

# The Critical Role of Private-Pay Home Care

in meeting Ireland's growing long-term care needs

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# Introduction

Ireland is undergoing a significant demographic shift, with the population aged 65 and over growing at a rapid rate. By 2051, it is projected that this age group will have doubled in size, placing immense pressure on Ireland’s publicly funded health and social care infrastructure (CSO, 2024).

There is and will continue to be an increasing demand for home care services in Ireland. This is largely driven by the preference of older persons to ‘age in place’ and remain at home, thus maximising their ability to retain autonomy, comfort and connection to their community (O’Sullivan et al. 2022). Furthermore, with the anticipated statutory scheme for the financing and regulation of home support services in line with Sláintecare (Houses of the Oireachtas Committee on the Future of Healthcare, 2017), it is anticipated that demand will increase further again (Walsh and Lyons, 2021).

Within the current home support structure in Ireland, services are free at the point of use, however, in the public system there are significant waiting lists, geographical inequity (Smith et al. 2019) and a focus on task-based activities of daily living. In line with healthcare more generally in Ireland, private-pay home support plays a critical role in this sector, offering choice, agility and truly person-centred solutions. In our submission to the Commission on Care for Older People, Dovida examines the status quo, considers the limitations of government funded home care, the financial constraints faced by the State, and the essential role of private home care providers in the delivery of person-centred home care that meets the needs of consumers. Several recommendations are made for the Commission on Care for Older People to consider.



# The Status Quo

The 2017 Sláintecare report emphasised that care should be provided in the home, or as close to home as possible, and this paved the way for the planned development of a statutory scheme for home support as outlined in the current Programme for Government (Department of the Taoiseach, 2020). Whilst the Government has failed to introduce this scheme within its lifetime, it has increased funding for the delivery of additional home care hours (Figure 1). In fact, over the last 10 years, the delivery of government-funded home support hours by the HSE has more than doubled.

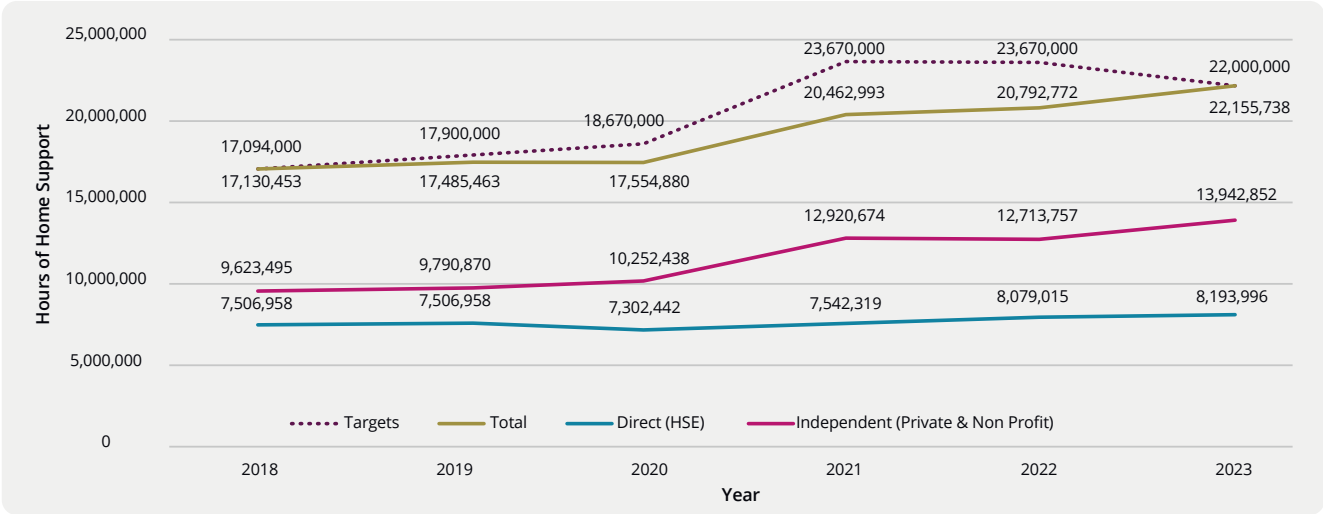
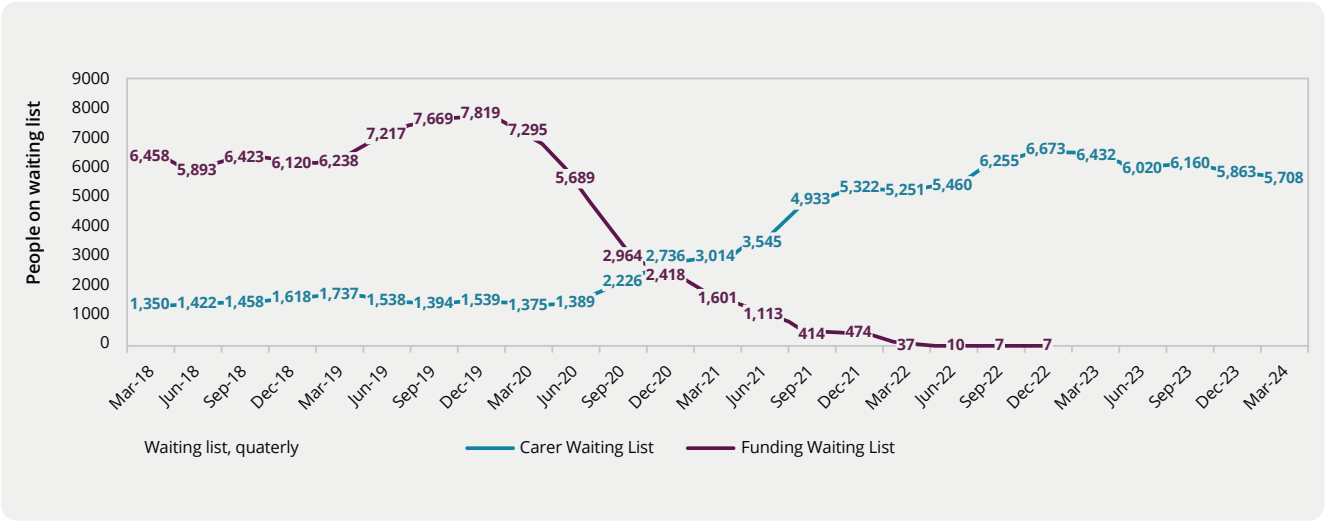


Figure 1: Taken from the HCCI budget submission. Trends in the delivery of HSE-funded home support (2018-2023).

In 2024, the HSE has committed to deliver 22 million home support hours to approximately 54,100 persons (HSE, 2024) compared to 10.3 million hours in 2014 (HSE, 2014). However, whilst Government funding of HSE home care services has increased significantly, waiting lists for HSE services stubbornly persist primarily due to lack of carer availability (Figure 2). There no publicly available data from the HSE regarding waiting list times (HCCI, 2024a), however, a longer wait time for home support is more often associated with living in rural areas (HCCI, 2024b) and smaller packages of care comprised of shorter (e.g. 30-minute) shifts.





**Figure 2: Taken from the HCCI budget submission – HSE Home Support Waiting List for Carers and Funding (2018-2024).**

On average clients receive 7.1 hours per week of publicly-funded home support, with 41.6% of hours delivered directly by the HSE (HCCI, 2024b). Therefore, HSE-funded home support services are delivered in the main by the independent sector, including both not-for-profit and private providers such as Dovida. The private sector plays a critical role, not only in the delivery of publicly-funded home care services, but also delivering privately paid home care services that are adaptable to the specific needs of clients. It is in this context that the private pay home care market is becoming an enduring component of Ireland’s long-term care strategy, complementing public services by offering flexibility, choice and higher-quality care options (Patmore, 2004).

Dovida, as Ireland’s largest home care provider, delivers a significant proportion of the available HSE-funded home support hours and delivers home care to clients who pay privately. Such clients may pay for private home care in addition to the support they receive from the HSE, and others do so exclusively. In 2020, the independent sector delivered 58.4% of the HSE-funded home support hours and there is clear evidence that the private home care market in Ireland is growing rapidly (Mercille and O’Neill, 2020; Mulkeen, 2016). Like Dovida,



most independent providers deliver home support on behalf of the HSE through the national Home Support Authorisation Scheme (2023) in addition to offering individuals the opportunity to purchase home support to meet their needs.

In their ESRI study examining the potential demand for the Statutory Home Support Scheme in Ireland, Walsh and Lyons (2021) estimated that in 2019, 65,246 people aged 65+ received home support (9.7% of the population aged 65+ living at home). Of these, they estimated that 17.8% were fully private recipients of care and 21.8% topped up their allocation of HSE hours with private hours. They estimate that 6.1 million home support hours, equating to 24.9% of hours supplied, was privately purchased.

Perhaps unsurprisingly, sociodemographic differences exist with rates of private home support utilisation being lower in lower education groups. This public / private spend on home support reflects Ireland’s broader health care ecosystem that is dominated by Government public spending and includes a vibrant private sector. Almost 50% of the population in Ireland are privately insured (HIA, 2023), and many citizens also pay out-of-pocket expenses, for example to their private GP, for their private prescription and for private home care. Tax reliefs provided by Government serve to reduce the burden of out-of-pocket expenses and incentivise market-driven solutions. For home support, tax relief at the person’s highest rate is available annually on the lower of the actual cost or a maximum of €75,000.





# Limitations of State Provided Home Care

The HSE Home Support Services, while foundational to Ireland's care system, face significant challenges in meeting the growing demand for home care. A combination of budgetary limitations, regional disparities, workforce shortages and inflexible eligibility criteria often leave many individuals without sufficient support. This in turn places strain on both families and the wider healthcare infrastructure, resulting in critical gaps in care and support. For example, a study by Walsh et al. (2020) found that inpatients from areas of Ireland with a higher per capita availability of home support services tended to have shorter hospital stays on average. With longer length of stay patients (who are likely to be considered 'delayed discharges') the authors found that a 10% increase in home support availability correlates with a 1.2% - 2.1% decrease in hospital stay duration, with larger effects for patients discharged post stroke and hip fracture. Other studies suggest that limited home support options increase acute hospital admissions and accelerate the journey to long term care in nursing homes (Donnelly et al. 2017). In addition to the strain on healthcare, family carers are under considerable pressure. There are an estimated 355,000 family carers in Ireland saving the State €10 billion per annum. Research from Family Carers Ireland (2020) suggests that over 82% of these may be providing more than 50 hours of care weekly, over 50% experience issues with their mental health and two thirds with their physical health. Access to respite is "discretionary, inconsistent and underfunded meaning many carers are denied this vital support" (Family Carers Ireland, 2020). These findings are echoed in a recent survey from the Alzheimer's Society of Ireland reporting that 24% of those caring for someone living with dementia reported experiencing disturbed sleep 'most of the time'.

Yet overnight home-based respite services are limited to a small number of 'intensive home care packages': just 235 people nationally in 2024, compared to the 54,000 people who receive a much more limited home support service (HSE, 2024).

## Scope and hours of care

State-funded home care services are limited by annual budget allocations, and as the demand for care continues to grow, the strain on these resources becomes evident. While public home support services assist with essential tasks such as personal hygiene, mobility assistance and medication prompts, they offer little flexibility to address the wider, more personalised needs of individuals. This is an important limitation, highlighted frequently by advocacy groups, providers, older persons and families - the service needs to be broad and not confined to a narrow range of tasks or set time allocation. In its 2018 report to the Department of Health regarding improving home care services, the Institute of Public Health in Ireland noted that the amount of time needed to support an older person to shower, for example, will vary depending on the person's physical, cognitive and mental health needs and that care should extend beyond the task (e.g. a shower) and include social interaction.

The average home support package provided by Dovida funded by HSE Older Person Services is 12.8 hours per week, however there is considerable variation nationally. Dovida reviewed 334 HSE Older Persons Home Support Service referrals from three HSE CHO areas over a three month period in 2024. 98% of the referrals requested Dovida to assist HSE service users with personal care, 96% with meal preparation and 95% with medication prompting. On average, service users in these three CHOs were allocated just 8.6 hours per week for their HSE-funded home support service - little more than an hour a day. If someone is assisted to get up from bed, assisted with showering, assisted with continence care and then dressed, there isn't much time left in an hour for anything else other than a quick slice of toast and medication prompting.

Further analysis of HSE home support services delivered by Dovida across the whole of Ireland show that 43% of all visits are less than one hour in duration, with many of these visits being only 30 minutes in length. (Figure 3). Other than assisting people wash and dress, HSE-funded home support provides little time for activities that might improve an individuals' mental health or their ability to live fully independent lives, such as socialisation, assistance with exercise, shopping, collecting prescriptions, engaging in religious / spiritual practices, light housekeeping, or cooking a wholesome dinner from scratch. These components are vital to meeting the holistic needs of older persons across all domains of healthy ageing (Abud et al. 2022; Toye et al. 2021).



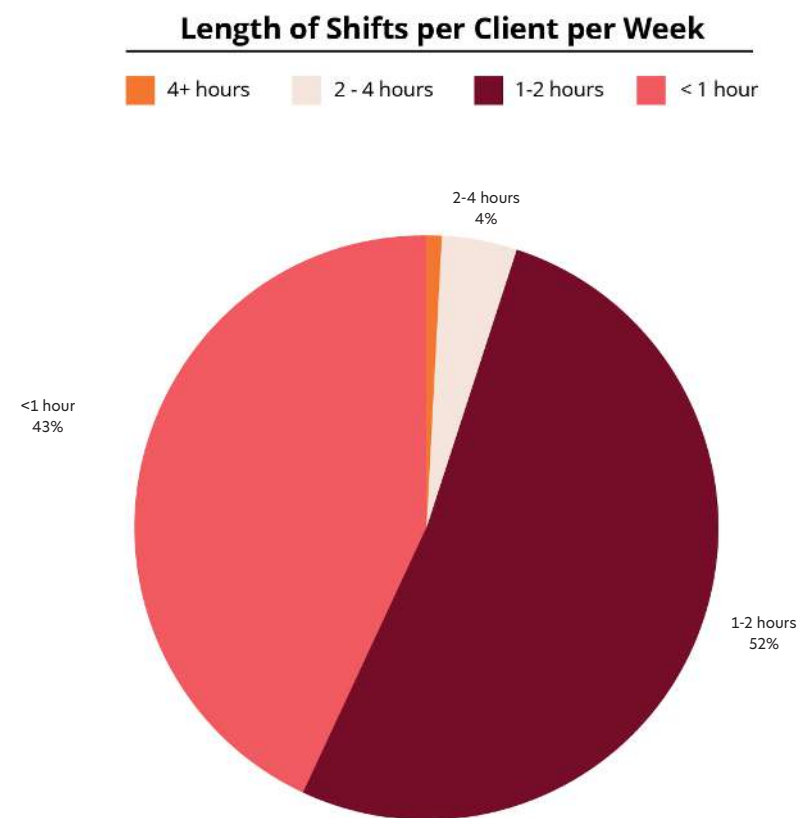


Figure 3: Average length of HSE-funded home support visit delivered by Dovida

The focus of HSE-funded home support is on the Basic Activities of Daily Living required for survival. However, if we are truly committed to ageing in place and supporting wellbeing then the Instrumental Activities of Daily Living need to be met to support independence and Enhanced Activities of Daily Living supported for life satisfaction and wellbeing (Figure 4).

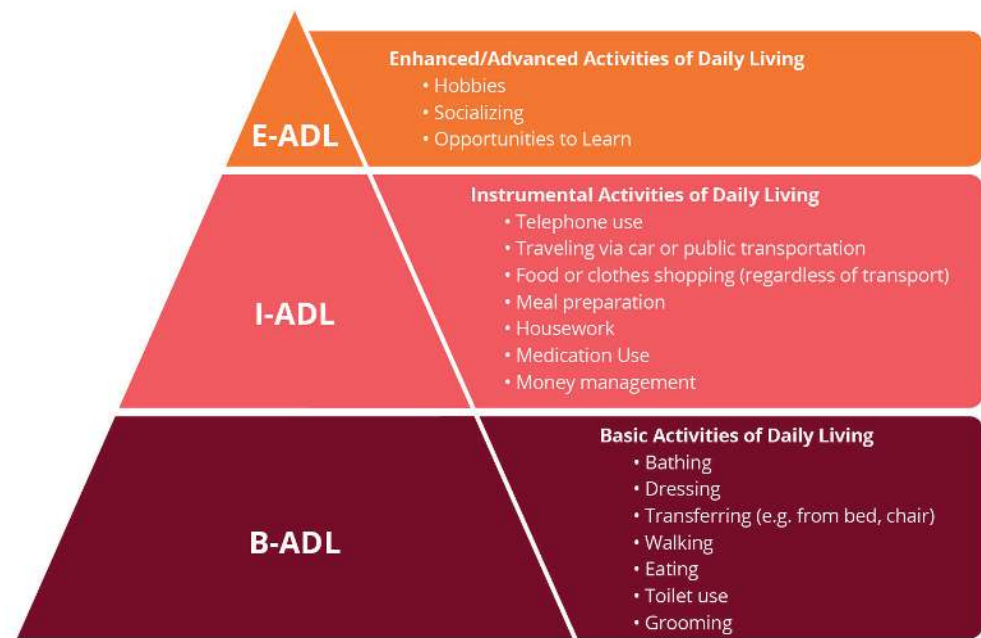


Figure 4: Framework of needs of older persons adapted from Czaja et al (2019) and De Vriendt (2012) by Briede-Westermeyer et al (2023)

Regional disparity

The waitlist lottery regarding access to home support services in Ireland is well documented (HCCI, 2022; Walsh et al., 2020; Lolic and Timonen, 2020) and continues to exist. For example, a recent study of discharges from a rehabilitation centre in Ireland showed that patients residing in rural communities are four times more likely to have their discharge delayed awaiting community supports (Murphy et al, 2024). The significant regional differences in the availability of home support services are also observed by Dovida's analysis of home support for over 10,000 HSE-funded clients. For example, in Wicklow, 29% of HSE-funded home support packages provided by Dovida are for 25 hours or more care per week. Similarly, in Dublin, 27% of packages provide this level of care. By contrast, just 4% of packages in Galway offer this volume of care, and 2% in Sligo (Figure 5).

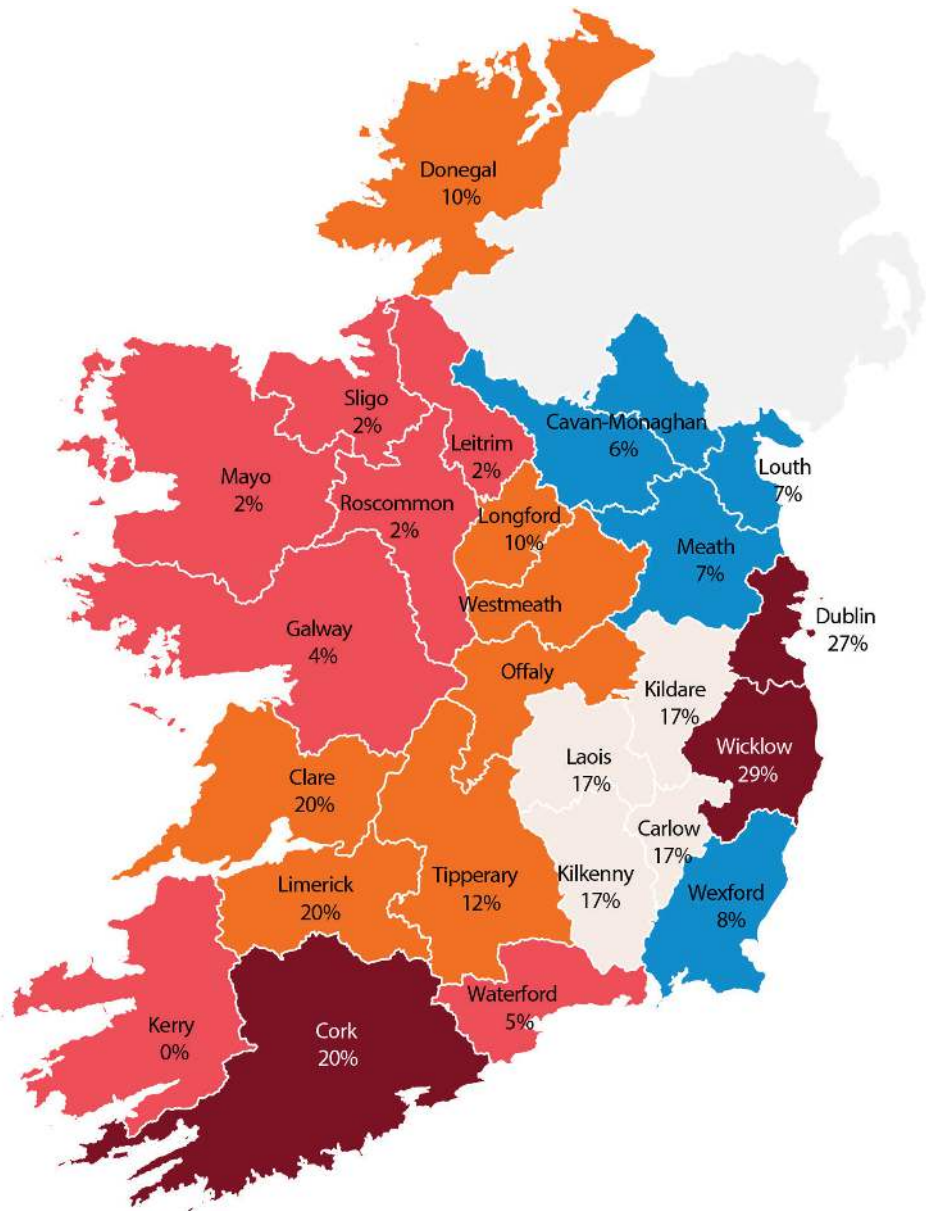


Figure 5: Percentage of HSE-funded home support packages providing 25 hours or more of care per week (Dovida data across whole of Ireland except Co. Kerry).



Some areas have longer wait lists and fewer available carers due to differences in local funding allocations, population density and service capacity. For example, rural areas often face greater challenges in recruiting carers leading to longer wait times compared to those in more urban areas. Furthermore, the regions with higher demand, like those with a higher proportion of older persons, face more pressure on available resources. There is a worsening rural/urban divide with waiting lists in Galway / Mayo rising by 76% and more than 5,000 people nationally were waiting for home care hours in March 2024 (HCCI, 2024).



## The Role of the Private Pay Home Care Market

Private home care providers have become a crucial element in meeting Ireland's growing unmet care needs over and above the home support delivered on behalf of the HSE. As gaps in State provided home care services continue to widen, private providers are stepping in to deliver personalised, flexible, privately paid home care that complements offerings from the HSE.

### Complementing public services - through flexibility and personalisation

One of the primary roles of the private pay home care market is to offer flexibility, adjusting the level of care and support based on the client's evolving needs, ensuring consistent service without the wait times or resource constraints typically associated with State-funded services. Access to home care assessments, home care workers, and home care management is more responsive for private pay clients, as such services are in the control of the home care provider, and not dependent on HSE resources. Private pay services can be stopped and started, increased or decreased, based on the preferences of the client.

In addition to this flexibility, private home care offers the client and their family a range of choices not available within the public system. Providers can offer incidental transportation, assistance with medication administration, and can support or organise activities such as attending religious services, going shopping or assisting with crafts and hobbies in a person's own home. They are also able to offer specialised care to individuals with a range of conditions such as dementia, MND and stroke, as well as providing critical support services like palliative care, respite care and even 24-hour or live-in care when needed.

Private home care can assist with feeding a person during mealtimes, help a client wear a hearing aid, or assist someone with their eye drops. The scope of service for private pay clients is broader than what is available through HSE home support. Subject to robust risk assessment, policies, procedures and insurance cover, providers are often happy to accept greater risks than the public sector and hence can offer a broader scope of services.. This high level of personalisation, tailored to the client's schedule, allows for greater autonomy and ensures that care and supports align with the person's specific needs and lifestyle.

### Case Study - Client choice between long-term care options

To illustrate the financial and care-related decisions older persons and their families face when choosing whether to purchase private home care, let's consider the case of Mrs O'Neill, an 80-year-old woman living in County Dublin. Mrs O'Neill and her family are presented with two long-term care options - nursing home care under the Fair Deal Scheme and combining HSE home support hours with private pay home care.



### Option One – Nursing home care under the Fair Deal Scheme

The Nursing Homes Support Scheme (NHSS), often referred to as the 'Fair Deal' Scheme provides financial support for long-term residential care for older persons. This is a state-run programme that provides financial assistance to individuals needing long-term residential care. While the State subsidises a sizeable portion of the associated cost, the scheme operates under a co-funding model with all individuals required to pay a part of the cost, ensuring that everyone contributes based on their means. Individuals must undergo a financial assessment and contribute 80% of their income and up to 7.5% of the value of their assets including their home, each year. Contributions for primary residences are capped at three years, meaning no more than 22.5% of the home's value is considered. While the Fair Deal scheme provides a baseline level of funding, this only covers standard care, and additional services like activities, hairdressing, or enhanced care incur top-up fees, varying by facility and region and can be a significant additional cost for families of up to €500 per week (Private correspondence to Dovida).

Nursing home costs to individuals under the Fair Deal scheme are therefore significant. Assuming Mrs O'Neill lives in Dublin, she would pay €32,060<sup>1</sup> in annual nursing home fees for up to three years based on the value of her home. If Mrs O'Neill's income consisted of the state pension of €271.90 per week, she would pay an additional €11,311 per annum. The balance required by the nursing home after the Fair Deal costs paid for by Mrs O'Neill are funded by the State. If she had a larger pension or residence, her contributions could increase, potentially covering most of the nursing home costs herself despite Fair Deal assistance. Tax relief is available. The Fair Deal Scheme is only an option to those who choose to move into a nursing home. There is currently no statutory right to publicly-funded home care, which creates uncertainty over publicly-funded service provision. This uncertainty may lead individuals like Mrs. O'Neill into institutional settings that may be far from their communities, potentially affecting their wellbeing and quality of life. The scheme leaves no option for Mrs O'Neill to use the same funding arrangement from the State to receive her care in the home.

The Fair Deal's top-up fees and lack of home care options make it a costly and restrictive solution for some families.

### Option Two – Combining HSE Home Support Service hours with privately paid home care hours

Alternatively, Mrs O'Neill and her family could opt for a combination of publicly-funded HSE home care services and privately paid care. While the HSE offers limited home support hours, private home care providers can supplement this with additional hours tailored to meet Mrs O'Neill's individual needs. This option allows Mrs O'Neill to remain in her home, preserving her independence and connections to her community. However, the financial burden falls on Mrs O'Neill and her family, as without a cofunding model, private home care must be paid for out-of-pocket. Mrs O'Neill or her family can avail of tax relief on private home care to reduce the overall cost.

<sup>1</sup> Based on an average house price in Dublin of €458,000 (CSO statistics on the average price paid for residential property in the 12 months July 2023 to July 2024: <https://www.cso.ie/en/releasesandpublications/ep/p-rppi/residentialpropertypriceindexjuly2024/> )

For example, Mrs O'Neill opts for a service from Dovida costing €2,000 per week. Such a service would offer more one-on-one care than an average nursing home service, which offer a standardised model of institutional care with limited one-on-one support (only up to 3.6 hours per day) (BDO/ NHI, 2022). As the HSE funds €500 per week of care, and the HSE-funded hours can be delivered by Dovida caregivers, Mrs O'Neill now only needs to purchase €1,500 of private home care services per week. If Mrs O'Neill or her family can avail of Government tax relief on home care at 40%, such relief equates to €576 per week, meaning Mrs O'Neill needs to budget €48,048 per annum for her home care.

As with nursing home fees, in recognition of the costs associated with home care, the Irish Government offers tax reliefs for those who pay for home support privately. Individuals can claim tax relief at the highest rate of income tax (20% or 40%) for the cost of employing a carer, including through private home care services. This relief can significantly reduce the financial burden of care, particularly for families who are supplementing state-funded services with additional private care to meet the full needs of their loved ones. The tax relief is a valuable tool for many families managing care costs and could be more widely promoted by the State.

Choosing to combine HSE home support hours with private pay will allow Mrs O'Neill to remain at home, in her own community and direct her own care to include the Activities of Daily Living for survival, the Instrumental Activities of Daily Living for independence and the Enhanced Activities of Daily Living for wellbeing and quality of life, thus allowing her to 'Age in Place' in line with the principles of Sláintecare policy.

### Projections for home care needs and costs

As Ireland's population ages, the demand for home care is expected to continue rising. Data from the CSO indicates that the number of people aged 65+ is projected to double by 2051, with an even sharper increase in those aged 80 and older. This demographic shift will place immense pressure on both public and private home care systems.

The Department of Health (DOH's) 2018 Health Service Capacity review indicated that under a 'reform scenario' Ireland would need to increase home support service provision by 120% by 2031 to meet the rising demand. This represents an increased shift from the current 24 million home support hours budgeted for in 2025 (Budget 2025) to as many as 54 million hours annually. The financial implications of this are substantial. Without significant increases in HSE budgets and reforms to the home care system, older persons and their families will increasingly turn to private providers to meet their needs.

As the demand for home care services in Ireland continues to rise, the need for an integrated policy approach that blends both public and private resources becomes increasingly apparent. The current model, in which the public system is stretched thin and private providers fill gaps, is not sustainable in the long term.

# The Future

Private home care providers are likely to play an even more critical role in the coming decades as the State struggles to keep pace with the required level of care and support required for older persons over 65 and those with disabilities who show signs of ageing at least a decade earlier. Ireland must adopt a more cohesive approach that maximises the strengths of both the public and private home care sector while ensuring people receive high quality, person-centred care across all domains associated with healthy ageing and wellbeing.

This will require policy adjustments that integrate private providers more fully into the national care framework, ensuring that people who need care and their families can access a mix of public and private services that cater to their financial means, care needs and right to choice.

Dovida makes the following observations and recommendations to the Commission:

1. The State needs to **further consider and promote spending on both private pay and publicly funded home support** to allow older person's to experience services that maximise their quality of life and facilitate them to age in place.
2. Ireland's HSE Older Person Home Support Authorisation Scheme already provides a framework for private providers to offer home care services under the oversight and quality standards set by the State. However, **the scheme could be further enhanced through commissioning based on a holistic assessment of need that goes beyond the medical model and basic Activities of Daily Living.**
3. Currently, if the HSE's home support service has HSE employees that can deliver care, then the HSE will deliver the service. An individual does not have the right to ask for an alternative provider. If the HSE contracts an independent provider to deliver the HSE's funded service, then the individual has the right to choose which approved provider they receive their service from. The HSE does not provide privately-funded services to individuals, therefore anyone wishing to purchase private care whilst receiving HSE delivered home support would have two organisations delivering their service. This leads to lack of consistency of care staff, duplication of governance, and inconsistency in scope and flexibility of service between the two providers. To rectify, **service users should be allowed to choose whether the HSE or a provider from the independent sector delivers their care.**
4. The State can further increase choice and control for service users of HSE home support services by **implementing the HSE's client directed home support service (CDHS)**, which allows service users to choose the time and the task for the HSE-funded home support hours provided to them. CDHS is currently not available across the entire HSE, neither is it actively promoted by the HSE where it is available. CDHS allows greater complementarity with a person's privately-funded home care.
5. To support more people to remain living in their own home, Government should **review tax relief limits** recognising recent increases in costs of delivering private home care services.

6. Government can also **raise awareness of care options.** The government could invest in campaigns to raise awareness among clients and families about the full range of home care options available, including both HSE-provided and private services. This would empower older persons and their families to make more informed decisions and avoid institutionalisation when home-based care is feasible.
7. **Home care should be integrated into long-term financial planning for families.** As the population ages, people need to anticipate their future care needs and budget accordingly. In addition to making use of tax reliefs to ease the financial impact, this could involve setting aside funds for private care or purchasing long-term care insurance. By encouraging individuals to think ahead and budget for home care, the State can promote a more sustainable system of care.
8. **Provide financial support for families opting for home care and implement the long-awaited statutory home care scheme.** A broader range of financial support schemes should be made available to families who choose to keep their loved ones at home. This could include additional tax breaks or grants for topping up HSE home care packages with private services to reduce financial burden on families.
9. **Streamline working between the HSE and public sector to improve efficiency** by sharing assessments (e.g. InterRAI) and agreeing a national system of referral, risk assessment and care planning.





## Conclusion

To meet the growing care needs of Ireland's ageing population, a balanced, integrated approach between public and private home care providers is essential. The public system, while foundational, is limited in flexibility, scope and resources. Private home care services fill these gaps and supports and complements the public system by offering personalised, responsive and high-quality care that is aligned with individual's evolving needs. Private providers are often able to take on a broader scope of services, including more complex care and manage higher risk cases.

As the private sector continues to play a critical role in long-term care, private funding will remain an integral part of the solution, complementing the State's efforts. Older persons and their families are already funding long-term care through the existing statutory schemes, so incorporating private funding as part of the home care landscape should not be viewed with hesitation but embraced as part of a sustainable strategy.

Looking ahead, policy reforms should further integrate private providers into the national care framework. These changes could include expanding consumer-directed home support services, improving financial supports for older persons and their families, and raising awareness of available care options. By promoting collaboration, expanding the scope of services and addressing risk more flexibly, Ireland can develop a more sustainable and adaptable care system, ensuring that individuals receive the high-quality, person-centred care they need to remain in their homes and communities.

### Note to Commission:

Dovida thanks the Commission for Care on Older People for this opportunity to share our thoughts on the future of home support for this growing cohort of the population. We have also completed the questionnaire. If you would like to follow up on our submission please contact Dr. Kathy McLoughlin, General Manager, Dovida [Kathy.mcloughlin@dovida.ie](mailto:Kathy.mcloughlin@dovida.ie)



## References

- Abud T., Kounidas G., Martin K.R., Werth M., Cooper K., Myint P.K. (2022). **Determinants of Healthy Ageing: A Systematic Review of Contemporary Literature**. Aging Clin. Exp. Res. 34:1215-1223. doi: 10.1007/s40520-021-02049-w.
- BDO/NHI (2022) **Private and Voluntary Nursing Home Survey Results 2020/2021**. [https://www.bdo.ie/getattachment/Insights/2022/BDO-Private-Voluntary-Nursing-Home-results-2020-21/Private-Voluntary-Nursing-Home-Survey-Results-2020-21-v4-\(1\).pdf.aspx?lang=en-GB](https://www.bdo.ie/getattachment/Insights/2022/BDO-Private-Voluntary-Nursing-Home-results-2020-21/Private-Voluntary-Nursing-Home-Survey-Results-2020-21-v4-(1).pdf.aspx?lang=en-GB) Accessed 22nd October 2024.
- Briede-Westermeyer JC, Radici Fraga PG, Schilling-Norman MJ, Pérez-Villalobos C. (2023). **Identifying the Needs of Older Adults Associated with Daily Activities: A Qualitative Study**. Int J Environ Res Public Health. 20(5):4257. doi: 10.3390/ijerph20054257. PMID: 36901264; PMCID: PMC10001655.
- Czaja S.J., Boot W., Charness N., Rogers W.A. (2019) **Designing for Older Adults: Principles and Creative Human Factors Approaches**. CRC Press; Boca Raton, FL, USA.
- CSO (2024). **Press statement Older Persons Information Hub** <https://www.cso.ie/en/csolatestnews/pressreleases/2024pressreleases/ressstatementolderpersonsinformationhub2024/#:~:text=The%20number%20of%20people%2065,to%201.6%20million%20by%202051>. Accessed 16th October 2024.
- Department of the Taoiseach (2020). **Programme for Government: Our Shared Future**. Available <https://www.gov.ie/en/publication/7e05d-programme-for-government-our-shared-future/> Accessed 16th October 2024.
- De Vriendt P., Gorus E., Cornelis E., Velghe A., Petrovic M., Mets T. (2012). **The Process of Decline in Advanced Activities of Daily Living: A Qualitative Explorative Study in Mild Cognitive Impairment**. Int. Psychogeriatr. 24:974-986. doi: 10.1017/S1041610211002766.
- Donnelly, N.A., Humphries, N., Hickey, A. and Doyle, F. (2017). "We don't have the infrastructure to support them at home": **How health system inadequacies impact on long-term care admissions of people with dementia**. Health Policy, 121(12), pp.1280-1287.
- Family Carers Ireland (2020). **Paying the Price: The Physical, Mental and Psychological Impact of Caring**. <https://familycarers.ie/media/1421/paying-the-price-the-physical-mental-and-psychological-impact-ofcaring.pdf> Accessed 17th October 2024.
- HCCI (2024a). Prebudget submission. <https://hcci.ie/wp-content/uploads/2024/07/HCCI-Pre-Budget-Submission-2025-Final.pdf> Accessed 16th October 2024.
- HCCI (2024b). **The Waiting List Lottery: Home Support ACROSS Ireland**. Available <https://hcci.ie/thewaiting-list-lottery-home-support-across-ireland/>



HCCI (2022). *The Waiting List Lottery Home Support Across Ireland*, <https://hcci.ie/the-waiting-listlottery-home-support-across-ireland/> Accessed 18th October 2024.

HIA (2023). *Health insurance in Ireland Market Report*. [https://www.hia.ie/sites/default/files/2024-04/hia-market-report\\_2023.pdf](https://www.hia.ie/sites/default/files/2024-04/hia-market-report_2023.pdf) Accessed 16th October 2024.

*Houses of the Oireachtas Committee on the Future of Healthcare (2017)*. 'Sláintecare Report' <https://www.oireachtas.ie/en/committees/32/future-of-healthcare/> Accessed 16th October 2024.

HSE (2024). *Our National Service Plan*. <https://www.hse.ie/eng/services/publications/serviceplans/hse-national-service-plan-2024.pdf> Accessed 16th October 2024

Institute of Public Health in Ireland (2018). *Improving Home Care Services in Ireland: An Overview of the Findings of the Department of Health's Public Consultation*. Dublin: Institute of Public Health in Ireland. Available online <https://assets.gov.ie/9990/1e6ec3b04d8a4c1480c6637cce471c88.pdf> Accessed 18th October 2024.

Lolich, L. and Timonen, V. (2020) '*Fortunate and fearful: emotions evoked by home care policies for older people in Ireland*', *Emotions & Society* 2(1).

Mercille, J. and N. O'Neill (2020). '*The growth of private home care providers in Europe: The case of Ireland*', *Social Policy & Administration*, 10.1111/spol.12646. 92

Mulkeen, M. (2016). '*Going to market! An exploration of markets in social care*', *Administration*, 64(2): 33. 10.1515/admin-2016-0015.

*The Critical Role of Private-Pay Home care in Meeting Ireland's Growing Long-Term Care Needs* 20 Murphy, R.A., Ward, A., Larkin, J., McKeag, A. and O'Connor, M. (2024). *Losing the Postcode Lottery: An Observational Study Examining the Association Between Patient Address and Delayed Discharge in a Rehabilitation Centre*. *Age and Ageing*, 53(Supplement\_4), pp.afae178-016.

O'Sullivan, S., Buckley, M., Desmond, E., Bantry-White, E. and Cassarino, M. (2022). *Agency and Ageing in Place in Rural Ireland*. University College Cork and Age Action. Available DSpace (ucc.ie) Accessed 16th October 2024

Patmore, C. (2004). *Quality in home care for older people: Factors to pay heed to*. *Quality in Ageing and Older Adults*, 5(1), pp.32-40.

Toye F., Jenkins C., Barker K. (2021). *Understanding the Experience of Living Well, Beyond the Age of 85 Years: A Qualitative Analysis Using Themes from a Meta-Ethnography*. *Age Ageing*. 50:2238-2245. doi:10.1093/ageing/afab179.

Walsh, B., Lyons, S., Smith, S., Wren, M.A., Eighan, J. and Morgenroth, E. (2020). *Does formal home care reduce inpatient length of stay?* *Health Economics*, 29(12), pp.1620-1636.

Walsh, B. and Lyons, S. (2021). *Demand for the Statutory Home Care Scheme, ESRI Research Series 122*, Dublin: ESRI, <https://doi.org/10.26504/rs122>. Accessed 16th October 2024.





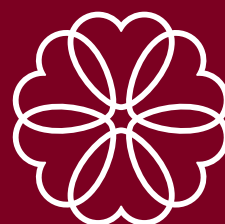


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Block 4, Bracken Business Park,  
Bracken Road, Sandyford,  
Dublin 18, D18 V0Y0

**Tel: 01 297 3490**

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