General Scheme and Heads of Bill. DOH say they plan to publish this in Q1 or Q2 2021. 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Minister Butler and DOH target end of 2021 for the recruitment of 128 interRAI assessors. Testing begin in 3 of the 4 pilot sites. 	<ul style="list-style-type: none"> DOH say they are working with the HSE to establish a National Home Support Office. 	<ul style="list-style-type: none"> Minister Butler initially moved the timeline of the Scheme to 2022. By the end of 2021, this moved to 2023. Testing of interRAI, due to begin in early 2020, began in late 2021. The National Home Support Office was repeatedly delayed.

Progress of the Statutory Scheme 2022-2024

In February 2022, HCCI appeared at the [Oireachtas Health Committee](#) alongside Age Action, the Alzheimer’s Society of Ireland and the Home Care Coalition, where they stressed the critical importance of developing the Scheme without delay. In March, the Home Care Providers Alliance (HCPA), a coalition consisting of HCCI, the National Community Care Network (NCCN) and Family Carers Ireland (FCI) published a report entitled [The Future of Home Care](#). The report called for the urgent implementation of the “long overdue” Statutory Scheme.

The most significant development in the first half of 2022 was the release of the ESRI report [“Home support services in Ireland: Exchequer and distributional impacts of funding options”](#). The report outlines the impact of multiple funding options to the exchequer and the client. In May, [HIQA published an evidence review](#) to inform national standards for home care. Separately in June, [DOH launched a public consultation](#) on draft regulations.

[A June 2022 parliamentary question \(PQ\)](#) gives an overview of progress to date.

Regulation:

- Permission granted in April 2021 to draft a General Scheme and Heads of a Bill to establish a licensing framework for home-support providers.
- Regulatory impact analysis due by December 2022.
- Key stakeholder consultation on draft regulation undertaken in January 2022.

Funding:

- ESRI have completed two reports, Demand for the Statutory Scheme and [Home Support Services in Ireland: Exchequer and Distributional Impacts of Funding Options](#)

Reformed Model of Service Delivery:

- In 2021, funding secured to:
 - Progress the roll-out of interRAI as the standard assessment tool for care-needs in the community.
 - Pilot a reformed model of service-delivery for home-support.
 - Establish a National Home Support Office, with funding for fifteen staff.
- Pilot scheme now operational in all pilot sites (CHO 2, CHO 4, CHO 7 & CHO 8).

There were few updates given on the progress of the Scheme in the second half of 2022, with the home care sector's recruitment issues getting more attention than the Scheme. We did learn that [the pilot testing of the Scheme had been extended](#), the recruitment of 128 interRAI assessors had not been completed nor was the HSE's National Home Support Office established.

The development of the Statutory Scheme continued at a slow pace in 2023. In February 2023, [Minister Butler said she hoped](#) to bring legislation to the Oireachtas before the summer but did not offer timelines on other areas of the Scheme. This did not occur, with [Minister of State for Disabilities Anne Rabbitte](#) telling the Dáil in July that it would be Q4 before legislation was brought before the Oireachtas.

Delays to the Scheme were raised multiple times by TDs and Senators in 2023:

"In 2018, a statutory right to home care was first promised by Government, with 2021 identified for the delivery date. Here we are five years later and there is still no statutory scheme or even regulations. What is the hold-up? I raise this matter with the Minister on a regular basis and there never seems to be any progress."

[Roisin Shortall, TD. – Dáil Eireann June 26th 2023](#)

[Senator Marie Sherlock said](#) that home care is the poor relation to other health services and that seemingly no progress has been made since the Sláintecare report was released in 2017:

"The irony in this country is that while we have a statutory right to hospital care and to public healthcare, we do not have a statutory right to home support. I know the Government is making moves in that space, but there have been delays. The reality is that care within the community has remained the Cinderella or the poor relation, relative to all else in the health services. We are into the sixth year of the Sláintecare plan, yet we see such torturous progress and a real delay in progress in terms of providing care in the community. It feels that we are no closer now than we were back in 2017 when the report was published."

In a November motion on home care, [Pauline Tully TD](#) issued a stinging rebuke of the Government's performance on the Statutory Scheme, saying the lack of progress was pushing people into hospitals and nursing homes:

"The Government seems to have thrown in the towel on the commitment it gave in the programme for Government to implement a statutory home support scheme over its term in government. It appears very unlikely at this stage. The failure to do that is pushing older and disabled people into hospitals and nursing homes, or into early

admission to long-term residential care, when they should be cared for in their own homes.”

During the same motion, Roisin Shortall lamented not just the slow progress of the Scheme but also the lack of transparency from the Government in offering timelines and updates:

“For over five years, a statutory right to home care has been promised and yet it still has not been delivered. We are told that work is ongoing, but we still have no idea when the legislation will be published. It is becoming clear that there is no real sense of urgency about getting this over the line. In fact, it seems to be getting pushed further and further down this Government's agenda. I regularly request updates on the statutory scheme but all I ever seem to get are stock responses about progressing regulation. There is no question but that a regulatory framework is desperately needed. However, that is only one part of the broader reform programme.

Reading between the lines, one cannot help thinking that there is not much appetite for legislating for a statutory scheme, or at least not this side of the general election, it would appear. Publicly, this Government may espouse the importance of home care but the waiting lists tell a very different story.”

By 2023, the Government had mostly stopped giving detailed updates on the progress of the Scheme and issuing timelines. One timeline that was given was the drafting of primary legislation to accompany regulations, which was given priority drafting status in the autumn legislative programme. However, the legislation was not drafted instead remaining in priority status for the 2024 programme.

[Request for timelines on the Statutory Scheme continued into 2024](#). Senator Alice Mary Higgins said:

“We need to know what the timeline is for the implementation of statutory home care and the entitlement to such care. We needed to have delivered that yesterday so that we can move on to looking at things like personal needs assistants, which is the next step. Again, I would like a really clear commitment regarding the timeline on statutory home care. I think the motion says it has been worked on for a few years. I worked on it over a decade ago before I ever came into these Houses.”

Senator Victor Boyhan complained that Senators are getting updates on publishing reports instead of timelines:

“Another request is that the Government "report on the progress of the implementation group on the Statutory Home Care Scheme". However, the references are all to publishing reports, what should be done in the future and

ensuring certain matters are given priority. There are no timelines. I ask the Minister of State to address that in her response.

Conclusion

By 2024, the Government had stopped issuing timelines on the Statutory Scheme and the Scheme itself did not receive the same political attention as it did previously. This is related to the end of Covid-19 restrictions at the start of 2022 and the recruitment issues facing the home care sector garnering more attention than the Scheme.

Aside from Covid-19, one of the most noticeable differences between 2020 to 2021 and 2022 to 2024 was that, in the former period, officials from DOH and the HSE were frequently before Oireachtas Committees where they could, and were expected to, give progress updates and timelines (even if these timelines were not achieved).

Another noticeable difference is the omission of the legal entitlement to home care within the Statutory Scheme. Examining a PQ or Oireachtas statement from 2020, the main area highlighted was the legal entitlement to care that the Scheme would deliver. This was the initial fabric of the Scheme. This legal entitlement aspect is rarely mentioned in statements in 2023 and 2024.

The end of Covid-19 restrictions should have freed the HSE to work on developing areas of the Scheme that they were responsible for. Yet, they failed to hire enough interRAI assessors and it is unclear how much progress has been made to date. Nor did the HSE set up the National Home Support Office. Even the seemingly straightforward process of setting up a physical office is yet to happen. They did complete the interRAI piloting, something that has raised more questions than answers shown in the next section.

Staffing in DOH was boosted by 2022 (HCCI still maintain they are understaffed). Internally, the bulk of DOH's work between 2022 and 2024 was developing the regulations for home care providers, something we hope is legislated for before the next election. DOH did commission research on funding. While DOH is better staffed, their attention has been split between the Scheme and the recruitment issues within the sector, and staff have been reassigned or seconded to other units in DOH.

Delays to the Scheme in this period can be attributed to a mix of institutional inertia, understaffing and the sad reality that in terms of budget and attention, home care is not seen as priority within the wider health service.

PROGRESS OF THE STATUTORY SCHEME 2022 TO 2024

YEAR	STATUTORY ENTITLEMENT TO HOME CARE	REGULATION	FUNDING	SINGLE ASSESSMENT TOOL	NATIONAL HOME SUPPORT OFFICE/ICT SYSTEM	TIMELINES & DELAYS
2022	<ul style="list-style-type: none"> By 2022, DOH mostly stopped mentioning the statutory entitlement or legal right to home care aspect of the Statutory Scheme. 	<ul style="list-style-type: none"> DOH launch a key stakeholder consultation on regulations. DOH launch a public consultation on regulations for home care providers. HIQA publish an evidence review to inform national standards for home care. 	<ul style="list-style-type: none"> The ESRI publishes "Home support services in Ireland: Exchequer and distributional impacts of funding options". 	<ul style="list-style-type: none"> The recruitment of 128 interRAI assessors continued unsuccessfully. Piloting of all 4 sites commenced, with the pilot extended. We now know this was due to staff turnover in one of the sites. 	<ul style="list-style-type: none"> National Home Support Office not established. New IT system not developed or procured. 	<ul style="list-style-type: none"> By 2022, DOH stopped giving timelines for the implementation of the Statutory Scheme.
2023	<ul style="list-style-type: none"> The statutory entitlement of the Scheme continued to be ignored by DOH in the Oireachtas and via PQs. Criticism for the now much delayed Scheme intensified in 2023. 	<ul style="list-style-type: none"> Legislation for regulation was given priority drafting status for Autumn 2023. 	<ul style="list-style-type: none"> A policy dialogue showcasing national and international research commissioned by the Department on future funding options for home support was held. A DOH commissioned report "Improving Home Care Sustainability in Ireland" was published. 	<ul style="list-style-type: none"> The Centre for Effective Services delivered the evaluation report on the pilot testing of interRAI to the HSE. Recruitment of the 128 interRAI assessors continued. 	<ul style="list-style-type: none"> The National Home Support Office was partially staffed but failed to source a physical office. 	<ul style="list-style-type: none"> Timelines were given for the regulation legislation, first Summer 2023, then Q4 2023. Neither of which were met. DOH stopped giving timelines for other areas of the Scheme.
2024	<ul style="list-style-type: none"> The statutory entitlement of the Scheme continued to be ignored by DOH in the Oireachtas and via PQs. 	<ul style="list-style-type: none"> Legislation for regulation was given priority drafting status for Spring 2024. 	<ul style="list-style-type: none"> DOH are currently exploring options on the future of funding. 	<ul style="list-style-type: none"> Recruitment of interRAI assessors remains ongoing. HCCI publish this report. 	<ul style="list-style-type: none"> The National Home Support Office was partially staffed but failed to source a physical office. IT business case has been approved. Unclear what the current status is. 	<ul style="list-style-type: none"> The only outstanding timeline is for the legislation of regulations to be drafted. Other areas of the Statutory Scheme are delayed by 3 years now.

The Statutory Scheme - Where are we now?

interRAI Single Assessment Tool

The roll out of the interRAI single assessment tool, initially targeted for 2021, has stalled [with only 3,050 interRAI assessments](#) taking place in 2023 out of a target of 18,000.

Although funded for the recruitment of 128 interRAI assessors since 2021, this process is ongoing. interRAI was tested across four pilot sites in 2021 and 2022, with the Centre of Effective Services (CES) producing an evaluation report in May 2023. Although the HSE have not released the report, HCCI has seen the full report through a freedom of information request.

The CES Evaluation Report contains fascinating insights into barriers to the rollout of interRAI and the variations in service between CHOs. It reinforces the need for a common assessment tool like interRAI and, indeed, the urgent development of the wider Statutory Scheme.

Findings in the CES Evaluation Report

Variations in service (Section 4.1 – 4.2): This section shows significant variations in the length of time a home support application takes, the amount of home support hours allocated and the number of hours that are actually delivered. It also shows a significant difference between the hours allocated and the hours that are actually delivered when the home care package commences. One of the key aims of the Statutory Scheme is to end these variations, which should be seen in the context of other variations such as waiting lists, with some CHOs having significantly more people waiting for care than others. This variation in waiting lists reinforces the fact that there is an Eircode lottery for home care in Ireland.

Findings:

- The average time between receipt of an application for home support and the commencement of an interRAI assessment was 3 weeks, ranging from 1.4 weeks in Site A to 6 weeks in Site B.
- After the interRAI assessment, the average time to an approval decision was just over 1 week, ranging from 0 weeks in Site A to 3 weeks in Site C.
- The average time between receipt of an application and the client being approved for home support was just over 4 weeks, ranging from 1.5 weeks in Site A to 8.5 weeks in Site D.
- The average hours allocated to a client was 7.6 hours per week, ranging from 5.7 hours in Site B to 9.4 hours in Site D.
- However, the report found a significant difference between the hours allocated and the hours initially commenced. The average hours initially commenced was 4.5 hours, ranging from 2.2 hours in Site B to 6.7 hours in Site C.
- Further analysis found that 37.5% of clients had hours allocated that were yet to commence, ranging from 0% in Site C to 43% in Site A.
- There were variations in letters and documents issued to clients across the 4 sites.

Roll out of interRAI (Section 6.1): This section shows variations in how the sites prepared for the pilot and their experience using a single assessment tool. Sites with previous experience with a single assessment tool fared better in their preparations for using interRAI. The fact that three sites continued to use CSAR assessments during the pilot raises questions for the feasibility of a wider roll out of interRAI.

Findings:

- There were variations in the frequency of pilot working group meetings, with Site A meeting weekly, Site B monthly and Site D fortnightly throughout the pilot. Remarkably in Site C, after “several planning meetings over the phone”, one assessor left their role, the pilot was paused for six months, and the working group did not meet again even when the pilot restarted.
- Two out of four of the pilot sites had no previous experience using a single assessment tool.
- Three out of four of the pilot sites also carried out assessments using CSAR in addition to interRAI.

Using interRAI (Section 6.2.1 – 6.2.3): This section shows that while interRAI allows for a more thorough and objective assessment, the process is viewed as too lengthy by some assessors and too complex by some clients. Assessors, clients and informal clients will need additional support if interRAI is to be rolled out across all of home support services.

Findings:

- Assessors and working group members found that interRAI provided a more holistic and thorough assessment than CSAR and identified a broader range of client and informal carer needs, including insights into psycho-social needs of a client.
- Assessors felt that interRAI was a more objective and fair assessment, reducing undue influence that family members could have on assessment outcomes.
- interRAI assessments were conducted on an iPad, with the elimination of handwriting praised for aiding interpretations.
- Concern was raised about the length of time it takes to complete an interRAI assessment. The face-to-face assessment took approximately 90 minutes, with follow up activities taking up 4 to 5 hours to complete. Some assessors said this was worthwhile but others felt it could not be justified when compared to the speediness of CSAR. Some assessors received administrative support which helped.
- The face-to-face component of the assessment was *“perceived to be lengthy, tiring, and intense for some clients. Some assessors found it challenging to keep clients from digressing during the assessment, and to manage the unpredictability of the home environment”*.
- Completing interRAI assessments in a hospital setting was particularly challenging due to competing demands on wards.
- Many clients and carers had limited memory of the assessment process because they received other assessments and appointments around the same time. For those who remembered there was a mixed response, some felt it too long, others appreciated that it allowed for a more thorough assessment.

Lack of multi-disciplinary “buy-in” to interRAI assessment (Section 6.2.4): It is clear from this report that multi-disciplinary buy-in is necessary for the effective roll out of interRAI and that this was not present during the pilot. Without the buy-in, the speedier CSAR assessment will continue to be used. More work is needed from senior leadership to drive the implementation of interRAI.

Findings:

- Assessors and working group members believed clients would only get the full benefits of interRAI if there was involvement from the wider multi-disciplinary team in the assessment and care planning.
- Most sites felt *“that the pilot received limited engagement from other HSE divisions, especially from primary care, and stronger leadership was felt to be needed from across the HSE at a national and regional level to support buy-in to the pilot from primary care services.”*

- One site noted that although staff outside of the home support team received interRAI training, they did not consult interRAI outputs as part of their work, saying while they've had the training, they need to change their mindset and culture.
- In sites A,B and C, public health nurses continued to carry out CSAR assessments with the same clients who had received interRAI assessment. This duplication of assessments created frustration and confusion for staff, clients and informal carers.

Decision making about the allocation of home support (Section 6.3): There has been little, if any, literature on the decision-making process behind the allocation of home support. This section confirms what HCCI's knows anecdotally; that CHOs have significant autonomy in their decision making. It also shows that while interRAI outputs give a better representation of a clients' care needs, these outputs can be interpreted differently and do not translate to an efficient standardised allocation of hours. The fact that interRAI does not lead to a consistent awarding of home care hours raises fundamental questions about the suitability of interRAI as a single assessment tool.

Findings:

- Each site took a different approach to the allocation of home support hours. Site A had weekly in-person meetings, using a group-based review and decision-making process for allocating home support hours. InterRAI was used but the working group reported challenges in interpreting interRAI outputs in a consistent manner.
- Site B used the interRAI summary report and a prioritisation banding framework developed locally during Covid-19, which categorised care needs on a scale of 1-4 using interRAI outputs. The working group felt that interRAI improved transparency but like Site A, reported variations in how different people interpreted the assessment outputs.
- In Site C, one staff member was responsible for interpreting the interRAI assessment and deciding the allocation of hours. Graphs and risks sections of interRAI outputs were used but overall, interRAI was seen as too lengthy and complex. Instead, the decision making focused on the narrative sections of the assessment and the decision makers professional judgement.
- Site D used a similar group-based decision-making process. They produced a one-page template to summarise the interRAI outputs under several headings including health status, physical, cognitive, physical, and social functions and the presence of wraparound supports.
- All sites agreed that a standardised approach to interpreting interRAI outputs needs to be developed and audited regularly.
- Working groups felt that while interRAI produced more consistent outputs, this does not automatically translate into consistent allocation of home support hours as interRAI

assessments can be interpreted differently, leading to different opinions about the allocation of hours

- Sites A and D agreed that the interRAI assessment provided a better representation of client needs than pre pilot.
- HCSA felt that clients were not typically allocated an accurate number of hours, with some receiving too little and some receiving too much. HCSAs suggested that informal carers can be too influential on allocation decisions.
- Exploratory analyses were conducted to inform decisions about future resource allocation for home support using interRAI outputs. The interRAI RUG-III Home Care Classification was not found to perform well in terms of predicting home support allocations in the Home Support Pilot (explaining just 5% of the variance in weekly hours allocated). The Personal Support Algorithm performed considerably better in this respect, explaining 33% of the variance in home support allocations in the pilot.

Pressure on service capacity (Section 6.4): Contributors to the report suggest that any roll-out of interRAI will be challenging without increasing workforce capacity. By giving a more accurate assessment of a clients' needs, interRAI highlights the gap between what is needed and what HSS can provide. This section also reinforces waiting list data which shows the challenges in providing care in rural areas and the challenges in getting care at the weekend caused by HSE carers working a Monday to Friday schedule.

Findings:

- All sites indicate that the shortage of HCSAs and difficulties recruiting are a key barrier to service provision and the standardisation of service, suggesting that the impact of interRAI will be negated by capacity issues.
- Although interRAI provides a more detailed insight into a client needs beyond personal care, it highlights gaps in service provision which are frustrating to observe. Assessors noted that the comprehensive nature may have raised hopes for clients, with assessors having to manage clients' expectations.
- Sites C and D reported feeling pressure to reduce hours due to fears that there is not enough capacity to deliver the package.
- It was noted that rural clients were at a disadvantage, with certain areas labelled as "blackspots".
- In Site D, service capacity was improved by providing guaranteed contracts to agencies to contract HCSAs on a short-term basis.
- HCSAs outlined several frustrations and challenges in their role which contribute to high staff turnover including salary, holiday/sickness cover, and the limited work-life balance of the role.
- HCSAs noted challenges in their communication with the home support office, particularly for HCSAs working for an independent provider.

- Clients interviewed for the report had a general awareness of the sector’s capacity issues.
- Only a minority of clients received care on the weekends, a source of frustration for clients and informal carers.
- The report also notes the shortage of staff to conduct assessments.

Support Provided to Clients (Section 6.5): This section confirms that clients view home care as beneficial to their wellbeing and HCSAs derive a high level of satisfaction from their roles. Nevertheless, clients wished for more flexibility and carers are frustrated about the time and task model of delivering care and want more clarity on their roles. Consideration should be given to greater clinical input into care plans given the additional information gained from interRAI.

Findings:

- Sites A and C were concerned about the lack of clinical input into care planning and the lack of clarity on how to access additional wrap around supports identified during interRAI assessment. Sites suggested a multi-disciplinary care planning process.
- Clients and informal carers expressed a high level of satisfaction with their HCSAs.
- Some clients wished for greater flexibility and input into the timing of home support visits.
- Continuity of care, i.e. having the same HCSA visit each day was cited by clients as important.
- HCSAs expressed a high level of satisfaction with the impact their job has on clients.
- Some HCSAs expressed frustration with task orientated model of delivering home support which does not allow flexibility in delivering the care that the client most requires.
- HCSAs also referred to inconsistency in their remit, with some level of confusion about what tasks can be performed.

Communication between service and clients (Section 6.7): This section shows that more work is needed to streamline the administrative process behind home support applications to reduce the burden on staff and bring clarity to clients and informal carers. Home support offices should also introduce a single point of contact to handle complaints and enquiries.

Findings:

- Most clients and carers could not remember the assessment process. Those who did spoke in negative terms with the process being described as “difficult and confusing”. Clients and carers reported a long time between application and decision making.

- Sites A, C and D implemented the HSS Standardised Procedures and Standard Letters for clients, with Site B reporting that the administrative burden was too high.
- The use of Standard Letters was intended to reduce the administrative burden on HSS staff. However, this was not the case as the letters were not sufficiently personalised meaning HSS staff still had to ring client and carers to explain the decision.
- There were mixed experiences in relation to ongoing communication between the client/family and the HSS. Clients and informal carers in Sites A,B and D noted that they did not know who to contact about the service. Other clients and informal carers noted more positive engagements with the HSS office.
- The report notes a perception that there were several managers in different departments responsible for the HSS, rather than as single point of contact.
- There were mixed reports from family members on how involved they felt in decisions on care.

Key Points on the Evaluation of the interRAI pilot:

1. InterRAI training is necessary and beneficial but also time consuming.
2. InterRAI provides a thorough, holistic assessment of care needs, giving insights into clients' psychosocial needs, home environment, and preferences, and carers' circumstances.
InterRAI is viewed as a fair process because all clients are assessed under the same criteria.
3. However, there are concerns about the length of time it takes to complete an assessment, with interRAI seen as unfeasible for palliative cases or in hospital settings. The length of time interRAI assessments take was also criticised by clients.
4. Three out of four of the pilot sites continued to use CSAR alongside interRAI. This raises questions about the level of buy in from HS staff involved in the pilot and leadership shown by senior officials overseeing the pilot.
5. Likewise, the lack of buy-in from other medical professionals outside of home support was noted. Assessors felt that clients would only get the full benefits if there were increased multi-disciplinary buy-in, particularly from primary care.
6. While interRAI delivers more thorough and fair assessment outputs, there are challenges in interpreting the outputs in a consistent manner. Guidelines should be introduced to support this.
7. Routine interRAI reviews were not carried out due to a shortage of assessors. Clients and informal carers noted the need for regularly reviews to take account of changing care needs over time.
8. The shortage of HCSAs is a key factor impacting service provision and the standardisation of service, particularly in rural areas. The availability of HCSA sometimes influences decision making on the allocation of hours to clients.
9. HCSAs got satisfaction from their work but challenges include, pay, benefits, work life balance, communication with the local home support office and uncertainty around the boundaries of the role.
10. Clients and informal carers acknowledged the positive benefits from receiving home care but wished for flexibility on the timing of visits.
11. There were mixed experiences to the ongoing communication between clients and the local home support office, with some reporting not having a point of contact in the service.
12. The interRAI RUG-III Home Care Classification was not found to perform well in terms of predicting home support allocations in the Home Support Pilot (explaining just 5% of the variance in weekly hours allocated).

Recommendations from the evaluation

The report contains several recommendations to inform the development of the Statutory Scheme. Recommendations reflect the key learnings from literature on best practice in home support and the Statutory Scheme public consultation. Recommendations listed here are quoted verbatim from the report.

1	Implementation readiness
1.5.	In advance of the regulation of home support providers and the establishment of a Statutory Home Support Scheme assessment of implementation readiness across local Home Support Service offices will be required in relation to interRAI assessment, decision-making processes about allocation of service, and processes for reviews of needs.
1.6.	Services not familiar with the interRAI electronic system may need a longer lead time for preparation and familiarisation with the assessment and targeted support with operationalising its implementation.
1.7.	It may be beneficial for the HSE to work with sites to ensure that the standard documents to be used in advance of regulation of home support providers and the establishment of a Statutory Home Support Scheme are appropriate to service and client needs, and to co-ordinate a document review where further refinement is required.
1.8.	The HSE may wish to consider providing targeted implementation support to embed all required documents in a site, for example in the case where a site has a different process of engaging home support providers.
2	InterRAI assessment
2.1.	Clinicians need to be trained to conduct interRAI care needs assessments as part of their role, rather than services relying on dedicated assessors who may be limited in their capacity and who may not be familiar with the client.
2.2.	Additional clerical support with the administrative elements of the interRAI assessment may be needed to reduce the workload involved in assessment.
2.3.	Services will require clarity and training about how to interpret the outcomes of interRAI assessment and how to translate these outcomes into an appropriate provision of home support once a resource allocation model has been agreed nationally.
2.4.	The Statutory Home Support Scheme should consider using different interRAI instruments depending on context, e.g., the interRAI screener (contact assessment) to support discharge from an acute setting, and the interRAI palliative care assessment for palliative cases.
3	Increased engagement needed from primary care
3.1.	The HSE may need to lead a process of encouraging wider engagement with interRAI, particularly from primary care, to ensure multidisciplinary involvement in assessment and care planning for the Statutory Home Support Scheme.
4	Standardisation of home support services

4.1.	Home support providers need to provide clarity and standardisation of the duties of the Health Care Support Assistant (HCSA) role.
4.2.	Standardisation of service provision and capacity is needed so that clients are provided with home support that corresponds to their needs, irrespective of where they are living.
4.3.	The operating model for the Home Support Service should be further reviewed and standardised to minimise variation in client and carer experiences in relation to the application and approval process, assessment, and communications. This is critical in advance of regulation of home support providers and the establishment of a Statutory Home Support Scheme.
4.4.	InterRAI outputs offer a promising basis for a future resource allocation model for home support. It is recommended that further analyses using data from a larger sample of clients be conducted.
5	Person-centred home support
5.1.	Clients need a reliable, consistent home support service, where continuity of carer is provided as much as possible.
5.2.	Home support services may wish to consider providing support beyond personal care, to incorporate supports needed for clients' wellbeing, quality of life, and connection with their communities. However, this has significant resourcing and regulatory impacts for home support providers and will need to be considered as part of the wider reform programme for Older Person Services.
5.3.	Communication with all clients in receipt of home support, and their carers (where necessary), should be standardised, timely and effective and they should be informed of any changes to these services. Clients should have a point of contact within their local Home Support Service office, and services may need to communicate to clients (and informal carers) that their feedback and input about how the service is delivered is valued.
5.4.	Home support services should regularly review clients' needs to ensure service provision remains appropriate and take account of client and carers views in decision-making.
6	Improved working conditions for Health Care Support Assistants
6.1.	Strategic workforce planning is a significant dependency for the implementation of regulations for home support providers and the development of the Statutory Home Support Scheme. The retention of HCSAs may be improved by a review of their employment terms and conditions; enhanced induction and ongoing training to ensure that they feel equipped to meet the needs of their clients; and clear boundaries on the duties of their role. These recommendations are similarly contained within the report from the Department of Health's Strategic Workforce Advisory Group (SWAG; 2022). There is a disparity between the employment terms and conditions of HSCAs employed by the HSE and those employed by voluntary and private home support providers. The introduction of employment regulations on the terms and conditions of employment for HCSAs may have a stronger regulatory basis through which employment conditions for staff employed by voluntary and private providers can be improved and sustained.

InterRAI Evaluation Report – Wider Home Care Findings

While the primary focus of this progress report is the Statutory Scheme and the evaluation of the interRAI, the evaluation report involved focus groups with HSS staff, HCSAs, clients and family/informal carers. As such, it reveals insights not strictly related to interRAI or the Statutory Scheme including gaps in service provision and capacity, the availability of HCSAs and assessors, and the need for flexibility and continuity of care. These findings indicate that the Home Support Service and its staff are facing significant pressure due to its under-resourcing, leading to a rigid service devoid of flexibility that is not delivering enough care to meet the needs of its clients.

- **InterRAI highlights gaps in service provision:** Report finds that staff are frustrated with the shortage of HCSA preventing clients from receiving their necessary allocation of home care hours.
- **The availability of HCSAs was a key factor in the decision-making** about the allocation of hours: Sites reported feeling under pressure to reduce the number of hours allocated to a client in the knowledge that there probably would not be enough HCSAs to deliver the package.
- **Continuity of care is critical:** Having the same HCSA care for the client was cited as being very important for the client and carer. The report highlights the challenges that vulnerable clients face when the HCSA changes. Unfortunately, delivering continuity of care is a challenge due to how the HSE commission home care, with the HSE immediately stopping payment if a client pauses care, causing the HCSA to be reassigned or risk losing income.
- **Cases requiring support with issues not related to personal care were often deprioritised:** this is due to the shortage of resources. The report highlights how the more comprehensive system interRAI system may have raised hopes for clients and families.
- **Clients in rural areas perceived to be at a disadvantage:** The evaluation report refers to “blackspots”, where clients in rural areas had difficulties finding a HCSAs to deliver care. This matches with waiting list figures which show higher waiting lists in rural areas compared to urban areas.
- **Clients want greater flexibility in care:** Clients and carers wanted more flexibility in when care is delivered. This could be done through Consumer Directed Home Support which empowers clients to have a greater say in their care planning. Despite being in operation since 2018, it has yet to be roll out across all CHOs.
- **Reviews of care needs do not take place as recommended:** According to 2018 Home Support Guidelines, a review of care needs should be undertaken every 6 months. This did not occur due to assessor capacity. Working group members wanted regular reviews to ensure clients were not receiving more care than necessary. Some ad-hoc reviews took place in order to secure additional hours for clients. Clients also want more reviews to take account of changing care needs with one case of a client not receiving a care review despite beginning to use a wheelchair in time since the initial assessment took place.
- **Clients and informal carers notice the squeeze on HCSA capacity:** Clients and carers notice that HCSAs are under pressure to move on to the next clients. They report receiving less

than their allocated hours, not receiving care at the weekend and challenges find a replacement HCSA if their scheduled one is absent.

- **HCSAs want a clear definition of their role:** HCSAs were unsure on what tasks fell under their remit. Some were frustrated at the strict ‘time and task’ rules which prevented HCSAs providing the support they felt their client really needed.
- **There is variation in the availability of community supports:** Clients reported mixed experiences in accessing community supports such as Meals on Wheels, allied medical care, day centres and private supports. Reasons given include lack of availability in their community, cost, waiting lists for supports and clashes with other appointments.
- **There were very mixed experiences to the ongoing communication between HSE HSS and clients:** The reports highlights uncertainty around who should be the first point of contact for clients and carers who have questions about their care. Some carers reported not feeling listened to by HSS. Some carers reported that it was the HCSA and not the HSE who updated them on their care schedule. It was noted that HSE HCSAs could contact the client directly but agency HCSAs could not.

The HSE’s National Home Support Office

Originally due to open in 2021, the HSE’s National Home Support Office is partially established. [A Head of Service and 3 WTEs](#) (whole time equivalents) have been appointed and the office is contactable by email. Nevertheless, it is somewhat baffling that the long promised physical office, due to be set up in Tullamore, has yet to open.

Home Support IT System

In contrast to the private sector, much of the HSE’s Home Support administration is done without an IT system. Work is underway [to develop a new IT system](#) to “*enhance the quality and efficiency of service delivery*”. HCCI understand that a business case has been approved. [In February 2024](#), Minister Butler told the Dáil that a pilot of the IT system was tested in CHO 3.

Regulation of Home Support Providers

The final draft regulations were distributed to HCCI in December 2023. HCCI broadly support these regulations, although clarity is need on who is responsible for carrying out needs assessments and developing a care plan. Although plans to publish Heads of Bill and bring legislation to cabinet have been repeatedly delayed, this is the most advanced module

of the Statutory Scheme. HCCI's main priority is to see this legislation pass through the Oireachtas and enacted into law before the next election.

As it was in Autumn 2023, the legislation to accompany regulations currently has priority drafting status for the [Spring legislative programme](#). The primary legislation relates to the licensing of home support providers and the secondary legislation relates to the regulations themselves. This will be complemented by HIQA minimum standards, which is [due for public consultation](#) in 2024.

Given the [initial target for legislating](#) for regulations was 2021, it is disappointing that we are now facing a race against time for this to pass through the Oireachtas before the next election. HCCI enjoy a good working relationship with the Department of Health and we have been consulted on regulations, yet we do not have a satisfactory explanation for the delays. Delays to publishing the Heads of Bill are equally confusing. In March 2021, [a DOH official said](#) the Heads of Bill would be ready to publish by Q1 or Q2 of 2021. Indeed, DOH got Government permission to draft Heads of Bill in April 2021. At the time of writing, the Heads of Bill have not been published.

Funding

[According to a March 2024 PQ](#), DOH *"is currently examining a range of funding options for home support"*. In HCCI's view, there is a significant body of work to be completed before the Government is ready to present funding options and an even greater set of consultations and engagements to achieve buy-in for any funding decision.

DOH say further research is underway to enhance the evidence base. HCCI concur that there is a poor evidence base for home care funding options and that further research should be conducted as a priority. This research should be used as the foundation for a national conversation on the future of care funding in Ireland. However, that it has taken until 2024 for DOH to realise more research is needed into funding options is hard to understand in the context of the timeline enumerated above.

Current work on developing funding options is guided by several publications:

Demand for the Statutory Home Care Scheme. ESRI, 2021: This does not examine funding options but projects upward changes in demand caused by the enactment of the Statutory Scheme.

Home support services in Ireland: Exchequer and distributional impacts of funding options. ESRI, 2022: This report studies the financial impact of several co-payment options on the exchequer and service users. Options considered include a flat rate contribution of €5 per hour and means tested contributions with contributions starting after a certain threshold (e.g. medical card, minimum wage, living wage). The report does not recommend a single option but said that a flat rate contribution is regressive and that co-payments can be designed to protect those on lower incomes and high care needs. The ESRI recommend a cap on lifetime contributions.

Improving home care sustainability in Ireland: are user charges a promising option? European Observatory on Health Systems and Policies, 2023: This report argues against ‘user charges’ (i.e. co-payments), finding that revenue raised is “negligible” and will most affect poor households. It argues that supply-side mechanisms like regulations or new models of care may better improve home care financial sustainability.

Co-payments for Home Care: Search and Screen. Health Research Board, 2023: This report is unpublished.

Some of the funding options available include:

- **Fully state funded through general taxation:** This is currently how HSE home support is funded. While it allows access to care regardless of a person’s income or wealth, Ireland’s ageing population and changing care expectations will lead to greater demand for home care, leading to greater costs to the exchequer. Therefore, consideration must be given to the financial sustainability of this option.
- **Co-Payments:** This involves the service user paying a portion of their care. There are multiple ways to design a co-payment system including charging a flat rate per hour or a means-tested contribution beginning after a certain threshold. Co-payment is a feature of home care sectors in England, Australia, Canada and Sweden.

- **Long Term Care Insurance (LTCI):** LTCI is a type of insurance that provides coverage for the costs associated with long-term care services like home care and nursing home care. LTCI is mandatory in German, where contributions are between 3-4% of an employee's salary.

In addition to further research, we need to begin a national conversation on the future funding model for home care. The next Government must strike a balance between the political sensitivities of imposing charges versus the need to put the sector on a sustainable footing as Ireland ages. This will require extensive consultation and engagement with the public and sectoral stakeholders. This will take a considerable amount of time and resources but should not be avoided or delayed because it is politically contentious.

The need to urgently begin a national conversation on future funding options is made greater by the fact that there is no consensus on funding options. When the Scheme was first launched, Minister's [Simon Harris](#) and [Helen McEntee](#) suggested that co-payments would be necessary. The current Government has not given an indication on which funding option they prefer, and the issue has not featured much in Oireachtas debates. [Surveys indicate](#) that public opinion is divided on future funding options and the academic literature is inconclusive.

Factors Delaying the Statutory Scheme

As this report shows, the Statutory Scheme has been repeatedly delayed with deadlines consistently missed. In fact, deadlines are rarely given anymore. While the Statutory Scheme is a complex series of policies and legislation, and policymaking often faces delays, there has been no satisfactory explanation about why the Scheme described as ready to go by the last Government is not even close to full implementation as we enter the last 12 months of this Government. In this section, HCCI outline some factors that have contributed to the delays and offer solutions to expediate the Scheme.

Lack of Buy-In from the HSE to the Statutory Scheme

This report raises questions about the commitment of the HSE towards developing and implementing the Statutory Scheme. Frankly, the pilot scheme for the testing of interRAI was half baked. The evaluation report reveals why there were delays to commencing the pilot; there was an insufficient lead-in time and the participants were understaffed and ill-prepared.

One site had a project lead with no background in home care and, in preparation for the piloting of interRAI, only met over the phone before an assessor left their role. Unable to find a replacement, piloting was delayed for six months, and the working group never met in person. Some training was provided but seemingly not related to the allocation of hours, an obviously critical component.

One site did not use interRAI when determining the allocation of hours. It is remarkable that HSE leadership allowed this to happen as it contradicts the purpose of the pilot. Sites that did use interRAI also continued to use CSAR assessments creating unnecessary duplication and causing frustration for staff working on the pilot.

Most sites reported limited engagement from other HSE divisions. HSE Primary Care staff were trained in interRAI but neglected to use it. *“The pilot received limited engagement from other HSE divisions, especially from primary care, and stronger leadership was felt to be needed from across the HSE at a national and regional level to support buy-in to the pilot from primary care services”.*

The report shows insufficient leadership at national and regional level to drive not just the use of interRAI, but a wider cultural change within the HSE. Moreover, the fact that this report has been with the HSE unpublished since May 2023 is deeply disappointing. This has denied civil society organisations, politicians, advocacy groups and the media the opportunity to examine the successes and failures of the interRAI pilot. While it is unclear if the recommendations of the report are being acted upon, the failure to have a transparent debate and scrutinise the report's findings represent a further delay to the Statutory Scheme.

Beyond the piloting of interRAI, the HSE has not shown sufficient commitment towards implementing other aspects of the Statutory Scheme. Funding for 128 interRAI assessors has been secured since 2021, yet progress has been painfully slow. The HSE has not revealed how many assessors have been hired but data from the 2024 National Service Plan shows only 17% of the targeted 18,000 interRAI assessments were completed in 2023, suggesting that the number of interRAI assessors is far below the targeted 128. The HSE has shown no urgency in developing the much-needed new IT system for home support. Instead, and in stark contrast to the private sector, much of the HSE's Home Support Service remains paper based. Also funded since 2021 has been the National Home Support Office. While it is partially staffed, the HSE has remarkably been unable to open a physical office.

These delays cannot be excused due to Covid-19 or the competitive job market. It is clear there is no urgency from the HSE in progressing the Statutory Scheme and that it is not a priority for senior leadership. The Scheme was mentioned just [once](#) during the HSE Board monthly meetings, back in February 2021. It is obvious from the interRAI report that the Statutory Scheme represents a significant reform in how the HSE operate home care, with the system moving towards a more standardised approach. This is necessary and should be welcomed given the variations in client hours, waiting lists and coverage between different CHOs. At best there is inertia within the HSE towards this reform, but more likely it is outright resistance. There is no evidence that the leadership of the HSE will change this.

The HSE's commitment to the Scheme must now be questioned and there is need for a transparent and comprehensive examination of their performance on the Scheme to date. In addition, the fact that the HSE has been allowed to resist and slow the development of

the Scheme needs to be examined and questions need to be asked regarding how the HSE is held to account on their performance. The Statutory Scheme is similar to Sláintecare in that the HSE has been permitted to stymie its development with little consequence. It is no longer acceptable to assume in good faith that the HSE will follow the directive of the Minister and implement Government policy as mandated.

[Suitability of the interRAI Single Assessment Tool](#)

The evaluation report into the piloting of the interRAI raises questions about the suitability of interRAI as single assessment tool and the level of buy-in from those participating in the pilot directly and allied medical professionals in other areas.

While the report outlines benefits from interRAI, it considers it to be too lengthy, particularly when doing assessments in hospitals or in a palliative setting. This, combined with the chronic understaffing of HCSAs and interRAI assessors, and the lack of buy-in from allied professionals, raises questions about the suitability of interRAI as a single assessment tool.

Further, the evaluation report shows that interRAI does not lead to a consistent awarding of home support hours as different sites and different staff interpreted the results differently. Consistency is one of the most fundamental aspects of the Statutory Scheme and if interRAI does not give a consistent allocation of hours, then this is an existential problem for the Scheme which must be addressed.

We urgently need to kickstart an open debate about the suitability of interRAI as a whole and question the learnings gained from the pilot and what actions are being taken to counter the clear weaknesses of interRAI. Policymakers must be brave and confront these issues, otherwise we may waste another four years trying to develop a single assessment tool that fundamentally does not work.

[Shifting Political Priorities](#)

The Statutory Scheme received the most political attention in 2020 and 2021 while the pandemic was ongoing. By 2022, attention had moved towards the recruitment challenges in the sector, and more broadly, to issues of waiting lists, A&E overcrowding and DTOC in

acute hospitals. This is perhaps related to the home cares sector's small size relative to acute care. [As Senator Marie Sherlock said](#), community care is the “Cinderella” or poor relation to other health services. While the Scheme continued to be raised in the Oireachtas, the information gained on timelines to the Scheme were sub-optimal and not challenged to a great degree.

In particular, the Statutory Scheme was not raised as much in Oireachtas Committees in the second half of this Government's term, with no session focused on the Scheme and the senior officials from DOH/HSE have not appeared at Committee to give detailed accounts of the progress of the Scheme. This contrasts with 2020 and 2021, when with the benefit of the Special Covid-19 Committee, the Assistant Secretary and Principal Officer in DOH overseeing the Scheme and the Head of Service at the HSE were questioned on the progress of the Scheme and future timelines. The Oireachtas Health Committee should immediately organise a committee session on the Scheme with the officials directly overseeing its development and the civil society stakeholders mostly closely related to the Scheme.

[Lack of Wider Government Support](#)

HCCI know that Minister Butler is committed to implementing the Statutory Scheme. However, she has a wide ranging and complex brief. Despite inclusion in the Programme for Government, HCCI do not believe that the Scheme is a priority for this Government. If it were a priority, there would be more declarations of support from the Taoiseach, Tánaiste, and Minister of Health. This would inject a sense of urgency into the development of the Scheme. Instead, the Scheme has been allowed to drift, with Minister Butler trying to juggle competing priorities and drive as much implementation of the Scheme as she can. Further, we know from the glacial implementation of CD-SWAG that other Government Department's are not prepared to progress or implement necessary workforce reforms with any sort of urgency.

[Staffing in the Department of Health](#)

As of September 2020, only between three to five people were working in the Department of Health's Home Support Reform Unit. While there are more people working in the Unit now, the head of the Unit has changed three times during this Government and HCCI

maintain that more staff should be allocated to the unit. This understaffing and staff turnover have certainly led to delays. The Government should commit to increasing the number of staff in the Home Support Reform Unit. This would lead to faster development of the Scheme and allow for the various modules to be tackled in parallel, rather than consecutively.

Recruitment Issues in Care

Persistent recruitment issues and the failure to develop a workforce strategy for home care are inextricably linked to the delays to the Statutory Scheme. On a basic level, DOH have been funded for 128 interRAI assessors since 2021 and, as of 2024, this process is ongoing with only 17% of the targeted interRAI assessments achieved in 2023. The evaluation report into the piloting of interRAI clearly shows the need for more assessors.

The report also highlights the pressure that the shortage of HCSAs and the challenges recruiting HCSAs are having on the delivery of home care and the standardisation of home care. The report outlines the frustration between the level of care required and the availability of a HCSA. Sites also reported that they were under pressured to reduce the number of allocation hours due to the lack of HCSAs. It is understandable that the HSE is not prioritising the implementation of Statutory Scheme reforms when they are perpetually understaffed and facing pressure to deliver some level of service to clients.

Measures to tackle recruitment issues divert attention away from progressing the Statutory Scheme within the Department of Health. Officials from the Home Support Reform unit are also involved with the Cross-Department Strategic Workforce Advisory Group. As stated previously, DOH are understaffed and ill-equipped to drive workforce and statutory reforms in parallel. More resources are needed to tackle these issues in tandem.

Covid-19 Pandemic

The pandemic has been cited by the HSE and DOH as a factor in delays to the Scheme, with staff diverted to other areas and the health services attention focused on combatting the virus. HCCI accept that the pandemic would delay the progress of the Scheme but not to the extent that it has. We know that the outgoing Government asserted in June 2020 that the Scheme was ready to go. Granted, there were more waves of Covid-19 to follow but a

critical mass of people was vaccinated by Summer 2021 and restrictions ended in January 2022. Of course, this did not end the HSE's work on combatting the virus but it does allow ample time for the Scheme to be progressed. Moreover, the lessons learned from the spread of Covid-19 in nursing homes and hospitals should have been an impetus for developing the Statutory Scheme as an alternative model of care. This was cited in the [Expert Panel on Nursing Homes](#) report and the [Oireachtas Special Committee on Covid-19 Response](#).

Conclusion

This report raises serious questions about the future of the Statutory Home Support Scheme. The report concurs with statements made in the Oireachtas in the past year that show extreme frustration with how the Scheme is being progressed and dismay that we are no closer to its implementation than in 2020. A fresh approach and a renewed focus are needed to address the fundamental issues in how the Scheme has progressed.

This should begin by remembering the true intention of the Scheme; to place home care on par with nursing homes by offering equal access and a statutory entitlement to a regulated, patient centered home care service with standardised eligibility and assessment criteria. The Scheme is about giving a long overdue legal right to our most vulnerable citizens, who too often are left to languish in hospital because they cannot find a carer or enter nursing homes because it is easier to access than home care. Minister Butler should reaffirm this and, with the support of the Taoiseach, make the Statutory Scheme a core Government priority.

Bravery and leadership are needed. We are close to legislating for home support regulations; whatever is holding it up needs to be removed. The question of future funding involves difficult conversations with the public, but this cannot be avoided. The HSE have a central role in the Scheme, but they have failed to meaningfully progress it. We cannot continue to ignore this glaring reality. Greater leadership over, and scrutiny of, the HSE is now needed. Finally, the Government must be courageous and confront the clear problems with interRAI. The evaluation report shows that it is not fit for purpose in its current form. Perhaps it could be refined, but we cannot spend another seven years deliberating on this.

The Government must address this quickly. If interRAI does not work for the average citizen, then the Government must be brave and acknowledge this and develop an alternative.

HCCI hope that this detailed analysis of the Scheme's delays serves as a call to action for an urgent reassessment of how the Scheme is being progressed.