

Home Care Policy Briefing 2025



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Executive Summary

Demand for home care is growing as our society ages and personalised home care services for people of all ages are preferred to residential care. With the number of people over 65 set to double by 2040, the new government must act decisively to ensure equitable, high quality and sustainable care for our ageing population and those living with disability.

As Ireland's largest private home care provider, Dovidá is uniquely positioned to identify the challenges for our sector. We have outlined three core recommendations for Ireland's newly elected government to consider in the first 100 days to support the development and sustainability of the home care sector and offer stability to all those who interact with it.

Key recommendations and associated decisions

- **Introduce statutory regulation of the home care sector in 2025.** This involves finalising definitions of home support and personal assistance services, passing The Health (Amendment) (Licensing of Professional Home Support Providers) Bill and ensuring draft HIQA National Standards for Home Support Services are fit for purpose.
- **Support growth of the home care workforce by implementing the Cross-Departmental Strategic Workforce Advisory Group (CD-SWAG) recommendations,** ensuring fair pay above minimum wage, funding mileage for home care workers and removing the visa cap on non-EEA citizens employed in home care.
- **Advance a Statutory Home Care Scheme** with clear entitlements and equitable funding models. This involves defining what a statutory scheme will provide, how it is assessed, the role of private contributions toward care and the role of the HSE.

Three Recommendations

1. Introduce regulation of the home care sector and commit to a process whereby standards can be continually reviewed

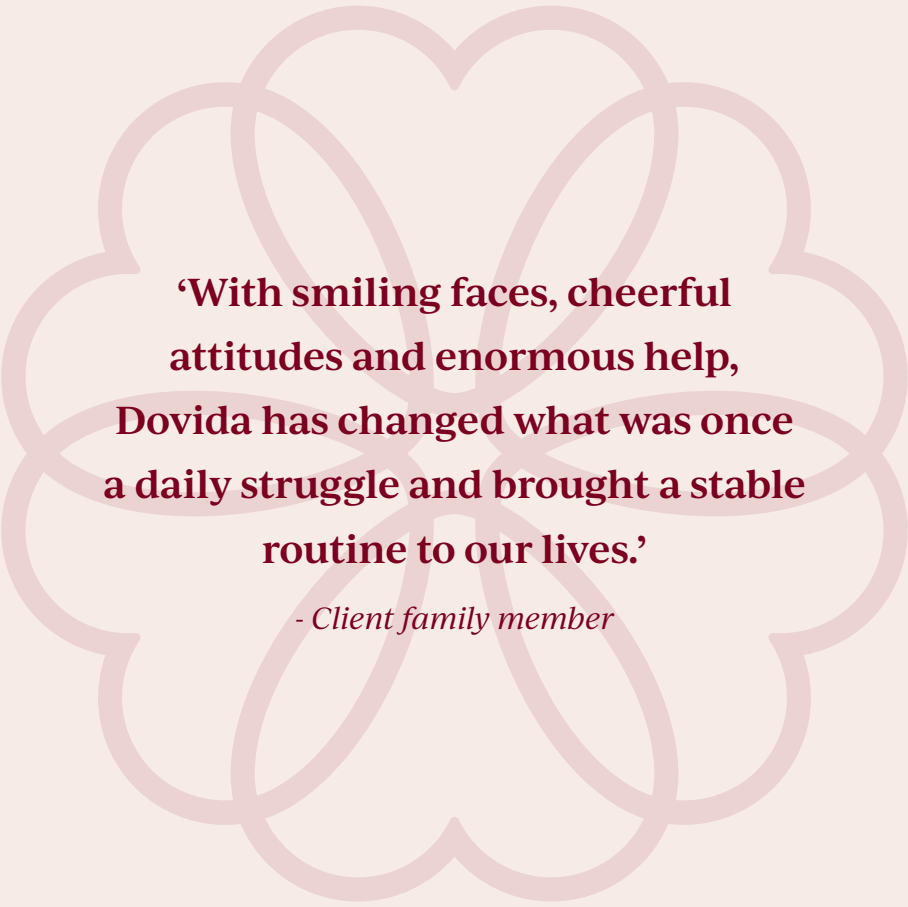
The **entire home care provider sector**, as described in the draft Health (Amendment) (Licensing of Professional Home Support Providers) Bill, including private providers, the HSE and Section 38/39 health agencies, must be subject to **equal regulation, licensing, inspection, and independent audit** on a universal and consistent basis, **without exception**. Both HSE-funded home support services and personal assistance (PA) services require regulation to prevent providers avoiding regulatory responsibilities. Fundamentally, any home support or PA service funded by the state must only use licenced, regulated providers.

The **Health (Amendment) (Licensing of Professional Home Support Providers) Bill** needs to be passed through the Dáil without any further delay.

HIQA National Standards for Home Support Services, which promote continuous improvements in quality, **must be finalised and published**. The current draft standards do not reflect the remit home support providers have under the existing HSE commissioning model for home support. Either the draft standards change to allow their implementation under the existing HSE commissioning model, or the HSE changes its commissioning structure, implements a model such as consumer-directed home support and funds the additional responsibilities required by HIQA in their draft standards.

What can this help to achieve?

- Ensure high standards of care and safeguarding of clients.
- Ensure providers are held to those standards and sanctioned for non-compliance.



**‘With smiling faces, cheerful
attitudes and enormous help,
Dovida has changed what was once
a daily struggle and brought a stable
routine to our lives.’**

- Client family member



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2. Implement the recommendations from the Cross Departmental Strategic Workforce Advisory Group (CD-SWAG)

Dovida has grown its home care worker capacity by over 10% in the last 12 months, and we now deliver more care hours to more people than ever before.

However, according to Home and Community Care Ireland (HCCI), there were **5,556 people on a waiting list for HSE-approved home support services** for older people at the end of last year. Additionally, **1,000 persons with disability also require home support services**, along with those who need more hours of care. Clearly, more needs to be done to increase home care workforce capacity.

Furthermore, **over 1,200 people under 65 are living in nursing homes**, many against their will and preference, often due to a lack of home care and support for complex home care in their local community. Budgets need to be approved to support more than the mere 15 residents that the HSE plans to move out of nursing homes in 2025.

There are several measures that this government can and should introduce to **improve the impact of CD-SWAG's recommendations**:

- *Index-link payments to providers to match annual increases in the Living Wage.*
- *Fund mileage payments to carers - This will improve access for people living in more remote locations who are less likely to receive home support than people living in urban areas.*
- *Remove the visa cap on non-EEA citizens employed in home care.*

What can this help to achieve?

- Improve pay and conditions for carers and expand the workforce to meet the long-term needs of the Irish population.
- Increase access to home support services for persons with disability and people living in remote locations.
- Reduce the number of people under the age of 65 residing in nursing homes.



3. Define what Statutory Home Care does and does not provide

Dovida is pleased to see the commitment in the Programme for Government to design a Statutory Home Care Scheme. **Everyone over the age of 18 should have a statutory right to care in their own home, just as they have a right to nursing home care.**

However, the key to establishing and introducing a statutory entitlement to home care is providing an **agreed, universal understanding** of what people would receive from such a service.

As a starting point, the statutory scheme should include supports and tasks already specified in the HSE's Home Support Services for Older People Authorisation Scheme. The government must clearly specify which services will be part of the statutory scheme and which services will not be included.

For example, does a Statutory Home Care Scheme provide:

- Assistance with medication administration.
- Assistance with support irrespective of cohabitation arrangements with family carers.
- Assistance with wearing of hearing aids.
- Assistance with preparing and cooking a meal from scratch.
- Administering lifesaving Buccal Midazolam medication.
- Respite to families by allowing loco parentis arrangements.
- Assistance with stoma care.
- Assistance with donning and doffing TED stockings.

Furthermore, care recipients should be **assessed using common criteria** to determine the level of care required. The government needs to decide which assessment tool is used, who will conduct the assessment (i.e. the HSE or home care providers), and the budget allocated for a person's home care based on their assessment score.

Government policy should also support private financial contributions to home care to broaden the scope of services an individual receives, improve responsiveness to a client's needs and increase the volume and quality of care available to them.



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