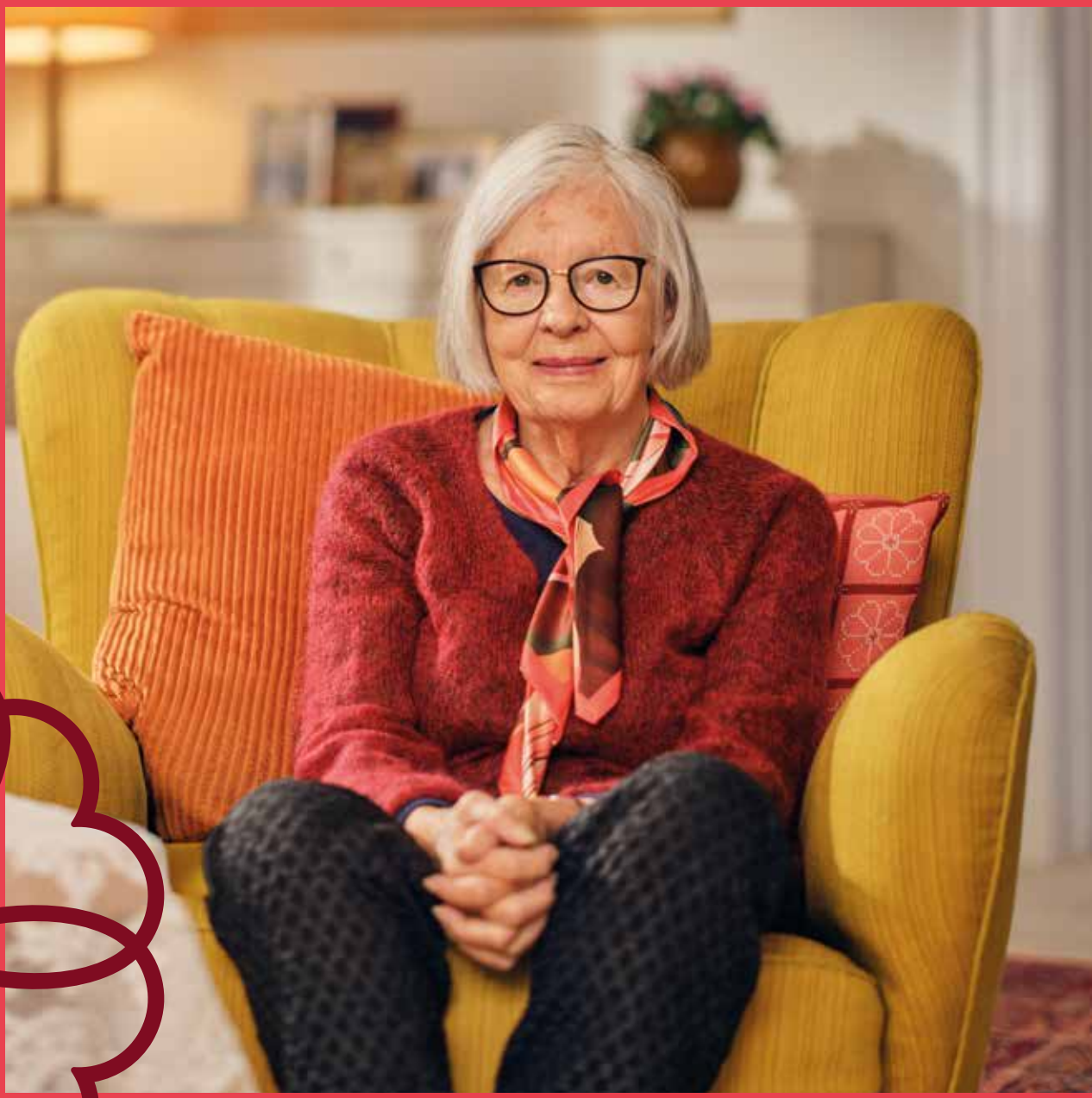
interRAI-HC and the Statutory Home Support Scheme

A Policy Briefing for Decision Makers

Policy Briefing | August 2025



dovida.ie

Dovida™
Your Life, Your Way

Foreword

Ireland is to be commended on its intention to introduce a statutory home support scheme. However, as its long gestation period has illustrated, defining and implementing statutory schemes to deliver health and social care is notoriously complicated, with significant risks to both governments and scheme recipients if not done well. These risks include financial risks of cost blow-outs (most of which are borne by governments) and risks of delivering inadequate or unnecessary home support (most of which are borne by care recipients and their families).

If the task was easy, another country would have done it by now, and Ireland could simply replicate their model. However, no suitable model exists; Ireland must develop its own scheme that meets national and local priorities. At the same time, Ireland would be unwise to not learn from the experiences of other countries.

In developing the implementation detail around a new scheme, the first issue to recognise is that there is a significant risk of confusing eligibility and need. Eligibility and need are different concepts.

Eligibility is determined by government legislation and policy, not by needs assessment tools. The starting point for any statutory support scheme is thus to define who is eligible using criteria that are transparent, robust and not open to subjective interpretation. The purpose of an eligibility assessment is simply to determine whether the person can enter the scheme or not.

This eligibility assessment does not and should not be a comprehensive assessment of the person's needs. Instead, it should be as parsimonious as possible, collecting only the data necessary to establish whether the person meets the eligibility criteria or not.

Having established eligibility, there are then two separate but overlapping tasks. The first is to assess the person's needs. This needs assessment should not be restricted to needs. It should also assess the person's strengths, risks, goals and preferences. Assessments that are deficit-focused inevitably fail to identify the services a person needs to live as independently as possible.

The second and related task is to determine what funding amount and/or support level and/or services the person should receive under the statutory support scheme. Based on my experience in Australia and internationally, the best approach is a branching structure classification scheme, such as the casemix classifications, which are widely used in health systems internationally.

I led the design of the Australian National Aged Care Classification (AN-ACC) and funding model, and after an international review of the literature, this is the approach we adopted. The AN-ACC is a branching classification which classifies each person based on those attributes that drive the cost of the care and support they need. The most important of these is the person's functional abilities. Other variables in the AN-ACC include broad physical health, including pain, cognitive ability, mental health issues and behaviour. These same variables drive costs everywhere and will inevitably need to be included in the Irish model.

It is important to recognise that, unlike eligibility assessments, needs assessment should not be a one-off event. People's needs change over time, and a support scheme needs to adjust the services it delivers to meet these changing needs. In the longer term, reassessment is more important than the initial assessment.

This brings me to the interRAI and what Ireland might use it for. Like most other countries, Australia reviewed but explicitly rejected the interRAI. Instead, Australia elected to develop its own assessment tools. These tools are public domain, without copyright or cost restrictions, and they have now been implemented nationally.

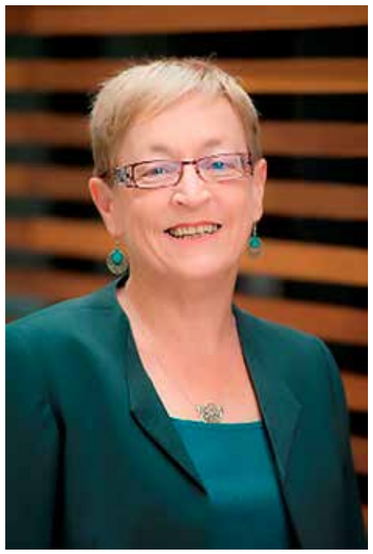
interRAI-HC and the Statutory Home Support Scheme

Ireland's decision to adopt the interRAI is of international interest because of its novelty. More than two decades after it was developed, only one other country – New Zealand – has adopted and mandated the interRAI nationally. There are thus only limited lessons that Ireland can learn from other countries.

The question for Ireland now is how it might use the interRAI in its statutory support scheme. Will it be used to establish eligibility? For the initial needs assessment? For reassessment? For determining the funding or services that the person is eligible for?

This policy briefing is an important contribution to the debates and deliberations that will need to occur in determining what to use the interRAI for and how best to use it. This policy briefing also raises important questions about the design of the funding model itself. Written by people with a depth of practical experience in Ireland, it raises issues that are fundamental to the long-term success or failure of the statutory support scheme. I commend this policy briefing to you.

Professor Kathy Eagar
Member of the Order of Australia (AM)
Adjunct Professor, University of New South Wales, Australia
Adjunct Professor, Queensland University of Technology, Australia



Purpose

This policy briefing outlines nine critical questions that must be addressed to ensure the successful and equitable implementation of Ireland's forthcoming statutory home support scheme. The briefing is grounded in international evidence from the recently published OECD (2025) comparative study of long-term care eligibility and assessment frameworks across 31 countries. The OECD highlights the critical importance of comprehensive standardised assessment tools, transparent allocation mechanisms and continuous system evaluation. Their insights support many of the recommendations in this briefing.

We begin our briefing with foundational questions about the nature and role of home support itself before progressing to interRAI, its suitability and the broader design architecture of a statutory home support scheme. While interRAI has been selected by the HSE as the national assessment tool of choice, this paper emphasises that it is only one part of a complex home support system that includes governance, funding, eligibility, personalisation and operational delivery. (Appendix 1)

Key findings: OECD report

- Long-term care (LTC) for older people provides support for those who can no longer manage daily activities independently due to old age. It includes home support and residential care.
- No internationally standardised approach exists to assess LTC needs.
- Over two thirds of countries (69%) have implemented a standardised care needs assessment nationwide.
- In most countries, health professionals or social workers assess potential LTC recipients.
- At least 26 out of 31 countries have one or more benefits where the benefit amount depends on the person's income.
- Eligibility rules – including the needs assessment – play a crucial role in determining the benefit coverage of the older population with LTC needs.
- A narrow definition of care needs will likely influence service access.
- Designing appropriate and affordable LTC benefits requires a careful balance.

The goal of this briefing is not to delay the implementation of the statutory home support scheme but to ensure that it is implemented in a way that is equitable, sustainable and fit for purpose across diverse population groups and settings. Indeed, equity is essential in any statutory scheme to avoid the risk of challenge in the courts if deemed unfair.

A key conceptual distinction underpins this briefing: eligibility and need are not the same. Eligibility is defined by statute and sets the threshold for access to the scheme. Need is broader, more personal and dynamic. While a robust eligibility framework ensures fairness and consistency, meeting people's needs requires ongoing assessment, flexibility and responsiveness throughout their engagement with home support services. This principle is relevant to all aspects of system design and is revisited throughout this briefing.

We pose nine policy questions, outline why each issue raised matters and offer a set of practical, politically and operationally feasible responses. These are complemented by three anonymised real-life case studies drawn from Dovida's experience of working with clients with diverse needs. Client's names have been changed to protect their identity.

interRAI-HC and the Statutory Home Support Scheme

1. What is home support, and who is it for?

Home support in Ireland currently spans a wide spectrum of services, from basic support with the activities of daily living to complex clinical care and can include Personal Assistance services. There is no single definition of home support across service types or age groups. The forthcoming statutory scheme for home support offers an opportunity to define what home support means in legal and policy terms - is it a social support, a health intervention, a disability right, or a blend of all three? Crucially, what entitlements will people have under the law, and how will these differ for those over and under 65 or with those living with different conditions? In particular, is there a difference in entitlements based on whether the person has a primary cognitive impairment e.g., dementia, or primary physical impairments?

Is home support a social support, a health intervention, a disability right, or a blend of all three?

We need to consider whether home support is purely confined to the activities that take place within the threshold of the home or if it also includes support for the person to engage in the community. The new HIQA (March 2025) definition of home support implies that it is broad and extends beyond the home, since it refers to support with occupational and social engagement – however, the HSE's view of home support is that it is focused on personal care tasks within the home based on their KPI definition.

So, is home support focused simply on personal care, such as assistance with toileting and dressing? Does it extend to domestic support within the home, such as cleaning and preparation of meals? If so, is there scope for housekeeping and support with IADLs, such as shopping or lighting a fire? Does it extend further to supporting the person to engage in the community, such as socialising and meeting neighbours or going out for a coffee?

It may be helpful to consider these support domains as a hierarchy of needs. People typically lose function in the reverse order in which they acquired it – starting with IADLs, then domestic tasks and then eventually personal care (ADLs). This hierarchy of functional loss offers a useful framework to define the scope of home support. It allows policy makers to distinguish between preventative, supporting and dependent stages of care – each with different implications for resource use, autonomy and quality of life.

If I am supported to get up, washed and dressed to sit all day in a cold house with no food because caregivers are not permitted by the funder to bring in turf or support me to do the shopping, what value is the home support service to me?

Furthermore, should home support be prescribed by the service or the individual? The new PA Working Group definition suggests that PA supports are prescribed by the individual receiving the service, not the commissioner. Should this right also be applied to those receiving home support so they can define what care they need and how it needs to be delivered (such as provided for under consumer-directed home support)? Do the answers to these questions change if the person has dementia?

To move forward, the definitions must be agreed upon, and the questions above need to be addressed. Policymakers also have to clarify the definition of PA, as discussed in Dovida's recent position paper - "To live as others do" (2024).

Why does this matter?

Without a clearly defined purpose, the forthcoming statutory home support scheme risks inconsistency in access, confusion in delivery, and potential legal challenges. Why can disabled persons under 65 or a person with dementia receive support to access the community (due to current 'condition-specific' home support funding), and a person with Parkinson's disease who has no social network cannot? Clarity will also help to clearly distinguish home support from other systems, such as personalised budgets, reablement and community nursing. Without an agreed-upon definition and eligibility framework, the system may fail to respond flexibly to people with progressive disease or complex social needs that do not fit neatly into clinical or age-based models.

Policy options

Publish a universal national definition of home support and personal assistance that can be used to underpin commissioning and statutory regulation.

Case Study 1 -
Margaret is locked out of care, as she is 'too young' and has the 'wrong' diagnosis

Margaret is a 47-year-old woman living alone in her home in the rural Midlands. She has a diagnosis of schizophrenia, bipolar disorder and anxiety. Margaret has no immediate family and was recently discharged from a private psychiatric hospital with a phone number to contact a home support agency. She was also referred to her GP and had an appointment with her local mental health team, but Margaret has no designated keyworker or meaningful social care supports.

Margaret struggles with incontinence and tiredness. She talks about feeling lonely and frightened. She needs encouragement and support with personal care, housekeeping and going into town to shop, pay bills, and attend appointments. She is not eligible for disability services support, and as she is under 65, she cannot access HSE home support hours.

Desperate for support, Margaret uses her limited savings to privately purchase home support to help with meals, cleaning, and social interaction. However, this is unsustainable long-term, and she risks further decline. Margaret is falling between systems. She doesn't meet the criteria for disability services, as she doesn't have the required diagnosis, or older person services, and there is no pathway of mental health outreach for Margaret to access state-funded practical help at home. Margaret must therefore pay privately for her care or go without it - this increases the risk of psychiatric hospital readmission or future financial debt.

The current PHN assessment, stating that as the client is under 65 with no clinical needs and therefore ineligible for home support, is wholly inadequate. There is clearly a need for a holistic assessment tool like interRAI that would capture Margaret's psychosocial risk, need for social support, mental health history and environmental factors that could be used to justify an appropriate package of care and outreach.

Margaret's case highlights the need for a consistent, national approach to assessment and support for people under 65 who have complex psychosocial needs. Without reform, people like Margaret face exclusion, worsening mental health and escalating downstream costs to the health system.

interRAI-HC and the Statutory Home Support Scheme

2. Is interRAI the right assessment tool for a universal home support scheme?

The International Resident Assessment Instrument (interRAI) has been adopted as the HSE's national assessment tool for home support, but it was originally developed for use in residential aged care by a collaborative network of researchers and practitioners in over 35 countries. Over time, variations of the tool have been developed. For example, the interRAI CHA is used for community-based care, the interRAI CA for short-term or less complex cases, and the interRAI HC for long-term home care clients. However, most of these variants have not been either adopted or evaluated.

The interRAI is structured and internationally recognised, but its clinical focus and rigid question sets may not align with the social, relational and enabling goals of home support, which are crucial to all, especially those with progressive neurological disease or those with complex social care needs.

Whilst the interRAI-HC includes specialised features such as the CaRE score, which helps identify family carers at high risk of carer burden and the CRISIS algorithm, which assesses an individual's likelihood of requiring long term care placement within 90 days, its adaptation for home support in Ireland has not been comprehensively validated, particularly for working age adults, persons with disabilities or those with mental health needs.

The OECD (2025) analysis confirms that while interRAI is used in Ontario and New Zealand, most countries do not use it and still score highly in terms of providing a very comprehensive assessment of need that is holistic and determines the person's care needs.

This is an important finding. While much has been written about the benefits of adopting an 'international' assessment tool, in practice, the interRAI has not been adopted widely by other countries, including in the countries where it was developed.

International examples of needs-based home support

Germany - uses a point-weighted care grade system tied to funding for 5 care levels.

Australia - AN-ACC model groups clients by complexity and resource needs. 4 levels of home care package based on care needs.

Ontario (Canada) - Integrated interRAI system with shared access for all providers; assessments every 6 months.

interRAI CHA for frail or dependent clients who need assistance with independent living.

interRAI CA for clients with short-term or less complex needs.

interRAI HC long stay home / residential care. No levels of care or thresholds determined.

UK - Adults must have needs from a physical or mental disability or illness for at least 6 months in accordance with the national eligibility threshold. No levels defined.

US (California) - 6 ranks to determine how many hours per activity are required based on a point based functional index ranking that indicates level of assistance required.

Why does this matter?

A statutory entitlement scheme must be underpinned by a valid, reliable and appropriate assessment system. If the tool fails to capture the right domains of need - or is perceived as biased toward clinical models - it will undermine trust and operational effectiveness and may lead to care plans that are misaligned with peoples' lived experience or aspirations.

Policy options

Commission a rapid validation study of interRAI against Ireland's statutory home support requirements. The study could assess if the tool captures the full spectrum of needs across ages and conditions, if it aligns with the scheme's goals and, if so, whether it objectively captures evidence of eligibility. In proposing this, it is important to distinguish clearly between a needs assessment and an eligibility assessment. Eligibility is determined by policy or legislation - it defines who qualifies for support. Need refers to what support is required, and this can vary over time. A single tool rarely does both well. There is a strong case for a nationally consistent eligibility assessment system to ensure fairness and equity in access. However, once

eligibility is confirmed, an ongoing, flexible process of needs assessment is required to plan care appropriately and adjust support as a person's circumstances change.

Assessments would be compared with care needs, other tools, user experience with a focus on u65s, disabled persons and those with social needs. The study would assess reliability across assessors and settings and, depending on the scope, sample size, and stakeholder involvement, is achievable within the lifetime of this Government. It is estimated that such a study would take 12 months to complete.

3. How will assessed need be translated into service levels and funding?

The OECD (2025) report highlights that many countries link assessed need to funding via structured classification systems. For example, Germany uses weighted criteria to assign people to one of five "Pflegegrade" (care grades), each linked to defined benefit levels. Currently, there is no nationally agreed-upon model linking interRAI scores to service levels or funding for home support. This risks local variation in the allocation of funding and undermines transparency. In international systems like Australia's AN-ACC, branching classification models sort people into defined bands based on complexity and predicted resource use. These models reduce subjectivity and support budget predictability.

In Ireland, there is no such infrastructure yet in place for allocating funding based on assessed need. The HSE's Older Persons' Authorisation Scheme is focused on 'time and task', where time accumulates based on the ADLs that require support. A resource model would enable clients to have discretion as to how their funding is used to meet their needs and preferences. Creating a transparent and direct link between assessment and funding allocation is an essential requirement of a reformed long-term care system designed to achieve improved equity, efficiency and effectiveness. It is essential to evaluate whether policy objectives have been met and to routinely measure outcomes for the people in receipt of services.

Why does this matter?

A statutory scheme must avoid both arbitrary rationing and unstable entitlement. As demand increases, particularly among older adults and people with long-term conditions, the absence of a classification model could result in inequitable or unmanaged growth. This is likely to be legally challenged, which may compromise the entire scheme. The comparative evidence from the OECD report supports the development of a transparent classification model in Ireland to align assessment scores with service bands, ensuring consistency and equity across regions. A structured classification model ensures transparency and consistency, allowing individuals with similar needs to receive similar supports, irrespective of location or provider.

This reinforces the need to distinguish between eligibility, which defines access, and assessed need, which determines the type and level of support. Even once eligibility is confirmed, funding decisions must reflect a comprehensive, evolving picture of the person's clinical and social needs.

Policy options

- Maintain the current 'time and task' model and standardise it across the country, clearly justifying who receives home support packages/hours and why.
- Develop a branching classification model specific to Ireland based on interRAI or hybrid inputs that offer a range of levels of service and hours with associated levels of funding.
- Agree a budget for home support with broad funding bands that promote discretional use of support by the service user and reduce the likelihood of constant reassessment of need. Test tiered support bands that align need with indicative care packages. Build in clinical and social weighting to avoid a narrow medical model.

interRAI-HC and the Statutory Home Support Scheme

Case Study 2 – Nothing to do but stare out the window

Ann is a 90-year-old woman who has a diagnosis of spinal stenosis, frailty, cardiovascular issues, anxiety, depression and suspected bone disease. She receives three home support visits a day – an hour in the morning, half an hour at lunchtime and half an hour in the evening. Ann is unable to mobilise independently and requires support to use the commode. She was recently discharged from the specialist palliative care team and spends her days moving between her bed and chair in her bedroom.

Recently, after nine months of recurring chest infections and multiple hospital admissions, Ann, who always took great pride in her appearance, wanted to go to the hairdresser and visit her husband's grave. To enable these almost mundane wishes to be fulfilled, Ann needed more support and care hours, which were unavailable within her HSE care package.

Ann's family commissioned her home support company to provide additional private hours and booked a private wheelchair taxi for the 22km round trip (at a cost of €150). Two family members also took annual leave to support her. Without the presence of private home support hours, financial means, accessible transport and willing family members, Ann would not have been able to do these basic things that reduce her isolation, improve her mental health and self-esteem and support her grieving process.

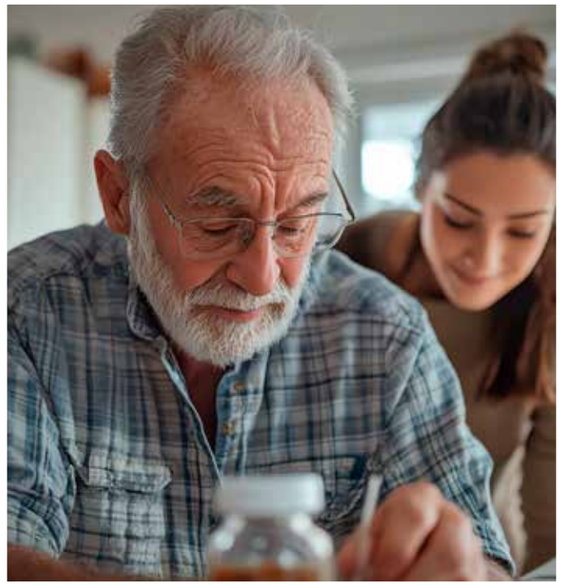
Social and psychological health must have equal status to physical health. Indeed, the WHO recently declared social health a priority. Social health needs to be considered in any future statutory home support scheme. If Ann had dementia – or an intellectual disability - she may have received support hours to access her community, but with frailty and cancer, she does not. Without reform of eligibility and assessment, people like Ann face watching the world and their final days go by in silence and isolation.

4. Will the scheme manage finite resources under statutory entitlement?

Even with legal entitlements, resource limits exist. While only eligible persons will be allowed entry into long-term care, individuals within the scheme will have different needs. Not every individual need can necessarily be met, and decisions will be required when budgets are exceeded. This requires a transparent funding model with funding level caps clearly defined, as well as rules for outliers (people whose needs exceed the funding to which they are entitled). The model will need to confirm:

- The maximum amount of funding available to support an individual under the statutory scheme,
- In what circumstances is the commissioner's (the HSE) discretion legal? For example, should the commissioner provide additional support outside of the statutory scheme?
- The appeals process for individuals who believe their needs are not being met by the funding package for their care proposed by the commissioner.

Without such clarity, public expectations may be unmet, and local areas may apply inconsistent thresholds. How will the national budget for home support be agreed and



allocated locally? Ireland's statutory scheme must balance entitlement with budget reality by clearly defining caps, governance flexibility and equity protections.

The OECD report (p.9) considers three features that need to be carefully aligned to ensure that funding levels are sustainable.

1. Set a minimum level of need that people must have to become eligible for benefits.
2. Specify how much of the cost (or proportion of the cost) can be borne by the person and how much will be paid by the State.
3. Define the types of benefits and services covered by public benefits.

Why does this matter?

OECD evidence demonstrates that eligibility thresholds and means-testing rules have a direct impact on system coverage, cost control and perceived fairness.

Balancing entitlement with finite budgets is politically sensitive. Without clarity on how financial limits are applied, the scheme may be perceived as arbitrary or regressive. Equally, Government has a requirement to ensure any statutory scheme is financially sustainable and does not place an undue burden on future taxpayers.

Service caps must be linked to clear entitlements and reassessment pathways. A decision needs to be made on whether the current funding scheme continues as is. Currently, there is no means testing for HSE home support, and tax relief is available against private home support services funded by individuals who complement their free HSE home support with private home support. Government must decide whether this model continues, or whether it brings in charges for what is currently a free service in order to deliver a financially sustainable scheme. Consideration should also be given to expanding and increasing the range and size of current services by bringing in charges to cover such an expansion.

Legal eligibility may not equate to adequate support. A person may meet eligibility criteria yet have needs that exceed what is funded. Clear governance is required to differentiate eligibility thresholds from flexible needs-based planning.

Policy options

- Use the comparative information in the OECD (2025) report to reflect on the design of the statutory home support scheme to consider increasing demand and potential risks to long-term funding sustainability.
- Link budget caps to population needs, modelling and demographic projections.
- Define cap as either a monetary amount that can be spent with approved providers or (as is currently the case) hours of support from an approved provider. Allocating as a monetary amount will provide greater flexibility for Government and may mean the scheme is more financially sustainable.
- Set national cost benchmarks per need category.
- Introduce a local flexibility mechanism with a central audit.
- Introduce appeals and equity reviews for exceptional need.

interRAI-HC and the Statutory Home Support Scheme

5. What governance framework will ensure accountability, equity and system integrity?

Implementation of interRAI and broader care decisions currently varies across Regional Health Areas. Following briefing sessions regarding its roll out in CHO 9, Dovida raised several questions both at the briefing and with interRAI's national co-ordinator (see Appendix 2). There is no single governance structure overseeing assessment quality, service allocation, or a specific function for complaints and appeals other than through the HSE's - *Your Service Your Say* or the Ombudsman. In a statutory model, central governance is essential to maintain equity and legal compliance. It also underpins public trust.

Why does this matter?

Without a formal governance structure, care decisions may be inconsistent and difficult to challenge. Local discretion may dominate, and this contributes further to the current Eircode lottery and limits learning and system improvement. Providers and clients need clarity and accountability.

Policy options

- Establish a statutory oversight board for home support.
- Include reassessment, appeals and public reporting into the governance framework with consideration given to independent review.
- Ensure governance architecture includes representation from public and private providers, clients and sector representatives.

6. How will private providers be integrated into assessment, care planning and quality assurance?

Private and voluntary providers deliver the most home support, yet, currently, they are excluded from completing interRAI assessments and often do not have access to the information used to determine care package allocations. This undermines integration, increases duplication and weakens provider accountability.

Currently, the HSE conduct the interRAI assessment, and home support providers maintain separate assessments, care plans and documentation, duplicating much of what is recorded in interRAI. This is inefficient, risks inconsistency and places an unnecessary burden on the workforce.

The HSE is not meeting its targets for assessment (Box 1).

In June 2022, Minister for State Mary Butler welcomed the commencement of recruitment for 128 interRAI Care Needs Facilitators to support its national rollout. In April 2023, the HSE's Chief Operations Officer prioritised interRAI's implementation for home support services. These actions align with Ireland's broader goals of the pending regulations for home support services and the development of a statutory home support scheme. However, progress has been slow. The HSE has not met its interRAI assessment target as outlined in its annual service plans since 2021.

Its target increased to completing 18,000 assessments in 2022 and just 3,006 were conducted. In 2023, the target was increased to 18,100 and 3,017 were completed. In 2024 the number of assessments remains 75% lower than the planned 18,100, standing at just 4,407. It is unclear why targets have not been met but may be linked to the recruitment embargo in the HSE or to the need for clarity regarding the facilitator role and function with the Health Service Trade Unions (PQ31569/24).

Why does this matter?

For the scheme to function equitably and efficiently, all providers must operate from the same assessment baseline. Excluding providers from assessment will limit their ability to plan, monitor and adjust care. The interRAI IT system was not designed to integrate with private sector IT systems. A national licensing model and shared access to interRAI would align Ireland with international best practice and meet HIQA's emerging standards for needs-based care planning. The current use of the interRAI tool does not meet the private home support provider's need for an evidence-based assessment under the draft HIQA guidelines, as only HSE-employed or HSE-funded staff are permitted to complete it. Furthermore, there can be a delay between completion of the tool and referral to home support, so information can be quickly outdated. This creates a two-tier system where private providers are expected to deliver regulated person-centred care without access to the tool endorsed by the Deptartment of Health. This has the potential to undermine compliance with forthcoming HIQA standards, fragment care planning and diminish provider accountability.

Policy options

- Expand access to interRAI under a nationally negotiated licensing model.
- Expand interRAI assessor accreditation to private providers.
- Ensure role-based access to the interRAI system is consistent with GDPR.
- Co-design assessment and documentation framework solutions with provider organisations.

7. How will reassessment, care plan updates and responsiveness be managed? (Appendix 2)

An individual's need for home support will change frequently, unexpectedly and with urgency. The system must include timely reassessment protocols, routine reviews, and flexibility to adapt care as urgent needs evolve. Currently, the timelines for reassessment by commissioners vary widely, and providers may be unaware of when formal reassessments will occur. Often, it is the provider that flags unmet need to the commissioner, and then the commissioner responds.

According to the OECD report, in systems like Ontario's, reassessment to inform care planning takes place every six months. This supports care continuity and quality - but will the HSE have the resources to reassess every six months? Excluding providers from the assessment and reassessment process may lead to duplication, inconsistency and diminished accountability. The alternative to routine reassessment based on time periods is a set of business rules which allow a person to be reassessed if their needs change beyond a reasonable threshold.

Why does this matter?

Without timely review, care becomes unresponsive. This can lead to unmet need, carer burnout, hospital admission or wasted resources. The OECD report cites a study which found that 80% of home care clients have significant clinical changes in health status within six months and that the cost of assessment represents 1.55% of the home care cost (Kinsell et al., 2020).

Policy options

- Use interRai only to determine initial eligibility and use a suite of other assessment tools to assess ongoing and changing needs.
- Ensure reassessment protocols focus on evolving need, not eligibility alone. Once eligibility is confirmed, supports must be responsive to the individual's changing functional, cognitive and social circumstances.
- Set national assessment schedules with change of condition triggers.
- Allow delegated reassessment by trained providers, engaging the private home support sector to allow for a timely reassessment.

interRAI-HC and the Statutory Home Support Scheme

8. Will the scheme accommodate different condition profiles and social care models?

Individuals with conditions like dementia currently benefit from socially orientated models with flexible supports and community engagement. Others, with conditions like Parkinson's or an acquired brain injury, may require structured clinical support. Persons with disabilities may require autonomy-focused personal assistance. People requiring palliative care at home may require home support urgently and for a limited duration. A single model of support delivery may not meet such varied needs.

Why does this matter?

If care plans are rigidly defined by assessment scores without flexibility, the scheme may fail to respond to individuals' real lives and priorities.

Policy options

- Set out clear timelines for assessment, approval and allocation of budget, and commissioning of care. A transition model may be required for urgent situations or for short-term or ad hoc service requirements that may sit within or outside any statutory home support scheme.
- Build flexibility into care planning processes. Can service users 'bank' budget/hours of service if they are not used in any time period and use them at a later stage when they have a greater need? Can service users 'spend' allocated funding on services outside of approved providers, such as transportation, equipment, and rehabilitation services, including occupational therapy, physiotherapy or assistive technology?
- Engage clients in personal goal setting and the co-design of their service. How does a statutory home care scheme both promote autonomy and choice while supporting users to realise their objectives?
- Model transition for service users within the current home support scheme to the new statutory support scheme. Decide whether existing service users retain what they have or if they will be reassessed under the new scheme. Current service delivery of HSE home support hours varies widely in terms of average hours of care per person by geography, and standardising current iniquitous service delivery risks increasing or decreasing the allocation of support for existing individual service users.

Case Study 3 - Mary wants to live her life, not have it just be a series of tasks

Mary is 52 and sustained a life-changing spinal cord injury following a fall. She now lives in adapted housing and uses a powered wheelchair. She requires two staff for transfers and requires bowel care. Mary receives 80 hours of HSE-funded home support per week, including double staffing for personal care, hygiene, repositioning, and escorting to medical appointments.

Despite this, Mary lives a life of restriction - she sees herself as a series of tasks. Her support is focused on functional and medical tasks, with no provision for social or educational participation. She wishes to attend courses, volunteer and build relationships - but there is no funded support to enable this. A compounding issue is the fragmentation between services, where bowel care is delivered by the PHNs on a scheduled roster. The rigid structure of care impacts on her dignity, autonomy and daily routine.

Mary's case illustrates that high support hours do not necessarily equate to quality of life. Her support covers medical tasks but not social participation or pursuit of her personal goals. The fragmentation of services creates delays, indignity and a cycle of dependency. Home care staff can be trained to deliver bowel care consistently and respectfully to free up Mary's and the PHN's time. Mary's assessment and service allocation is task and risk-focused - it does not capture her goals, aspirations or what a good day looks like for Mary. If the interRAI, or any national assessment model, is to be fit for purpose, it must enable joined-up, personalised and participatory support - not just survival-level care.

9. How will Continuous Quality Improvement (CQI) be built into the statutory home support system?

No system is perfect from the outset. There must be mechanisms to learn, adapt and respond to emerging needs, workforce feedback and client experience. The continuous quality of home support service delivery will be supported through the implementation of the draft HIQA standards, but there also needs to be continuous improvement of the assessment and delivery of the statutory home support scheme and the assessment and funding allocation model underpinning it. The OECD advocates for embedding digital assessment systems within national long-term care governance to enable real-time monitoring of outcomes, reassessment triggers and funding equity.

Why does this matter?

Embedding CQI into the statutory home support system is essential to ensuring that funding and service allocation are efficient, effective and equitable. Mechanisms must be put in place to track whether resources are delivering the intended outcomes, identify inefficiencies and redirect investment where it adds the most value. In a demand-led system, continuous quality improvement ensures public funding drives measurable improvement in care quality and responsiveness, rather than simply increasing volume. This safeguards both service users and the integrity of the statutory model by linking investment to impact. The HSE and the Department of Health will need to continuously monitor system performance with a focus on assessment outcomes, client outcomes, waiting list data and regional equity indicators. This will enable dynamic adjustment of the funding model, targeting of resources to areas of unmet need and ongoing refinement of the eligibility rules.

Policy options

- Integrate CQI into the governance of the funding allocation by establishing a national oversight function that continuously reviews assessment data, waiting times, outcomes and regional access, ensuring the scheme remains equitable, needs-based and responsive.
- Use population-level data to refine and adjust eligibility thresholds and prioritisation rules over time, as well as for long-term budget planning.
- Embed a formal CQI cycle in the scheme's design with annual public reporting on access and outcomes with structured review points to adjust the scheme as data indicates.

Conclusion

The successful implementation of Ireland's statutory home support scheme depends not only on having a legal entitlement to support at home, but also on the design of its underlying systems. The OECD's 2025 analysis of needs assessment and eligibility criteria in long-term care across 31 countries, reinforces many of the priorities outlined in this briefing – particularly the need for comprehensive needs assessment, transparent funding models, inclusive governance and continuous quality improvement. Crucially, Ireland remains an outlier among OECD peers in not linking assessed needs to a classification-based resource model. Without this, the statutory home support scheme risks subjective decision making, inequitable allocation and unmanaged growth. Care providers need to be engaged in assessment to eliminate duplication, fragmentation and inefficiency – risks that are directly relevant to the current roll out of interRAI in Ireland.

While interRAI offers a credible, internationally recognised assessment tool, it is yet to be determined whether interRai should be used for eligibility assessment, needs assessment (including reassessment) or both. While this briefing raises critical questions about the suitability and implementation of interRAI, it does not challenge the utility or design of the tool itself. The recent interRAI Home Support Data Report (2024) confirms interRAI's potential to support both eligibility assessment and care planning. However, the dual function reinforces – rather than weakens – our core argument: the distinction between eligibility and need must be policy-led, not tool-defined.

The HSE's report shows an effort to link the client's Personal Support Algorithm (PSA) score calculated by interRAI to home support hours. This indicates that clients with a PSA score of 1 (very low need) were allocated on average three hours weekly home support and those with a PSA score of 5 (high need) and 8 (very high need) were allocated 9 and 11 hours respectively.

interRAI-HC and the Statutory Home Support Scheme

If we consider client data from Dovida, approximately 50% fall into the PSA very high need category, as they receive 10 hours of home support or more, with 11% receiving 15-20 hours per week, 7% 20-25 hours a week and 12% 25+ hours. If there are only 6 PSA categories and the average hours for the highest level of need is 11 hours, as outlined in the HSE, the interRAI appears to lack discriminative validity. Indeed, an assessment tool fails if it has demonstrated floor and ceiling effects. With 50% of Dovida clients hitting the ceiling, the tool fails to discriminate well enough to be used to fund people with high needs.

A valid, formal national classification system, embedded in legislation and governance, remains essential. This briefing paper complements current developments by calling for transparency, equity and person-centred implementation and has outlined the key policy questions that remain. Addressing them with clarity will ensure that the scheme is not merely operational, but that it is equitable, person-centred and sustainable into the future.

Personal Support Algorithm

This is embedded within the interRAI and differentiates a person's need for personal support based on relevant assessment information that considers decision making and understanding, family carer stress, medication management, mobility, dressing, continence, unstable conditions, ADLs and, and self-reliance.

Dovida™
Your Life, Your Way

Appendices

1) In 2017, the HSE conducted a pilot study of the Single Assessment Tool (SAT) based on the interRAI system to evaluate its suitability for assessing the care needs of older persons. Then, in 2021, a home support pilot was also initiated in four areas (CHO 8, 2,7 and 4). The pilots aimed to test reformed models of service delivery for home support using the interRAI as the standard assessment tool.

   The 2017 SAT pilot findings (McDermott-Scales et al) revealed that 93-98% of professionals agreed with positive statements regarding the acceptability, clinical value and ease of use of the interRAI, but 78% noted some areas needed further information. The authors noted overwhelmingly positive responses from 68 clients and caregivers regarding their experience of assessment. In 2023, an evaluation report from the Centre for Effective Services focused on the four-area pilot and found that while interRAI provided a more integrated and standardised assessment than Common Summary Assessment Report (CSAR), there was significant variation in home support hours allocated, assessment processing times and service delivery methods across the four pilot sites (CES, 2023). The authors noted challenges included workforce shortages, difficulty interpreting interRAI outputs for resource allocation, and limited engagement from primary care services. While clients and carers valued continuity of care, they highlighted the inconsistencies in service communication and allocation of hours. The authors recommended greater standardisation of processes, additional training for assessors, improved workforce planning and clearer resource allocation models to support the use of the tool within a wider statutory home support scheme.

2) In January 2025, private home support providers were invited to an online meeting with the interRAI educators and clinical leads in CHO 9. The purpose of the meeting was to provide an overview of interRAI and interRAI in Ireland and demonstrate the interRAI training site and process. Local implementation has resulted in 1,113 interRAI HCP reviews being conducted as of January 2025, with 346 onward referrals made following assessment. For 70% of these clients, there was no change in home support hours. However, hours increased for 14%, 10% had their hours decreased, and in 3% of cases, a new home care package was secured. Participants were shown how to access the interRAI system and how to access training. Training is four hours for caregivers, five hours for clerical staff and seven hours for service managers.

   Participants can access the system following this training. Assessor training takes 31 hours to complete and comprises of a seven-hour HSELand course, two in-class days and 10 hours of self-directed learning. It is anticipated that assessors will be HSE employees and Section 38 and 39 HSE-funded agency staff - as opposed to private home support providers. The reported benefits of interRAI Ireland were also summarised.

   HSE reported benefits of interRAI Ireland (HSE, 2025)
   The meeting raised several questions and concerns for those attending:
   The rollout has significant resource implications for private home support companies if they engage with the training.

   Even with the training, home support providers can only use the information to inform a care needs assessment - the interRAI does not replace the assessment by the home support provider, and therefore the rollout does not facilitate private providers to have an evidence-based assessment as outlined in the draft HIQA regulations.

   Using the interRAI care management platform will result in duplication for private providers who keep their own documentation on their own secure systems.

   The interRAI is for all adults over 18 and yet is only being used with Older Persons - how will this work with the forthcoming HSE disability authorisation scheme?

   Logging into the system gives users from private home support companies access to the data for all persons in Ireland. This is not in line with best practice from a GDPR perspective. It was suggested that users accessing information outside their catchment area would be detected through HSE system audits - this is a weak method of securing personal data for vulnerable older persons across Ireland.

   The MDT module of the system - which seems of most relevance to inform home support risk assessments and care plans - is not live.

   Decisions regarding allocation of home support hours and funding remain at the discretion of local HSE home support offices, and there is no direct link to interRAI scores and allocation of hours and funding.

   The local focus by the HSE to sign up local office staff to engage in the system - as opposed to engaging with the HCCI as the sector's representative body, or indeed the CEOs of the agencies directly - has the potential to undermine governance arrangements.

   Based on this meeting, there is a clear gap in the plan for the implementation of the interRAI tool by the HSE in the context of private home support provision. Challenges with implementing new systems, including the interRAI are common, as documented recently by De Almeida Mello et al (2023) in their review of interRAI implementation in Belgium, Switzerland, France, Ireland, Iceland, Finland and New Zealand. Interestingly in this study, there are references to an implementation framework for the rollout of the interRAI in CHO regions and a re-procurement exercise for an alternative software provider following the conclusion of the initial contract. The current use of the interRAI tool does not meet the private home support providers need for an evidence-based assessment under the draft HIQA guidelines, as only HSE employed or HSE-funded staff are permitted to complete it, and there can be a delay between completion of the tool and referral to home support, so information can be quickly outdated. This creates a two-tier system where private providers are expected to deliver regulated person-centred care without access to the tool endorsed by the Department of Health. This has the potential to undermine compliance with forthcoming HIQA standards, fragment care planning and diminish provider accountability.

Bibliography

Home care in Europe: a systematic literature review Nadine Genet1*, Wienke GW Boerma1, Dionne S Kringos1, Ans Bouman2, Anneke L Francke1,3, Cecilia Fagerström4, Maria Gabriella Melchiorre5, Cosetta Greco5 and Walter Devillé

Montgomery, A*., Sweeney, L.,* Kavanagh, L., Tubridy, A., Burns, A. (2023). Evaluation of the Home Support Pilot. Dublin: Centre for Effective Services.

McDermott-Scales ()The National SAT: a pilot in older persons care survey results

HSE Service Plans 2022, 2023, 2024

Canadian Institute for Health Information. (2022). interRAI HC Outcome Scales and Screening Algorithms Reference Guide. Retrieved from CIHI's official publication

Dovida (2024) "To live as others do" - The case for regulation of PA services in Ireland.

Dovida (2024) The Critical Role of Private-Pay Home Care in meeting Ireland's growing long-term care needs

HSE (2018) National Guidelines & Procedures for the Standardised Implementation of the Home Support Service.

HSE (2024) interRAI Ireland Home Support Data Report

InterRAI (n.d.) About interRAI. Retrieved from https://interRAI.org/about-interRAI/

Llena-Nozal, A., S. Araki and K. Killmeier (2025), "Needs assessment and eligibility criteria in long-term care: How access is managed across OECD countries", OECD Health Working Papers, No. 181, OECD Publishing, Paris, https://doi.org/10.1787/461811c4-en.

Glossary

Activities of Daily Living (ADLs) basic self-care tasks such as bathing, dressing, eating, and toileting.

AN-ACC
Australian National Aged Care Classification. A funding model introduced by the Australian Government to support residential aged care services.

Complex Care Needs
A person with complex care needs who requires a coordinated response from several different healthcare professionals or external agencies and a range of additional support services beyond the type and amount required by other members of a population. The client presents with multiple and complex needs that span both health and social care. Clients may include individuals with behavioural difficulties, emotional problems, mental illnesses or medical needs that may put an applicant at risk or may present a risk to others, including healthcare workers.

Consumer Directed Home Support
An approach to home support that empowers individuals to have greater control over their care. Clients can choose their preferred HSE-approved provider and arrange when and how their care is delivered. This model promotes flexibility, autonomy, and person-centred care, allowing individuals to tailor services to their unique needs and schedules. It is particularly suited to those who want more say in their daily support and who may already have informal carers on certain days (HSE, 2018). The HSE has chosen not to implement Consumer Directed Home Support throughout Ireland.

CQI - Continuous Quality Improvement. A structured, ongoing process used by organisations to identify, assess, and improve their services, systems, or outcomes. Rooted in data-driven decision making and stakeholder feedback, CQI emphasises iterative cycles of planning, implementing, evaluating, and refining.

HIQA - Health Information and Quality Authority. An independent statutory authority in Ireland established to promote safety and quality in health and social care services.

HSE - Health Service Executive. The publicly funded body responsible for delivering health and social care services to everyone living in Ireland.

Instrumental Activities of Daily Living (IADLs) Activities necessary for independent living, such as managing finances, medication management, and meal preparation.

interRAI - (International Resident Assessment Instrument)
A standardised system of clinical assessment tools designed to evaluate the health status, functional abilities, and care needs of individuals - particularly older adults or those with complex needs. Used across healthcare settings, such as home care, hospitals, and long-term care, it supports consistent and evidence-based care planning. interRAI assessments are used internationally and are endorsed in Ireland by the Health Service Executive (HSE).

interRAI-HC (Home Care)
A comprehensive, standardised assessment tool used to evaluate the needs, strengths, and preferences of individuals receiving home care services. interRAI-HC supports person-centred care planning by capturing detailed information on physical, cognitive, emotional, and social functioning. It replaces the earlier RAI-HC instrument and is designed to ensure consistent, evidence-based decision making across home care settings. The tool is widely used internationally and endorsed by health systems including the HSE.

KPI - Key performance indicator. A measurable value that demonstrates how effectively an individual, team, or organisation is achieving specific objectives. KPIs are used to track progress toward strategic goals and help guide decision-making by highlighting areas of success and those needing improvement.

OECD - Organisation for Economic Co-operation and Development. An international organisation made up of 38 member countries that work together to promote policies aimed at improving economic and social well-being around the world.

Personal Support Algorithm – this is embedded within the interRAI and differentiates a person's need for personal support based on relevant assessment information that considers decision making and understanding, family carer stress, medication management, mobility, dressing, continence, unstable conditions, ADLs and IADLs and self-reliance.

interRAI-HC and the Statutory Home Support Scheme

Your Life, Your Way

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

Tel: 01 297 3490

dovida.ie

Dovida
Your Life, Your Way