



Home & Community
Care Ireland

Pre-Budget Submission 2026

Care for Your Future



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About Home & Community Care Ireland

Home & Community Care Ireland (HCCI) is the representative body for independent (private and non-profit) home care providers.

HCCI has 41 member companies; our members have over 100 offices nationwide, employ over 15,000 home care workers, and provide managed home care services to over 25,000 older and disabled people in Ireland.

Our mission is to drive policies that sustain the sector, guaranteeing the highest standards of care for people - whether services are publicly funded or privately sourced - and uphold the well-being of our workforce. HCCI's vision is a future where every adult in Ireland has a statutory right to home care and where solutions in the community are thoughtfully designed to support people.

About HCCI's Pre-Budget Submission 2026

HCCI's Pre-Budget Submission 2026 is a comprehensive set of short, medium and long term policy recommendations mapping out investment in service provision, workforce expansion and policy reforms to enhance home care services as Ireland ages.

Sections 1 to 4 includes policy recommendations that requires immediate implementation in Budget 2026 including measures to expand home care, remove barriers to access and improve recruitment and retention of home care workers.

Sections 5 and 6 include medium to long term policy recommendations that will have budgetary implications in the future. These include implementing a legal right to home care through the Statutory Home Support Scheme, supporting the Commission on Care for Older People and developing improved housing and supported living options for older people and people with disabilities.

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Executive Summary

Context

The next five years are a critical time for the development of home care services.

Demand has continued to increase considerably in recent years and will grow further as Ireland's population ages.

The last Government responded to increased demand through additional investment, successfully growing the sector by nearly 6 million hours over its lifetime. However, demand is outstripping funding and other policy reforms, including the Statutory Home Support Scheme and Strategic Workforce Advisory Group to improve recruitment and retention, have been delayed and have an uncertain future.

The current Government must continue to invest in home care for older people, deliver a step change in disability home care, accelerate workforce reforms and ensure the Statutory Home Support delivers rights based transformation of Ireland's home care sector.

HCCI's Pre-Budget Submission 2026 is a comprehensive set of short, medium and long term policy recommendations mapping out investment in service provision, workforce expansion and policy reforms to enhance home care services as Ireland ages.

This submission includes:

- Recommendations requiring immediate exchequer funding, including recommendations to expand home care for older people and people with disabilities.
- Policies with future funding requirements when implemented, such as the Statutory Home Support Scheme.

Policy Recommendations

Unlock our Care: Policies to support growth & tackle unmet need

The last Government delivered a step change in home care funding for older people, increasing the budget by 70% and the provision of hours by 33%. This level of investment must continue; demand is outstripping supply, home care “blackspots” plague rural areas, and there are stark variations in the waiting lists and the provision of hours between different regions.

HCCI is proposing to:

- Fund an additional one million hours of HSE Home Support in 2026.
- Convene a waiting list taskforce to tackle unmet need.
- Increase the number of hours provided in a home care package.

End the Second Tier Status for Disability Home Care

Disability Home Support and the Personal Assistance Service (PAS) are significantly smaller services, received lower investment and have less transparency than home support for Older People. Independent providers are paid less and home care workers do not have the same protections. These gaps in funding, service provision and reform are creating a two tier home care service that risks the viability of the disability home care sector.

HCCI is proposing to:

- Expand Disability Home Support and Personal Assistance services.
- Establish an Authorisation Scheme for Disability Home Support.
- Publish waiting lists for Disability Home Support and PAS.
- Ensure the Statutory Home Support Scheme works for disabled people.

A New Deal for Carers

Like many countries across the world, the home care sector is experiencing recruitment and retention challenges which is impacting the capacity to deliver care for older and disabled people. Tentative reforms through the Cross-Departmental Strategic

Workforce Advisory Group (CD-SWAG) have improved recruitment and retention but not to the scale required to meet future demand as Ireland ages.

HCCI is proposing to:

- Index link funding for the National Living Wage.
- Guarantee continuity of income for home care workers.
- Fund mileage payments.
- Implement a career pathway.
- Introduce a home care worker registration system to regulate the profession.
- Develop a home care workforce strategy.

Remove Barriers to Employment in State Benefits

Social welfare and state benefit rules around means testing, income and working hour limits are inextricably linked to recruitment challenges in home care, to workplace stress, to staff leaving the sector and to the persistently high waiting lists for a HSE home care package. This link was acknowledged by the Department of Health, with CD-SWAG recommending a review of state benefits which has yet to begin.

Implement the Statutory Home Support Scheme

The Statutory Home Support Scheme is a landmark series of reforms for the home care sector. In development since 2017, the Scheme has been repeatedly delayed and its implementation requires renewed vision and urgency.

HCCI is proposing to:

- Produce a roadmap for the implementation of the Scheme.
- Develop a viable regulatory framework.
- Guarantee a legal entitlement to home care.
- Address the future funding model for home care.
- Roll out a single assessment tool.

Care for Your Future: Policies for Long Term Success in Home Care

With Ireland on the cusp of a major demographic shift, it is critical that this Government takes a long term approach to home care planning, ensure productivity and proactively

develop policies to sustain and safeguard the sector. The need for long term planning and reform was acknowledged by the last Government, who established the Commission on Care in 2024 and the EU who launched the European Care Strategy in 2022.

HCCI is proposing to:

- Establish a Productivity Taskforce for Home Care.
- Support the Commission on Care.
- Commit to developing and implementing the European Care Strategy.
- Develop a Housing Options for Older People Strategy.
- Remove employment permit quotas for home care workers.

Section 1

Unlock our Care: Policies to support growth & tackle unmet need

Policy Recommendations:

- Fund an additional one million hours of Older Persons Home Support.
- Convene a waiting list taskforce to tackle the Eircode Lottery of home care.
- Increase the number of hours provided in a home care package.

Context:

The last Government's term from 2020 to 2024 saw strong and necessary growth in home care necessitated by increased demand due to demographic change, lessons learned from Covid-19 and older people's overwhelming preference to remain living in their homes.

The budget for home care increased by 70%, up to €838 million for 2025. The provision of HSE Home Support increased by nearly 6 million hours, with a record provision of 23.4 million hours in 2024.

However, demand continues to outstrip supply, with persistent waiting lists for home care in most of the country. At the end of 2024, 5,556 older people were waiting for home care. HCCI analysis of waiting lists reveals stark variations in waiting lists between Dublin and areas like Cork, Galway and Donegal with 'home care blackspots' throughout Ireland (mostly in rural areas).

Tackling this level of unmet need and meeting additional demographic demand requires strong annual increases in funding for home support. However, parts of Ireland have seen limited benefits from the increased investment and require innovative solutions to increase capacity in those areas.

Policy Recommendations

Policy 1: Fund an additional one million hours of HSE Home Support in 2026

Relevant Departments: Health; Public Expenditure, Infrastructure, Public Service Reform and Digitalisation.

Cost: €33.5 million.

Current Status:

- The HSE are funded to provide 24 million hours of Home Support for Older People in 2025.
- In 2024, the HSE provided 23.4 million hours, 1.4 million hours above target.
- In June 2025, the ESRI published *Projections of National Demand and Bed Capacity Requirements for Older People's Care in Ireland, 2022 – 2040* to estimate the future demand for home care.

Policy aims:

- Increase the number of funded hours of HSE Home Support by one million, up to 25 million in total.
- Increase the number of people in receipt of home care.
- Increase the number of hours provided in a home care package.
- Reduce waiting lists and unmet need.

Rationale:

- The ESRI project an increase in demand for home care of up to 3.7% each year.
- The HSE project a 4% increase in demand for home care each year.

Section 1: Unlock Our Care – Policies to support growth & tackle unmet need

- The number of people aged 65 or over is increasing by 3.5% each year.
- There are increasing demands for home care in line with increased life expectancy, decreasing supply of family carers and older people's strong desire to stay living in their homes and community.
- The typical home care package is approximately 7 to 8 hours a week. This needs to increase to provide care to people with higher dependency.

Policy 2: Convene a Waiting List Taskforce to tackle unmet need.

Relevant Departments: Health.

Cost: No new funding

Current Status:

- 5,556 older people were waiting for home support at the end of 2024.
- There are significant regional variations in waiting lists, ranging from 1,018 in Cork/Kerry (CHO 4) to zero in North Dublin (CHO 9).
- Generally, areas with a high percentage of HSE provision and/or rural areas have higher waiting lists than places with higher independent sector provision and/or urban areas.
- Other than increasing the number of funded hours, there has been little policy response to waiting lists, allowing waiting lists to increase or stagnate.

Policy Aims:

- Co-ordinate key stakeholders including DOH, HSE & HCCI to examine factors causing waiting lists and make strategic recommendations to reduce them.
- Publish better data on waiting lists to strengthen transparency in waiting lists.
- Include action of home care waiting lists in the HSE's National Service Plan.
- Reduce the time spent waiting for a home care package.

Rationale:

- Several factors, including demographics and how home care is commissioned, means that additional investment will not automatically reduce waiting lists.

Section 1: Unlock Our Care – Policies to support growth & tackle unmet need

This is seen in several parts of the country where waiting lists remain stubbornly high despite additional funding.

- There is a lack of a dedicated policy response and little accountability when tackling waiting lists.
- Unlike hospital appointments or trolley numbers, waiting lists for home care are not published regularly and must be accessed through parliamentary questions.
- There is not strong data on the length of time people spend waiting for home care. A 2025 PQ revealed that 49% of people are waiting 6 months or longer for home care in Cork and Kerry.

Policy 3: Increase the number of hours provided in a home care package

Relevant Departments: Health; Public Expenditure, Infrastructure, Public Service Reform and Digitalisation.

Cost: Unknown due to lack of data on home care packages.

Current Status:

- The HSE does not regularly report the average number of hours allocated to an individual (or couple's) home care package. Limited data is available from parliamentary questions.
- It can be inferred from parliamentary questions and the HSE's National Service Plan that the size of an average home care package is improving. [In a 2023 PQ](#), the HSE reported that the average size a home care package was 7.4 hours a week compared to [6.5 hours a week in 2020](#).
- Significant regional variations exist. There is a range of between [5 to 8 hours](#) a week between Louth, Meath, Laois, Longford, Offaly and Westmeath. Kildare reported an average of 10.3 hours in 2020 while, in Cork East, the average allocation was only [4.6 hours per week](#) in 2025.

Section 1: Unlock Our Care – Policies to support growth & tackle unmet need

- In the absence of a single assessment tool (delayed as part of the Statutory Home Support Scheme), the allocation of hours is effectively at the discretion of the assessor.

Policy Aims:

- Increase the number of hours allocated in a home care package to:
 - provide care for people with more advanced dependency
 - reduce the burden on family carers
 - realise older people's preference to remain living in their homes and communities
- Roll out a single assessment tool to improve evidence based service planning.

Rationale:

- Older people who do not have family care supports or have advanced care needs are not receiving enough home care to keep them out of hospital/nursing homes.
- Significant regional variations in the allocation of hours is contributing to home care's Eircode Lottery.
- How people are assessed, and their hours allocated, is not sufficiently based on evidence or a person's care needs. As there is no standardisation, assessments differ across the country and research indicates that workforce capacity is influencing decisions on the allocation of hours.

Section 2

End the Second Tier Status for Disability Home Care

Policy Recommendations:

- Expand Disability Home Support and Personal Assistance services.
- Establish an Authorisation Scheme for Disability Home Support.
- Publish waiting lists for Disability Home Support and Personal Assistance.

HSE Disability Home Support (DHS) & PAS Activity 2020 - 2024						
	2020	2021	2022	2023	2024	Change 2020 - 24
DHS - No. of Hours	2,939,541	2,949,806	2,923,000	3,480,000	3,760,000	27.9%
DHS - No. of clients	6,792	6,902	7,011	7,039	7,023	3.4%
PAS - No. of hours	1,781,310	1,700,309	1,746,136	1,770,000	1,850,000	3.9%
PAS - No. of clients	2,673	2,613	2,669	2,708	2,865	7.2%

Context:

Disability Home Support (DHS) and the Personal Assistance Service (PAS) are significantly smaller services and have seen much less growth than Older Persons Home Support. Less than 10,000 disabled people are receiving publicly funded home care or PAS, compared to nearly 60,000 older people. The combined provision of disability home care and PAS is 5.6m hours compared to 23.4m hours for older people.

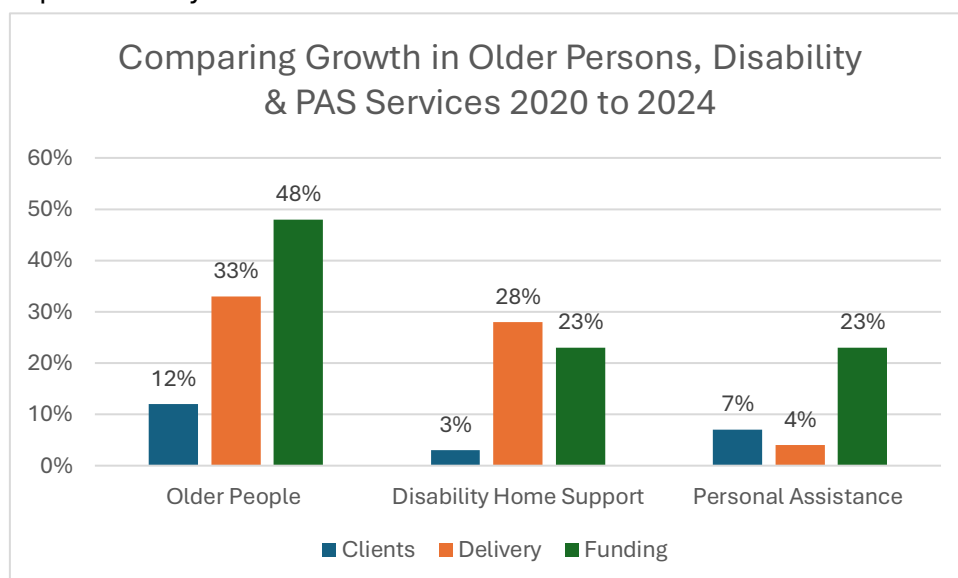
Section 2: End the Second Tier Status for Disability Home Care

As well as receiving less investment, disability home care is not receiving the same policy attention as older persons and important reforms are not being advanced. The Statutory Home Support Scheme covers all people aged 18 and older but is not being designed with these people in mind. There is no Authorisation Scheme for disability home care meaning HSE commissioning is haphazard and discourages providers from delivering disability home care.

Accessing home care is more challenging for people with disabilities than for older people. Home care is a discretionary service with funding challenges resulting in unmet need. Unlike for older people, the HSE does not maintain a waiting list for disability home care meaning we cannot accurately report on the level of unmet need. This raises clear problems with transparency and accountability.

The lack of investment and policy development is happening despite the well-publicised issue of under 65s being inappropriately placed in nursing homes. The [Ombudsman's 2021 Wasted Lives](#) report highlighted the case of over 1,200 people aged 65's or under who live in nursing homes, many of whom are suitable to live in their homes and communities with the right home supports. A [2024 update from the Ombudsman](#) revealed that while 81 people have transitioned out of nursing homes, an average of thirty two people under 65s are entering residential care each month.

The Programme for Government commits to “*delivering a step change in disability services*”. This cannot happen without an urgent re-examination of how Ireland funds and develops disability home care.



Policy Recommendations

Policy 4: Increase HSE Disability Home Support and the Personal Assistance Service by 25%

Relevant Departments: Children, Disability & Equality; Public Expenditure, Infrastructure, Public Service Reform and Digitalisation.

Cost: €32 million.

Current Status:

- HSE Disability Home Support and the Personal Assistance Service are budgeted together, so we cannot tell how much is budgeted to either service.
- Further, for a service this size, it is remarkably difficult to ascertain the budget for the two services in 2025. In recent PQs asking for an outline of the budget for 2024 and 2025, the HSE only report up to 2023.
- We can estimate from this that the budget for HSE Disability Home Support and the Personal Assistance Service in 2025 is €127 million, rising by 34% since 2020.
- During the same period, the budget for older persons increased by 71%.

Policy Aims:

- Increase funding by €32 million (25%) for HSE Disability Home Support and PAS.
- Tackle unmet need.
- Avoid placing under 65's in nursing homes for as long as possible.

Rationale:

- Expanding home care is a Programme for Government, Sláintecare and Disability Action Plan commitment.
- Disability Home Support and PAS risk becoming second-tier services to Older Persons Home Support without a significant uplift in investment.

Section 2: End the Second Tier Status for Disability Home Care

- A 25% increase closely matches the increase given to Older Persons Home Support in the first budget of the last Government. Disability home care needs to follow a similar pathway to higher budgets.
- Any increase below 25% will not deliver a “*step change in disability services*” as the Programme for Government commits to.

Policy 5: Establish an Authorisation Scheme for Disability Home Support.

Relevant Departments: Children, Disability & Equality; Public Expenditure, Infrastructure, Public Service Reform and Digitalisation.

Current Status:

- While the HSE does not collect this data, the majority of Disability Home Support is delivered by independent providers.
- Unlike with Older Persons, there is no Authorisation Scheme for Disability Home Support meaning the rate paid to providers is negotiated individually with the HSE. Generally, the rate for Disability Home Support is less than the rate for Older Persons and home care workers are not guaranteed the Living Wage.
- The process to establish a Disabilities Authorisation Scheme is at an advanced stage. The HSE informed providers in March 2025 that they intend to launch the Scheme via eTenders soon, but this has not happened at the time of writing.
- Further, bridging the funding gap between disabilities home support and older people home support is a Programme for Government commitment, and funding was allocated to it in Budget 2025.

Policy Aims:

- Establish an Authorisation Scheme for Disability Home Support.
- Bridge the funding gap between Disabilities and Older Persons Home Support.
- Encourage providers into the Disabilities sector to ease unmet need.

Rationale:

Section 2: End the Second Tier Status for Disability Home Care

- Improving and expanding Disability Home Support is a Programme for Government, Sláintecare and Disability Action Plan commitment.
- The current funding gap is disincentivising providers and home care workers from the disability sector.
- An Authorisation Scheme would improve recruitment and retention, quality standards and budgetary controls enabling sustainable growth.

Policy 6: Publish waiting lists for Disability Home Support and the Personal Assistance Service.

Relevant Departments: Children, Disability & Equality.

Current Status:

- Neither the Department of Children, Disability and Equality nor the HSE maintain records of the number of people waiting for HSE Disability Home Support or PAS.
- This contrasts with Older Persons Home Support, children's assessment of need, hospital outpatient appointments and ED trolley numbers, which all have waiting lists.
- The failure to maintain waiting lists for Disability Home Support and PAS means we are unable to accurately assess the level of unmet need or examine regional variations in access to care.

Policy Aims:

- Publish waiting lists for HSE Disability Home Support or PAS.
- Improve transparency by recording unmet need.
- Improve accountability by allowing better analysis of unmet need.

Rationale:

- Publishing waiting list is critical to understanding the level of unmet need in the disability sector.
- Waiting lists improve transparency, accountability and service planning.
- Disability Home Support and PAS are outliers, with most other health and social care services maintaining waiting lists.

Section 6

New Deal for Carers

Policy Recommendations:

- Index link funding for the National Living Wage.
- Guarantee continuity of income for home care workers.
- Fund mileage payments.
- Implement a career pathway.
- Introduce a home care worker registration system to regulate the profession.
- Develop a home care workforce strategy.

Context:

There are an estimated 29,000 home care workers employed by the HSE and independent providers who deliver home care to older and disabled people.

Like many countries across the world, the home care sector is experiencing recruitment and retention challenges which is impacting the capacity to deliver care to all those who need it. In response, the Department of Health established the Cross-Departmental Strategic Workforce Advisory Group (CD-SWAG), which launched a 2022 report with sixteen recommendations related to pay and conditions; barriers to employment; training and professional development; and sectoral reform.

CD-SWAG is an important report but it's scope and findings were limited from the outset. It has had some successes but most recommendations have stalled and its future is uncertain. Nevertheless, the increased delivery of home care, particularly from independent providers, indicates that recruitment and retention has improved.

Section 3: A New Deal for Carers

However, it is clear from present day waiting lists and future demographic shifts that more policy interventions are needed to increase the supply of carers. There is a need for better modelling on future workforce demand and supply but a [2024 DETE/KMPG](#) report projected an undersupply of 60,000 healthcare assistants (including nursing homes, hospitals etc) by 2036.

Through HCCI member feedback, benchmarking with other sectors and jurisdictions and direct engagement with home care workers, HCCI have developed a number of policy recommendations to improve recruitment and retention of home care workers. To give a clear sense of purpose and direction, we propose that these recommendations are organised under a home care workforce strategy.

Policy Recommendations

Policy 7: Index link funding to the National Living Wage and Statutory Employment Costs.

Relevant Departments: Health; Children, Disability and Equality; Public Expenditure, Infrastructure, Public Service Reform and Digitalisation.

Current Status:

- The Authorisation Scheme for Older Persons Home Support sets the rate paid to independent providers for delivering an hour of home care to people aged over 65.
- The Scheme has been in operation since 2023, with a current basic rate of €31.47 an hour.
- The Scheme directs providers to pay the National Living Wage as a minimum and fund time spent travelling between clients.
- A 4% uplift in the rate has been accepted by providers and approved by the HSE board and is due to come into effect in August 2025.

Policy Aims:

Section 3: A New Deal for Carers

- Match increases in the National Living Wage and statutory employment costs like employer PRSI and Statutory Sick Pay to the rate paid to providers.
- Ensure home care workers receive consistent wage increases.
- Support providers to increase their workforce, adding employment and delivering additional home care.

Rationale:

- The Authorisation Scheme agreed that home care workers be paid the National Living Wage based on the 2023 wage of €13.10. However, rate reviews are at the discretion of the HSE and subject to the estimates process and DPER approval, meaning there is no guarantee the rate is increased in line with Living Wage increases.
- Likewise, there are no assurances that the rate paid to providers will increase in line with increases to statutory employment costs like employer PRSI, sick pay and pension auto-enrolment. Indeed, the proposed 4% uplift will not meet increased statutory costs, impacting providers ability to invest in growing their capacity and offering terms and conditions to carers that are above statutory minimums.
- Tenders for other services like locum nursing include guaranteed uplifts to match increased statutory costs.

Policy 8: Guarantee continuity of income for home care workers.

Relevant Departments: Health; Children, Disability and Equality; Public Expenditure, Infrastructure, Public Service Reform and Digitalisation.

Cost: No new funding.

Current Status:

- When a client cancels a call with less than 8 hours' notice, providers are paid 50% of the call. If a call is cancelled with more than 8 hours' notice, providers are paid nothing.
- Providers are obliged to maintain capacity to restart delivery for three months without pay.

Section 3: A New Deal for Carers

- The policy of not paying for cancelled calls but requiring that cover is kept means it is challenging for providers to ensure staff are paid fairly. Carers are typically paid if the call is cancelled with less than 8 hours' notice but nothing if a call is cancelled with 8 or more hours' notice. This is cited as a key barrier to employment by home care workers and providers.

Policy Aims:

- Pay providers for cancelled calls so home care workers can be guaranteed income.
- Improve recruitment and retention for home care workers.

Rationale:

- Challenges offering reliable income are impacting recruitment and retention in the sector, contributing to waiting lists and unmet need.
- Nursing homes are paid for up to a month if a resident goes into hospital, which is an inequity between the two sectors.
- Home care is a fully funded service meaning that hours are funded in advance so there are no additional cost implications for paying for cancelled calls.

Policy 9: Fund mileage expenses for home care workers

Relevant Department: Health; Children, Disability and Equality; Public Expenditure, Infrastructure, Public Service Reform and Digitalisation.

Cost: €11.4 million.

Current Status:

- Mileage is not funded under the HSE Authorisation Scheme for older people. For Disability Home Care, funding mileage is at the HSE's discretion.
- The HSE pays mileage expenses for their own directly employed home care workers.
- Many providers pay mileage expenses or factor it into a carer's hourly wage from their own resources. Freeing them of doing so would allow them to increase capacity by hiring more workers.

Policy Aims:

- Fund mileage expenses for carers working on an older persons and disability home care package.
- Support recruitment and retention, particularly in rural areas.

Rationale:

- Funding mileage payments would improve recruitment and retention of home care workers.
- Not funding mileage payments disproportionately impacts delivery in rural areas, where distances are longer, wear and tear is greater and waiting lists are higher.
- The HSE fund mileage for their own carers, creating inequity and unnecessary competition.

Policy 10: Implement a career pathway for home care

Relevant Departments: Health; Children, Disability and Equality; Public Expenditure, Infrastructure, Public Service Reform and Digitalisation; Further & Higher Education, Research, Innovation & Science.

Current Status:

- There is currently no defined career pathway in home care.
- Promotion into roles like care scheduler, manager and HR are available but this differs between providers.
- The HSE pays the same rate for older people regardless of a clients care needs or the carers level of training.
- LHP Skillnet and the Royal College of Surgeons Ireland (RCSI), in partnership with HCCL, has published a white paper with strategic recommendations setting out an action plan for advancing a career pathway in the sector.

Policy Aims:

- Roll out a career pathway in line with the LHP Skillnet/RCSI [*White Paper on Advancing Home Support Worker Career Pathways*](#).

Section 3: A New Deal for Carers

- The career pathway includes guides on the necessary steps, education, training, and Continuous Professional Development (CPD) opportunities necessary for career advancement.

Rationale:

- Implementing a career pathway is crucial for expanding and enhancing the home care workforce.
- This is necessary as Ireland's ageing population means increased demand for home care and more advanced care being delivered in the home.
- Most health and social care services have a career pathway.

Policy 11: Introduce a home care worker registration system to regulate the profession.

Relevant Departments: Health.

Current Status:

- The role of home care workers is not regulated unlike many health and social care professions which are registered and regulated under CORU.

Policy Aims:

- Introduce a registration system that would regulate the home care worker profession.
- Promote high standards of professional conduct, education, training and competence.

Rationale:

- It is important to give recognition of the critical and every growing role that home care workers play in Ireland's health and social care services.
- As demand for home care increases and more advanced care takes places in the home, it is crucial that we promote good professional standards.

Section 3: A New Deal for Carers

- Regulating health and social care professions enhances public confidence in the sector.

Policy 12: Develop a home care workforce strategy.

Relevant Departments: Health; Children, Disability and Equality; Public Expenditure, Infrastructure, Public Service Reform and Digitalisation; Further and Higher Education, Research, Innovation and Science; Enterprise, Tourism and Employment.

Cost: Administrative costs initially. Future funding commitments on pay and benefits will be necessary.

Current Status:

- There has never been a home care workforce strategy. This has left the sector vulnerable to recruitment and retention challenges as the sector expands in line with demand.
- There is poor data on the home care workforce including its size, demographics and level of training or qualifications. There has been no modelling on the number of home care workers we will need to meet future demand.
- The 2022 Cross-Departmental Strategic Workforce Group was a promising first step towards a strategy.

Policy Aims:

- Develop a workforce strategy that includes:
 - Demand and supply forecasts
 - Evidence based recruitment targets
 - Index linked wage growth
 - Pathways to increasing benefits
 - Improved training options
 - Carer registration
 - Development of a career pathway
 - Public awareness campaigns

Section 3: A New Deal for Carers

Rationale:

- Rising demand for home care means it is critical to radical reform the role of home care worker.
- Many jurisdictions including [Northern Ireland](#), [England](#) and [Australia](#) have recognised the importance of growing and enhancing their home care workforces and have launched home or social care workforce strategies in recent years.

Section 4

Remove Barriers to Employment in State Benefits

Policy Recommendations:

- Increase the Carer's Allowance working limit from 18.5 to 21.5 hours per week.
- Remove the means test for Carer's Allowance.
- Develop a Working Age Payment to address the 'days worked' model of Jobseeker's Benefit and Allowance.
- Review the eligibility criteria for state benefits to ensure they do not disincentivise employment

Context:

Social welfare and state benefit rules around means testing, income and working hour limits are inextricably linked to recruitment challenges in home care, to workplace stress, to staff leaving the sector and to the persistently high waiting lists for a HSE home care package.

Home care is, by design, a part time occupation where visits peak between 8:30am – 9:30am in the morning, plummet in the afternoon and then peak again in the evening between 6:30pm – 7:30pm. This leads to many home care workers also claiming a social welfare payment.

A HCCI survey found that 67% of home care workers claim a state benefit (including social welfare and payments such as medical cards, HAP and SUSI grants). Indeed, [national](#) and [international evidence](#) show that people on state benefits and people returning to work are an important pool of potential recruits.

Section 4: Remove Barriers to Employment in State Benefits

However, eligibility criteria for state benefits creates barriers for entering employment and taking on additional work. 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 while avoiding 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.

These rules also impact home care clients, contributing to high waiting lists and impacting continuity of care as carers leave the sector or reduce working hours.

Policy Recommendations:

Policy 13: Increase the Carer's Allowance working limit from 18.5 to 21.5 hours per week.

Relevant Departments: Social Protection; Public Expenditure, Infrastructure, Public Service Reform and Digitalisation.

Cost: €50 to €54 million.

Current Status:

- 99,000 people are receiving Carer's Allowance at a cost of €1.24 billion.
- Recipients of Carer's Allowance are limited to 18.5 hours of work or study per week.
- HCCI argued for this change at the [Oireachtas Social Protection Committee](#), when a HCCI member and independent home care provider discussed how an employee's entire weekly Carer's Allowance was deducted after she provided cover for a home care client. This was evidence of effective punishment for providing care.

Section 4: Remove Barriers to Employment in State Benefits

Policy Aims:

- Increase the number of hours a person on Carer's Allowance can work or study from 18.5 to 21.5 hours to increase home care capacity.
- Improve continuity of care by reducing instances of a carer reducing working hours to stay within the limit.
- Improve home care worker job satisfaction and career potential by promoting work and allowing greater balance between employment and family caring obligations.

Rationale:

- Managing their working hours to avoid disqualification is a significant source of stress for home care workers, leading to burnout and staff leaving the sector.
- Increasing the number of hours a carer can work will increase home care capacity and reduce waiting lists.
- Working hour limits can leave people welfare dependant and unable to prepare for life after family caring.

Policy 14: Remove the means test for Carer's Allowance

Relevant Departments: Social Protection; Public Expenditure, Infrastructure, Public Service Reform and Digitalisation.

Current Status:

- Carer's Allowance is a means tested payment. The means test looks at all sources of income from the applicant, spouse or partner.
- The Programme for Government included a commitment to "*Continue to significantly increase the income disregards for Carer's Allowance in each Budget with a view to phasing out the means test during the lifetime of the Government.*"
- In 2024, the Oireachtas Library published [Means Testing, Background, Context & Implications](#) to inform the debate.

Policy Aims:

- Support the recruitment and retention of home care workers by removing the means test.
- Expand capacity in the home care sector and reduce waiting lists.

Rationale:

- Means testing rules are a barrier to employment in the home care sector, reducing capacity and adding to waiting lists and unmet need.
- Family carers are the backbone of Ireland's care service and should be recognised.

Policy 15: Develop a Working Age Payment to address the 'days worked' model of Jobseeker's Benefit and Allowance.

Relevant Departments: Social Protection.

Current Status:

- The two Jobseekers schemes operate under a 'days worked' model through which a flat rate is paid for each day of unemployment. A known 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.
- The Programme for Government commits to an alternative 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.

Policy Aims:

- End the "days worked" (also known as the "three days rule") anomaly that discourages part time home care workers from claiming jobseekers.

Section 4: Remove Barriers to Employment in State Benefits

- Ensure that people on jobseeker's payments always see an increase in income when they work or take on additional hours.

Rationale:

- The old "days worked" system is rooted in early 20th century understanding of casual labour and is ripe for reform.
- Technology has improved to allow DSP to utilise real time earnings data from Revenue meaning there is no rational reason to continue with the old system.
- Reform would satisfy recommendation 8 of the Cross Departmental Strategic Workforce Advisory Group: *"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. In particular, the current stipulation that recipients of Jobseeker's Allowance can only claim benefits for days on which they do not undertake any paid work should be re-examined with a view to incentivising engagement in part-time employment, e.g. a move from days to hours. The benefits that we recommend should be examined include Jobseeker's Benefit and Carer's Allowance."*

Policy 16: Review the eligibility criteria for state benefits to ensure they do not disincentivise employment.

Relevant Departments: Social Protection; Health; Housing, Planning & Local Government; Further & Higher Education, Research, Innovation & Science; Public Expenditure & Reform.

Current Status:

- Recommendation 8 of the Cross-Department Strategic Workforce Advisory Group states: *"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."*
- HCCI have outlined recommendations related to Jobseeker's and Carer's Allowance above.

Section 4: Remove Barriers to Employment in State Benefits

- However, there a number of non-DSP state benefits with means tests that cause similar barriers to employment. These include medical cards, Housing Assistance Payment (HAP) and SUSI grants.
- CD-SWAG implementation group minutes show that little progress has been made on recommendation 8.

Policy Aims:

- Conduct a review of eligibility criteria on state benefits with a view to encouraging employment.

Rationale:

- Job activation and ensuring benefits do not disincentivise employment are key principles for the Department of Social Protection.
- Due to the part time nature of home care, carers are unique vulnerable to eligibility rules that disincentivise employment.

Section 5

Implement the Statutory Home Support Scheme

Policy Recommendations:

- Produce a roadmap for the implementation of the Scheme.
- Develop a viable regulatory framework.
- Guarantee a legal entitlement to home care.
- Address the future funding model for home care.
- Roll out a single assessment tool.

Context:

The Statutory Home Support Scheme is a landmark series of reforms for the home care sector, introducing a transformative new social scheme that enables both older and disabled people to remain living in their homes and communities.

Often compared to the Fair Deal Scheme for nursing homes, the Statutory Scheme commits to introducing a legal entitlement to home care, implementing a new regulatory framework, developing a future funding model, rolling out a single assessment tool, and reforming the HSE's model of service delivery.

In development since 2017, with an initial target of 2021 for its implementation, the Scheme has been beset with delays and missed targets. HCCI covered the delays to the Scheme extensively in our 2024 [Progress Report on the Statutory Scheme](#) and outlined how the Scheme's transformational ethos has been forgotten, timelines abandoned, and how the Scheme's development now mired in a quagmire of bureaucracy and technicalities.

Section 5: Implement the Statutory Home Support Scheme

However, the Statutory Scheme is a Programme for Government commitment and Minister for Older People Kieran O'Donnell has said that the Scheme is his [number one priority](#). There is strong cross-party support evidenced in the General Election party manifestos and frequent calls for the Scheme's implementation in the Oireachtas.

Implementing the Statutory Scheme requires a step change in approach. It is critical that a roadmap for implementation is produced to avoid the delays and policy drift that have stymied the Scheme. Political leadership is required to confront barriers to implementation, drive culture change and make challenging decisions like how the home care will be funded as demand increases.

Policy Recommendations

Policy 17: Produce a roadmap for the implementation of the Scheme.

Relevant Departments: Health; Children, Disability and Equality; Public Expenditure, Infrastructure, Public Service Reform and Digitalisation.

Current Status:

- Although full implementation was targeted for 2021, no substantial element of the Scheme has been implemented yet.
- The Department of Health never produced a strategic plan to follow up from the Scheme's public consultation in 2018.
- The regulatory framework, due before the Oireachtas in Summer 2025, is the only element of the Scheme ready to implement.

Policy Aims:

- Produce a roadmap that outlines the vision, policy objectives and timelines for each module of the Statutory Home Support Scheme.
- Co-ordinate relevant stakeholders and set the strategic direction of the Statutory Scheme.
- Prevent further delays by improving transparency and accountability for the Scheme's development.

Section 5: Implement the Statutory Home Support Scheme

Rationale:

- The Scheme has been repeatedly delayed and requires a clear roadmap for implementation.
- There has been issues co-ordinating stakeholders involved in the Scheme. There is resistance within the HSE to implementing the interRAI single assessment tool. Compliance with several key elements of the draft Ministerial regulations and particularly the HIQA standards is impossible under current HSE commissioning and operating procedures.

Policy 18: Develop a viable regulatory framework.

Relevant Departments: Health; Children, Disability and Equality

Cost: €1.3m.

Components of the Regulatory Framework:

Proposed Regulatory Framework for Home Care		
Type of Legislation	Name	Purpose
Primary Legislation	Health (Amendment) (Licensing of Professional Home Support Providers) Bill 2024 [LINK]	Licensing of home support providers.
HIQA Standards (Not legislation)	HIQA Draft National Standards for Home Support Services [LINK]	Set of high-level outcomes that describe how services can achieve safe, high-quality, person-centred care and support.
Secondary Legislation	DOH Draft Regulations for Providers of Home Support Services [LINK]	Regulations related to service delivery, staffing, corporate governance & corporate oversight.

Current Status:

- The regulatory framework is the most developed module of the Statutory Scheme.

Section 5: Implement the Statutory Home Support Scheme

- Primary legislation underwent Pre-Legislative Scrutiny in 2024 and is slated for publication in the Government's Summer Legislative Programme. Draft Ministerial regulations and HIQA standards have been subject to revision following public and targeted stakeholder consultations.
- HCCI expects the primary legislation to come before the Oireachtas in Autumn 2025, with regulations and standards to follow. We expect a 12-to-18-month lead in time before the regulatory framework comes into full effect, meaning that HIQA inspection of providers is likely to begin in 2027.
- HCCI is supportive of the broad principles of the regulatory framework but we are concerned that compliance with some regulations will be impossible under current HSE policy and that some services and providers are omitted from the framework.

Policy Aims:

- Ensure that compliance with the regulatory framework is achievable under current HSE models of funding, commissioning and operating home support.
- Ensure the regulatory framework covers all relevant providers of home care and services that are related to home care.

Rationale:

- The regulatory framework proposes that responsibility for assessment and care planning is transferred from the HSE to the providers. HCCI believe that this is impossible under current HSE funding and commissioning policy, and in conflict with GDPR.
- The regulatory framework omits the Personal Assistance Service (PAS), thus leaving it unregulated. HCCI believe this could lead to disability home care being reclassified as PAS to avoid regulation.
- Agency providers and providers with three clients or less are also omitted. HCCI believes that this could drive the uber-isation of the sector, bogus self-employment, a dereliction of employment rights and the promotion of sole traders without clinical or corporate governance.

Policy 19: Guarantee a legal entitlement to home care.

Relevant Departments: Health; Children, Disability and Equality

Cost: Administrative costs initially.

Current Status:

- Introducing a legal entitlement to home care was a Sláintecare recommendation, with strong support expressed in the Statutory Home Support Scheme’s public consultation.
- Minister for Older People, [Kieran O’Donnell has committed](#) to giving people “*the option and legal right to be cared for in their own home*” with similar pledges from Tánaiste Simon Harris.
- In the absence of Statutory Scheme roadmap, the Government should clarify how they define a legal entitlement to home care. Is it an entitlement to an assessment or an entitlement to enough home care to meet a person’s care need?

Policy Aims:

- Provide clarity on the definition of legal entitlement to home care.
- Outline a timeline for when and how a legal entitlement to home care will be legislated for.
- Assess the impact of a legal entitlement to funding, service planning and workforce capacity on home care.

Policy 20: Address the future funding model for home care.

Relevant Departments: Health; Finance; Public Expenditure, Infrastructure, Public Service Reform and Digitalisation

Current Status:

Section 5: Implement the Statutory Home Support Scheme

- HSE Home Support is currently fully exchequer funded with no user contributions or means testing.
- The Government has not outlined its position on the future funding model for home care. [The 2016 – 2020 Government signalled](#) support for user contributions but the then Minister for Older People Mary Butler indicated support for the current fully exchequer funded model.
- The Department of Health has commissioned two reports on funding options. Neither produced conclusive recommendations and there is not sufficient evidence to make an informed decision on the future funding model for home care.

Policy Aims:

- Accelerate research on funding options for home care.
- Produce impact reports on funding options.
- Outline the Government's vision for the future funding model.
- Inform the public about potential changes to costs of their care.

Rationale:

- There is a need to scrutinise the fully exchequer funded model as Ireland ages and demand for home care increases. Fully exchequer funded home care is politically popular but without ringfenced funding, there is potential for resources to be redirected to other services.
- Moreover, any funding model produces inequities. Co-payments can exclude people who are unable to pay. Likewise, a social insurance model is vulnerable to demographic pressures and cost escalations.
- Therefore, any change to the funding model must be supported by robust evidence of its impact on the sector and on service users.

Policy 21: Roll out a standardised assessment tool.

Relevant Departments: Health.

Section 5: Implement the Statutory Home Support Scheme

Cost: Administrative costs initially.

Current Status:

- The current assessment tool is based on the Common Summary Assessment Report (CSAR). This is not standardised, meaning different people get different assessments depending on where the assessment takes place and people with similar care needs will be allocated different levels of services depending on how the assessment is interpreted.
- interRAI is the chosen new standardised assessment tool for home care. A pilot test was undertaken in 2021 and 2022, and an evaluation report cast doubts on its efficacy, citing long assessment times and challenges interpreting the assessment results.
- Funding has been secured to hire interRAI assessors since 2020. However, its full roll out has been delayed and the HSE only delivered 24% of its interRAI assessment targets in 2024.
- The HSE produced a report on a sample of interRAI assessments to inform the development of care bands.

Policy Aims:

- Conduct further trials of the interRAI assessment tool that include independent providers to inform its full roll out.
- Produce an action plan for the full roll out of interRAI.

Rationale:

- A single assessment tool is essential in understanding the demographic and care needs of home support users, which will benefit service planning.
- A single assessment tool is critical for ensuring that people with the same care needs have the same provision of care regardless of their location or assessor.
- The HSE is missing interRAI assessment targets by a significant margin.

Section 6

Care for Your Future: Policies for Long Term Success in Home Care

Policy Recommendations:

- Establish a Productivity Taskforce for Home Care.
- Support the Commission on Care.
- Commit to developing and implementing the European Care Strategy.
- Develop a Housing Options for Older People Strategy.
- Remove employment permit quotas for home care workers.

Context:

Ireland is on the cusp of a major demographic shift, with our population ageing faster than predicted. Between 2013 and 2023, the number of people aged 65 or older rose by over 40% and is expected to double again by 2051.

While a rapidly ageing population will place pressure on health and social care services, HCCI sees this as an opportunity to deliver a positive transformation in how care is delivered and to develop a robust care economy that can support the ageing population.

As it is the clear preference for people to be cared for in their home and communities, home care should be centrally involved in health and social care reforms such as Sláintecare, the Commission on Care for Older People and the National Disability Strategy. Internationally, the European Care Strategy and United Nations Convention on

the Rights of the Older Person present opportunities for Ireland to strengthen our care sector and improve the quality of life of older and disabled people.

With the HSE's budget for home care likely to exceed €1 billion per year before the end of this Government's term, there is a need to develop systems that ensure productivity and budgetary control. This is necessary to avoid a repeat of home care rationing which occurred in 2024 after both [CHO 1 and CHO 8 overspent their respective budgets](#).

HCCI has reported extensively on the regional variations in home care delivery and waiting lists, highlighting the Eircode Lottery of home care with regions like the greater Dublin area being consistently more productive than regions like the South and Northwest. This echoes findings from the HSE Productivity and Savings Taskforce, which highlighted significant variations in hospital productivity.

Policy Recommendations:

Policy 22: Establish a Productivity Taskforce for Home Care

Relevant Departments: Health.

Current Status:

- HSE Home Support is operated through the Regional Health Areas (RHAs), formerly Community Health organisations (CHO), who manage their own budget and are responsible for delivering and commissioning home care.
- HCCI have reported extensively on variations in waiting lists and provision between different RHAs/CHOs. For example, between 2018 and 2024, in CHO 4 (Cork/Kerry) waiting lists increased by 93% to 1,018 and provision increased by 15%. This compares poorly to CHO 9 (North Dublin), where waiting lists declined by 100%, dropping from 1,429 to 0, while provision increased by 40%.
- HCCI also reported on home care rationing in CHO 1 and CHO 8, after both exceeded their budgets.

Section 6: Care for Your Future – Policies for Long Term Success in Home Care

- The issues with productivity and budgetary control echo findings from the HSE Productivity and Savings Taskforce, which was established after the HSE's €1.5 billion budget deficit in 2023.
- Since the Taskforce was set up, the Department of Health has published productivity metrics for each public hospital.

Policy Aims:

- Establish a productivity taskforce to drive efficiency and improve service planning in home care.
- Improve budgetary control and avoid home care rationing.
- Enhance accountability and transparency by publishing productivity metrics.
- Tackle the 'Eircode Lottery' of home care.

Rationale:

- Budgetary control and productivity issues in home care closely resemble issues in hospitals (the latter which instigated the HSE Productivity and Savings Taskforce).
- Home care has outgrown its existing framework of budgetary control after the budget doubled since 2018.
- Likewise, there is a poor level of transparency in home care, with limited data on demographics, expenditure, workforce, service provision and productivity metrics impacting accountability.

Policy 23: Support the Commission on Care

Relevant Departments: Health

Current Status:

- The Commission on Care is a 2020 Programme for Government commitment, charged with examining health and social care services, and supports provided to older people across the continuum of care, and with making recommendations for their strategic development.

Section 6: Care for Your Future – Policies for Long Term Success in Home Care

- Subsequently, a cross-departmental group will be established under the auspices of the Commission to consider whether the supports for positive ageing across the life course are fit-for-purpose and to develop a costed implementation plan for options to optimise these supports.
- The Commission met first in 2024. HCCI have been engaged through the Commission's Reference Group which has hosted a number of workshops consisting of NGOs and civil society organisations.
- HCCI is fully supportive of the Commission on Care and encouraged by its work to date. However, the Commission is [slightly delayed](#) in presenting its report on module one.

Policy Aims:

- Support the Commission on Care with sufficient funding, staff and other resources to enable it to complete its work.
- Ensure the Commission's recommendations are given due policy consideration and funding.

Rationale:

- Provide an expert led examination of current health and social care services that are provided to older people.
- Provide strategic recommendations to improve supports for older people.
- Strategic development of older persons services requires adequate funding and cross departmental co-operation.

Policy 24: Commit to developing and implementing the European Care Strategy

Relevant Departments: Health; Foreign Affairs & Trade; Enterprise, Tourism & Employment.

Current Status:

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- The European Care Strategy, launched by the European Commission in 2022, is an initiative to improve care services and supports across the EU.
- Its objectives include:
 - Encouraging Member States to draw up a national action plan to ensure access to timely, comprehensive and affordable long-term care (home care, community-based care and residential care)
 - Fair working conditions and training for care staff
 - Recognising and supporting family and informal carers
- The majority of Member States are either tapping into EU funds or receiving technical assistance on care reforms through the European Care Strategy.

Policy Aims:

- For Ireland to support the development of the European Care Strategy, particularly in the context of assuming the European Presidency in 2026.
- Embed the principles of the European Care Strategy as Ireland reforms our own care sector through the Statutory Home Support Scheme and Commission on Care.
- Tap into funding or technical assistance to support Ireland's long term care reforms.

Rationale:

- Ireland can apply principles of the European Care Strategy in the reform of our long term care sector.
- Ireland can learn from other EU countries who have implemented reform programmes similar to the Statutory Home Support Scheme and Commission on Care.
- Ireland can avail of EU funding opportunities to strengthen our own reform programmes.

Policy 25: Develop a Housing Options for Older People Strategy

Relevant Departments: Housing, Planning & Local Government; Health.

Current Status:

- “Rightsizing” to an age appropriate home is a growing movement in Ireland. Options include retirement villages, independent living, housing with supports, home sharing and ageing in place through home adaptations.
- In 2019, the Minister for Older People and Minister for Housing published the joint policy statement “[Housing Options for our Ageing Population](#)” with 40 strategic actions to further progress housing options for older people.
- In 2025, Minister for Older People Kieran O’Donnell has established a working group within the Department of Housing to advance housing options for Older People

Policy Aims:

- Build on the 2019 paper *Housing Options for our Ageing Population* to develop a strategy for older people’s housing options.
- Implement a clear policy framework to encourage the development of housing options for older people.
- Foster co-operation between the range of stakeholders involved.

Rationale:

- Ireland’s ageing population and housing crisis requires the development of age appropriate housing.
- [Ireland lags](#) other countries in developing housing options and needs a stronger policy framework to encourage the development of age appropriate housing.
- There is a lack of clarity and direction in developing housing options stemming from the diverse range of stakeholders with responsibility for care and housing which includes the Department of Health; the HSE; the Department of Housing and its agencies; local authorities; NGOs and civil society organisations; public and private non-profit care providers; financial providers; and older people.

Policy 26: Remove employment permit quotas for home care workers

Relevant Departments: Enterprise, Tourism & Employment.

Current Status:

- Home care workers became eligible for general employment permits in 2022 after being removed from the ineligible list of occupations.
- Since then, approximately 1,500 home care workers from outside the European Economic Area (EEA) have received employment permits and are currently working as home care workers in Ireland.
- Unlike most sectors, home care is subject to an employment permit quota, currently at 2,500 after an extension in March 2025.

Policy Aims:

- Remove the employment permit quota for home care workers.

Rationale:

- Non-EEA workers are critical to addressing workforce shortages.
- The introduction of employment permits in 2022 correlates with increased delivery and lower waiting lists for home care.
- Quotas can lead to withdrawn or delayed employment permit applications if the quota is reached.