An Roinn Sláinte
Department of Health

Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants

September 2022

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1. Introduction

In response to the shortage of front-line care-workers in the home-support and nursing home sectors in Ireland, the Minister for Mental Health and Older People, Mary Butler, T.D., established a cross-departmental Strategic Workforce Advisory Group in March 2022. The Group was charged with examining strategic workforce challenges in publicly and privately provided front-line carer roles in home-support and nursing homes, and with making recommendations to Minister Butler to respond to these challenges by September 2022.

This report provides an overview of the Group's work and details the key findings and recommendations emerging from this.

2. Policy context

2.1 Current service-provision

Publicly funded home-support services are currently provided free of charge by the Health Service Executive (HSE) through Services for Older People and Disability Services based on a service-users' assessed care-needs. As well as being a direct provider of home-support services, the HSE also commissions home-support services from not-for-profit and for-profit providers through a tendering process. This indirect provision of home-support services is funded by the HSE within the available dedicated annual budget and on the basis of the unit-cost per hour of home-support. As at July 2022, 38% of the home-support services provided by the HSE's Services for Older People were delivered through direct provision and 62% were delivered through indirect provision.[1]

The home-support services funded by the HSE's Services for Older People primarily provide assistance with personal care as well as help with essential domestic tasks.[2] In addition, Intensive Home Care Packages (IHCPs) are provided on a limited basis for older people who require a higher level of support.[3] As part of this service-provision, the HSE considers the kind of supports that service-users need, which are then provided either by directly employed HSE staff or indirectly by external providers who have agreements with the HSE. The HSE's Disability Services also provides home-support and personal assistance services as part of a range of community supports.[4]

In 2021 the budget for the HSE's Services for Older People for home-support services was approximately €665 million—a figure that has increased year-on-year since 2014, when the budget was €288 million. In 2021 the HSE's Services for Older People provided 20,463,216 hours of home-support (excluding the supports provided through IHCPs) to 55,043 service-users through direct HSE provision and provision contracted from external providers. The HSE's *National Service Plan 2022* sets a target for the delivery of 24.2 million home-support hours (inclusive of IHCPs) to 55,910 service-users by the HSE's Services for Older People in 2022 (through direct and indirect provision), for which the overall budget is approximately

[1] Data-source: Health Service Executive.
[2] See Health Service Executive, 'HSE Home Support Service for Older People: Booklet and Application Form 2022', https://www.hse.ie/eng/home-support-services/home-support-services-information-booklet.pdf.
[3] Health Service Executive, *National Service Plan 2022*, 141.
[4] See Health Service Executive, 'Disability Services: Community and Social Care', https://www.hse.ie/eng/services/list/4/disability/.

€674 million.[5] The *National Service Plan 2022* also sets a target for the delivery of a total of 3.12 million hours of home-support to 7,326 service-users with a disability, for which the overall budget for 2022 (for home-support and personal assistance services) is approximately €110 million.[6]

More broadly, many people purchase home-support independently from private providers. In addition, family/unpaid carers make a significant contribution to the provision of home-support in Ireland, with 2016 census data indicating that, in April 2016, there were 195,263 family/unpaid carers providing a total of 6.6 million hours of care per week.[7]

Long-term residential care is provided in publicly funded HSE community nursing units and in residential care settings run by not-for-profit and for-profit organisations. As noted by the COVID-19 Nursing Homes Expert Panel, 'almost 80% of nursing homes in Ireland are privately operated'.[8] At present there are a total of 563 nursing homes in Ireland (420 private; 111 public; and 32 not-for-profit) within which there are a total of 31,888 beds (25,047 private; 5,083 public; and 1,758 not-for-profit). The median number of beds per nursing home is 50 (52 in private facilities and 40 in public facilities).

Currently there are different mechanisms for determining the cost of the delivery of care in public nursing homes and in private nursing homes through the Government's Nursing Homes Support Scheme (NHSS). In private facilities, the National Treatment Purchase Fund (NTPF) negotiates with each provider individually to agree a price per bed per week while in the public sector the HSE calculates the cost of care and charges this to the NHSS. The State provides financial support for people who need long-term residential care through the Nursing Homes Support Scheme (NHSS).[9] The overall budget-allocation for the NHSS has increased steadily in recent years, rising from €940 million in 2016 to €1,053 million in 2021. In June 2022, 22,159 people were funded to receive long-term residential care through the NHSS.[10]

In addition to long-term residential care, respite care and palliative care are provided in publicly managed residential units by the HSE. As at May 2022 there were approximately 1,516 short-stay beds across all of the community healthcare organisations (CHOs), supporting the provision of palliative care, respite care, dementia-specific respite care, convalescence, assessment, transitional care, rehabilitation and reablement.[11]

As key members of multi-disciplinary teams in residential care-settings, care-workers make a vital contribution on a daily basis to enhancing the quality of life of service-users. In July 2022 the HSE employed 22,495 healthcare assistants (HCAs) (19,534 whole-time equivalents (WTEs)) and 5,289 healthcare support assistants (HCSAs) (3,648 WTEs).[12] In addition, over 100

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[5] Health Service Executive, *National Service Plan 2022*, 141.
[6] *Ibid*., 143.
[7] See Central Statistics Office, 'Census of Population 2016—Profile 9 Health, Disability and Carers', http://www.cso.ie/en/releasesandpublications/ep/p-cp9hdc/p8hdc/p9cr/.
[8] Government of Ireland, *COVID-19 Nursing Homes Expert Panel: Examination of Measures to 2021: Report to the Minister for Health* (2020), 9.
[9] See Health Service Executive, 'Nursing Homes Support Scheme: Information Booklet', version no. 08/21, https://assets.hse.ie/media/documents/nursing-homes-support-scheme-information-booklet_NVr6QtQ.pdf.
[10] Data-source: Health Service Executive.
[11] Data-source: Health Service Executive.
[12] Health Service Executive, 'Health Service Personnel Census July 2022', https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/health-service-personnel-census-july-2022.pdf. Of the 22,495 healthcare assistants employed by the HSE, 4,667

external home-support providers are currently engaged in delivering HSE-funded home-support services. Approximately 10,000 care-workers are employed by providers who are members of Home and Community Care Ireland (HCCI);[13] and approximately 3,000 care-workers are employed in the voluntary sector by providers who are members of the National Community Care Network (NCCN).[14]

2.2 Workforce challenges

Workforce challenges in the health and social care sector are international challenges that Ireland has in common with other countries. As noted by the Organisation for Economic Cooperation and Development (OECD), 'working in this sector is still not attractive', with 'low pay, high turnover and part-time work' remaining 'key features of many LTC [long-term care] labour markets' while 'in several countries LTC workers do not receive a specific education or training'.[15] The commonality of these challenges across jurisdictions is documented in the Health Research Board (HRB)'s evidence-brief, *The Role, Function, and Supply of Home Care Workers in Four European Countries* (2022) as well as being reflected in the proliferation of strategies in the area in recent years.[16] These strategies include Northern Ireland's *Health and Social Care Workforce Strategy 2026* (2018); *A Healthier Wales: Our Workforce Strategy for Health and Social Care* (2020); and the *National Workforce Strategy for Health and Social Care in Scotland* (2022).

In the Irish context, there are workforce challenges across the health and social care system. In particular there is an acute shortage of care-workers against a background of rising demand for care. HSE data indicates that in July 2022, 5,312 people were waiting for home-support from the HSE's Services for Older People because no care-workers were available to provide this. Furthermore, a significant proportion of care-workers providing home-support are themselves older people, with HSE data indicating that, at the end of December 2020, 42% (n=2,217) of HCSAs were aged 60 years and over.[17] This is likely to exacerbate existing workforce shortages in the years to come. Similarly, 97.4% of respondents to a recent workforce survey conducted by Nursing Homes Ireland (NHI) reported difficulties recruiting healthcare assistants (HCAs), and the survey found that, on average, there are 4.5 HCA vacancies per nursing home while the average number of HCA resignations per nursing home over the preceding 12 months was 9.4.[18]

2.3 Future service-demand

With projections indicating 'that Ireland will have one of the most rapidly ageing populations in the EU over the coming decades' and that the old-age dependency ratio will double during

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were working within the HSE's Services for Older People as at June 2022. Healthcare support assistants are engaged by the HSE to provide home-support services.

[13] See Joint Oirechtas Committee on Health, transcript of the meeting on home care of 9th February 2022, https://www.oireachtas.ie/en/debates/debate/joint_committee_on_health/2022-02-09/2/.

[14] National Community Care Network, https://nccn.ie/.

[15] Organisation for Economic Cooperation and Development, 'Long-Term Care Workforce: Caring for the Ageing Population with Dignity', https://www.oecd.org/health/health-systems/long-term-care-workforce.htm.

[16] See Lisa Murphy, Louise Farragher and Jean Long, *The Role, Function, and Supply of Home Care Workers in Four European Countries: An Evidence Brief Submitted to the Department of Health by the Health Research Board* (Dublin, 2022).

[17] Data-source: Health Service Executive.

[18] Nursing Homes Ireland, submission to the Department of Health on workforce challenges, 7th January 2022.

the next 30 years, from 24% to 47%, these shortages will be exacerbated.[19] In Ireland the population aged 65+ is projected to increase from 629,800 in 2016 to between 1.53 and 1.6 million by 2051, and the population aged 80+ is projected to increase from 147,800 in 2016 to between 535,900 and 549,000 by 2051.[20] The Economic and Social Research Institute (ESRI) predicts that, relative to a baseline of the provision of 24.7 million hours of home-support in 2019, between 3.5 and 8 million additional hours *per annum* will be required in a range of scenarios.[21] Similarly, the Department of Health-commissioned *Health Service Capacity Review* (2018) indicates that, relative to a 2016 baseline and in a 'reform scenario' in which 'a more integrated, proactive and community-based care model' is implemented, a 120% increase in home-support service-provision (from 10.6 million to 23.1 million hours) and 10,500 additional long-term beds (relative to a baseline of 26,200) will be required by 2031.[22] It is noted that there has been significant exchequer investment in these services since the publication of the *Capacity Review*.

2.4 Government policy

Within the broader context of the on-going reform of Ireland's health and social care system, as envisioned in the cross-party *Sláintecare Report* (2017) of the Houses of the Oireachtas, there are a number of initiatives in train that will have a direct bearing on workforce planning in the home-support and nursing home sectors. An overview of these initiatives is provided below.

2.4.1 Statutory home-support scheme

A key enabler of the re-orientation of the model of care towards primary and community care, which is a central tenet of the *Sláintecare* reforms, is the development of the statutory home-support scheme to which the *Programme for Government: Our Shared Future* (2020) commits.[23] This is an ambitious, multi-annual programme of work with significant interdependencies which necessitates close partnership-working between the HSE and the Department of Health as well as engagement across Government departments and with the political system.

The statutory home-support scheme will incorporate a reformed model of service-delivery, which will include the roll-out of interRAI as the standard care-needs assessment tool.[24] In addition, the Department of Health is currently preparing a General Scheme to establish a licensing framework for professional home-support providers andsecondary legislation setting out the minimum standards with which providers must comply in order to be licensed. HIQA national quality standards are also being developed. This will provide a robust regulatory framework for a sector which is at present unregulated, clarifying home-support workers' roles

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[19] Department of Finance, *Population Ageing and the Public Finances in Ireland* (September 2021), i. The old-age dependency ratio is 'a proxy for the number of retirees as a fraction of the number of workers'. *Ibid*., i.

[20] Central Statistics Office, 'Population and Labour Force Projections 2017–2051', https://www.cso.ie/en/releasesandpublications/ep/p-plfp/populationandlabourforceprojections2017-2051/populationprojectionsresults/#:~:text=Open%20in%20Excel%3A,six%20projection%20scenarios%20to%202051.

[21] See Brendan Walsh and Seán Lyons, *Demand for the Statutory Home Support Scheme* (Dublin: Economic and Social Research Institute, March 2021).

[22] Department of Health, *Health Service Capacity Review 2018 Executive Report: Review of Health Demand and Capacity Requirements in Ireland to 2031: Findings and Recommendations* (2018), 4, 7, 48, 51.

[23] Government of Ireland, *Programme for Government: Our Shared Future* (2020), 50.

[24] See interRAI, https://interrai.org/.

and responsibilities. The model for the funding of home-support services is also being examined to ensure that it is fit-for-purpose and sustainable.

2.4.2 Reform of long-term residential care

A range of reforms are also in train in Ireland's long-term residential care sector following the publication of a number of recent Government reports, including *COVID-19 Nursing Homes Expert Panel: Examination of Measures to 2021: Report to the Minister for Health* (2020); *A Value for Money Review of Nursing Home Care Costs* (2021); and the National Treatment Purchase Fund (NTPF)'s *Review of Pricing System for Long Term Residential Care Facilities* (2019).

Enabling people with care-needs to continue to live independently in their homes and communities for as long as possible is a key objective of the on-going *Sláintecare* reform of the Irish health and social care system. However, there will continue to be a requirement for long-term residential care for service-users with very complex care-needs and it is therefore important that this service-provision is high-quality, efficient, effective, and safe as well as being responsive to service-users' needs.

To this end, the reforms that are in train encompass the following initiatives:

- A programme of capital investment in HSE community nursing infrastructure.
- A review of the clinical governance structures and processes used in all residential care facilities (publicly managed and for-profit).
- A Department of Health-led 'safe staffing' project, which is currently being piloted in public and for-profit residential care facilities.
- The establishment of community support teams (CSTs) to provide assistance to long-term care facilities in respect of infection prevention and control. (It is intended that the remit of CSTs will be expanded to encompass supporting the integration of such facilities into the wider health and social care system and the uptake of training opportunities by staff.
- The development of definitions of bed-categories which are aligned with service-users' levels of care-need and inclusive of the staffing resources required to meet these.

3. Submissions

With a view to informing the remit and composition of the Group, the Department of Health invited submissions from key relevant stakeholders in December 2021 'to identify key issues in the recruitment and retention of carer roles in home support and nursing homes'.[25] Respondents were asked to identify workforce challenges in the areas of recruitment, retention, training, career-development, pay and conditions, and barriers to employment (part-time/full-time) along with any other issues arising. They were also asked to rank these areas in order of priority.

[25] Department of Health, 'Press Release: Minister for Mental Health and Older People, Mary Butler, Announces Call for Submissions on Workforce Challenges in Home Support and Nursing Homes Sectors', 3rd December 2021, https://www.gov.ie/en/press-release/0e207-minister-for-mental-health-and-older-people-mary-butler-announces-call-for-submissions-on-workforce-challenges-in-home-support-and-nursing-homes-sectors/.

Seven submissions were received by the Department, as detailed in Appendix II. Table 1 shows respondents' prioritisation of the areas listed in the call for submissions and that respondents identified recruitment as the greatest workforce challenge.[26]

Table 1: Stakeholders' prioritisation of areas related to strategic workforce challenges in the home-support and nursing home sectors

	Recruitment	Retention	Pay and conditions	Career development	Barriers to employment	Training
Health Service Executive (HSE)	1	3	6	4	2	5
Age Friendly Ireland	1	2	3	5	6	4
Nursing Homes Ireland (NHI)	2	3	1	5	4	6
Home and Community Care Ireland (HCCI)	1	4	3	6	2	5
National Community Care Network (NCCN)	1	2	4	3	6	5
Home Care Coalition	1	2	3	1	2	3
Services Industrial Professional and Technical Union (SIPTU)	3	4	1	2	6	5
Total	10	20	21	26	28	33
Ranking of priorities	1	2	3	4	5	6

A thematic analysis of the challenges identified in the submissions is provided below. This analysis reflects the views of the stakeholders, as stated in the submissions, and should not necessarily be considered as the view of the Group. Respondents' views included:

3.1 Recruitment

- There is an insufficient supply of suitably qualified care-workers.
- There is limited availability of care-workers in some geographical areas.

[26] In their submission, the Irish Congress of Trade Unions (ICTU) did not rank the areas in order of priority but stated their endorsement of, and support for, SIPTU's submission.

- There is a gender-imbalance amongst care-workers, the majority of whom are female, which may indicate that the potential pool of recruits is not being maximised.[27]
- The existing workforce is ageing: HSE data indicates that, in September 2021, 63% of home-support workers were aged 55 or over. This will result in a significant decrease in experienced staff over the coming years.
- Care-working has a poor reputation: it is considered unattractive, poorly remunerated, and under-valued.
- Since the shortage of care-workers is a shared international challenge, Ireland is competing with other EU countries in respect of recruitment.
- Employers are prevented from recruiting non-EU/EEA citizens by the inclusion of home-support workers on the Ineligible Occupations List.
- While healthcare assistants (HCAs) were removed from the Ineligible Occupations List in June 2021, the requirement for non-EU/EEA citizens to be paid at least €27,000 *per annum* means that recruitment from this cohort is not viable for many nursing homes given current funding arrangements. In addition, the waiting-time at the time that the stakeholder-consultation was conducted of 12–17 weeks for an employment permit for non-EU/EEA citizens did not support timely recruitment.
- The timeline around the HSE's recruitment processes and Garda vetting were identified as recruitment challenges.
- Mandatory requirements in respect of training and qualifications introduced as part of the regulation of home-support services may discourage some prospective care-workers from applying for employment opportunities.
- There is a weak evidence-base for addressing the shortage of care-workers.

3.2 Retention

- Care-workers have poor pay and conditions, including the lack of financial security arising from contracts that do not guarantee a specified number of hours of work.
- The use of temporary contracts also results in job-insecurity for care-workers.
- Care-working is sometimes viewed as unattractive by comparison with other, similarly remunerated employment opportunities, for example in the retail sector.
- Care-workers experience a number of work-related challenges, including the requirement for them to travel between different locations, working alone, and unsociable hours of work.
- There are reported incidents of abuse towards care-workers.
- There are health-risks associated with care-working, for example during a pandemic.
- Care-workers have poor career prospects.
- There is low morale amongst care-workers who are susceptible to burnout.
- Pay and conditions for care-workers vary between different providers, and across the home-support and residential care sectors. This causes the attrition of staff from for-profit and not-for-profit providers because such providers offer less favourable contractual arrangements than the HSE.
- The provision of childcare is inadequate, especially for a predominantly female care workforce.

3.3 Pay and conditions

- Given the increasing complexity of care required by service-users, the rate of pay for care-workers is too low.
- There is a need to address low pay-rates in the sector and to ensure that all care-workers receive the National Living Wage.

[27] Health Service Personnel Census 2019 data indicates that in 2019 96.5% of home-support workers employed by the HSE Older Persons' Services were female. See Walsh and Lyons, *Demand for the Statutory Home Support Scheme*, 75.

- An incremental pay-scale for all care-workers that provides recognition of length of service, training and qualifications, needs to be introduced.
- All care-workers need to be remunerated for time spent travelling and for travel-expenses incurred during the course of their duties. There is, at present, a lack of a standardised approach to this across public, not-for-profit and for-profit providers.
- Since the HSE only pays providers for the hours of home-support delivered, home-support workers providing HSE-funded care are not remunerated for hours of care which are cancelled for a short period due to unforeseen circumstances, such as the admission of a service-user to hospital or respite care. This causes financial insecurity for care-workers.
- The lack of entitlement to sick pay, the minimal provision of paid annual leave, and the lack of contributory pension schemes for non-HSE care-workers needs to be addressed.
- At the present time there is no mechanism for care-workers employed by for-profit and not-for-profit providers to engage in collective bargaining in respect of their pay and conditions.
- Recognising that care-working is physically and emotionally demanding, there is a need for the provision of mental health and wellbeing supports for care-workers.[28]

3.4 Career-development

- There is a need for the development of a competency framework (linked to training, qualifications, grades of employment and pay-rates) that would support career-development for care-workers.
- The lack of professional regulation of care-workers contributes to negative perceptions of care-working.

3.5 Barriers to employment

- The HSE's requirement for home-support workers who provide HSE-funded care to hold QQI level 5 modules in 'Care Skills' and 'Care of the Older Person' if they have less than one-year's prior experience in the field is a barrier to employment for prospective new-entrants to care-working.
- The eligibility criteria for some social welfare benefits (including Jobseeker's Allowance) disincentivise the uptake of part-time employment opportunities.

3.6 Training

- There is a need for the provision of fully funded initial training that would enable people without relevant qualifications or prior experience in the area to become care-workers.
- There should be a wider range of training options for prospective care-workers, including apprenticeships.
- There is a need for continuing professional development (CPD) opportunities to support care-workers' career-progression.
- The ICT infrastructure for the provision of online training to care-workers is inadequate in some rural areas.

[28] A survey of *c*.2,000 HCAs and care-workers found that, while 'more than half (54%) reported positive (41%) or low positive (13%) wellbeing, 13% reported marginal wellbeing while 31% appear to be experiencing significant stress or distress'. In addition, 90% of respondents indicated that they 'believe work effects their health and wellbeing'. University College Dublin, Centre for Support and Training in Analysis and Research (UCD CSTAR) and HCA and Carers Ireland, *Healthcare Assistants and Qualified Carers: A Trained but Untapped, Underutilised Resource: A Population-based Study in Ireland of Skillset, Career Satisfaction, Wellbeing and Change* (2020), iv, 47.

3.7 Other issues

- The funding allocated to not-for-profit and for-profit nursing homes under the Nursing Homes Support Scheme is not sufficient to enable providers to remain competitive in the labour market.
- The 'legacy rates' paid to providers by the HSE in respect of long-standing service-users of home-support results in financial loss for providers and is unsustainable. These rates need reviewing and updating.
- The hourly rate paid by the HSE to providers from whom they commission home-support is significantly higher than the rate paid by those providers to their care-workers.
- Providers need additional exchequer funding to enable them to support the training and up-skilling of care-workers.
- While the current lack of regulation of the home-support sector exacerbates workforce challenges, additional funding may be required to enable providers to comply with the requirements of the new regulatory framework for home-support services that is under development.
- The current shortage of care-workers to provide home-support militates against the reorientation of care into the community to which the Government is committed under *Sláintecare*.
- An increase in the provision of reablement has the potential to lessen the demand for home-support and nursing home care.

4. Role and membership of the Group

Taking into consideration the issues raised in the submissions received as well as the challenges identified through desk-based research in the area, the Group's terms of reference were drafted and approved at the inaugural meeting of the Group on 3rd March 2022.[29] As per the terms of reference, the Group was charged with 'examin[ing] strategic workforce challenges in publicly and privately provided front-line carer roles in home support and nursing homes' in order

> to identify the issues concerned, and to make recommendations to the Minister for Mental Health and Older People, where appropriate, to respond to the identified issues and to develop a draft action plan for implementation for the Minister's consideration.[30]

The terms of reference also committed the Group to undertaking a structured programme of stakeholder-engagement and to providing 'a forum for agreement on strategic approaches to address the workforce challenges in the sector'. They stipulated that the membership of the Group would be comprised of nominated representatives from:

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[29] See Government of Ireland, 'Press Release: Minister for Mental Health and Older People Mary Butler Launches the First Meeting of the Cross-Departmental Strategic Workforce Advisory Group on Home Carers and Nursing Home Health Care Assistants', 4th March 2022, https://www.gov.ie/en/press-release/df590-minister-for-mental-health-and-older-people-mary-butler-td-launches-the-first-meeting-of-the-cross-departmental-strategic-workforce-advisory-group-on-home-carers-and-nursing-home-health-care-assistants/.

[30] The Group's terms of reference are presented in Appendix III. On the inaugural meeting of the Group see Department of Health, 'Press Release: Minister for Mental Health and Older People Mary Butler Launches the First Meeting of the Cross-Departmental Strategic Workforce Advisory Group on Home Carers and Nursing Home Health Care Assistants', 4th March 2022, https://www.gov.ie/en/press-release/df590-minister-for-mental-health-and-older-people-mary-butler-td-launches-the-first-meeting-of-the-cross-departmental-strategic-workforce-advisory-group-on-home-carers-and-nursing-home-health-care-assistants/.

- Department of Health (Chair)
- Department of Enterprise, Trade and Employment (DETE)
- Department of Justice
- Department of Higher and Further Education, Research, Innovation and Science (DHFERIS)
- Department of Social Protection (DSP)
- Department of Children, Equality, Disability, Integration and Youth (DCEDIY)
- Department of Public Expenditure and Reform (DPER)
- Health Information and Quality Authority (HIQA)
- Health Service Executive (HSE)
- SOLAS

The Group convened six times between March and August 2022.

5. Stakeholder-engagement

In fulfilment of the terms of reference, the Group held a series of one-to-one meetings with stakeholders as well as hosting a facilitated stakeholder-workshop. The purpose of this structured programme of stakeholder-engagement was to enable the Group to gain insight into the key challenges arising from the perspective of key sectoral groups in order to develop effective solutions to these challenges.

The Group's one-to-one meetings with stakeholders were convened during April 2022. All of the groups from whom submissions were received accepted the Group's invitation to meet, with the exception of the Irish Congress of Trade Unions (ICTU), which nominated the Service Industrial and Professional and Technical Union (SIPTU) to represent them.[31] In order to inform the discussion at the meetings, the questions detailed in Appendix VI were circulated to participating stakeholders, each of which was invited to give a presentation to the Group. Spanning the areas of recruitment, retention, training, career-development, pay and conditions, and barriers to employment, and informed by the submissions received, the questions were designed to elicit suggestions for practical solutions to the challenges faced.

In addition to these one-to-one stakeholder-meetings, a facilitated online workshop was hosted by the Group on 23rd May 2022 to support the exchange of ideas and discussion amongst key stakeholders and Group-members. Two representatives from each of the stakeholder-groups with whom one-to-one meetings were held participated in the workshop, in advance of which the following discussion-questions were circulated:

1) **Pay**: What steps can be taken to level pay-rates for front-line carer roles in home-support and nursing homes?
2) **Training**: What are the barriers for front-line carers in home-support and nursing homes in terms of accessing and utilising available training?
3) **Recruitment and retention**: What steps can be taken to create a career structure / pathway which appeals to a wider prospective employment-pool?
4) **Equality of access / workplace / service-planning**: What could be done to ensure equality and optimum access to services?

[31] As a Group-member, and as both a provider and commissioner of services, the HSE opted not to participate in the structured process of stakeholder-engagement in order to avoid any conflict of interest arising.

In advance of the workshop, participants were asked to identify three challenges arising in respect of each of these questions along with three potential solutions to address them. At the half-day workshop, the questions were discussed amongst participants in four facilitated break-out groups.

5.1 Findings

A conflated overview of the priority-actions recommended during the stakeholder-meetings and the facilitated workshop is provided below.

5.1.1 Pay and conditions

- A review of the pay and conditions of front-line care-workers in the home-support and nursing home sectors to ensure parity across public, not-for-profit, and for-profit providers.
- The establishment of a minimum rate of pay for all care-workers, which might be aligned with the National Living Wage.
- The issuing of contracts to all care-workers which encompass the provision of pensions, sick-pay and holiday-pay as well as stipulating the agreed hours of work.
- The payment of all care-workers for travel-time and travel-costs incurred in the course of their duties.
- Reviewing and updating the hourly rates paid to providers of home-support by the HSE's Services for Older People and the HSE's Disability Services (inclusive of the 'legacy rates' paid to providers in respect of the provision of care to long-standing service-users).
- Improving the financial security of home-support workers by committing to paying them for the hours of care that they were scheduled to provide to a service-user in instances in which, due to unforeseen circumstances (such as a non-elective hospital-admission), this is no longer required.
- The provision of tax-relief for front-line care-workers in respect of hours worked at peak times and weekends.
- The introduction of an incremental pay-scale for all care-workers that is cognisant of their qualifications and experience (including the recognition of prior learning) and of the level of care that they provide.

5.1.2 Training

- The introduction of minimum standards for the training and qualification of home-support workers.
- The provision of funded training (including induction training) by employers for all care-workers.
- The provision of paid leave for care-workers to engage in training.
- The provision of specialised training (for example in dementia care) for care-workers.
- The provision of training in the use of remote monitoring and assistive technologies.
- The provision of online training courses and greater opportunities for flexible learning
- The provision of apprenticeships for care-workers.

5.1.3 Recruitment and retention

- Promotion (including at local level) of employment opportunities for front-line care-workers in the social care sector, including the targeted recruitment of retirees, family/unpaid carers, school-leavers and students.
- The attraction of care-workers from overseas.

- The removal of home-support workers from the Ineligible Occupations List, enabling the employment within Ireland of non-EU/EEA citizens in these roles.
- The introduction of a derogation for home-support providers and nursing homes from the DETE's '50:50 rule', under which 'an employment permit will not issue unless at the time of application at least 50% of the employees in a firm are EEA nationals'.[32]
- The regularisation of undocumented migrants who are resident in the State and the provision of the requisite training to enable them to become care-workers.
- The provision of labour-activation measures to encourage the take-up of training and employment opportunities in the social care sector by the unemployed.
- The provision of induction training, paid for by the employer, to enable entry into the workforce of those without the relevant training, experience and qualifications.
- Addressing the gender-imbalance amongst care-workers.
- The provision of pastoral supports (inclusive of online mental health resources) for all care-workers and the provision of mental health first aid training for all managers.

5.1.4 Barriers to employment

- A review of the eligibility criteria for State benefits with a view to ensuring that these do not disincentivise engagement in part-time employment (for example, working part-time on 5 days of the week).
- The employment of care-workers on a flexible basis.
- The enhancement of care-workers' job-security through the provision of guaranteed hours of work.

5.1.5 Career-development

- The development of a competency framework for care-workers.
- The development of career-pathways for care-workers, inclusive of pathways for specialisation, leadership and nursing.
- The provision of mentoring for care-workers.

5.1.6 Sectoral reform

- The introduction of a statutory scheme for the financing and regulation of home-support services, inclusive of the standardisation of the model of service-delivery across the country and the enhancement of ICT infrastructure within the public sector.
- The utilisation of global positioning system (GPS) mapping tools to minimise the distance that home-support workers are required to travel between service-users' homes.
- The provision of subsidies for occupational health provision for small and medium-sized enterprises.
- A review of the process through which the HSE tenders for home-support services.
- A review of the reliance on the private sector in the provision of home-support and long-term residential care.
- The enhancement of the evidence-base for workforce-planning, inclusive of the introduction of reporting on staff-numbers across public, not-for-profit, and for-profit providers.
- The enhancement of workforce-planning in the sector to ensure the adequacy of skills-supply relative to projected demand for services.

[32] Department of Enterprise, Trade and Employment, 'General Employment Permit', https://enterprise.gov.ie/en/what-we-do/workplace-and-skills/employment-permits/permit-types/general-employment-permit/.

6. Recommendations

The recommendations of the Group were developed through an iterative process in which key stakeholders were also engaged.[33] This ensured the viability of the recommendations from a whole-of-government perspective as well as their cognisance of the challenges faced across the home-support and nursing home sectors. The recommendations are organised thematically and broadly in line with stakeholders' prioritisation of the areas related to strategic workforce challenges in their submissions to the Department of Health.

While recognising the breadth and complexity of the issues that affect workforce-planning, the Strategic Workforce Advisory Group's recommendations are targeted measures which, when implemented in conjunction with the wider sectoral reforms which are in train, will have a lasting impact on the workforce challenges associated with front-line care-workers.

6.1 Recruitment

Recognising that there is a need to raise awareness within Ireland of the training and employment opportunities that are available for prospective care-workers, the Group calls for a national recruitment campaign to raise the profile of these opportunities. Emulating Scotland's 'There's More to Care than Caring' campaign and England's 'Made with Care' campaign, Ireland's campaign should aim to reach a range of cohorts of prospective care-workers, including unemployed people, retirees, and school-leavers.[34] In particular, it should be noted that the significant gender-imbalance in the existing care-workforce may indicate that there is a pool of potential male care-workers who could be encouraged to enter the sector.

RECOMMENDATION 1
There should be a national campaign to raise the profile and promote the training opportunities available for a career as a healthcare assistant and home-support worker.

The Group also acknowledges that people in receipt of social welfare benefits represent a cohort with strong recruitment potential, as illustrated by the success of labour-market activation initiatives in supporting the return to work of unemployed people. Accordingly, the Group recommends a review of public employment services with a view to increasing the number of jobseekers who become care-workers.

RECOMMENDATION 2
Public employment services should be reviewed with a view to further increasing the number of jobseekers who become healthcare assistants or home-support workers.

It will also be imperative for the HSE to enhance its recruitment capacity and to ensure that recruitment processes are as speedy and efficient as possible.

[33] Feedback on the draft recommendations was received from all of the stakeholders with whom one-to-one meetings were held as well as from the Irish Home Care Providers Alliance—a new group comprised of Family Carers Ireland, HCCI and the NCCN which was established in 2022.
[34] See Scottish Government, 'There's More to Care than Caring', https://caretocare.scot/ and Department of Health and Social Care, 'Made with Care', https://www.adultsocialcare.co.uk/home.aspx.

RECOMMENDATION 3
The HSE should build its capacity for the timely, targeted, and locally focused recruitment of healthcare assistants and home-support workers, to include enhanced advertising of vacant roles. A rolling recruitment campaign should continue in each community healthcare organisation (CHO) for as long as positions remain unfilled.

More broadly, as an English-speaking EU member state, Ireland is an attractive destination for prospective care-workers from other EU countries. In order to fully capitalise on our advantages in this regard, it is imperative that we optimise recruitment from within the EU. To this end, the Group recommends the continuation of European-level recruitment events as well as strengthened engagement with the EURES network, which supports worker-mobility within the EU.

RECOMMENDATION 4
The Government should continue to hold European-level recruitment events and also increase awareness, and engagement, of the EURES network including on the supports available (e.g. relocation grants) amongst healthcare workers and providers.[35]

6.2 Pay and conditions

It is acknowledged that, in recent years, measures have been taken by the HSE to improve pay and conditions for care-workers including, for example, through Workplace Relations Commission (WRC) agreements and the upgrading of the rates of pay of HCSAs to Band 2 of the support staff pay structure to align with the rate of pay of HCAs in the acute and residential care sectors (with effect from 1st September 2020). More broadly, the HSE's 'Staff Health and Wellbeing' programme strives to improve the health and well-being of the HSE workforce by supporting management to create a healthy workplace for all staff; and the HSE's employee assistance programme provides employees with psycho-social support services, including counselling, resources, and workshops on staff-wellbeing.

However, it is a consequence of the 'mixed economy of welfare'—of public, not-for-profit, and for-profit providers—within which home-support and nursing home care is currently delivered that the pay and conditions of front-line care-workers in these sectors varies significantly. This exacerbates the workforce challenges that providers face as workers move between sectors and employers in search of the most favourable employment opportunities.

An issue that was repeatedly raised by stakeholders in respect of home-support workers' conditions was that, while those employed directly by the HSE are remunerated for the time spent travelling between service-users' homes as well as for the expenses incurred in so doing, those employed by not-for-profit and for-profit providers receive no such compensation. To address this, the Group recommends that the HSE's invitation to tender for the provision home-support services should require those providers who are approved to deliver HSE-funded services to pay care-workers for the travel-time and travel-expenses incurred during the course of their duties.

[35] See EURES (europa.eu).

RECOMMENDATION 5
The HSE's invitation to tender for the provision of home-support services should stipulate that approved providers should remunerate home-support workers for:

a) time spent travelling between service-users' homes
b) any reasonable, vouched/certified travel expenses incurred.

Cognisant of the broader disparity between the rates of pay offered by different providers of home-support and nursing home care, the Group calls on all for-profit and not-for-profit providers to commit to paying care-workers, at a minimum, the National Living Wage. However, while the implementation of this recommendation will help to ensure that all care-workers are equitably remunerated, it is acknowledged that the National Living Wage should be the baseline minimum salary for entry-level care-workers, with higher rates of pay for those with experience and relevant qualifications, especially against the background of the on-going cost-of-living crisis.

RECOMMENDATION 6
All private-sector and voluntary providers should be invited to give a commitment to pay home-support workers and healthcare assistants, at a minimum, the National Living Wage (€12.90 per hour at the time of writing).

Engaging in collective bargaining is a fundamental human right that is enshrined in international conventions. For example, Article 28 of the EU Charter of Fundamental Rights (2000), on the 'right of collective bargaining and action', states that:

> Workers and employers, or their respective organisations, have, in accordance with Union law and national laws and practices, the right to negotiate and conclude collective agreements at the appropriate levels and, in cases of conflicts of interest, to take collective action to defend their interests, including strike action.[36]

Similarly, Principle 3 of the UN Global Compact (2000) states that 'businesses should uphold the freedom of association and the effective recognition of the right to collective bargaining'.[37] However at the present time there is no mechanism for collective bargaining or action by care-workers employed in the for-profit and not-for-profit sectors in Ireland—a lacuna that recommendation 7 seeks to address to empower such workers to proactively address issues arising in respect of their pay and conditions of employment.

International precedents for addressing recruitment and retention issues in the social care sector through collective action include the establishment in Scotland in 2019 of a Fair Work in Social Care Group comprised of representatives from local councils, not-for-profit and for-profit care-providers, trade unions and the Convention of Scottish Local Authorities. Formed to implement the recommendations of the Fair Work Convention, an independent advisory body established by the Scottish Government in 2015, the Fair Work in Social Care Group 'was instrumental in driving national increases in the minimum hourly rate of pay for social care workers'.[38] In Germany 'under the Care Staff Strengthening Act (*Pflegepersonal-*

[36] European Agency for Fundamental Rights, 'EU Charter of Fundamental Rights (2000), https://fra.europa.eu/en/eu-charter/article/28-right-collective-bargaining-and-action.
[37] United Nations Global Compact, 'The Ten Principles of the UN Global Compact' (2000), https://www.unglobalcompact.org/what-is-gc/mission/principles/principle-3.
[38] Murphy *et al*, *The Role, Function, and Supply of Home Care Workers*, 101. See also Fair Work Convention, 'Fair Work in Scotland's Social Care Sector 2019', 26th February 2019, https://www.fairworkconvention.scot/our-report-on-fair-work-in-social-care/.

Stärkungsgesetz) 2019, home care service providers were made subject to collectively agreed pay standards in care work'.[39] In the Irish context, it is envisaged that the implementation of recommendation 7 will be informed by lessons learnt from the establishment of a Joint Labour Committee (JLC) for the early years' service sector.[40]

RECOMMENDATION 7
An appropriate mechanism to reach agreement in the private and voluntary sector in respect of pay and pensions for home-support workers and healthcare assistants shall be investigated and reported on by an Expert Working Group.

6.3 Barriers to employment

Those in receipt of State benefits represent an important cohort of the population from which care-workers could be drawn. However, at the present time, those in receipt of Jobseeker's Allowance are only permitted to work up to 3 days per week while availing of the Allowance on the days on which they do not work.[41] This disincentivises recipients of Jobseekers Allowance from engaging in part-time employment that entails working for a few hours on each day of the week and reduces the pool of prospective care-workers within Ireland. To address this anomaly, and other similar issues arising in the eligibility criteria for State benefits, the Group recommends that these be reviewed in order to better support unemployed citizens to re-enter the workforce.

RECOMMENDATION 8
A review should be undertaken of the eligibility criteria for State benefits with a view to ensuring that these do not disincentivise engagement in part-time employment. In particular, the current stipulation that recipients of Jobseeker's Allowance can only claim benefits for days on which they do not undertake any paid work should be re-examined with a view to incentivising engagement in part-time employment, e.g. a move from days to hours. The benefits that we recommend should be examined include Jobseeker's Benefit and Carer's Allowance.

The Group nevertheless acknowledges that, with an unemployment rate of 4.2%, providers who are seeking to recruit care-workers are going to continue to face staff-shortages.[42] To mitigate these, the Group recommends the removal of home-support workers from the Ineligible Occupations List in order to enable providers to recruit care-workers from outside the EU and EEA. With the potential to reduce the number of undocumented migrants working as care-workers,[43] this recommendation will create greater parity in the area of recruitment

[39] Murphy *et al*, *The Role, Function, and Supply of Home Care Workers*, 91.
[40] See the Labour Court, 'Early Years' Service: Draft Employment Regulation Order', https://www.labourcourt.ie/en/publications/employment-regulation-orders/early-years-service-draft-employment-regulation-order/early-years-service-draft-employment-regulation-order.html.
[41] See Department of Social Protection, 'Jobseeker's Allowance' (2020; updated 2022), https://www.gov.ie/en/service/1306dc-jobseekers-allowance/?referrer=https://www.welfare.ie/en/Pages/1057_Jobseekers-Allowance.aspx#how-to-qualify
[42] See Central Statistics Office, 'Monthly Unemployment July 2022', https://www.cso.ie/en/releasesandpublications/ep/p-mue/monthlyunemploymentjuly2022/.
[43] On the prevalence of undocumented migrants in the home-support sector in Ireland see Migrants Rights Centre Ireland, 'Migrant Workers in the Home Care Sector: Preparing for the Elder Boom in Ireland', 29th October 2015, https://www.mrci.ie/2015/10/29/migrant-workers-in-the-home-care-sector/.

between the home-support and nursing home sectors. Since 2021, when HCAs were removed from the Ineligible Occupations List, nursing homes have been able to recruit care-workers from non-EU/EEA countries, with 55 work permits being issued for HCAs in 2021 and 1,580 being issued to date in 2022 from 2,260 applications across 2021–2022.[44]

RECOMMENDATION 9
Home-support workers should be removed from the Ineligible Occupations List, enabling the employment within Ireland of non-EU/EEA citizens as home-support workers when regulations have been introduced. The arrangement for employment permits for home-support workers should replicate those currently in place for healthcare assistants in nursing homes, with an upper threshold of 1,000 work-permits; a stipulation for a minimum two-year contract; a minimum salary for home-support workers of €27,000 per annum based on a 39-hour week; and a minimum continuous shift-length per working day of 4 hours.

6.4 Training and professional development

The Group acknowledges that there is strong capacity for the training of care-workers within the further education system and that many of these training opportunities are provided on a free-fee basis. However, a key finding emerging from the stakeholder-consultation undertaken was the need to provide care-workers with opportunities for career-progression and for the recognition and reward of training, qualifications, and experience. Accordingly, the Group recommends the development of a competency framework for care-workers which will be aligned with qualifications and grades of employment with commensurate remuneration.[45]

RECOMMENDATION 10
A competency framework for home-support workers and healthcare assistants should be developed to enable the recognition of prior learning and qualifications, to support career-development, and to align grades of employment with qualifications in line with relevant regulations. For example, providing recognition of those with specialist qualifications in reablement, dementia, and end-of-life care.

6.5 Sectoral reform

In line with the commitment in the HSE's *National Service Plan 2022* 'to enhancing direct HSE provision nationally over time', the Group calls for a significant increase in the proportion of home-support hours provided through direct HSE provision.[46]

RECOMMENDATION 11
(a) There should be a significant increase in the proportion of home support hours and packages provided directly by the HSE.
(b) Targets determined by the HSE on a national level should be set out in the National Service Plan 2023.

[44] Data-source: Department of Enterprise, Trade and Employment.
[45] As noted by University College Dublin Centre for Support and Training in Analysis and Research (UCD CSTAR) and HCA and Carers Ireland, 'work on defining core competences for carers at European level is comprehensively addressed in Core Competences of Healthcare Assistants in Europe [CC4HCA] (2016)' which serves as 'an important blueprint for Ireland for the development of a set of core competences for HCAs and qualified carers'. UCD CSTAR and HCA and Carers Ireland, *Healthcare Assistants and Qualified Carers*, iv.
[46] Health Service Executive, *National Service Plan 2022*, 20.

The implementation of recommendation 11 will be supported by the development of a medium-term recruitment plan by the HSE as well as by the enhancement of the HSE's ICT infrastructure, as outlined in recommendations 12 and 13. The development of the HSE's ICT infrastructure will build on the work that is on-going in this area to underpin the roll-out of the new statutory home-support scheme and will support the e-rostering of staff.

RECOMMENDATION 12
The HSE should develop a medium-term (3–5 year) recruitment plan to give further effect to the recommendation on increasing direct provision of home-support.

RECOMMENDATION 13
ICT solutions should be installed and implemented as soon as possible to improve the efficiency of home-support service-provision and linked with the new HSE National Home Support Office.

As well as enhancing its own capacity for recruitment, the review of the processes through which the HSE contracts home-support services will help to address issues arising in this regard.

RECOMMENDATION 14
The HSE's processes for securing the services of approved providers should be reviewed. The review should cover the so-called 'fastest finger first' procedure (whereby the first respondent to the HSE's requests for services automatically secures the business).

By calling for a trial of personalised budgets (inclusive of assistive technologies) for home-support service-users, the Group hopes to provide a mechanism to explore how increasing responsiveness to individual service-users' needs and preferences, as well as by engaging with technology, might alleviate workforce-planning challenges. As noted by the OECD, 'new technologies can help improve work processes and reduce LTC workload', with many providers already utilising 'simple technologies such as smartphones, alarm systems, sensors and GPS monitors in nursing homes or for home care delivery' and 'more complex technological devices—such as companionship robots or self-sufficient smart homes [...] making their way into care settings in Japan and northern European countries'.[47] For example in Germany 'Fraunhofer IPA is now on the fourth iteration of its Care-O-bot design, which can now assist individuals with documentation/recording, handling drinks, navigating physical obstacles, and playing basic memory games'.[48] The trial proposed in recommendation 14 provides an opportunity to explore the potential for such innovation to improve efficiency as well as to deliver more personalised care in Ireland.

RECOMMENDATION 15
Subject to regulation of the sector, a trial of personalised budgets for home-support service-users should be undertaken and independently evaluated. This trial should be cognisant of

[47] Organisation for Economic Cooperation and Development, *Who Cares? Attracting and Retaining Care Workers for the Elderly* (2020), https://www.oecd-ilibrary.org/sites/92c0ef68-en/1/3/6/index.html?itemId=/content/publication/92c0ef68-en&_csp_=50980b2bb9059e51e350f213ee338dac&itemIGO=oecd&itemContentType=book.
[48] Murphy *et al*, *The Role, Function, and Supply of Home Care Workers*, 91. See also Fraunhofer IPA, 'Care-O-bot 4', https://www.care-o-bot.de/en/care-o-bot-4.html.

the learning from the pilot of personalised budgets for people with a disability,[49] and be inclusive of assistive technologies as appropriate.[50]

6.6 Monitoring and implementation

It is acknowledged that the implementation of many of the recommendations will have cost implications. However, indicative costings are not presented in this report due to the need for further detailed scoping of the recommendations before this is possible.

It will be essential to monitor the impact of the implementation of the recommendations in order to ascertain their effectiveness in addressing the workforce challenges identified. Recognising that, at present, there is a weak qualitative evidence-base in this area, the Group recommends the introduction of a national survey of the experience of care-workers.

RECOMMENDATION 16
A national survey of the experience of home-support workers and healthcare assistants should be established to enhance the evidence-base for monitoring the implementation of the recommendations of the Strategic Workforce Advisory Group and their impact (by ESRI, HRB, and the Irish Longitudinal Study on Ageing (TILDA)).

7. Challenges and risks

The Group acknowledges that the implementation of the recommendations presents a number of challenges and risks which are explored below. In particular, it is recognised that the implementation of some of the recommendations may pose a degree of financial risk to the exchequer.

In respect of care-workers' pay and conditions, a key finding emergent from the stakeholder-consultation process was that the remuneration of care-workers for travel-time and expenses is essential both in terms of the equitable treatment of all workers across the sector and in terms of improving recruitment and retention to address workforce shortages. However, the Group acknowledges that the funding of this recommendation represents a potential challenge. It is acknowledged that, despite an increase of 7.5% in 2021–2022 across all rates (including 'legacy rates') paid to approved providers by the HSE at the present time,[51] a requirement by the HSE for providers of publicly funded home-support services to remunerate care-workers for travel-time and expenses could make it unviable for some providers to continue to operate, particularly in the not-for-profit sector. There is a risk that this could lead to claims on the public purse in respect of the State's tendering for home-support services which could be fiscally challenging for the exchequer. More broadly, it is acknowledged that future tendering processes will be contingent on the commissioning model that underpins the new statutory home-support scheme.

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[49] See Government of Ireland, 'Task Force on Personalised Budgets', https://www.gov.ie/en/publication/4ea89a-task-force-on-personalised-budgets/.

[50] It is noted that the Senior Alerts Scheme, managed by Pobal and funded by the Department of Rural and Community Development, provides funding for personal monitored alarms, connected to a contact centre, to people of limited means who are aged 65 or older. See Seniors Alert Scheme Pobal | SAS | Personal Alarms for the Elderly Ireland.

[51] The average hourly rates paid to approved providers by the HSE at the present time ranges from €25.64 to €28.68 (For an hour of core service-provision between 8am and 10pm, Monday–Saturday).

While the sixth recommendation, which calls for all providers to commit to paying home-support workers and healthcare assistants, at a minimum, the National Living Wage, reflects the strong consensus that emerged from the work of the Group that care-workers are under-paid and under-valued, it is not in itself sufficient to address this challenge. Rather, the payment of the National Living Wage should be minimum baseline for care-workers' salaries, above which the onus will be on employers to offer more attractive remuneration in order to attract and retain workers. While it is acknowledged that this may represent a challenge for some providers, there is an imperative to ensure that this recommendation is not interpreted as sufficient to address the current deficit in care-workers' pay.

In the area of barriers to employment, it is acknowledged that the recommendation to remove home-support workers from the Ineligible Occupations List to enable the employment within Ireland of non-EU/EEA citizens as home-support workers carries with it significant challenges and risks. On the one hand, a key finding emergent from the Group's engagement with representatives of the nursing home sector was that the removal of HCAs from the Ineligible Occupations List in 2021 has not been without some significant challenges. These have included the viability of the salary-threshold of €27,000 for the recruitment of overseas' staff and lengthy processing times for an application for a work permit. On the other hand, the recruitment of non-EU/EEA staff utilising work permits arguably heightens the risk of the exploitation of migrants by employers, as has been seen in the U.K..[52]

At national level, there will be an imperative to significantly support the development of a medium-term recruitment plan by the HSE to build capacity for direct provision, particularly in areas in which home-support is currently provided solely by not-for-profit and/or for-profit providers. This capacity-building will also need to be linked to the development of the operating model for the new statutory home-support scheme. In addition, it is acknowledged that the enhancement of the ICT infrastructure to underpin home-support service-delivery will be resource-intensive, requiring investment in ICT support services, software updates and staff-training.

More broadly, challenges arise in respect of the timely implementation of the recommendations. While the imperative for immediate action to address the critical shortage of care-workers is recognised by the Group, the need for the introduction of the regulation of home-support services in order to safeguard service-users and to clarify the rights and responsibilities of care-workers is an essential prerequisite both to the recruitment of non-EU/EEA staff and to implementing a pilot of personalised budgets.

8. Next steps

Notwithstanding the risks and challenges that arise in respect of the recommendations outlined in this report, it is the Group's considered opinion that they represent viable solutions to the challenges identified. Accordingly, pending ministerial approval, it is envisaged that the implementation of the recommendations will be supported by an Implementation Group comprised of the owners and supporters of the recommendations, as detailed in Appendix VII. The Implementation Group will be advised by other members of the Strategic Workforce Advisory Group as appropriate. It is envisaged that the Implementation Group will convene quarterly to ensure the timely enactment of the recommendations.

[52] See Sarah O'Connor, 'Migrants are Being Exploited to Fill Care Jobs', *Financial Times*, 26th July 2022, 25.

Appendix I: Timeline of work of Group

Dates	Actions and events
2021	
3rd December	Minister Butler announces call for submissions
2022	
7th January	Closing date for receipt of submissions
11th February	Request for nominees to the Group issued
3rd March	Inaugural meeting of the Group
10th March	Second meeting of the Group
24th March	Third meeting of the Group
4th-6th & 12th April	Stakeholder-engagement meetings
28th April	Fourth meeting of the Group
23rd May	Stakeholder workshop
7th July	Fifth meeting of the Group
18th August	Sixth meeting of the Group
30th September	Report submitted to Minister Butler

Appendix II: Submissions received

In response to the call for submissions issued by the Department of Health on 3rd December 2021, submissions were received from the following stakeholders prior to the deadline of 7th January 2022[53]:

- Age Friendly Ireland
- Health Service Executive (HSE)[54]
- Home and Community Care Ireland (HCCI)
- Home Care Coalition[55]
- Irish Congress of Trade Unions (ICTU)
- National Community Care Network (NCCN)
- Nursing Homes Ireland (NHI)
- Services Industrial Professional and Technical Union (SIPTU)

[53] Subsequent to the deadline, a submission was also received from the Alliance of Health Care Assistants in Ireland (AHCAI).

[54] Submissions were received from HSE Community Operations and from the Office of the Assistant National Director, HSE Services for Older People, Change and Innovation.

[55] The Home Care Coalition is an *ad hoc* group of approximately 20 not-for-profit organisations which has been formed 'with the aim of ensuring the implementation of an adequately-resourced, person-centred statutory home care scheme with equality of access and availability across the country'. See Sage Advocacy, 'Home Care Coalition Call for Action for All Impacted by Drop in Home Care Provision in Light of Covid-19 Crisis', 9th April 2020, Home Care Coalition call for action for all impacted... (sageadvocacy.ie).

Appendix III: Terms of reference

The Minister for Mental Health and Older People has committed to establishing a Cross Departmental Strategic Workforce Advisory Group. Areas to be considered by the Group include the recruitment, retention, education and training, and career development of front-line carers in home-support and nursing homes.

1. Role and Functions

The role of the Group will be to examine strategic workforce challenges in publicly and privately provided front-line carer roles in home support and nursing homes, and to engage with relevant stakeholders to facilitate their views during the process. The objective of the Group will be to identify the issues concerned, and to make recommendations to the Minister for Mental Health and Older People, where appropriate, to respond to the identified issues and to develop a draft action plan for implementation for the Minister's consideration.

The Group will:

- Agree and adopt terms of reference.
- Advise on the further identification of key members who will have responsibility for designated deliverables.
- Engage with cross sectoral stakeholders, professional bodies and civil service experts.
- Make recommendations for consideration by the relevant Minister or Ministers.
- Review relevant national and international literature to identify best practice.

Terms of Reference

1) Agree and progress a structured programme of ongoing consultative engagements with key sectoral stakeholders for the lifetime of the Group to:
    a. further explore and define the issues, listen to stakeholder views and identify approaches to respond to the strategic workforce challenges.
    b. gather information, evidence and data as required from stakeholders to inform the work of the Group.
    c. consult on any proposed recommendations and/or actions arising.
2) Identify and examine key issues in recruitment, retention, education and training and career development of front-line carers in home support and nursing homes.
3) Direct the collection and analysis of required data and information, including from the Group's members or bodies under their aegis, as needed.
4) Oversee and provide direction, guidance and support in examining these issues.
5) Engage with sectoral stakeholders in line with an agreed programme of engagement.
6) Provide a forum for agreement on strategic approaches to address the workforce challenges in the sector.
7) Develop a report for the consideration of the Minister for Mental Health and Older People, providing:
    a. An outline of the Group's key findings on a thematic basis.
    b. Recommendations to respond to the identified findings, as appropriate.
    c. A draft Action Plan to support implementation of any recommendations.
    d. Consideration, as required, of key enablers and impact assessment (including costs) of actions and recommendations.
    e. Consideration of the need and design of a mechanism for periodic monitoring of implementation of the Action Plan.

Approval and/or adoption of any proposed Action Plan will be a matter for the Minister, and as required, Government.

2. Membership

Members of the Strategic Workforce Advisory Group are responsible for the implementation of agreed relevant actions in their respective organisations. The Group will comprise of cross-departmental/agency membership with representatives from:

- Department of Health (Chair)
- Department of Enterprise, Trade and Employment
- Department of Justice
- Department of Further and Higher Education, Research, Innovation and Science
- Department of Employment Affairs and Social Protection
- Department of Children, Equality, Disability, Integration and Youth
- Department of Public Expenditure and Reform
- Health Information and Quality Authority
- Health Service Executive
- SOLAS

3. Terms of Engagement

3.1. The Chair shall:
   3.1.1. Set and manage the agenda for each meeting.
   3.1.2. Encourage broad and effective participation from members.
   3.1.3. Conclude each meeting with a summary of decisions and/or actions.
   3.1.4. Sign off meeting minutes in consultation with Team members.

3.2. It is anticipated that Group will meet every two weeks for the first 6 to 8 weeks and the frequency of meetings thereafter will be determined by the Chair in consultation with the Group.

3.3. Attendance is required by members at all meetings, and where this is not possible an alternate will attend in their place, agreed in advance with the Chair. Papers, contributions, and decisions provided by those representing agencies are on behalf of those agencies.

3.4. A Secretariat will be provided by the Department of Health to assist the work of the Group. It will arrange for circulation of relevant documentation, records of meetings, and communications with regard to the convening of meetings.

3.5. Meetings will be documented by the Secretary, including actions to be taken, main points discussed, etc.

3.6. Draft minutes will be circulated to Group members following each meeting and approved subject to any appropriate amendments at each subsequent meeting [approved minutes will be published on the Department of Health's website subject to limited redaction if required e.g., to protect the integrity of the deliberative process and/or other matters falling under the Freedom of Information Act].

3.7. The Chair may invite third parties to participate in meetings to provide expert input and advice. The Chair may ask such persons to prepare discussion documents as appropriate.

3.8. Each Group member will be required to provide relevant material, papers, and updates in advance of meetings.

3rd March 2022

Appendix IV: Group members

Members	Affiliation	Unit / division
Paul Rowe (Chair)	Department of Health	Older Persons' Strategy
Aoife Collier	Department of Children, Equality, Disability, Integration and Youth	External HR, Corporate and Business Support
Toby Wolfe, Paul Gleeson	Department of Children, Equality, Disability, Integration and Youth	Early Years Quality
Roshin Sen, Louise Kavanagh, Bernadetta Gaspari-McGuirk	Department of Employment Affairs and Social Protection	Labour Market Policy
Kevin Daly, Sandra O'Reilly	Department of Enterprise, Trade and Employment	Economic Migration Policy and Employment Permit Operations
Stacey Cannon	Department of Further and Higher Education, Research, Innovation and Science	Further Education and Training
Laura Casey, Rachel Simons	Department of Health	Older Persons' Policy Development
Fiona Larthwell, Donn Maguire, Dave Walsh	Department of Health	Older Persons' Service Oversight and Planning
Trevor Moore, Tommy Sheridan	Department of Health	Home Support Reform
Breda Rafter, Kevin Bulman	Department of Health	Strategic Workforce Planning
Kevin Kavanagh	Department of Justice	Atypical Employment
Daniel Liddy, William O'Dwyer	Department of Justice	ISD-Visa
Rob O'Toole	Department of Public Expenditure and Reform	Strategic Resourcing
Susan Cliffe	Health Information and Quality Authority	Social Services
Sandra Broderick, Kathleen Jordan	Health Service Executive	Services for Older People, Operations
Janette Dwyer, Susan Kenny	Health Service Executive	Services for Older People, Change and Innovation
Anne Marie Hoey, Theresa Heller, Mary Samuel	Health Service Executive	Human Resources
Philip Sheridan	SOLAS	Apprenticeships

Appendix V: Secretariat to the Group

The secretariat to the Strategic Workforce Advisory Group was provided by the following officials from the Older Persons' Strategy Unit of the Department of Health:

- Abigail Chantler
- Linda Finnan
- Rachael O'Donoghue
- Michal Elwartowski
- Sharon Murphy
- Sinead Gorey Kearney
- Eric Keegan

Appendix VI: Key stakeholder guidance questions

1.Recruitment: In your opinion, what can be done by employers and/or by Government to:
a. Address the shortage, and churn, of staff?
b. Promote the healthcare sector as a viable career path to new entrants, including younger and non-female staff?
c. Develop clearer, more progressive career paths that lead to qualifications in the wider health care sector, i.e. nursing, midwifery, etc
d. Make the sector more financially attractive i.e. wages, expenses, training, etc
e. What does your organisation do to advertise the sector?
f. What are the career pathways available and what has been done to enhance them?
g. What have average wages increases been in the sector over recent years?

2. Retention: **In your opinion, what can be done by employers and/or by Government to:**
a. Give carers more financial security in terms of wages, expenses, etc.
b. Encourage staff to work in this area for as a longer-term career option? Thus, reducing staff turnover (1.3 Develop clearer, more progressive career paths that lead to qualifications in the wider health care sector, i.e. nursing, midwifery, etc)
c. Support the wellbeing of and retention of workers who are dealing with burnout?
d. Give more certainty to workers in the sector—minimise split shifts, unsociable hours, etc

3. Training: **In your opinion, what can be done by employers and/or by Government to:**
a. Define a clear career pathway for workers?
b. Encourage, recognise, and reward progression in experience and academic achievements?
c. Encourage staff to undertake formal training (Level 5 and Level 6)?
d. Equip workers to meets the evolving needs and complexities of home support clients?

4. Career development: In your opinion, what can be done by employers and/or Government to support those who wish to advance in their career?
a. Propose that training and career development could be amalgamated into one section as they are basically the same things.
b. A suggested question for inclusion: 'What barriers have you experienced in relation to taking part in education or training to upskill/reskill to work to in this area?'

5. Pay and conditions: In your opinion, what can be done by employers and/or Government to address pay and conditions in the sector?

6. Barriers to employment (part-time/full-time): In your opinion, what can be done by employers and/ or Government to deal with barriers to employment, for example, but not limited to:
a. Those in receipt of social welfare benefits who risk losing benefits if they work more hours.
b. Students discouraged from taking up employment as they risk having their grants withdrawn, or, in the case of overseas students, face working hour limitations.
c. Those who require access to childcare etc.
d. What other barriers are there?
e. Migration implications—is there a pathway to Stamp 4/permanent residency?
f. What percentage of your part-time staff have expressed an interest in working more hours but are reluctant to do so for fear of losing access to benefits?

Appendix VII: Table of recommendations

Number	Recommendation	Owner	Supported by	Timeframe
Recruitment				
1	There should be a national campaign to raise the profile and promote the training opportunities available for a career as a healthcare assistant and home-support worker.	HSE	DHFERIS	TBD
2	Public employment services should be reviewed with a view to further increasing the number of jobseekers who become healthcare assistants or home-support workers.	DSP		<6 months
3	The HSE should build its capacity for the timely, targeted, and locally focused recruitment of healthcare assistants and home-support workers, to include enhanced advertising of vacant roles. A rolling recruitment campaign should continue in each CHO for as long as positions remain unfilled.	HSE		TBD
4	The Government should continue to hold European-level recruitment events and also increase awareness, and engagement, of the EURES network including on the supports available (e.g. relocation grants) amongst healthcare workers and providers.	DSP	HSE	<3 months

Pay and conditions				
5	The HSE's invitation to tender for the provision of home-support services should stipulate that approved providers should remunerate home-support workers for: a) time spent travelling between service-users' homes; b) any reasonable, vouched/certified travel expenses incurred.	HSE		TBD
6	All private-sector and voluntary providers should be invited to give a commitment to pay home-support workers and healthcare assistants, at a minimum, the National Living Wage (€12.90 per hour at the time of writing).	DoH		TBD
7	An appropriate mechanism to reach agreement in the private and voluntary sector in respect of pay and pensions for home-support workers and healthcare assistants shall be investigated and reported on by an Expert Working Group.	DoH		12 months
Barriers to employment				
8	A review should be undertaken of the eligibility criteria for State benefits with a view to ensuring that these do not disincentivise engagement in part-time employment. In particular, the current stipulation that recipients of Jobseeker's Allowance can only claim benefits for days on which they do not undertake any paid work should be re-examined with a view to incentivising engagement in part-time employment, e.g. a move from days to hours. The benefits that we recommend should be examined include Jobseeker's Benefit and Carer's Allowance.	DSP		>6 months[56]

[56] The Government's national employment services strategy, *Pathways to Work 2021–2025* (2021), includes commitments to examine options for jobseeker payments by Q3 2023.

9	Home-support workers should be removed from the Ineligible Occupations List, enabling the employment within Ireland of non-EU/EEA citizens as home-support workers when regulations have been introduced. The arrangement for employment permits for home-support workers should replicate those currently in place for healthcare assistants in nursing homes, with an upper threshold of 1,000 work-permits; a stipulation for a minimum two-year contract; a minimum salary for home-support workers of €27,000 per annum based on a 39-hour week; and a minimum continuous shift-length per working day of 4 hours.	DETE		<6 months
Training and professional development				
10	A competency framework for home-support workers and healthcare assistants should be developed to enable the recognition of prior learning and qualifications, to support career-development, and to align grades of employment with qualifications in line with relevant regulations. For example, providing recognition of those with specialist qualifications in reablement, dementia, and end-of-life care.	HSE	DoH, DHFERIS, SOLAS	TBD
Sectoral reform				
11	(a) There should be a significant increase in the proportion of home support hours and packages provided directly by the HSE. (b) Targets determined by the HSE on a national level should be set out in the National Service Plan 2023.	HSE	DoH	TBD
12	The HSE should develop a medium-term (3–5 year) recruitment plan to give further effect to the recommendation on increasing direct provision of home-support.	HSE		TBD

13	ICT solutions should be installed and implemented as soon as possible to improve the efficiency of home-support service-provision and linked with the new HSE National Home Support Office.	HSE	DoH	TBD
14	The HSE's processes for securing the services of approved providers should be reviewed. The review should cover the so-called 'fastest finger first' procedure (whereby the first respondent to the HSE's requests for services automatically secures the business).	HSE	DoH	TBD
15	Subject to regulation of the sector, a trial of personalised budgets for home-support service-users should be undertaken and independently evaluated. This trial should be cognisant of the learning from the pilot of personalised budgets for people with a disability and be inclusive of assistive technologies as appropriate.	HSE	DoH	TBD
Monitoring and implementation				
16	A national survey of the experience of home-support workers and healthcare assistants should be established to enhance the evidence-base for monitoring the implementation of the recommendations of the Strategic Workforce Advisory Group and their impact (by ESRI, HRB, TILDA).	DoH		TBD

Appendix VIII: Abbreviations and acronyms

AHCAI	Alliance of Health Care Assistants in Ireland
CHO	Community healthcare organisation
CPD	Continuing professional development
CST	Community support team
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DSP	Department of Social Protection
DETE	Department of Enterprise, Trade and Employment
DHFERIS	Department of Higher and Further Education, Research, Innovation and Skills
DoH	Department of Health
DPER	Department of Public Expenditure and Reform
EEA	European Economic Area
ESRI	Economic and Social Research Council
EU	European Union
GPS	Global positioning system
HCA	Healthcare assistant
HCSA	Healthcare support assistant
HCCI	Home and Community Care Ireland
HIQA	Health Information and Quality Authority
HRB	Health Research Board
HSE	Health Service Executive
ICT	Information and communications technology
ICTU	Irish Congress of Trade Unions
JLC	Joint Labour Committee
LTC	Long-term care
NCCN	National Community Care Network
NHI	Nursing Homes Ireland
NHSS	Nursing Homes Support Scheme
NTPF	National Treatment Purchase Fund
OECD	Organisation for Economic Cooperation and Development
QQI	Quality and Qualifications Ireland
SIPTU	Services Industrial Professional and Technical Union
TILDA	The Irish Longitudinal Study on Ageing

UCD CSTAR	University College Dublin Centre for Support and Training in Analysis and Research
UN	United Nations
WRC	Workplace Relations Commission
WTE	Whole-time equivalent