

Building a Better Home Care Sector

**Home & Community Care Ireland
Pre-Budget Submission 2024**

Introduction – The Last 12 Months in Home Care

Home & Community Care Ireland's (HCCI) Pre-Budget 2024 submission offers practical recommendations to tackle waiting lists and recruitment challenges in the short term and ensure the sustainability of Ireland's home care sector into the future. Underscoring all HCCI's recommendations is a commitment to Government, the non-profit and private sector collaborating to develop workable solutions to improve the sector.

Tender 2023 - a missed opportunity

Last year in our Pre-Budget 2023 Submission, HCCI warned that the year ahead was critical for the development of crucial home care reforms that would professionalise the sector and improve terms and conditions to attract much needed home care workers. Regrettably, the last 12 months represents a missed opportunity. While welcome progress has been made in increasing home care capacity and developing regulations for providers, action on tackling recruitment and retention challenges have stalled. Waiting lists are longer, hospital overcrowding has worsened and promises made to carers have not been delivered.

Tender 2023 was a unique opportunity to deliver the most significant reforms for our home care worker's pay and benefits in the history of the Irish state. While HCCI welcomes positive developments within the new Tender, we feel it fails to properly address key issues around guaranteed wages, Living Wage, travel time and mileage – terms and conditions badly needed to make home care work appealing. Development of a career path for home care workers where carers with different expertise levels are graded, similar to nurses, is also needed. This new Tender should be laying the foundations for the Statutory Home Care scheme which has been promised by the Government for next year but instead it is a missed opportunity to make real, progressive change in the sector.

Positive developments in regulation

More positively, consultation for the regulation of home care providers has progressed well and is now at an advanced stage. In the last 12 months, HCCI and our members have had a series of engagements with the Department of Health's Home Support Reform Unit and we are pleased that the regulations appear to be workable and will improve the standard of care in Ireland. HCCI hope that the legislation underpinning the regulations will be brought to the Oireachtas before the end of 2023.

Statutory scheme stagnation

Unfortunately, in regard to most other areas of the Statutory Scheme, there has been little to no progress in the last 12 months. The National Home Support Office is yet to open. InterRAI assessors, who are crucial to developing a common assessment, have been funded for at least a year but none have been hired. The rollout of a new ICT system for HSE Home Support Services is moving slowly, leaving many CHOs to use a paper-based system for administering and delivering home care. The inefficiencies this brings is obvious. These delays go under the radar, but they are crucial to delivering a reformed model of home care.

Urgently needed - Government commitment to home care

As we enter the final 18 months of this Government's term, the home care sector is in a better place than it was coming into 2020. Funding has increased substantially and more people now receive care. Yet, there are outstanding commitments to implement the Statutory Scheme, address recruitment and establish the Commission on Care. These reforms cannot be delivered by Minister Mary Butler and the Department of Health alone. They require a whole of Government commitment to addressing the challenges within the

home care sector. We need political capital and the co-operation of other Government Departments and State Agencies to ensure we avoid a crisis in care as Ireland ages.

About HCCI:

HCCI is the representative body for the home care sector. It currently represents 33 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.

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List of Recommendations

Recommendations
1. Guarantee continuity of income for home care workers
2. Urgently develop a Cross-Departmental Strategic Advisory Group (CDSWAG) implementation plan. <ul style="list-style-type: none">• Fund mileage expenses for HCWs• Reform Social Welfare eligibility rules• At minimum, index the Authorisation Scheme 2023 rates against the Living Wage• Develop a competency framework and career pathway for home care workers
3. Implement a national tender for Disability Home Support Services
4. Use the Commission on Care to review existing policies, identify gaps and develop a new care of older persons strategy.
5. Urgently address delays to the Statutory Home Support Scheme
6. End the postcode lottery of home care waiting lists.
7. Use home care to alleviate the hospital overcrowding crisis.
8. Streamline the employment permit process and the employment visa process into one process under the jurisdiction of a single Government Department.
9. Improve data collection and evidence gathering.

Section 1 – A New Deal for our Home Care Workers

Since 2020, all parties involved in the home care sector – the HSE, private and non-profit operators – have been facing a recruitment and retention crisis. This was caused by the welcome increase in funding for the sector, as Covid-19 put pressure on residential care and acute hospitals and increased demand for home care. The increase in demand has been a strain on the sector; the funding increases have brought increased targets for delivering care. Thousands of new carers are needed to meet current and future demand.

A contradiction exists in addressing the recruitment crisis. The Government recognises that carers need a better compensation package combined with a reformed career structure that includes a competency framework that recognises training and supports career development. For the most part, the Government has identified the problems and through consultation with the sector, has developed recommendations through the Cross Departmental Strategic Workforce Advisory Group (CDSWAG). The contradiction is between recognising the problems and implementing the solutions. Tender 2023 is a good case in point. CDSWAG recommended that carers be paid the living wage at minimum, travel time and mileage. After a 7-month delay (which directly impacted carer's finances), Tender 2023 delivered a sub-par package for carers, with no commitment to automatically increase the Living Wage as the National Living Wage increases and payment for travel time with no instructions on how it will be paid to carers. Carers will not receive mileage payments and will not receive secure income from one week to the next.

The Government has missed an opportunity in the last 12 months. The publication of CDSWAG and Tender 2023 presented a platform for necessary root and branch reform of how our carers are paid, trained, and treated. Instead, the Government delivered bare minimum increases in pay and benefits. The fact that Ireland is aging has been reported ad nauseum. With that, brings obvious increases in demand for care. To get a sense of the scale of recruitment that Ireland needs, the European Centre for the Development of Vocational Training (CEDFOP) forecasts that there will be additional 119,000 personal care worker job openings in 2030 compared to 2018.¹ The current waiting lists (6,432 as of March 2023) demonstrates the current unmet needs of our older population. To meet current need for home care, Ireland needs thousands of new carers now and thousands more over the next decade to meet future needs. Current measures on recruitment and retention are failing. Over the last decade, the number of HSE employed carers has been on a downward trajectory, something likely to continue given 42% of HSE carers are aged 60 or older.²

CDWAG and Tender 2023 presented an opportunity to deliver a once in a generation reform on how Ireland pays and values carers. Instead, carers saw delays and ultimately penny pinching from the Government. Ireland is fast approaching a crisis in care because the failure to adequately value carers. The following section builds on recommendations from CDSWAG and Tender 2023 failings to identify the priority actions that the Government and home care sector must undertake to address the debilitating recruitment and crisis that the sector is facing.

¹ The 119,000 personal care worker job openings will not be exclusive to the home care sector but is indicative of the scale of recruitment challenges the sector is facing. For more information see Ireland Skills Forecast 2020: https://www.cedefop.europa.eu/files/skills_forecast_2020_ireland.pdf

² CDSWAG Report: <https://www.gov.ie/en/publication/492bc-report-of-the-strategic-workforce-advisory-group-on-home-carers-and-nursing-home-health-care-assistants/>

Guarantee continuity of income for home care workers

A significant problem occurs when a client temporarily stops needing home care, if for example they go on holiday or into hospital. When this happens, a provider immediately stops receiving payment from the HSE. The home care worker (HCW) is reassigned, where possible, or potentially loses out on income. HCWs report difficulties in acquiring loans and mortgages because of this. When a client wants to resume home care services, they may find that their home care worker has been reassigned. The client faces losing a home care worker they know and trust. There may not be another HCW available, leaving the client without care and left again on the waiting list, potentially remaining in hospital, compounding the hospital capacity crisis. Policymakers within the health services recognise that continuity of income is crucial to any provider of care. That is why nursing homes are paid for up to a month when a client stops service. It is time home care workers got the same.

Recommendations:

1. Pay home care providers for up to one month when a client pauses receiving home care.

Impact of this recommendations:

1. If providers are paid while a client pauses receiving care, the home care worker remains assigned to their client.
2. When the client returns, the HCW will be immediately available to resume caring for their client. This means clients are not returned to waiting lists or left languishing in hospital and they have continuity in their care provision. Because home care is an intimate service, there is a value in consistently assigning the same HCW to a client.
3. It will help reduce home care waiting lists and delayed transfers of care from hospitals.
4. HCWs will be guaranteed the same weekly income, improving morale and staff retention, and facilitating HCWs to participate in valued economic activities like securing a mortgage or car loan.
5. It allows providers to better strategically plan, improving staff recruitment and retention and to optimise delivery of care.

Urgently develop a Cross-Departmental Strategic Advisory Group (CDSWAG) implementation plan

The CDSWAG report, released in October 2022, provides an insightful overview of the recruitment challenges facing home care providers and 16 recommendations to improve recruitment and retention in the sector. The report was strongly endorsed by the Government and HCCI. However, in the 9 months since the report was released, only two recommendations have been implemented in full.³ While acknowledging that policy development takes time, particularly when it involves co-ordinating multiple Government departments and state agencies, CDSWAG is not being implemented with the urgency it requires. Further, these delays, particularly in areas of pay and benefits, are sending a message to home care workers that they are not being valued. The Government has promised to do everything they can to address the recruitment crisis. These promises are yet to be met with the appropriate action.

Priority areas of CDSWAG:

1. Fund mileage expenses for HCWs

Recommendation 5b. Pg31: *“The HSE’s invitation to tender for the provision of home-support services should stipulate that approved providers should remunerate home-support workers for:*

b) any reasonable, vouched/certified travel expenses incurred.”

The HSE’s failure to pay home care workers for mileage is a key reason for staff leaving the sector. This contributes to the lengthy waiting lists that the sector is facing. The need for HCWs to be paid mileage is particularly strong in rural areas where the majority of people on waiting lists live and where distances between clients is obviously longer than in urban areas.

The Government recognise the need to pay mileage, as shown in the CDSWAG report and the fact that the HSE pay mileage to their directly employed HCWs. Paying HCWs mileage is a relatively straightforward process. The HSE and the Department of Health had the opportunity to pay mileage through Tender 2023 but did not. HCCI estimate that paying mileage would cost, on average, €1.66 per hour. HCCI estimates it would cost the Government €23 million to pay private and non-profit HCWs mileage, putting them on a par with HSE HCWs, satisfying their own CDSWAG recommendations and greatly improving the attractiveness of the sector.

Recommendations:

1. Fund provision of mileage payments for home care workers.

Impact of this recommendations:

³ R6: Home care workers to be paid minimum of the living wage included in Tender 2023. R9: Home care workers were removed from the ineligible occupations list in 2023. R5: Partially implemented. R5a (Travel time) implemented. R5b (Mileage) not implemented.

1. Paying home care workers mileage would greatly improve recruitment and retention in the home care sector.
2. Greater recruitment and retention will lead to shorter waiting lists for home care.
3. Paying mileage will particularly improve home care capacity in rural areas, where waiting lists are highest because carers are less willing to travel longer distances between clients.
4. Paying mileage to carers in the private or non-profit sector would put them on par with HSE employed carers who are paid for mileage.

2. Reform Social Welfare eligibility rules

R8. Pg 31: *“A review should be undertaken of the eligibility criteria for State benefits with a view to ensuring that these do not disincentivise engagement in part-time employment. The benefits that we recommend should be examined include Jobseeker’s Benefit and Carer’s Allowance.”*

If we think about adding capacity to the home care sector to cut waiting lists, there are two options: we can recruit thousands of home carers or we can choose to let the existing workforce work more hours. Reforming social welfare can do both.

Rules governing social welfare eligibility are blocking home care capacity and require wholesale reform. For most social welfare payments, there are rigid rules on how much income a person can earn and/or how many hours they can work. For example, a person claiming Carers Allowance can work 18.5 hours per week while claiming full benefits but would lose all of their benefit if they worked 19 hours.

A survey of HCCI members revealed that 67% of home care workers are claiming a means tested social welfare entitlement and 85% of these would work three additional hours, if they could claim their full social welfare entitlement. The move from a cliff edge cut off from social welfare entitlements towards a tapered cut off has been recommended by both the Commission on Taxation and Welfare and the Cross Departmental Strategic Workforce Advisory Group (CDSWAG).

As well as preventing home care workers taking on additional hours, social welfare rules are disincentivising people taking up any form of employment. Reforming social welfare rules to permit recipients work more hours is guaranteed to add capacity to the home care sector and would do so overnight if enacted. This is something we cannot ignore as waiting lists rise and the hospital overcrowding crisis continues. We need to end the social welfare trap now.

Recommendations:

1. Conduct a systemic review of social welfare payments to reform rules governing eligibility criteria to ensure:
 - Payments are tapered off rather than the cliff edge cuts that now exist.

- They reflect the modern realities of work.
 - They do not discourage full or part-time employment.
 - They harness the latest technology.
2. Allow a temporary exemption for home care workers that allows them to work an additional three hours per week (or earn equivalent income depending on the payments rules) while this review is taking place.

Impact of these recommendations:

1. HCCI estimate that if half of the estimated 12,000 home care workers employed by HCCI members worked an additional three hours per week, it would add an additional one million hours of home care capacity.
2. This could cut the waiting list (6,673 as of December 2022) by up to 50%.
3. This would also alleviate the hospital overcrowding crisis, for which the lack of home care workers is a causal factor. Points 1-3 show the significant public interest in adding home care capacity.
4. A home care worker could earn up to nearly €2,000 in additional income if they worked an additional three hours per week for a year. This is a sizeable uplift during a cost-of-living crisis.

3. Index Authorisation Scheme 2023 rates against the Living Wage

R6: *“All private-sector and voluntary providers should be invited to give a commitment to pay home-support workers and healthcare assistants, at a minimum, the National Living Wage (€12.90 per hour at the time of writing).”*

The Authorisation Scheme (born from the Tender 2023 process) stipulates that carers must be paid the Living Wage as a minimum. This is a welcome first step in adequately rewarding our carers. However, the living wage is a dynamic calculation that will almost certainly continue to rise in the next five years. Last year, the living wage rose by 7%. As paying the living wage is a requirement for Tender 2023, it stands to reason that funding should increase to match the living wage.

At the time of writing, the HSE has not guaranteed any uplifts, which are entirely at their discretion. Without indexing Tender 2023 rates against the living wage, the commitments made in Tender 2023 and CDSWAG will be broken. Cost of living pressures add to the need to match rates with living wage. Regrettably, inflation has meant that the living wage as it stands currently is not of equivalent value as it was in 2021 when CDSWAG was announced.

Recommendations:

1. Increase rates paid to home care providers through the HSE Home Support Scheme to match increases in the National Living Wage.

Impact of these recommendations:

1. Ensures home care workers continue to receive the Living Wage for the duration of Authorisation Scheme 2023.

4. Develop a competency framework and career pathway for home care workers

R10. Pg 32: *“A competency framework for home-support workers and healthcare assistants should be developed to enable the recognition of prior learning and qualifications, to support career-development, and to align grades of employment with qualifications in line with relevant regulations.”*

Developing a career pathway for home care workers is essential for recruitment and retention as well as improving the quality of care for clients and expanding the level of services offered in the home and community. Currently, there is no formal recognition for home care workers who take on additional training. This devalues our carers who should be incentivised and rewarded for upskilling. Further, we cannot realise the true potential of home care until we have staff with specialised training. As more care shifts to the home and community, home care users will have more complex needs. This requires staff with specialised training. An example of this career pathway can be found in the UK, [where apprenticeships are available](#) from Level 2 Adult Care Workers, to Level 3 Lead Adult Care Worker, all the way up to Level 6 Occupational Therapist or Physiotherapist. This gives entry level home care workers a clearly defined pathway to career advancement.

HCCI has collaborated with LHP Skillnet to commission a report that maps out a career structure for home care workers. We hope that this research serves as an impetus for policymakers to prioritise the implementation of a career structure.

Recommendations:

1. Work with representatives of home care providers and home care workers to develop a career structure for home care workers.

Impact of these recommendations:

1. Developing a competency framework and career pathway will improve recruitment and retention in the sector.
2. Carers will be incentivised to take on additional training, improving the general standard of care and adding to the potential basket of services that can be offered in the home.
3. A career pathway will professionalise the sector and raise its profile and credibility as a career option. This is vital for the long term sustainability of the sector.

Building a better future for home care

Ireland has been slow to embrace home care compared to economically comparable countries like Germany, the UK and Australia, where the home care sectors have been developed over previous decades and have gone through a series of reforms. Ireland is only beginning its journey of developing a thriving home care sector. Covid-19 exposed the bias towards institutional and residential care that has been constant for the last 100 years but also gave an impetus to policymakers to take home care seriously. The following section intends to highlight areas of concern and provide a series of recommendations to address these problems and futureproof the sector as Ireland gets older.

The reality is that our home care sector has developed without being underpinned by a clear strategy. The Government, particularly Minister Butler, deserves credit for securing an additional €250 million in funding for home care over the lifetime of this Dáil. This has meant more people are getting home care which is obviously welcome. But funding without a strategy has meant consecutive years of missing home care delivery targets and has contributed to waiting lists because neither the HSE nor home care providers are equipped to manage the additional demand for home care.

The HSE has committed to a 'home first' approach of reducing the need for acute and residential care in favour of home and community care. The Government has complemented this approach with their own commitments to the Statutory Scheme and the Commission on Care. It is time to turn these commitments and funding into tangible multiyear strategies and implement the Statutory Scheme, so people have a legal right to home care in the same way they do to nursing home care.

The Government must meet their commitment to establish a Commission on Care. This should be approached in the same vein as Sláintecare; a comprehensive cross-party strategy to create a sustainable care sector fit for our complex 21st century society. Through the Commission of Care, we need to ask important questions about levels of care, services on offer and how home care will be funded. We need to incorporate the lived experiences of people receiving home care and the carers who are delivering it, something that has not been done sufficiently to date. We need to ensure that home care providers are viewed as partners by the HSE and Government, not merely contractors. While thousands of people have received excellent care, the HSE Home Support Service still feels like an emergency stop gap measure, waiting for a proper home care sector to emerge.

Most importantly, the Government must inject more urgency into these reforms. Home care waiting lists increased by 25% between 2022 and 2023. The longer we wait to implement the reforms recommended in this section, the greater the problems will become. We have seen problems in acute hospitals like bed numbers and in-patient waiting lists being allowed to fester to the point where the problems seem insurmountable. A similar crisis in care is only around the corner.

Implement a national tender for Disability Home Support Services

There is an emerging problem within the home care sector regarding the misalignment of home care packages for older people compared to packages for people with disabilities. Commissioning of home care packages for older people is done through a national Tender which sets a fixed price that the HSE pay providers for delivering an hour of care. No such Tender exists for home care packages for people with disabilities.

This means that home care providers are paid less for caring for some with a disability than for an older person. Home care workers operating on a disability package do not receive the same guarantees as one operating on an older person package such as minimum living wage and travel time. Access to home support for disabled people is discretionary and dependent on that area's funding. The misalignment in funding between disability and older person services is creating a two-tiered home care sector which risks seeing disability home support being left behind. Disability home support must be elevated to the same status as home support for older people, with a national Tender that matches the terms and conditions offered to providers and home care workers. A modern home care service needs to work for everyone.

Recommendations:

1. Implement a national Tender for Disability Home Support Services that aligns it with the terms and conditions offered for Older Persons Services.

Impact of these recommendations:

1. Improves coverage and access to home care for people with disabilities.
2. Ensures that when home carer workers care for people with disabilities, they receive the same pay and benefits as when they care for older people.
3. Ensures that providers are paid the same for delivering disability home care packages as they are for older people home care packages, so they are not disincentivised from delivering disability home care.
4. Avoids creating a two-tiered home support service where older people are elevated above people with disabilities.

Use the Commission on Care to develop a new care of older persons strategy.

The Covid-19 pandemic has changed the way we view care and highlighted the ageism within Irish society. The Government deserve praise for their commitment to a 'Home First' model of care and for increasing funding for home care.

Nevertheless, funding without a strategy will not deliver the paradigm shift needed in how we care for older people. The commitment to 'Home First' remains a vision. We now need a strategy for the care of older people that takes account of lessons from Covid-19 and identifies gaps in Ireland's current approach. Reform of older person's care should be viewed through the same lens as Ireland viewed reform of our health service. We need a Sláintecare for older people.

Recommendations:

1. Use the Commission on Care to review existing policies, identify gaps and develop a new care of older persons strategy.

Impact of these recommendations:

1. The Commission on Care can:
 - a. Examine international best practice on care of older people.
 - b. Identify gaps in our current ageing policies and strategies.
 - c. Research the experiences of home care service users.
 - d. Provide a forum to develop a cross party multi-year strategy for care of older people.
 - e. Allow the Government to ringfence funds from projected exchequer budget surpluses to cater for Ireland's ageing population.
 - f. Move care away from acute and residential settings into home and community care.
 - g. Monitor the implementation and reporting of strategies resulting from the committee.

Urgently address delays to the Statutory Home Support Scheme

The Statutory Home Support Scheme is critical legislation for developing the home care sector and ending Ireland's bias towards care in institutional settings. The legislation will grant a legal entitlement to home care, akin to the Fair Deal scheme for nursing homes, regulate and license home care providers and see the development of a reformed model of service delivery.

The Scheme has been in development for six years and has been beset with delays. In the last 12 months, progress has been made on regulating home care providers but the development of the remaining aspects of the Scheme has stalled. This is despite the last Government stating that the Scheme was 'nearly ready...'. The lack of progress on relatively straightforward areas of the Scheme such as establishing the National Home Support Office and recruiting interRAI assessors is worrying and indicates that insufficient human and capital resources are being allocated to developing the Scheme.

Recommendations:

1. Urgently formulate an action plan to legislate for the entirety of the Statutory Scheme within the next 12 months.
2. Establish a forum that includes the Department of Health, HSE and representatives of home care providers, carers and clients to develop a reformed model of service delivery that places the client at the heart of care.

Impact of these recommendations:

1. Making home care a statutory right is essential for the long-term sustainability of the sector.
2. The Statutory Scheme elevates home care as a care option, signalling to older people that residential care is not the default care option.
3. Combined with the implementation of CDSWAG, it will signal to current and prospective carers that home care is a viable career option.
4. Regulation and a reformed model of service will improve the quality of care offered to clients.
5. The National Home Support Office and implementation of a new IT system will improve efficiency in the administration of home care and will allow for greater strategic planning.

End the postcode lottery of home care waiting lists.

Too often, discourse on home care is centred on headline national waiting lists figures. This presents the idea that waiting lists are an inevitable feature of receiving home care. They are not. As of December 2022, 6,673 were on the waiting list for a carer to be assigned. In CHO 4 (Cork/Kerry) 1,501 people are on the waiting list compared to 127 in CHO 9 (North Dublin).

Up until now, the reasons for these disparities have not been investigated. As a rule of thumb, population density makes it easier to deliver care in urban areas than in rural areas. For this reason, we need to better incentivise care in rural areas. However, waiting list data suggests that it is not as simple as urban areas have short waiting lists and rural areas have high waiting lists. Nor does this explain why areas of comparable density can have significantly different waiting lists. A comparative analysis of what is leading to high or short waiting lists is needed. Likewise, we need better scrutiny of waiting list data [by the media, policymakers, civil society, politicians] like what is done with waiting lists for acute care or hospital overcrowding.

Recommendations:

1. Incentivise providers and carers to deliver care in rural areas. HCCI supports the Australian Modified Monash Model (MMM) which measures the remoteness and population size on scale of 1 (Major city) to 7 (Very Remote).⁴
2. Commission a report/establish a forum on the variations in waiting list numbers across CHO's, with a view to developing best practice policies on waiting list management.

Impact of these recommendations:

1. Provide a framework for supporting the delivery of home care in rural and remote areas.
2. Provide a strategy to tackle waiting lists nationally.

⁴ For more information see: <https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm>

Use home care to alleviate the hospital overcrowding crisis.

The problems in hospital capacity have become so acute that it is no longer viewed as just a Winter phenomenon, it is now a perpetual hospital overcrowding crisis. Delayed discharge is a key reason for the hospital overcrowding. Typically, on any given day, 550-660 patients are classified as 'delayed transfers of care', with more than 1,000 patients approved for home support having their discharge from hospital delayed in 2022 because no home care worker was available.⁵

While it is true that we need thousands more carers, it is also true that we are not using the current workforce as effectively as we could. Nor are home care providers sufficiently integrated into the discharge process. Rather than continue the current system, where a home care package is sent blindly to providers in the hope that one has a carer who is available, hospitals should instead block book home care hours so providers can plan strategically to keep carers available to support timely hospital discharge. There is sufficient data on discharges for hospitals to estimate the need for home care and plan accordingly. This would be aided if hospital providers were better integrated into the discharge strategy and planning.

Recommendations:

1. Allow hospitals to block book home care hours to enable providers to plan strategically and ensure there are carers available to support timely discharge.
2. Better integrate home care providers into the delayed discharge process.

Impact of these recommendations:

1. Strategic planning through block booking home care hours will make carers available to avoid delayed discharges.
2. Avoiding delayed discharge is beneficial for patients as time spent in hospital risks hospital acquired infections and physical deconditioning.
3. For hospitals, delayed discharges reverberate throughout the hospital, leading to overcrowding in A&E which forces people onto trolleys and leads to elective procedures being cancelled as no bed is available.

⁵ Delayed hospital discharges regularly outnumber daily trolley numbers. Irish Times. 02/11/2022. <https://www.irishtimes.com/health/2022/11/02/delayed-hospital-discharges-regularly-outnumber-daily-trolley-numbers/>

Streamline the employment permits and employment visa process.

The decision to remove home care workers from the ineligible skills list, allowing them to receive employment permits is welcomed by HCCI and the home care sector. Nevertheless, take up among HCCI members has been slow. Uncertainty surrounding Tender 2023 is a factor but another key reason for the slow take is the convoluted process of applying for both an employment permit from the Department of Enterprise, Trade and Employment (DETE) and then an employment visa from the Department of Justice (DOJ).

While much work has been done in streamlining the permit process through DETE, there remains considerable processing times for visas through the DOJ. There appears to be significant overlap in what the employers are asked to submit for the permits and the visas. Therefore, it stands to reason that these two processes could be streamlined into one, significantly reducing the bureaucracy and resulting processing times, allowing much needed home care workers to enter the workforce quicker.

Recommendations:

1. Streamline the employment permit process and the employment visa process into one process under the jurisdiction of a single Government department.

Impact of these recommendations:

1. Streamlining the permit and visa processes will reduce processing times, allowing home care workers to join the workforce more quickly.
2. By reducing the administrative burden, employers will be encouraged to recruit from outside of the European Economic Area (EEA), bringing in much needed staff.

Improve data collection and evidence gathering.

The lack of availability of quality data is a fundamental barrier to developing home care policy. Putting it simply, there is much we do not know about home care. For example, there is no data on the amount of time people spend on the waiting list. Tender 2023 unearthed questions about the true cost of care, which remain unanswered. On workforce data, the HSE is better than the private and non-profit sector. HCCI has attempted to bridge this gap through surveying our members, but more work needs to be done. The data that is collected, for example on waiting lists, is released intermittently through media queries and parliamentary questions, which are difficult to access. This leaves an incomplete picture of the sector as data is dependent on individual PQs.

In 2023, HCCI launched the HCCI Home Care Data Series which collects the data that is available. Nevertheless, the sector needs to move towards better data collection and sharing in acute care, where we could get frequent reports of hospital overcrowding, consultant waiting lists and out-patient cancellations. This requires commitment from the HSE, Department of Health and the private sector.

Recommendations:

1. Commit to better data collection and publication of statistics within the home care sector.

Impact of these recommendations:

1. Better data collection and publication would improve transparency, scrutiny and accountability which are key to developing a home care sector.