



**Home & Community
Care Ireland**

Home Care: Complete the Reform Journey

Home & Community Care Ireland

Pre-Budget Submission 2025

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About Home & Community Care Ireland

Home & Community Care Ireland (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 15,000 carers and provide a managed home care service to over 25,000 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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The Last 12 Months in Home Care

The Authorisation Scheme: In August 2023, the HSE Home Support Authorisation Scheme came into effect. The Authorisation Scheme replaced the 2018 Home Support Tender and sets the terms and conditions for approved home care providers to deliver home care on behalf of the HSE. The Authorisation Scheme sets a fixed price of €31 per hour of care delivered and mandates that home care workers be paid the living wage as a minimum and receive payment for time spent travelling between clients. These measures are welcome but, nevertheless, the Authorisation Scheme measures came at a price; to fund the Authorisation Scheme, the Department of Health reduced their home care targets down by 1.9m hours, to 22 million.

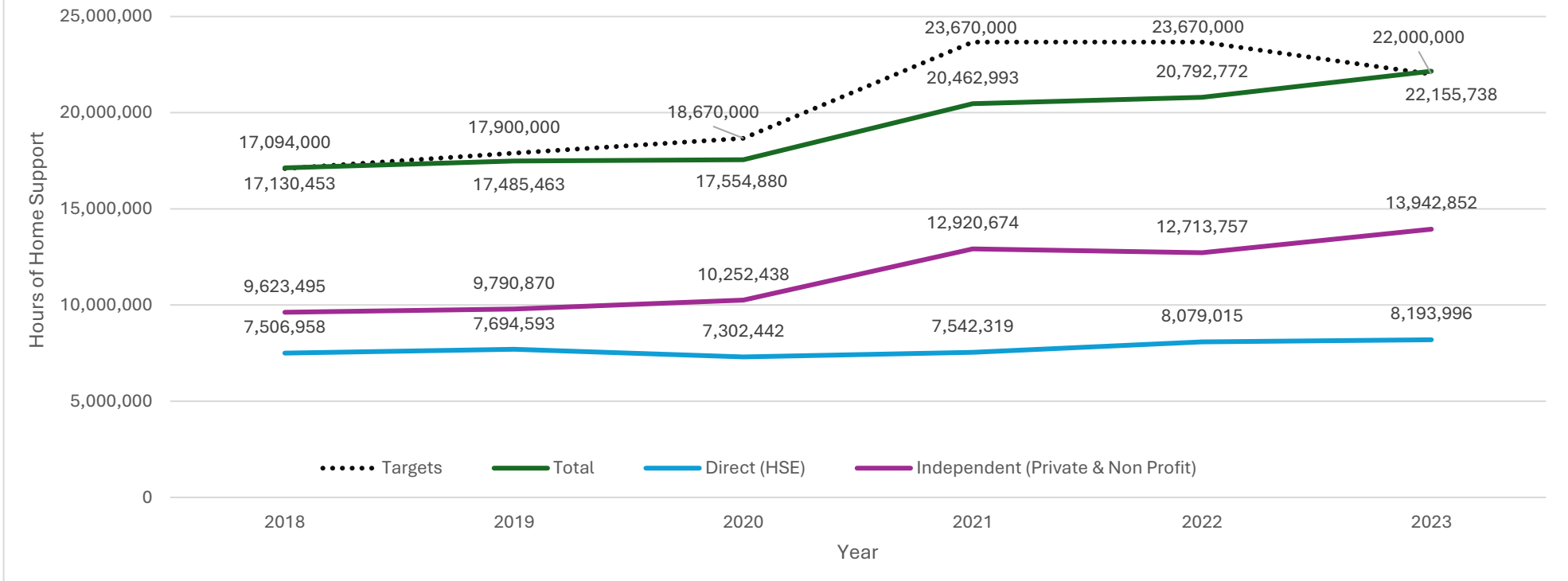
A Record Year for Home Care: 22.1 million hours of HSE Home Support was delivered in 2023, split between the HSE's 8.2m hours (37%) and the independent sector's 13.9m hours (63%). This was a welcome 1.3m increase from 2022. Of that increase, it was the independent sector who delivered the vast majority – 1.2m (92%). The independent sector's leading role in increasing

capacity has become an enduring trend in home care delivery. Since 2020, the total number of home support hours increased by 4.5m (+26%). Of that 4.5m, the independent sector delivered 3.7m hours compared to the HSE's increase of 880k. The dominance of the independent sector in growing home care capacity is not a deliberate policy decision by the Government; rather it reflects independent sector growth, large investments in recruitment, wage levels and providers proactively identifying areas where home care demand is growing.

No timeline for the Statutory Scheme: Although the licensing of home care providers is currently undergoing Pre-Legislative Scrutiny, it is unlikely to be approved by the Oireachtas before the next election. This Government will likely leave office without having completed any significant aspect of the Statutory Scheme including regulations, a legal entitlement to care, a new funding model or a new single assessment tool nor can they offer any timelines for full implementation of the Scheme. A fresh approach with renewed urgency is needed to tackle the barriers to implementing the Scheme.



HSE Home Support Delivery 2018 - 2023



Trends in HSE Home Support Delivery 2018 to 2023

National Total: Just under 5 million additional hours were delivered in 2023 compared to 2018, an increase of 29%.

The Independent Sector, that is private and non-profit providers, have driven this increase in home care delivery. In

2023, the independent sector delivered over 4 million additional hours, increasing delivery by 45%.

The HSE have been less successful in increasing capacity, delivering an additional 675,865 hours in 2023 compared to 2018, an increase of 9%.

1) Tackle Waiting Lists and Address Unmet Needs

Context: Minister Mary Butler's success in increasing the home support budget from €490 million in 2020 to €730 million in 2024 has achieved welcome and necessary growth; home support delivery has increased by 4.5m (+26%) since 2020. 2023 was a record year for home care delivery with nearly 4,000 more people receiving home support than in 2022 and, from a pre-covid-19 height of 9,249 in January 2020, the waiting list has decreased by 3,541 to stand at 5,708 as of March 2024. For the first time ever in home support, nobody is awaiting funding for a package.

Increased funding has put the home care sector on the right pathway but, for the 5,708 people in need of care, waiting for funding or waiting for a home care worker is a distinction with the same unfortunate outcome. We must strive to have a waiting list close to, or at, zero. Since covid-19 restrictions

ended in early 2022, the waiting list has not dropped below 5,000. Rural areas are particularly vulnerable to long waiting lists. Together with measures to attract more care workers to the sector ([see Section 2](#)), we need funding and policies targeted at reducing waiting lists.

Harder to measure and to reach are the people who need home care but have not applied to receive it. Reasons for this include a lack of information on available supports, challenges navigating the application system or a perception that waiting lists mean it could be a long time before supports are available. While we do not know the level of unmet need for home care, we do know that our population is ageing and, by the HSE's own admission, demand for home support increases by 4% each year. Funding must then increase by a minimum of 4% each year; anything less is a cut in real terms.

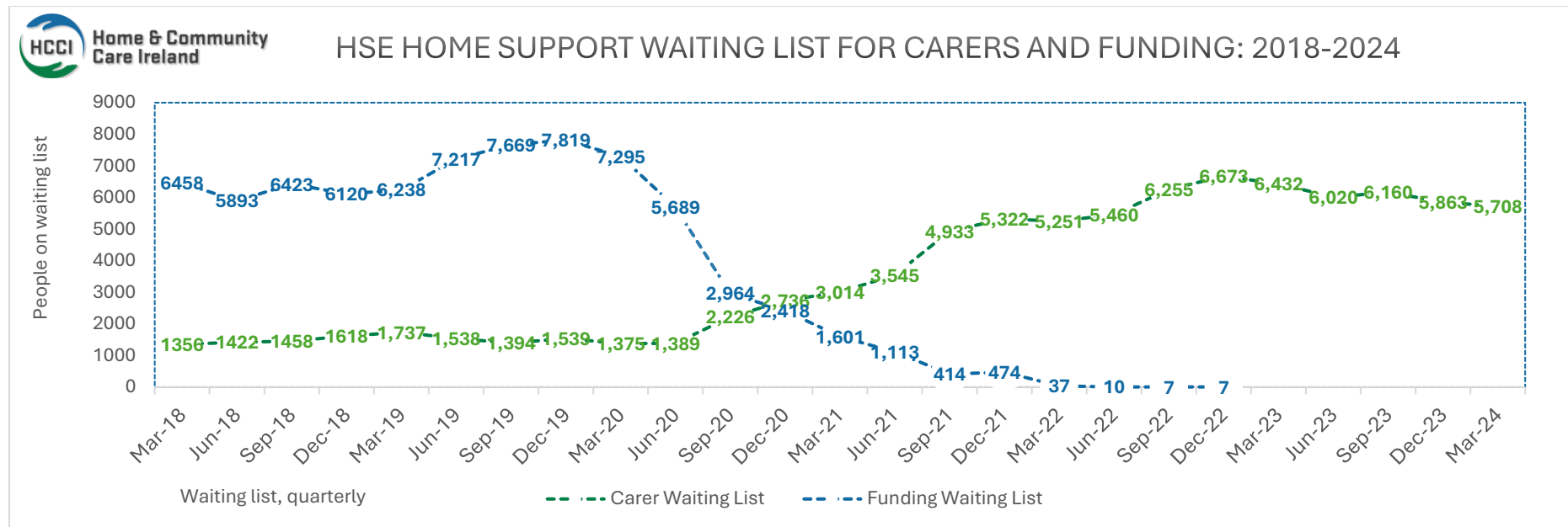


Figure 1: Prior to covid-19, the lack of funding meant that people had to first wait for funding to become available, then for a carer to become available. With additional funding secured since Budget 2021, the funding waiting list has been virtually eradicated and less people overall are waiting for their home care package to commence. Nevertheless, the HSE do not record data on the length of time a person spends on the waiting list, meaning we do not know if the change from funding waiting list to carer waiting list has improved the waiting time.

Recommendations

€59 million to restore the 1.9m cut in home support hours: In August 2023, the Department of Health (DOH) announced a new agreement for the rates paid to private and non-profit home care providers – the 2023 Authorisation Scheme. The Authorisation Scheme included the welcome provision that home care workers should receive travel time and be paid the living wage at

a minimum. To fund this, DOH cut the number of funded home care hours by 1.9m. This was a regressive decision that must be reversed; funding improvements to home care workers pay and benefits and expanding home care cannot be mutually exclusive.

Cost: €59 million.

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Expand the delivery of home support by 2 million hours to tackle unmet needs: Ireland's ageing population means that we must increase the delivery of home care each year to meet demand. Although the HSE calculates that demand increases by 4% each year, 2023 saw a cut in the number of hours with no uplift in the Budget for 2024. Corrective action is needed in this Budget to provide for the growth in older adults and avoid a brewing crisis in unmet care needs. A 2 million expansion in hours accounts for demand growth in 2023 and 2024.

Cost: €62 million.

Explore measures to end the Eircode Lottery of waiting lists:

A person's access to home care is highly determined by where they live. Waiting lists vary across the country, with rural areas facing significantly longer waiting lists than urban areas. Dublin, with a total population of 1.4m, has 365 older people waiting for home care compared to CHO4 Cork/Kerry, with a population of 740,000, which has a waiting list of 1,302. There are 935 people waiting in CHO2 West and 869 waiting in CHO5 Southeast. We must not accept Eircode Lotteries as a permanent feature of the

Tackle Waiting Lists and Address Unmet Needs

home care sector. We should explore learnings from well-performing CHOs, hold officials accountable for performance, explore additional incentives for delivering care in rural areas and develop a strategy to tackle waiting lists and ensure equal access to care.

Cost: Administrative cost initially to scope measures.

Develop a public information campaign to inform about home care services:

From HCCI's experience, there is generally a poor level of knowledge about the availability of home care, the application process and what services are available on a home care package. The best information available is via the HSE's website, which is not user friendly or suited to people with lower digital literacy skills. A public information campaign across various mediums is needed to ensure that older people know that home care is available and know how to access it.

Cost: €500k - €1 million

2) A New Deal for Home Care Workers

Context: There are promising signs that the recruitment crisis in the home care sector is subsiding. The 2023 HSE Authorisation Scheme guarantees that private and non-profit sector home care workers (HCWs) be paid travel time and the living wage at a minimum. HCCI member feedback suggests this has impacted retention more than recruitment. Nevertheless, wages have increased significantly. A 2024 HCCI survey showing an average basic wage of €14.50 per hour with additional pay for mileage, travel time and unsocial hours. These improvements, and the welcome decision to allow providers to access employments permits, has already made an impact. 2023 saw a record home care delivery of 22.1m, an increase of 1.3m hours, 92% of which was delivered by the independent sector.

Positive indications of improved recruitment and retention are not a cause for complacency. 5,708 remain on the waiting list, our population is rapidly ageing and the ESRI projects significant upsurge in the demand for home care when the Statutory

Scheme is implemented. To meet this demand and avoid a future care crisis, Ireland must be proactive in professionalising the role of HCWs and ensuring sustainable growth in pay and benefits.

For a start, the Authorisation Scheme should be index linked to the living wage so that HCWs can continue to receive a fair wage. HCWs should be paid for mileage – the failure to do so is particularly damaging for rural areas. How we commission home care must be changed so HCWs can receive secure contracts. Social welfare must be reformed to prevent barriers to employment. A ludicrous situation is emerging wherein HCWs are forced to reduce their working hours because their now higher wage level is pushing them over means testing thresholds. More work is needed to professionalise the role by developing a career structure to encourage retention and introducing new training programmes to ensure easy access to the sector.

Recommendations

Guarantee continuity of income for home care workers:

Currently, when a client cancels a home care visit or temporarily pauses their care, the HSE immediately stops payment to the provider causing the HCW to potentially lose out on income. This income insecurity makes it difficult for HCWs to acquire loans or mortgages and impacts continuity of care when the client resumes needing home care. There is an element of the HSE wanting to have its cake and eat it too; providers are required to maintain capacity for 3 months when a client pauses care yet the providers receive no payment. Nursing homes are paid for up to a month when a client enters hospital – it is time home care got the same.

Cost: No additional cost (home support is a fully funded service so this requires a T&Cs change from the HSE).

€10 million to index link the living wage: The Authorisation Scheme's guarantee that HCWs be paid the living wage was a very welcome development. However, the Scheme only funds the 2023 living wage of €13.10 per hour. The living wage has

since increased to €13.82 and promises to rise again in 2025.

HCWs should receive annual wage increases by index linking the rates paid to providers with increases to the living wage.

Cost: €10 million (plus Employer PRSI).

€23 million to fund mileage expenses for home care workers:

Unlike the HSE, HCWs for the private and non-profit sector are not paid for mileage. This disproportionately impacts rural areas, where HCWs must travel longer distances, often on lower quality roads. This increases fuel costs as well as the wear and tear of their vehicle. It is disappointing that despite funding mileage being a Cross Departmental Strategic Workforce Advisory Group (CDSWAG) recommendation, it was not funded as part of the 2023 Authorisation Scheme.

Cost: €23 million.

Develop a home care workforce strategy: CDSWAG was an innovative approach to tackling recruitment and retention issues in the sector. The next Government should build on CDSWAG's progress and develop a data driven multiannual strategic

workforce plan with elements including demand and supply forecasting, index linked wages and benefits, improved training and development, supports for technology and innovation and an ambitious public awareness campaign.

Cost: Administrative cost initially to scope measures.

Review the eligibility criteria for state benefits to ensure they

do not disincentivise employment: Recommendation 8 of CDSWAG recognises that those in receipt of state benefits are an important recruitment pool for the care sector and, as such, state benefits (particularly Carer's Allowance and Jobseeker's Allowance) should be reviewed to ensure they do not disincentivise employment. Current means testing deters people from ever entering employment as even a modest income may disqualify them from essential social welfare supports. Home care workers in employment face a precarious balance trying to work just enough hours to maximise their income but avoid disqualification from their payment. Even home care workers who do not claim social welfare are impacted when they feel pressure to work additional hours when a colleague claiming social welfare cannot. Clients are

impacted too, either by remaining on the waiting list or having their continuity of care interrupted.

Cost: Administrative cost initially to scope measures.

Increase the Carers Allowance working limit from 18.5 hours

to 21.5 hours per week: There is a significant cohort of home care workers who are in receipt of Carer's Allowance and are limited to working 18.5 hours per week. These workers face a precarious balance trying to work just enough hours to maximise their income but avoid disqualification from their payment. Home care workers are hypervigilant about not exceeding these limits as working even half an hour more may disqualify them from their payment. This impacts their earning potential and career progression. Home care providers report that this situation is extremely stressful for home care workers causing burnout and leading to home care workers leaving the sector.

Cost: €50 million - €54 million.

Develop a Working Age Payment to address the 'days worked'

model of Jobseeker's Benefit and Allowance: Jobseeker's are 'days worked' schemes under which a flat rate is paid for each

day of unemployment. An anomaly exists wherein a person is disqualified from payment even if they work for just one hour a day. This disadvantages part-time home care workers who, due to demand for home care primarily being in the morning and evening, are scheduled to work short shifts across five days. A home care worker working three hours a day five days a week is ineligible for any Jobseeker's but someone in a traditionally full-time sector could work eight hours a day three days a week, earning more in wages and still claim Jobseeker's for the two days they have not worked. An alternative to the "days worked" model is to develop a Working Age Payment that takes the approach of the Working Family Payment. This approach pays a fixed percentage of the difference between the threshold earning level and actual earnings. This is a more flexible approach that will modernise the social welfare system by using technology to capture real-time earnings and will ensure that work will always guarantee an increased income.

Cost: Unknown.

Develop a career structure to professionalise the role of home care worker: Currently, there is no defined career structure or a clear path to promotion and career advancement for home care workers. While there are promotion opportunities for home care workers, these differ between providers and, because our commissioning model pays the same rate regardless of a client's condition, providers have limited scope to reward home care workers who complete additional training such as dementia support. Developing a career structure and competency framework that recognises prior learning and qualifications, rewards upskilling and enables career progression is crucial to aiding recruitment and retention and supporting the implementation of home care regulations and minimum standards. HCCI is pleased to be partnering with LHP Skillnet and the Royal College of Surgeons in Ireland to produce a report on career structures for HCWs to be published in 2024.

Cost: Administrative cost initially to scope measures.

3) Urgently Implement the Statutory Home Support Scheme

Context: The Government has failed to meet its commitment to implement a Statutory Home Support Scheme and a fresh approach with renewed urgency is needed to drive its development. Despite the then outgoing Minister of Health Simon Harris claiming that the Scheme was “[nearly ready](#)”, in this Government’s term we have seen slow progress and missed targets without explanation. The original purpose of the Statutory Scheme was to introduce a transformative new social scheme to enable people to remain living in their homes and communities. In recent years, these big ideas have been forgotten and we are mired in a bureaucratic nightmare of technicalities and regulations development

Features of the Statutory Scheme:

- **Legal entitlement to home care** similar to entitlements under Fair Deal.
- **New funding model** to replace or continue fully funding via general taxation.
- **HIQA regulation of home care providers** and national standards.

Urgently Implement the Statutory Home Support Scheme

- **A single assessment tool** to ensure equal access to care.
- **Develop HSE National Home Support Office and Home Support ICT system** to modernise HSE operations.

HCCI have covered delays to the Scheme extensively in our recent [Progress Report on the Statutory Scheme](#). Regulations are unlikely to pass through the Oireachtas before the general election and this Government will depart without having implemented any substantial area of the Scheme. The next Government should embrace the transformative potential of the Scheme which can define the home care sector for a generation.

The next Government must also confront challenging aspects of the Scheme including the funding question, address barriers to implementation and drive cultural change within the HSE. It must recognise both the importance and complexity of the Scheme and ensure its development is resourced accordingly. The Scheme has suffered from understaffing, staff turnover and a lack of consistent leadership at civil service level that would help speed its implementation. Most importantly, the Scheme needs political capital and to be a high priority for the whole of Government.

Recommendations

Legislate for a statutory entitlement to home care: With the development of the Statutory Scheme being stuck in a quagmire of technicalities and regulatory developments, one would be forgiven for forgetting that the raison d'être of the Statutory Scheme was to deliver a transformative new social scheme that would give people a statutory entitlement to care. The Department of Health has said that we are quite a distance away from seeing this but we should remember that this has the potential to be a defining moment for the care of older people and should be given due priority.

Costs: Administrative cost initially but costs will increase in the context of increased demand due to ageing and the implementation of the Statutory Scheme.

Address the future funding question: It is time to have a national conversation about the future of social care funding

¹ Prof. Eamon O'Shea [.At the Oireachtas Health Committee in 2017](#)

² The ESRI have modelled the impact of various funding options: [Home Support Services in Ireland: Exchequer and Distributional Impacts of Funding Options](#) (2022).

(not just home care funding) and accelerate the necessary research and modelling associated with developing funding options. HSE home care is currently fully funded through general taxation. Minister Mary Butler has recently indicated that [she supports this model](#). However, without ringfenced funding there is potential that the necessary resources do not get allocated to older people who most need it.¹ Other options include co-payment (of which there are many potential options² and potential pitfalls³). A German style social insurance system may best protect funding but it would be a significant undertaking to create such a system. The funding question has been repeatedly kicked down the road but must be confronted quickly if we are to maintain a sustainable home care sector to meet high future demand.

Cost: Administrative cost initially to scope measures.

³ The Department of Health commissioned a report that argues that user charges have some negative consequences: [Improving Home Care Sustainability in Ireland: Are User Charges a Promising Option?](#)

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Roll out a single assessment tool (SAT): This would ensure fair appraisal of the support needed and equity of service delivery across the country. The HSE pilot testing into the interRAI tool raised serious questions about its appropriateness as the SAT for home care. Participants in the evaluation report viewed interRAI as being too long and impractical and suggested that it did not lead to the consistent awarding of home care hours – the very purpose of the SAT. The report reveals resistance within the HSE to adopting interRAI, something seen in statistics showing only 17% of the targeted 18,000 interRAI assessments were delivered in 2023.⁴ The suitability of interRAI should be reviewed with consideration given to the evaluation report and the experience of frontline home care officials and interRAI assessors. We cannot tackle chronic waiting lists and regional service disparities without developing a SAT that works for the assessors and the service users.

Cost: No cost – interRAI is already funded.

⁴ [HSE National Service Plan 2024](#)

Urgently Implement the Statutory Home Support Scheme

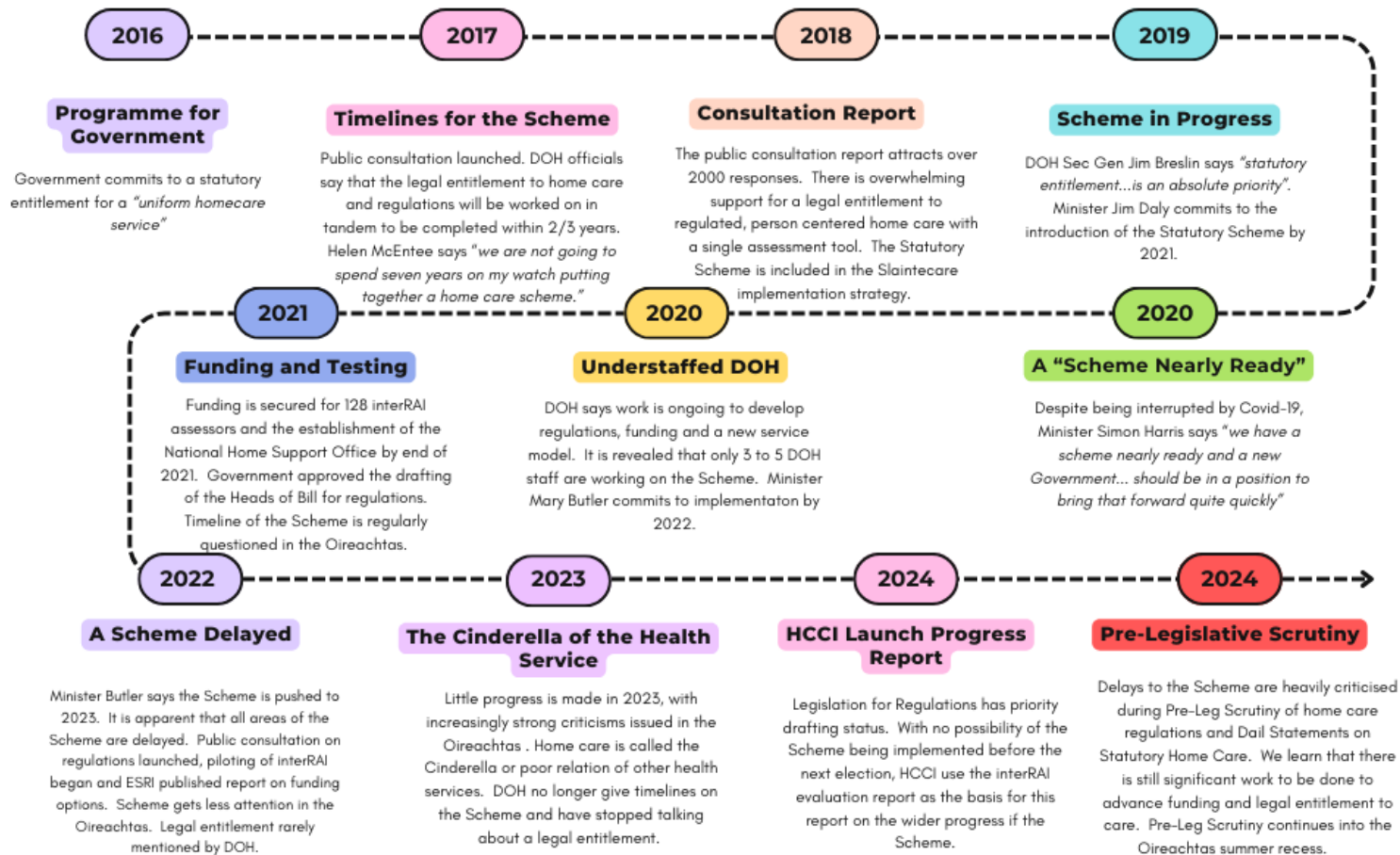
Establish a Statutory Home Support Scheme

Implementation Committee: Delays to the Scheme show a clear need for a coordinated response to tackling barriers to implementation. The Scheme is a complex series of policies and legislation involving multiple Government Departments and state agencies and thus requires greater leadership to confront its challenges and drive implementation. An implementation committee should include officials from the Department of Health, HSE, HIQA, the Department of Public Expenditure and Reform, the Department of Enterprise, Trade and Employment as well as representatives from the private and non-profit home care sector, with support from other experts when needed. The committee should meet at least quarterly, develop targets and strategies and be supporting with funding to tackle the barriers to implementation that have plagued the development of the Scheme.

Cost: Administrative cost initially to scope measures.



Timeline of the Statutory Home Support Scheme



4) End the Second-Tier Status for Disability Home Support

| HSE Disability Home Support Activity 2018 - 2023 | | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
| Disability Home Support - Number of Hours | 3,138,939 | 3,036,182 | 2,939,541 | 2,949,806 | 2,923,000 | 3,480,000 |
| Disability Home Support - Number of service users | 7,522 | 7,321 | 6,792 | 6,902 | 7,011 | 7,039 |

Context: Unlike Older Persons, Disability Home Support has no Authorisation Scheme that would set a fixed price for providers to deliver a home care package. This means that rates paid to providers change depending on the area of the country they operate in and the rate is further dependent on the level of funding that is available; even within the same area a provider can receive multiple rates. Often the rate paid for a disability package is less than an older person’s package. This uncertainty and underfunding is causing providers to question the viability of delivering disability home support.

Home care workers operating on a disability home support package are not entitled to the same guarantees around the living wage and mileage as a HCW on an older person’s package

because there is no Authorisation Scheme for disability home support.

For prospective disability clients, access to the disability home support is challenging as there is poor information on how to access the service. Access to home support is discretionary and dependent on having funding available. Compare to this Older Persons Home Support which is easier to access and where the waiting list for funding has become eradicated.

The 2023 Authorisation Scheme and increased funding in recent years has been a step change for older person’s home support. Unfortunately, because disability home support is not included in the Authorisation Scheme and has not seen the same increases in funding as older persons, there is a risk that it is left

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behind as providers and HCWs choose to focus on older people's home support. To avoid an enduring two-tier home care sector, we must elevate disability home support to the same level as older persons by developing an Authorisation Scheme that matches the terms and conditions offered to providers and home care workers.

Recommendations

Develop an Authorisation Scheme for disability home

support: this should match the rate paid for an older person's package. Consideration must be given to additional rates for more complex cases. HCWs delivering a home care package should be guaranteed to be paid the living wage and travel time, ensuring that all HCWs are on a level playing field. A disability Authorisation Scheme is critical for developing an over 18's home support service and would offer stability and certainty for providers; encouraging them to expand their disability services leading to better access to care for disabled people. The Government should heed lessons from the 2024 failed Care Referendums which showed a clear demand for action over

End the Second Tier Status for Disability Home Support

rhetoric and develop an Authorisation Scheme to avoid a two-tier home care sector and create a service that works for everyone.

Cost: €108 million.

Regulate personal assistance services: As of July 2024, legislation to license home support services is undergoing pre-legislative scrutiny with the Oireachtas Health Committee. The key fault with this legislation is that it does not licence or regulate personal assistance (PA) services for disabled people. While home care and PA are different services, the reality is there is significant overlaps between the care given for both services. The failure to licence and regulate PA services leaves an invitation for unscrupulous providers to rebrand their home support service as a PA service to shirk scrutiny and regulation. The decision to exclude PA services should be revisited before the legislation reaches the Oireachtas and providers of PA services should be subject to the same licensing, regulations and minimum standards as providers of older person services.

Cost: Administrative cost initially.

List of Recommendations

| Section | Recommendation | Cost | Relevant Department |
|---|--|--|----------------------|
| Tackle Waiting Lists and Address Unmet Needs. | Restore the 1.9m cut in home support hours. | €59 million | Department of Health |
| | Expand the delivery of home support by 2 million hours to tackle unmet need. | €62 million | Department of Health |
| | Explore measures to end the Eircode Lottery of waiting lists. | Administrative cost initially to scope measures. | Department of Health |
| A New Deal for Home Care Workers | Guarantee continuity of income for home care workers. | No additional cost – cancelled home care visits are already funded | Department of Health |
| | Index link the living wage. | €10 million | Department of Health |

| | | | |
|----------------------------------|---|--|---|
| A New Deal for Home Care Workers | Fund mileage expenses for home care workers. | €23 million | Department of Health |
| | Develop a home care workforce strategy. | Administrative cost initially to scope measures. | Department of Health/ Department of Social Protection/ Department of Public Expenditure/Department of Enterprise, Trade & Employment/ Department of Further and Higher Education, et al. |
| | Review the eligibility criteria for state benefits to ensure they do not disincentivise employment. | Administrative cost initially to scope measures. | Department of Social Protection/Department of Health |
| | Increase the Carers Allowance working limit from 18.5 hours to 21.5 hours per week. | €50-€54 million | Department of Social Protection/Department of Health |
| | Develop a Working Age Payment to address the ‘days worked’ model of Jobseeker’s. | Unknown | Department of Social Protection/Department of Health |

| | | | |
|--|---|--|---|
| | Develop a career structure to professionalise the role of home care worker. | Administrative cost initially to scope measures. | Department of Health |
| Urgently implement the Statutory Home Support Scheme | Legislate for a statutory entitlement to home care. | Administrative cost initially to scope measures. | Department of Health |
| | Address the future home care funding question. | Administrative cost initially to scope measures. | Department of Health |
| Urgently implement the Statutory Home Support Scheme | Roll out a single assessment tool for home care. | No cost – interRAI is already funded | Department of Health |
| | Establish a Statutory Home Support Scheme Implementation Committee. | Administrative cost initially to scope measures | Department of Health/ the Department of Public Expenditure/the Department of Enterprise, Trade and Employment |

| | | | |
|--|---|---|--|
| End the second-tier status for Disability Home Support | Develop an Authorisation Scheme for disability home support | €108 million | Department of Children, Equality, Disability, Integration and Youth. |
| | Regulate personal assistance services | Administrative cost initially to scope measures | Department of Children, Equality, Disability, Integration and Youth. |

Costing Appendix

Section 1. Tackle Waiting Lists and Address Unmet Needs

1. €59 million to restore the 1.9m cut in home support hours.

Cost: €59 million.

Calculations: $1,900,000 \times €31$ (Rate paid to home care providers under 2023 HSE Home Support Authorisation Scheme) = €58,900,000 (does not account for premium rates for weekends and bank holidays due to uncertainty with HSE commissioning).

2. Expand the delivery of home support by 2 million hours to tackle unmet need.

Cost: €62 million.

Calculations: $2,000,000 \text{ hours} \times €31 = €62,000,000$ (does not account for premium rates for weekends and bank holidays due to uncertainty with HSE commissioning)).

3. Develop a public information campaign to inform about home care services.

Cost: €500k to €1 million.

Calculations: This is an indicative cost based on industry experience in developing similar campaigns. The cost of any public information campaign varies greatly depending on factors including the campaign's scope, scale and duration as well the choice of agencies/third party vendors and media platforms used during the campaign.

Section 2. A New Deal for Home Care Workers

1. €10 million to index link the living wage.

Cost: €10 million.

Calculations: Difference between 2023 living wage (€13.10 p/h) and 2024 living wage (€13.82 p/h) = 72c. Independent sector delivered 13,942,852 of home support in 2023. $13,942,852 \times 0.72 = 10,038,853$. There should be additional payments to cover Employer PRSI.

2. **€23 million to fund mileage expenses for home care workers**

Cost: €23 million.

Calculations: Mileage equals €1.66 per hour as per verified costings as part of 2023 HSE Authorisation Scheme engagements. Independent sector delivered 13,942,852 of home support in 2023. $1.66 \times 13,942,852 = 23,145,134$.

3. **Increase the Carers Allowance working limit from 18.5 hours to 21.5 hours per week:**

Cost: Between €50 million and €54 million.

Calculations: Based on two costings, [Labour Party Pre Budget Political Party Costings 2024](#) and [Parliamentary Budget Office costing](#)

Section 4. End the second-tier status for Disability Home Support

1. **Develop an Authorisation Scheme for disability home support**

Cost: €108 million

Calculations: Number of disability home support hours in 2023 = $3,480,000 \times €31 = €107,880,000$.