

**European Council
Recommendation on access to
affordable, high-quality long-
term care: national report on
implementation in Ireland**

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Contents

1. Context and baseline	3
1.1 Introduction	3
1.2 Health and social care provision for older persons	5
1.2.1 Home support	5
1.2.2 Day care	6
1.2.3 Meals-on-wheels	6
1.2.4 Short-stay care	6
1.2.5 Long-term residential care	7
1.2.6 Dementia services	8
1.2.7 Palliative care	10
1.2.8 Supports for positive ageing	10
1.3 Disability services	11
1.3.1 Residential services	11
1.3.2 Respite services	11
1.3.3 Day services	12
1.3.4 Personal assistance and home support	12
1.4 Supports for informal carers	12
1.4.8 Health and social care supports	18
1.5 Diagnosis of the gaps and challenges	18
1.5.1 Providing universal access to health and social care	18
1.5.2 Workforce challenges	19
1.5.3 Roll-out of a single assessment tool for older persons	19
1.5.4 Regulation of home support	20
1.5.5 Sustainability of funding of home support	20
1.5.6 IT infrastructure for home support	20
1.5.7 Sustainability of long-term residential care	21
1.5.8 Regulatory reform of long-term residential care	21
1.5.9 Adult safeguarding	22
1.5.10 Housing options for older persons	22
1.5.11 Dementia support	23
1.5.12 Supports for informal carers	23
1.5.13 Disability services	24
1.6 Stakeholders' involvement	25
2. Policy objectives and measures	27
2.1 Overall policy response	27

2.1.1	Sláintecare	27
2.1.2	Enhanced Community Care programme	28
2.1.3	Home support reform	29
2.1.4	Workforce planning	30
2.1.5	Long-term residential care reform	32
2.1.6	Adult safeguarding	33
2.1.9	Commission on Care for Older People	35
2.1.10	Disability services	35
2.1.11	Overview of the measures	36
2.2	Description of the measures	38
3.	Remaining challenges and need for EU support	92
3.1	Remaining challenges	92
3.2	EU support	93
	Appendix I: Acronyms and abbreviations	94

1. Context and baseline

1.1 Introduction

The aim of the European Council Recommendation on access to affordable, high-quality long-term care is ‘to improve access to affordable, high-quality long-term care for all people who need it’.¹ Long-term care is defined as:

A range of services and assistance for people who, as a result of mental and/or physical frailty, disease and/or disability over an extended period of time, depend on support for daily living activities and/or are in need of some permanent nursing care.²

In the Irish context, this aim is being advanced through the on-going, comprehensive reform of Ireland’s health and social care system as outlined in the *Sláintecare Report* (2017) of the cross-party Oireachtas Committee on the Future of Healthcare.³

Envisioning ‘one universal health service for all, providing the right care, in the right place, at the right time’, the *Sláintecare* reform programme aims to create a universal, single-tier health and social care system in which everyone has equitable and timely access to high-quality services based on need and not ability to pay.⁴ It also commits to the re-orientation of the model of care towards primary and community care as well as to the provision of care at the lowest level of complexity while ensuring service-users’ safety. Accordingly, the objectives of *Sláintecare*, which are being pursued through a host of initiatives, are strongly synergistic with those of the European Council Recommendation in respect of the ‘adequacy, availability and quality’ of long-term care.⁵

The objectives of *Sláintecare* are being advanced through a range of initiatives—most notably the Enhanced Community Care Programme—which are significantly enhancing the provision of care across the country. In addition, the on-going development of the statutory home-support scheme; the reforms that are in train in the residential care sector; and the diversification of housing options for older persons all aim to support the delivery of timely, high-quality, person-centred care in the most appropriate setting. More broadly *Sláintecare* is providing the overarching policy-framework within which the emerging potential of new models of care and care-pathways, of new technologies, and of the principles of universal design for infrastructural development are being utilised to improve the provision of long-term care.

Through the Integrated Care Programme for Older Persons (ICPOP), the Health Service Executive (HSE) is providing integrated services and pathways for older persons with complex health and social care needs, shifting the delivery of care away from acute hospitals towards community-based, planned and coordinated care delivered by multi-disciplinary teams. The objective of the programme is to improve the quality of life for older persons by providing access to integrated

¹ Council of the European Union, ‘Council Recommendation on access to affordable high-quality long-term care’, 25th November 2022, 17.

² *Ibid.*, 17.

³ See Committee on the Future of Healthcare, *Sláintecare Report* (Houses of the Oireachtas, 2017).

⁴ Government of Ireland, ‘Sláintecare’, <https://www.gov.ie/en/campaigns/slaintecare-implementation-strategy/>.

⁵ The *Sláintecare* reforms also address the European Commission’s 2019 and 2020 country-specific recommendations (CSRs) for Ireland, namely to ‘address the expected increase in age-related expenditure by making the healthcare system more cost-effective’ and to ‘improve the accessibility of the health system and strengthen its resilience, including by responding to the health workforce’s needs and ensuring universal coverage for primary care’.

care and support that is planned around their needs and choices, supporting them to live well in their own homes and communities. The Programme aims to ensure that older persons with complex care-needs can access care quickly at, or near to, their homes through bespoke, end-to-end care-pathways.⁶

In terms of ensuring the quality of the care provided, there are robust quality assurance measures in place in the Irish residential care sector. Ireland's independent regulator of health and social care services, the Health Information and Quality Authority (HIQA), is responsible for the registration and inspection of designated centres for older persons as well as for the registration and inspection of residential disability services.⁷ In addition, regulatory reforms are in train to improve quality assurance and enhancement in older persons' residential care; work is in train to regulate providers of home-support services; and a monitoring and assessment framework for adult disability day services is being developed.

Under the aegis of the *National Carers' Strategy* (2012), there have been a host of initiatives to enhance support for informal carers over the past decade, and the implementation of the Department of Health's *Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants* (2022) is addressing the workforce challenges that adversely affect the delivery of long-term care in Ireland.

More broadly Ireland has played a leading role in the development of the World Health Organization's Global Network for Age-friendly Cities and Communities since its inception, becoming the first country to be formally recognised as 'age-friendly' in 2019. Ireland's success in supporting healthy, active, and autonomous ageing throughout the life-course is reflected in Eurostat data that indicates that Ireland has the sixth-highest life-expectancy at birth across the 27 EU Member States.⁸

Accordingly, as this report demonstrates, while the full implementation of the European Council Recommendation remains work-in-progress, Ireland is advanced in ensuring the provision of equitable, affordable, and timely access to high-quality, person-centred, integrated long-term care in the most appropriate setting.

This report has been compiled by the Older Persons' Strategy Unit of the Department of Health. The Department of Health has responsibility for the public funding of the health service; for the governance and oversight of the provision of health and social care services; and for the provision of leadership and policy direction for the health sector.⁹ However, the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) has, since 2023, had responsibility for specialist community-based disability services and for the management of the funding paid to the HSE for their delivery.¹⁰ The Department of Social Protection has responsibility for providing income supports for informal carers where an income need arises because of a particular contingency—be that illness, disability, caring or unemployment. The Department of Enterprise, Trade and Employment (DETE) has responsibility for legal migration pathways for long-term care

⁶ See <https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/a-practical-guide-to-the-local-implementation-of-integrated-care-programmes-for-older-persons.pdf>.

⁷ See Health Information and Quality Authority, <https://www.hiqa.ie/>.

⁸ Department of Health, *Health in Ireland: Key Trends 2023* (Government of Ireland, 2023), 16.

⁹ See Department of Health, *Statement of Strategy 2023–2025* (2023), <https://www.gov.ie/en/publication/49239-department-of-health-statement-of-strategy-2023-2025/>

¹⁰ See Office of the Attorney General, 'S.I. No. 688/2022: Specialist Community-Based Disability Services (Transfer of Departmental Administration and Ministerial Functions) Order 2022', Irish Statute Book, 2022, <https://www.irishstatutebook.ie/eli/2022/si/688/made/en/html>

workers. Inputs from these Government departments have therefore been incorporated into this report.

1.2 Health and social care provision for older persons

[Recommendation 4 and 5]

Operating under the aegis of the Department of Health, the Health Service Executive (HSE) is the publicly funded body which is responsible for the provision of health and social care services in Ireland.¹¹ A range of services are provided by the HSE's Older Persons' Services, including home support, day care, meals-on-wheels, short-stay care, and long-term residential care. The Government's overall investment in older persons' services in 2024 will be over €2.6 billion.

In addition, the HSE's National Dementia Services provides a range of services for people with dementia and the HSE also provides palliative care services across the country.

An overview of this service-provision is provided below.

1.2.1 Home support

[Recommendation 5(a)]

The Government is committed to supporting people with care-needs to continue to live independently in their homes and communities for as long as possible. The provision of home-support services is vital to achieving this objective. Providing assistance primarily with activities of daily living (ADL) as well as with instrumental activities of daily living (IADL), home-support services support the discharge of patients from hospital as well as supporting people to live independently in their own homes on a longer-term basis.¹² Intensive Home Care Packages (IHCPs) are provided on a limited basis for older people who require a higher level of support. Under section 61(1) of the Health Act, 1970, the HSE is mandated to provide home support services.¹³ The HSE is also empowered to enter into agreements to pay service-providers to provide home support services ('personal care services') by section 38 of the Health Act, 2004, while under, section 39 of the 2004 Act, the HSE may provide funding or other resources to a home support service-provider for the provision of such services.¹⁴

Accordingly, 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. Currently, approximately 37% of the home support services provided by the HSE's Older Persons'

¹¹ See Health Service Executive, 'Your Health Service', <https://www.hse.ie/>.

¹² Acknowledging that ADL are 'often [...] referred to as "personal care"' and IADL as 'domestic care or home help', the OECD states that ADL 'include bathing, dressing, eating, getting in and out of bed or chair, moving around and using the bathroom' while identifying 'help with housework, meals, shopping and transportation' as IADL. Organisation for Economic Cooperation and Development, *Help Wanted? Providing and Paying for Long-Term Care* (Paris: OECD, 2011), 11.

¹³ See Office of the Attorney General, Health Act, 1970, <https://www.irishstatutebook.ie/eli/1970/act/1/section/61/enacted/en/index.html>.

¹⁴ See Office of the Attorney General, Health Act, 2004, <https://www.irishstatutebook.ie/eli/2004/act/42/enacted/en/html>.

Services are delivered through direct provision and 63% is delivered through indirect provision, although these figures can fluctuate.

Services are provided free-of-charge on the basis of service-users' assessed care-needs having regard to the availability of resources. In the allocation of home support, priority is given to those in the community with acute needs and to those assessed and waiting in acute hospitals who are able to return home with supports. Many people also purchase home support independently from private providers as well as relying on the assistance of informal carers.

Investment in home support services for older people has increased from €495 million in 2020 to approximately €730 million in 2024. This has led to increased delivery of home support hours from 17.9 million hours in 2019 to over 22.1 million hours in 2023 according to preliminary data.

1.2.2 Day care

[Recommendation 5(a)]

In 2024 over 300 HSE funded day care centres will be in operation throughout the country. Day centres are a crucial part of the social care provision in the community, providing invaluable support for people who may, for any number of reasons, be experiencing isolation and loneliness. Day centres are a vital component of the services that help people to stay in their communities and homes as well as being an important indirect resource for carers.

1.2.3 Meals-on-wheels

[Recommendation 5(a)]

The meals-on-wheels service, offered across the country, provides a significant source of support to many older persons living in the community (and particularly in rural areas), helping them to maintain their health and independence through the provision of healthy meals. The organisations which offer meals-on-wheels will provide approximately 2.7 million meals in 2024, supported by a budget of €6.2 million—an increase of €1 million on the funding provided in 2023.

1.2.4 Short-stay care

[Recommendation 5(a)]

Short-stay public beds include step-up care, step-down care, intermediate care, palliative, respite, rehabilitation, convalescent dementia respite, assessment beds, and transitional care beds. These beds are interchangeable for use depending on demand in the centres and so the number of specific respite beds in any one month can fluctuate up and down depending on demand for the short-stay beds. Short-stay beds also serve to accommodate discharges from the acute hospitals and assist with alleviating any delayed transfers of care from acute hospitals. The public centres providing short-stay beds are a mixture of stand-alone centres and centres which have separate wings for rehabilitation/respite etc.

1.2.4.1 Respite

[Recommendation 5(a)]

€62 million in funding is provided annually to the HSE's Older Persons' Services to provide respite care. Respite care may involve providing alternative family or institutional care for *inter alia* older persons, persons with physical and intellectual disabilities, mental health conditions, chronic conditions, palliative care needs or addiction to enable informal carers to take a short break, a holiday or a rest. Respite may be provided in the community within the person's own home, in HSE residential care settings, by agreement with voluntary organisations or by contracted private facilities. It may involve day or overnight respite.

1.2.5 Long-term residential care

In Ireland long-term residential care is provided by private, not-for-profit, and public (HSE) providers. The long-term residential care sector has evolved over the past 30 years from a predominantly State-run service to a service that is predominantly privately run, with approximately 80% of nursing homes being in the ownership of private providers.

1.2.5.1 Nursing Homes Support Scheme

The Nursing Homes Support Scheme (NHSS), commonly referred to as 'Fair Deal', is a system of financial support introduced in 2009 for people who require long-term residential care. The legislation underpinning the scheme is the Nursing Homes Support Scheme Act, 2009.¹⁵ The NHSS was introduced to provide consistency in the funding of long-term residential care by the state. Under the NHSS, both public and private nursing homes are eligible for public funding. All residents in Ireland who are assessed as having long-term care needs are entitled to apply to this scheme.

Participants contribute to the cost of their care according to their means while the State pays the balance of the cost. The Scheme aims to ensure that long-term residential care is accessible and affordable for everyone, thereby supporting vulnerable older people at a time in their lives when full-time care is essential, and to ensure that people are cared for in the most appropriate settings.

The NHSS currently supports approximately 23,000 people in public, HSE-run facilities and private facilities. Budget 2023 saw over €40 million in additional funding for the NHSS. The NHSS budget for 2024 is approximately €1.5 billion.

1.2.5.2 National Treatment Purchase Fund

The National Treatment Purchase Fund (NTPF) is the body designated, under section 40 of the Nursing Homes Support Scheme Act, 2009, to negotiate with persons carrying on the business of a nursing home for the purposes of reaching an agreement on the maximum prices to be charged for nursing home care.

Approximately 425 private nursing homes are registered with HIQA to operate as nursing home providers. The amount of funding that is allocated per NHSS-participating resident to each private nursing home is set by the maximum rates agreed between each nursing home and the NTPF.

¹⁵ The NHSS replaced the Nursing Home Subvention Scheme, in place in various iterations since the 1970s to subsidise care provided by privately owned and operated nursing homes.

(Publicly funded nursing homes are not subject to this negotiation process: the HSE determines the cost of care in these facilities.)

1.2.5.3 National Standards for Residential Care Settings for Older People in Ireland

[Recommendation 6]

The *National Standards for Residential Care Settings for Older People in Ireland* were published in 2016 by HIQA. HIQA has responsibility for the registration and inspection of designated centres for older people and people with disabilities. Incorporating the learning from HIQA's responsibilities in this regard, the *National Standards for Residential Care Settings for Older People in Ireland* focus on quality of life, participation in society, and a person-centred approach to the provision of care for all residents, including those with dementia. They provide a framework for providers for the continual development of person-centred, safe, and effective residential care services. The *Standards* also provide people living in residential care with a guide as to what they should expect from residential services. At the same time, they provide the framework for HIQA to assess whether residential services are providing high-quality, safe, and effective services and supports for the people who live there, in line with the requirements of the Health Act, 2007 (as amended).¹⁶

1.2.6 Dementia services

[Recommendation 5(a), 5(c), 5(d)]

It is estimated that there were 64,000 people living with dementia in Ireland in 2020, and this figure is expected to rise to 150,000 by 2045. 4,000 of these 64,000 people are under the age of 65. The annual cost of dementia to the HSE is €800 million *per annum*, with most of this expenditure relating to social care and over €200 million relating to excess acute hospital care costs. Some key statistics relating to dementia in Ireland include:

- 88% risk of dementia among people aged 55+ living with an intellectual disability.
- Less than 40% of cases diagnosed, even fewer with a dementia subtype assigned.
- Estimated 37% of home support is directed to people with dementia.
- Approximately 30% of older persons admitted to acute hospitals have dementia. (In hospital there is a higher risk of death, nursing home admission, delirium, falls, dehydration, reduced nutritional status, physical and cognitive decline.)
- People with dementia stay in hospital for longer than other patients (mean 23.1 days versus 14.4).

1.2.6.1 National Dementia Strategy

In recognition of the increasing numbers of people with dementia in Ireland and the need to support people with dementia to live as well as possible in their own homes and communities, Ireland's *National Dementia Strategy* was published in 2014. The *Strategy* seeks to progress the dual and overarching principles of personhood and citizenship by enabling people with dementia to maintain their identity, resilience, and dignity by recognising that they remain valued, independent citizens who, along with their carers, have the right to be fully included in

¹⁶ As part of the quality assurance infrastructure HIQA also hosts an online 'notifications portal', to which (under the 'Care and Welfare' regulations pursuant to the Health Act, 2007), providers are required report any adverse incidents that occur.

society. The HSE's National Dementia Services oversees implementation of the *Strategy*, which contains 42 actions in the following six priority action areas:

- better awareness and understanding;
- timely diagnosis and intervention;
- integrated services, supports and care for people with dementia and their carers;
- training and education;
- research and information systems;
- leadership.

1.2.6.2 Dementia Model of Care

To address the lack of service infrastructure to meet current and future demand for dementia assessment, timely diagnosis and post-diagnostic support, the HSE published the Model of Care for Dementia in 2023, which aims to provide earlier diagnosis and intervention for those living with dementia and their families. The Model of Care provides an integrated framework to bring together a wide range of services into a coherent pathway for people with dementia. It sets out 37 targets and practice recommendations for the assessment, diagnosis, treatment, care and support of people currently living with dementia and mild cognitive impairment in Ireland.

The Model of Care recommends the establishment of new Memory Services countrywide, including Memory Assessment and Support Services (MASS) for people with less complex dementia presentations and Regional Specialist Memory Clinics (RSMCs) for those with more complex or atypical presentations, as well as a National Intellectual Disability Memory Service. Within the new Model of Care, the GP remains the primary healthcare professional for the person with dementia and their family.

Following a dementia diagnosis, the new Memory Services will develop a care plan in consultation with the person with dementia and their families, focusing on the outcomes of most importance to the individual. Depending on the stage of dementia and the person's wishes, the range of post-diagnostic supports that can be provided as part of the care plan will include formal health and social care services as well as support groups and activities provided by the community and voluntary sector.

To support the implementation of the National Dementia Strategy and dementia model of care, the Government allocated €5.9m in new recurring funding for dementia in 2021, €7.3m in 2022 and €0.9m in 2023. An additional €2.1 million in recurring funding was provided in 2023 for the resumption to full capacity of Alzheimer Society of Ireland (ASI) dementia-specific day care services (53 centres operating as of June 2024). In Budget 2024, €0.8 million in new funding has been allocated to dementia services (€0.5 million recurring).

The dementia services/initiatives prioritised since 2021 include:

- memory technology resource rooms (25 nationwide, and a pilot project to provide AT equipment free of charge to people of limited financial means);
- the National Dementia Adviser Service (through the ASI; 28 advisers and a coordinator post);
- 10 new memory assessment and support services (3 operational as of June 2024; 5 offering partial service);
- 2 new and 2 existing regional specialist memory clinics (staffing of the two existing clinics has been boosted; new clinic established in Cork in 2024)

- a national intellectual disability memory service (fully operational);
- in-home dementia day care (through ASI and Western Alzheimer's) (first funded in Budget 2021, with additional funding allocated in Budget 2024);
- full resumption, post-Covid, of centre-based dementia day care (through ASI);
- weekend activity clubs for people with young onset dementia (pilot service through ASI – the first service launched in May 2024);
- the implementation of a national clinical guideline on psychotropic medication prescribing for non-cognitive symptoms of dementia (rollout focusing on acute hospitals and residential care);
- the 'Dementia Understand Together in Communities' initiative (to ensure people with dementia are included and supported in their communities);
- the implementation of a dementia care pathway and quality improvement initiatives in acute hospitals (to improve hospital care outcomes for people with dementia);
- the implementation of a brain health programme (to reduce dementia prevalence over time).

1.2.7 Palliative care

Palliative care aims to improve the quality of life of patients and their families who are facing the problems associated with life-limiting or life-threatening illness. Palliative care prevents and relieves suffering by means of early identification, impeccable assessment and treatment of pain and other physical, psychosocial, and spiritual problems.

There are currently 14 specialist in-patient palliative care units or hospices in Ireland. All hospices are fully State-funded (since January 2024). A further three hospices are to be built in Cavan, Drogheda, and the Midlands, each of which is currently in the design and planning phase. Once these new hospices are built, there will be a hospice service in every region of the country. At present the total number of hospice beds is 276, with plans for an additional 67 beds to be provided.

The palliative care budget for 2024 is over €155 million.

1.2.8 Supports for positive ageing

The Government of Ireland is committed to supporting healthy and positive ageing throughout the life-course as well as to ensuring that older persons can continue to live in their homes and communities for as long as possible. The achievement of this objective is supported by the *National Positive Ageing Strategy* (2013) which provides a blueprint for whole-of-government policy-making and service-delivery in partnership with the community and voluntary sector. Envisioning a society in which the equality, independence, participation, care, self-fulfilment and dignity of older people are pursued at all times, the *Strategy* also aims to tackle ageism and to promote positive ageing.

Under the aegis of the *National Positive Ageing Strategy*, the Department of Health provides funding to a number of non-governmental organisations who play a key role in supporting healthy, active, and autonomous ageing, including ALONE, Age and Opportunity, Age Action, Active Retirement Ireland, and Age Friendly Ireland.

Since its establishment in 2014, and since becoming a shared service of local government in 2019, Age Friendly Ireland has had a transformative impact on the lives of older persons in Ireland as well as playing a significant leadership role in the international arena. With a vision 'to make

Ireland a great country in which to grow old', Age Friendly Ireland takes a practically orientated multi-agency and multi-sectoral approach to age-related planning and service-provision.¹⁷ The organisation supports Ireland's cities and counties to be more inclusive of older people by addressing their needs under the eight domains of the WHO's Global Network for Age-Friendly Cities and Communities, to which Ireland became the first country to be fully affiliated in 2019.¹⁸ Ireland is internationally renowned for its work in this area.

1.3 Disability services

[Recommendation 4 and 5]

The services provided by HSE Disability Services focus on enabling people with disabilities to achieve their full potential, living ordinary lives in ordinary places, as independently as possible, while ensuring that the voices of service users and their families are heard, and that they are fully involved in planning and improving services to meet their needs.

The role of the HSE is to provide a multi-disciplinary team approach which includes the provision of health and personal supports required by people with disabilities and incorporates hospital services, primary care, and community services. In addition to residential disability services, the HSE funds a range of community-based services and supports to enable individuals with a disability to achieve their full potential and to maximise their independence.

The budget for HSE Disability Services in 2024 is €2.9 billion.

1.3.1 Residential services

Residential services make up the largest part of the Specialist Disability Services funding disbursed by the HSE—in the region of 58% of the total budget. Approximately 90 service-providers provide residential services to over 8,400 individuals throughout the country.

Residential disability services are delivered predominantly by organisations under sections 38 and 39 of the Health Act, 2004 and are subject to registration and inspection by HIQA in accordance with the provisions of the Health Act 2007.

1.3.2 Respite services

Informed by awareness of the importance of respite services for people with disabilities and their families, the Government has provided increased investment in these services in recent years. €5m funding was provided in 2021 for the development of nine additional centre-based respite services, along with a range of alternative respite projects including Saturday clubs, breakaway schemes, and summer schemes. This investment is adding 10,400 additional respite nights in a full year. In 2022, €9m was provided to further build the capacity of our respite services for children and adults, as well as providing alternative models of respite. The 2024 budget includes an extra €15 million of new development funding for respite services, which will see respite services provided to new service-users as well extra respite delivered to existing service-users.

¹⁷ See Age Friendly Ireland, <https://agefriendlyireland.ie/>.

¹⁸ See World Health Organization, 'About the Global Network for Age-Friendly Cities and Communities', [About the Global Network for Age-friendly Cities and Communities - Age-Friendly World \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/global-strategies-on-ageing). The eight domains of the WHO's Global Network are community and healthcare, transportation, housing, social participation, outdoor spaces and buildings, respect and social inclusion, civic participation and employment, and communication and information.

1.3.3 Day services

HSE-funded day programmes for people with intellectual disabilities, autism, or complex physical disabilities include a range of centre-based and community-based activities. This range of adult day programmes support people with disabilities during the ordinary weekday. These include adult day services (the largest programme) and training programmes, principally Rehabilitative Training. Over 20,000 people are supported by adult disability day services. Participation in day services is typically lifelong, with the mix of activities and supports changing over the person's lifetime as appropriate. A standard programme is usually five days a week.

1.3.4 Personal assistance and home support

The Personal Assistant (PA) service was developed to provide a service for adults with physical disabilities that enables them to live their lives as independently as possible and take decision making control. Typically, the person with the disability either directly employs the PA or is involved in the process of selecting the PA to work with them. The person with the disability determines the support they need and the activities they need support with. PA services are delivered through Section 39 organisations. In 2023 approximately 1.7m PA hours were delivered to around 2,690 adults across the country.

Home support services are provided to both children and adults with a wide range of disabilities. Over 3 million home support hours are delivered to 7,326 adults and children annually. People with a disability typically continue to be supported by HSE Disability Services after they turn 65, but people with disabilities acquired after 65 typically receive home support from HSE Older Persons' Services.

1.4 Supports for informal carers

[Recommendation 9]

By providing vital care on an unpaid basis to some of the most vulnerable people in Ireland, informal carers are key enablers of Government policy to support people to live with dignity and independence in their homes and communities for as long as possible.

The census of the population conducted in 2022 found that 299,128 people (5.8% of the total population) provide unpaid care in Ireland—an increase of 53% from 2016 (195,263). The majority of these carers are women (61%) and 31% of carers provide 20 or more hours of care per week.¹⁹ The replacement cost of this care is estimated at €7.8–€20 billion *per annum*.

The Government's commitment to supporting informal carers is enshrined in the *National Carers' Strategy* (2012)—a cross-departmental strategy which sets out Government policy and aims to support carers to maintain their own health and well-being, to care with confidence and to participate as fully as possible in economic and social life. The *Strategy* contains actions to achieve the following goals:

- Recognise the value and contribution of carers and promote their inclusion in decisions relating to the person they are caring for.
- Support carers to manage their physical, mental, and emotional health and wellbeing.

¹⁹ See Central Statistics Office, 'Census 2022 Profile 4 - Disability, Health and Carers', <https://www.cso.ie/en/releasesandpublications/ep/p-cpp4/census2022profile4-disabilityhealthandcarers/carers/>.

- Support carers to care with confidence through the provision of adequate information, training, services and supports.
- Empower carers to participate as fully as possible in economic and social life.

The Department of Health coordinates reporting on the implementation of the *Strategy*, with relevant Government departments responsible for the actions that fall under their remit.

The Department of Social Protection provides a comprehensive package of income supports for informal carers including Carer's Allowance, Carer's Benefit, Domiciliary Care Allowance, and the Carer's Support Grant. Since the publication of the *Strategy*, there have been increases in the rates of income supports paid to carers, spending on which is estimated at over €1.7 billion in 2024.

In terms of supporting informal carers, the Department of Social Protection has two priorities in the *Programme for Government* (2020):

- To protect core weekly social welfare rates.
- To examine options for a pension solution for carers, the majority of whom are women, particularly those of incapacitated children, in recognition of the enormous value of the work carried out by them.

1.4.1 Carer's Allowance

The Carer's Allowance is the main scheme by which the Department provides income support to carers in the community. Carer's Allowance is a support for carers on low incomes who look after people who need full-time care and attention. In order to provide full-time care a Carer does not have to live with the care recipient however a direct system of communication must exist between the Carer's residence and that of the care recipient. This may be a telephone or alarm type system. In 2024 the expenditure on the Carer's Allowance scheme is estimated to be over €1.1 billion. As of the end of May there were 96,742 individuals in receipt of Carer's Allowance in respect of 108,745 care recipients.

The conditions attached to payment of Carer's Allowance are consistent with the overall conditions that apply to social assistance payments generally. This system of social assistance supports provides payments based on an income need with the means test playing the critical role in determining whether or not an income need arises as a consequence of a particular contingency, be that illness, disability, unemployment or caring. The application of a means-test not only ensures that the recipient has an income need but also that scarce resources are targeted to those with the greatest need. Carer's Allowance may be paid at half-rate with certain other social welfare payments.

1.4.2 Carer's Allowance income disregard

Means assessments take both income and capital (such as savings, investments and property other than the family home) into consideration. For social assistance schemes, income and capital belonging to the claimant and his or her partner, where applicable, is generally assessable for means assessment purposes.

Cash income that is assessed includes any income from employment or self-employment, income from a social security pension from another country and rental income. Capital includes all monies held in financial institutions or otherwise, the market value of shares as well as houses

and premises owned by a claimant which may or may not be put to commercial use. Property personally used (such as a claimant's home) is not included in the means assessment.

Sometimes a certain amount of income, or income from particular sources, is not considered and these are usually referred to as income disregards.

Significant improvements to capital and income disregards for carers were made over the last few years.

- As part of Budget 2022 and with effect from June 2022, the Carer's Allowance income disregards were increased from €332.50 to €350 for a single person, and from €665 to €750 for carers with a spouse/partner. The capital and savings disregard for the Carer's Allowance means assessment was also increased from €20,000 to €50,000.
- As part of Budget 2024, and with effect from June 2024, the weekly income disregard was increased from €350 to €450 for a single person, and from €750 to €900 for carers with a spouse/partner.

Since June 2022, this amounts to cumulative increases to the disregards of €117.50 for a single carer and €235.00 for a carer who is part of couple. These are the highest income disregards in the social welfare system.

1.4.3 Carers' payments and engagement in employment/training/education

In order to support a carer's continued attachment to the workforce and to support broader social inclusion, carers may engage in some limited employment, education or training, while still being regarded as being in a position to provide full-time care and continue to receive their full payment. During this time of employment, education or training, adequate provision must be made for the care of the relevant person.

Budget 2020 changed the rules so that those in receipt of Carer's Allowance, Carer's Benefit and the Carer's Support Grant could increase the number of hours they work, study or attend a training course from 15 to 18.5 hours. This measure was prioritised in response to the carers who expressed that they found 15 hours to be too restrictive, not only for work but for education and training purposes.

The full-time care and attention requirement and the 18.5-hour limitation are contained in the respective legislative provisions of the Carer's Allowance, Carer's Benefit and Carer's Support Grant schemes.

The condition is in addition to other conditions such as meeting the means condition for Carer's Allowance or the social insurance condition for Carer's Benefit. The condition reflects the underlying objective of the payment which is that the care recipient has access to full-time care and attention consequent on a specified illness or disability. During any period of employment or education or training, adequate provision must be made for the care of the relevant person.

Weekly Carer's Allowance rates 2024

Carer	Maximum weekly rate	Increase for a child dependant
Aged under 66, caring for 1 person	€248	Child under 12 years of age €46 (full rate), €23 (half rate) Child aged 12 and over €54 (full rate), €27 (half rate)
Aged under 66, caring for 2 or more	€372	
Aged 66 or over and caring for 1 person	€286	
Aged 66+, caring for 2 people	€429	

It is important to note that there are a range of other supports for carers provided by the Department of Social Protection which are not based on a means assessment, such as the Carer's Support Grant, Carer's Benefit and Domiciliary Care Allowance.

1.4.4 Non-means tested carer payments

Carer's Benefit

The Carer's Benefit payment is an entitlement based on social insurance contributions.²⁰ Carer's Benefit is a payment made to insured people who may be required to leave the workforce or reduce their working hours to care for a person(s) in need of full-time care. It is payable for a period of 2 years (104 weeks) for each care recipient and may be claimed over separate periods up to a total of 2 years (104 weeks).

Weekly Carer's Benefit rates 2024

Carer	Maximum weekly rate	Increase for a child dependant
Caring for 1 person	€249	Child under 12 years of age €46 (full rate), €23 (half rate) Child aged 12 and over €54 (full rate), €27 (half rate)
Caring for more than 1 person	€373.50	

At the end of May, there were 4,017 people in receipt of Carer's Benefit for 4,386 care recipients. Projected expenditure on Carer's Benefit in 2024 is estimated at almost €58 million.

Carer's Support Grant

The annual Carer's Support Grant of €1,850 is available to family carers who provide full-time care and assistance regardless of means or social insurance contributions and it is not taxed.²¹ This is not available for any other grouping. This grant is automatically paid to people in

²⁰ See [gov - Carer's Benefit](http://gov.ie) (www.gov.ie)

²¹ See [gov - Carer's Support Grant](http://gov.ie) (www.gov.ie)

receipt of Carer's Allowance, Carer's Benefit and Domiciliary Care allowance in June of each year. Other carers not in receipt of a carer's payment may also be eligible for the Grant.

The objective of the Carer's Support Grant is to support carers in their caring role and carers may use the grant in a manner that is appropriate to their needs. The grant is paid in respect of each person being cared for to take account of the additional cost of providing care and to recognise the particular challenges faced by these carers.

At the beginning of June 2024, the grant was paid to 132,000 carers across the country in respect of 148,648 care recipients. The overall cost of the grant in 2024 is expected to be over €290 million.

Domiciliary Care Allowance

Domiciliary Care Allowance is payable to a parent / guardian in respect of a child aged under 16 who has a severe disability and requires continual or continuous care and attention substantially over and above the care and attention usually required by a child of the same age for at least 12 consecutive months.²²

To qualify for Domiciliary Care Allowance, the child must live at home with the person claiming the allowance for five or more days per week. If the child is in residential care but is at home for two days or more per week, a half rate allowance is payable.

The Domiciliary Care Allowance (DCA) rate is €340 per month. There is no restriction on the number of children for whom a person may claim the payment. (In other words, if a person is caring for more than 1 child who qualifies for DCA, they may claim the monthly allowance for each).

At the end of May, there were 55,276 families in receipt of the payment in relation to 62,138 children. Expenditure in 2024 is estimated at almost €274 million.

1.4.5 Social welfare payments to carers: rates

- As part of Budget 2021 and with effect from June 2021, the Carer's Support Grant increased by €150 from €1,700 to €1,850 per year.
- As part of Budget 2024 and with effect from January, there was a €12 rate increase to the weekly Carer's Allowance and Carer's Benefit. This is the third successive rise in weekly welfare rates. Rates have increased by €29.00 over the last 3 years.
- As part of Budget 2024 and with effect from January 2024, the monthly rate of Domiciliary Care Allowance increased from €330 to €340. This payment has increased by €30.50 per month over the last two Budgets.
- In addition, as part of Budget 2022, the period during which Domiciliary Care Allowance can be paid for children in hospital was extended from 3 months to 6 months.

As part of Budget 2023 and with effect from January 2023, Domiciliary Care Allowance is available for babies who remain in an acute hospital after birth for a period of 6 months. More recently the Minister for Social Protection has made the necessary legislative changes to extend the period from 6 months to 18 months. During both these extended periods of eligibility and where other

²² See [gov - Domiciliary Care Allowance \(www.gov.ie\)](http://gov.ie)

conditions are met, a carer may also receive Carer's Allowance or Carer's Benefit and the Carer's Support Grant.

1.4.6 Double payments and cost-of-living lump sums

As part of Budget 2023, significant cost-of-living lump sum payments were provided for carers. These included:

- A cost-of-living double payment for carers paid in October 2022 and carers received the Christmas Bonus Double Payment.
- A €500 cost-of-living payment for people receiving Carer's Support Grant paid in November 2022. A second cost-of-living lump sum payment of €200 was paid to carers in April 2023.

As part of Budget 2024, significant Cost-of-Living lump sum payments have also been provided for carers. These include:

- Double payments in December 2023 and January 2024.
- €400 for people receiving Carer's Support Grant paid in November.

1.4.7 Pension solution for carers

In September 2022 the Minister for Social Protection announced a series of landmark reforms to the State Pension system.

The measures are in response to the Pensions Commission's recommendations and represent the biggest ever structural reform of the Irish State Pension system.

One of the most important reforms agreed by Government is enhanced State Pension provision for people who have been caring for incapacitated dependents for over 20 years. It will do this by attributing the equivalent of paid contributions to long-term carers to cover gaps in their contribution record. This is the first time in the history of the State that such a scheme will be in place.

These contributions will be treated the same as paid contributions for State Pension (Contributory) entitlement only and can be used to satisfy the minimum 520 contributions condition.

The Long-Term Carer's Contributions (LTCC) will be available to those who provided full time care for 20 years (1040 weeks) or more to an incapacitated dependent. The periods of caregiving do not need to be consecutive.

In September 2023, the Department of Social Protection introduced a system to allow carers to register their caring periods. Individuals can apply for the long terms carers contributions at [MyWelfare.ie](https://mywelfare.ie).

The legislation required to introduce the LTCC was contained in the Social Welfare (Miscellaneous) Bill 2023, with the scheme fully implemented from January 2024.

1.4.8 Health and social care supports

In the area of health, improvements since 2012 have included the development of additional disability respite houses, extended day care and Saturday clubs for people with disabilities, and the extension of GP visit cards to all recipients of Carers Allowance and Carers Benefit in 2018. In addition, recognising that respite care is a vital part of the toolkit to support carers, in June 2021 the HSE, in partnership with Family Carers Ireland, launched the Home Support Emergency Respite Scheme, with funding of €600,000, to provide a total of 27,000 hours of respite care to informal carers who require additional emergency respite. The HSE has committed to continuing to provide emergency respite supports in 2024.

The *Programme for Government* (2020) commits to delivering a ‘Carers Guarantee’ to provide a core basket of services to carers across the country, regardless of where they live. Since 2021, annually recurring funding of €2 million is provided towards delivering the Carers’ Guarantee, providing a more standard package of supports to informal carers in every region, in tandem with the community and voluntary sector.

1.5 Diagnosis of the gaps and challenges

While great strides have been taken in Ireland in recent years in enhancing the provision of long-term care, there remain significant challenges which both the COVID-19 pandemic and the scale of ambition of the *Sláintecare* reform programme have set in relief. Many of these challenges are cross-cutting and cross-sectoral, relating, for example, to the delivery of care at the lowest level of complexity while ensuring service-users’ safety; the provision of multi-disciplinary, person-centred, integrated care across the continuum of care; and increasing choice for the service-user within a universal, single-tier health and social care system.

Detailed below are some of the main challenges that the Government is currently seeking to address.

1.5.1 Providing universal access to health and social care

[*Recommendation 4*]

While the overarching aim of the on-going *Sláintecare* reform of Ireland’s health and social care system is to provide a universal, single-tier health and social care system in which everyone has equitable and timely access to integrated, high-quality services based on need and not ability to pay, at the present there remains a two-tier system, as described by Connolly and Wren:

The Irish health care system is unusual within Europe in not providing universal, equitable access to either primary or acute hospital care. There are two main categories of entitlement to public health services. Those in Category I (medical card holders) are entitled to free public health services but pay a co-payment for prescription items, and those in Category II are entitled to subsidised public hospital services and prescription medicines but pay the full cost of general practitioner (GP) and other primary care services. In November 2005, the GP visit card was introduced; GP visit card holders are entitled to free GP visits but otherwise have the same entitlements as Category II individuals.²³

²³ Sheelah Connolly and Maev-Ann Wren, ‘Universal Health Care in Ireland—What Are the Prospects for Reform?’, *Health Systems and Reform* (March 2019): 1–6 (1).

As at 1st June 2024, there were 585,294 medical card holders and 677,257 GP visit card holders. In Ireland private health insurance continues to play a central role within what remains a *de facto* two-tier system, with OECD data indicating that, in 2021, 47% of the Irish population held voluntary private health insurance.²⁴

1.5.2 Workforce challenges

[*Recommendation 7*]

In Ireland as in many other countries, workforce challenges have emerged as a significant barrier to the provision of care to older persons in recent years, with an acute shortage of care-workers militating against effectively addressing the rising demand for care attendant upon Ireland's ageing population. These challenges were enumerated in the Department of Health's *Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants* (2022).

The shortage of care-workers is currently having a negative impact on waiting times for home support services in some areas of the country. The waiting list for home-support services has fallen from over 9,000 at the start of 2020 to 6,073 by the end of 2022. Since then, HSE data indicates that the numbers waiting have reduced further and that, as of 31st March 2024, 5,671 people had been assessed for home support but were waiting on care staff to deliver this. (2,956 (52.1%) of those waiting were already in receipt of some home support but required additional support while 2,715 (47.9%) waiting were currently not in receipt of any home support.)

It is recognised that, in order to address the shortage of care-workers, there is an imperative to improve their pay and working conditions. A particular challenge that has arisen in respect of the recruitment of care-workers from non-EU/EEA countries through the issuance of employment permits is that the minimum annual remuneration associated with these roles does not currently satisfy the minimum criteria for family reunification. The recognition of qualifications has also posed a challenge in the issuance of employment permits for regulated professions such as nurses.

It is also recognised that there is a need to invest further to develop the skills of care-workers and to improve their opportunities for professional development. In particular, acknowledging that baseline proficiency in the English language is crucial for effective communication with service-users and for the delivery of a person-centred, high-quality home support service, there is a need for the enhanced provision of English-language training for migrant care-workers require access to English language classes.

1.5.3 Roll-out of a single assessment tool for older persons

[*Recommendation 4(b), 5(a), 5(c) and 6*]

At the present time, the use of a range of assessment tools to evaluate older persons' care-needs across the continuum of care is impeding the equitable allocation of resources and care-planning, as well as resulting in the duplication of effort. While the Government is committed to the introduction of the interRAI single assessment tool across Older Persons' Services, significant challenges regarding the implementation of this policy have arisen. As part of a pilot of a reformed model of service-delivery for home support, the use of interRAI was evaluated in four sites across the country. The pilot demonstrated under-engagement from primary care services and

²⁴ Organisation for Economic Cooperation and Development, *Health at a Glance 2023* (Paris: OECD, 2023), 101.

challenges with interpreting interRAI outputs in a consistent manner resulting in different approaches to decision-making relating to allocation of home support hours.²⁵

1.5.4 Regulation of home support

[*Recommendation 6*]

As noted by the Institute of Public Health:

There is currently no statutory regulation of home support services in Ireland, although the HSE as a provider and commissioner of services, has oversight through the tendering and contractual process of publicly funded home support services.²⁶

The provision of unregulated home support services poses a risk to service-users' safety, means that all services are not subject to uniform quality assurance standards, and that there is a lack of a mechanism to support continual quality enhancement.

1.5.5 Sustainability of funding of home support

[*Recommendation 4(c) and 5(a)*]

Population ageing clearly has major implications for the planning and provision of health services. The allocation of funding for home supports, though significant, is finite and services must be delivered within the funding available and in line with the HSE's budget, delivery plan and the HSE's annual national service plan. There is, therefore, a need to continue to explore options for a sustainable, future-proofed funding model that will be responsive to increased demand for services.

1.5.6 IT infrastructure for home support

[*Recommendation 5(a) and 5(c)*]

The current lack of a national, integrated IT system to underpin the provision of home support services impedes the optimal use of available resources, the efficient operation of the service, workforce planning, the effective monitoring of service-users, and the development of the evidence-base for policy making and implementation.

At present, the paucity of on data on home support service-provision poses challenges for monitoring the needs of individual service-users and for capturing the structure and dynamics of the home support workforce. Improving the data-collection infrastructure would facilitate monitoring and enable the efficient and equitable allocation of resources, allowing for an enhanced person-centred service design.

²⁵ See A. Montgomery, L. Sweeney, L. Kavanagh, L., A. Tubridy, and A. Burns, *Evaluation of the Home Support Pilot* (Dublin: Centre for Effective Services, 2023).

²⁶ A. Sheehan and R. O'Sullivan, *Draft Regulations for Providers of Home Support Services: An Overview of the Findings of the Department of Health's Public Consultation* (Institute of Public Health, 2023), 6.

1.5.7 Sustainability of long-term residential care

[Recommendation 4, 5 and 6]

As noted in the recent report published by the Economic and Social Research Institute (ESRI), *Long-term Residential Care in Ireland: Developments Since the Onset of the COVID-19 Pandemic* (2024), ‘a growing proportion of LTRC [long-term residential care] is now provided by the private sector, with over three-quarters of LTRC homes privately owned and operated by the end of 2022’.²⁷ As the report further notes, the declining sustainability of the business model of residential care for private providers has led smaller, family-owned nursing homes to close over the past years, resulting in an increasing concentration of large, for-profit providers dominating the market.

In the aftermath of the COVID-19 pandemic, 14 large private operators provide approximately 40% of all residential care places nationally. Among the factors which have made it increasingly difficult for smaller nursing homes to remain open, noteworthy are rising operational costs, in part due to inflation; increasing complexity of care needs; difficulties with recruiting and retaining qualified staff; and the cost of meeting compliance with regulations. The profitability threshold for residential care provision in Ireland, under current cost structures, has been estimated to be as low as 20 beds but could be higher depending on other variable factors such as bank financing requirements or investor returns. There are indications that financial institutions may require 40 beds as a minimum. Facilities of smaller size, which cannot benefit from economies of scale, are increasingly hard-pressed to remain financially sustainable in the absence of an overhaul of financing mechanisms and a redesign of reimbursement rates.

Accordingly, as the ESRI report concludes:

It is vital, as the needs of our ageing population grow and evolve, that policies align financial incentives for operators with the overarching goal of meeting residents’ health and social care needs. Our continued reliance on the for-profit sector will also require promotion of a favourable environment for large operators. Therefore, a robust regulatory framework that centres on resident care and operator transparency should be at the centre of policies.²⁸

1.5.8 Regulatory reform of long-term residential care

[Recommendation 6 (a) and (b)]

In Ireland current legislation dictates that all designated centres for older people are required to submit mandatory notifications to the national regulator, HIQA. There are three categories of statutory notification:

1. Three-day notifications, which are required within 3 days of occurrence and generally refer to higher-risk events such as a serious injury incurred by a resident, an unexpected death, or allegations of abuse.
2. Quarterly notifications, which are required every 3 months and refer to less serious events such as resident injuries or the number of deaths which have not been captured in the

²⁷ Brendan Walsh and Sheelah Connolly, *Long-term Residential Care in Ireland: Developments Since the Onset of the COVID-19 Pandemic* (Dublin: Economic and Social Research Institute, 2024), 1.

²⁸ *Ibid.*, 75.

three-day notifications, along with activation of the fire alarm, any incidence of burglary and the number of occasions in which restraint was used.

3. 6 monthly notifications, which are required every 6 months and are more administrative i.e. the number of beds occupied.

These notifications focus on incidents and do not reflect quality improvement processes. There is no legislation or best practice framework in place in Ireland for the measuring and monitoring of quality metrics or criteria at regular and frequent intervals for the purpose of quality improvement and better resident outcomes.

In November 2021 a survey of designated centers identified that 99% of long-term care providers collected some type of data to inform the quality and safety of care and outcomes of residents.²⁹ The method by which this data was collected was unique to each designated centre, which ranged from paper-based collection to purpose-built nursing metric platforms such as the Quality Care Metrics and private software providers such as Viclarity or EPIC Care.³⁰

The lack of legislation and the variation in the type of metrics/criteria data collected and in the method of collection are two key challenges to be addressed.

1.5.9 Adult safeguarding

[Recommendation 6 (e) and (f)]

Safeguarding adults who may be at risk of abuse, harm, and neglect by others in the context of their interactions with the health and social care sector is a key objective of the Department of Health, every statutory body under its aegis, and every relevant service that interacts with such adults.

In the health and social care sector, a framework of standards, policies and procedures for safeguarding adults who may be at risk of abuse, harm, neglect, and exploitation within the sector, is in place and has been enhanced in recent years. However, it is recognised that there is a need for further work in this area to address potential policy and legislative gaps and to provide national direction in the area of adult safeguarding in the health and social care sector as well as to address relevant cross-sectoral issues such as information-sharing and collaboration between the health and social care sector and other sectors.

1.5.10 Housing options for older persons

[Recommendation 5]

The Irish long-term care system is highly concentrated towards residential-based care. Accordingly, it is recognised that there is an imperative to diversify the options available to older people who have care-needs that cannot be addressed in their own home but who do not need to be accommodated in long-term residential care. As noted in *Housing Options for Our Ageing Population: Policy Statement* (2019):

²⁹ See <https://assets.gov.ie/227615/e3d47946-ec73-4169-a3aa-6018f0718abf.pdf>.

³⁰ See <https://healthservice.hse.ie/about-us/onmsd/quality-nursing-and-midwifery-care/quality-care-metrics-in-nursing-and-midwifery.html>; <https://www.viclarity.com/eu/industries/nursing-homes-care-homes>; and <https://epicsolutions.ie/>.

The changing demographics and the implications for future health care costs underpin the importance of developing a wider choice of appropriate housing options for older people suited to their needs.³¹

1.5.11 Dementia support

[Recommendation 4 and 5]

At present there is insufficient service infrastructure to meet the current and future demand for assessment, timely diagnosis, and post-diagnostic support in respect of dementia. This is resulting in a diagnostic rate of 40% at best, which compares unfavourably to the diagnostic target-rate of 50% set in the *WHO Global Action Plan on the Public Health Response to Dementia 2017–2025* (2017).

A lack of diagnosis means that people do not receive the post-diagnostic supports they require to enable them to plan for the future, adapt to their condition and slow their rate of cognitive decline. The provision of appropriate post-diagnostic supports can reduce the number of unplanned admissions to acute hospitals and delay admission to long-term residential care. Early diagnosis will also be imperative as disease-modifying treatments for dementia become available in the years to come.

1.5.12 Supports for informal carers

[Recommendation 9]

The number of people receiving many social welfare payments has grown steadily over the past number of years, this includes Carer's Allowance and Carer's Benefit, Carer's Support Grant and Domiciliary Care Allowance.

Over 133,000 carers will benefit from income supports which will amount to over €1.7 billion in 2024. Of this the projected expenditure on the Carer's Allowance is over €1.1 billion. The number of recipients of the Carer's Allowance scheme has nearly doubled from 50,577 in 2010.

- As of the end of May 2024, there were 96,742 people in receipt of Carer's Allowance for 108,745 care recipients. This represents an increase of 10.8% in the past 4 years, from 87,270 people in receipt in May 2020, and an increase of almost 12.8% from 96,413 care recipients in May 2020.
- As of the end of May, there were, 4,017 people in receipt of Carer's Benefit for 4,386 care recipients. This represents an increase of over 14.7 % in the past 4 years, from 3,501 in May 2020, and an increase of 11.9% from 3,919 care recipients in May 2020.
- As of the end of May, there were 132,523 people in receipt of Carer's Support Grant for 149,361 care recipients. This represents an increase of over 16% in the past 4 years from 113,928 in May 2020, and an increase of over 18% from 126,121 care recipients in May 2020.
- As of the end of May there were 55,276 people in receipt of Domiciliary Care Allowance (DCA) in respect of 62,138 children. This represents an increase of 27.6% (of customers)

³¹ Department of Housing, Planning and Local Government and the Department of Health, *Housing Options for Our Ageing Population: Policy Statement* (Government of Ireland, 2019), 1.

and almost 30% (of children) in the past 4 years, from 43,314 customers in relation to 47,834 children in May 2020.

The number of people receiving many social welfare payments has grown steadily over the past number of years, this includes Carer's Allowance and Carer's Benefit, Carer's Support Grant and Domiciliary Care Allowance.

More broadly, research undertaken in Ireland indicates that, while respite provision for informal carers is inadequate, it is the most important support that would ease the burden of caring for such carers.³²

1.5.13 Disability services

[Recommendation 4 and 5]

In the disability sector, as in older persons' services, demand for services (including respite services and emergency residential placements) exceeds supply. In addition, there is a growing need for digital and assistive technologies for people with disabilities.

Research has shown that the risk of developing dementia is much higher among those with an intellectual disability and among those with Down syndrome in particular: by 65 years of age, 80% will develop dementia with the average age of onset being 52 years. They can have difficulty accessing care in memory clinics because they develop the condition at a younger age than the normal and more broadly can often be denied access to services because they are under 65 years of age.

The provision of residential services in the disability sector has come under increasing pressure in the past number of years due to a number of factors including:

- An increase in the number of children and adults who are seeking access to residential services as a reflection of the overall increase in the size of the population;
- Increasing levels of complexity across the sector due to better and improved health care;
- An increase in the age of people with a disability resulting in people presenting with changing needs;
- The procurement of appropriate housing for residential and respite services in a buoyant housing market;
- Undertaking of necessary works to ensure HIQA compliance, which must be secured before any new facility can become operational.
- Retention and recruitment are a significant challenge for the HSE and funded agencies and is affecting service-delivery. The challenges in this area are the result of a range of factors including:
 - The limited availability of specifically trained staff with the necessary qualifications in the numbers required, especially therapy staff;
 - Pay equality issues for voluntary-sector service-providers (engaged under section 39 of the Health Act, 2004);
 - Competition for staff both from within the health and social care sectors but also beyond;

³² See Michelle Harrison *et al*, *The Pilot Implementation and Evaluation of the interRAI Family Carer Needs Assessment* (HSE Community Healthcare West, 2023).

- The public and media perceptions of some areas of the service provision or indeed of some providers.

1.6 Stakeholders' involvement

In the Irish context, the involvement of all key stakeholders in reviewing national long-term care policy the European Council Recommendation and in defining national measures to address the identified challenges was supported by the 'National Policy Dialogue on Long-Term Care System Transformation' which was hosted by the European Commission and World Health Organization in the Department of Health on 13th March 2024. This event was organised under the auspices of the European Commission–World Health Organization partnership on long-term care which was launched on 5th July 2023.³³ Its purpose was to inform the development of a 'state of long-term care' monitoring and assessment instrument to support the implementation of the Recommendation. The assessment instrument was piloted in Ireland in Q1 2024.

More broadly, stakeholder-engagement is central to the development and implementation of policy relating to long-term care in Ireland. In terms of policy-development, this is illustrated by the following recent initiatives:

- The Department of Health's public consultation on improving home care services in Ireland.³⁴
- The establishment in 2019 by the Department of Health of a Dialogue Forum with Voluntary Organisations 'to build a stronger working relationship between the State and the voluntary healthcare sector for the benefit of patients and service users and to facilitate regular dialogue with the voluntary sector on future policy and strategic developments'.³⁵
- In 2022 the Department of Health established the cross-departmental Strategic Workforce Advisory Group to examine, and formulate recommendations to address, the challenges in frontline carer roles in the home support and long-term residential care sectors. As part of its work the Advisory Group undertook a programme of structured stakeholder-engagement which encompassed one-to-one meetings with stakeholders from whom written submissions were received and a facilitated online workshop to support the exchange of ideas and discussion amongst key stakeholders and Group-members.³⁶
- The Department of Health's 2022 public consultation on draft regulations for providers of home support services.³⁷
- The Department of Health's public consultation on policy proposals for adult safeguarding in the health and social care sector.³⁸ (A high-level inter-sectoral Steering Group has also been established to inform the development of the adult safeguarding

³³ See World Health Organization, 'WHO/Europe and European Commission Establish New Partnership for Better Long-term Care', 11th July 2023, <https://www.who.int/europe/news/item/11-07-2023-who-europe-and-european-commission-establish-new-partnership-for-better-long-term-care>.

³⁴ See Institute of Public Health, *Improving Home Care Services in Ireland: An Overview of the Findings of the Department of Health's Public Consultation* (2018).

³⁵ See <https://www.gov.ie/en/publication/fda1d7-dialogue-forum-with-voluntary-organisations/>.

³⁶ See Department of Health, *Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants* (2022).

³⁷ See Sheehan and O'Sullivan, *Draft Regulations for Providers of Home Support Services*.

³⁸ See <https://www.gov.ie/en/consultation/2a1ce-public-consultation-on-policy-proposals-for-adult-safeguarding-in-the-health-and-social-care-sector/>.

policy, on which focus groups with service-users and a stakeholder-workshop have also been held.³⁹⁾

- In December 2023 the Department of Health, in conjunction with the HSE and HIQA, launched a public consultation on a proposed *Design Guide for Long-Term Residential Care Settings for Older People*.⁴⁰
- The establishment of a Reference Group of non-governmental and civil society organisations and other key stakeholders, including those with lived experience, under the auspices of the newly established independent Commission on Care for Older People.⁴¹
- Stakeholder-engagement by DCEDIY in respect of the development of the new *National Disability Strategy* and the establishment of a Stakeholder Strategic Advisory Group to advise on policy in respect of specialist disability services.⁴²

In addition, the Department of Health is actively engaging with stakeholders (including providers of long-term residential care, the HSE and the NTPF) regarding the NHSS (and initiatives related) to this through various mechanisms including regular meetings and calls for submissions.

DETE has engaged with employers, workers, health care worker and migrant worker representatives as well as social partners in its evaluation of the impact of the provision of employment permits for non-EU/EEA healthcare assistants and home support workers.

As part of the annual budgetary process the Department of Social Protection invites pre-Budget submissions from representative bodies. As well as giving consideration to the submissions received, the Department hosts an annual Pre-Budget Forum which representative bodies attend.⁴³ In addition, the Department of Social Protection hosts the Annual Carers' Forum—a commitment under the *National Carers' Strategy*. The purpose of the Forum is to provide informal carers with a voice at policy level. It also provides an opportunity for engagement between officials across relevant Government departments and people experiencing care issues first-hand. The 2024 Annual Carers Forum was held on 22nd May. Issues such as the extension of allowances or the increase of means-test thresholds for allowances for informal carers are discussed at these events—engagement which has informed the improvement of benefits for informal carers in recent years.

In terms of stakeholder-engagement in respect of policy implementation in the domain of long-term care, not-for-profit and for-profit organisations play a key role in the delivery of a range of services funded by the state. Examples of collaborative initiatives include:

- The Healthy Age Friendly Homes Programme, through which coordinated supports are provided to older persons to enable them to continue to live in their own homes for as long as possible, is delivered through a partnership between the Department of Health and Age Friendly Ireland (a shared service of local government).⁴⁴

³⁹ The report on the stakeholder workshop is available at [Presentation Title Slide \(www.gov.ie\)](https://www.gov.ie/en/publication/93aa7-commission-on-care-for-older-peoples-reference-group/).

⁴⁰ See <https://www.gov.ie/en/consultation/e43cc-public-consultation-on-a-design-guide-for-long-term-residential-care-settings-for-older-people/>.

⁴¹ See <https://www.gov.ie/en/publication/93aa7-commission-on-care-for-older-peoples-reference-group/>.

⁴² See <https://www.gov.ie/en/consultation/ffd21-national-disability-strategy-call-for-written-submissions/>.

⁴³ See <https://www.gov.ie/en/press-release/0e148-minister-humphreys-hosts-pre-budget-2024-forum/>.

⁴⁴ See <https://agefriendlyhomes.ie/topics/social-health-care/healthy-homes/>.

- The Carers' Guarantee, through which a basket of services is provided to informal carers to support their caring role, is being delivered by Family Carers Ireland (a non-governmental organisation) in partnership with the Government.

2. Policy objectives and measures

2.1 Overall policy response

2.1.1 Sláintecare

In broad terms, the on-going *Sláintecare* reform of Ireland's health and social care system (which is overseen by the Cabinet Committee on Health, chaired by the Taoiseach) promises to have a positive impact on the delivery of long-term care. The Government's commitment to this reform agenda is reflected in *Programme for Government* (2020), which pledges to 'accelerate the implementation of *Sláintecare*', to 'expand universal access to health care in a manner that is fair and affordable', and to 'expand community-based care, bringing it closer to home', as well as, *inter alia*, to the:

- expansion of the provision of free GP care;
- introduction of a statutory home-support scheme;
- enhancement of the provision of supports for unpaid carers;
- establishment of a commission to examine care and supports for older people;
- development of community healthcare networks to support the expansion of primary and community care services based on the size and needs of local populations;
- introduction of individual health identifiers to ensure that patient information is accessible across services.⁴⁵

In 2021 the Department of Health established the Sláintecare Programme Board to drive *Sláintecare* implementation. Comprised of members of the management of the Department of Health and the HSE, the Sláintecare Programme Board is co-chaired by the Secretary General of the Department and the Chief Executive Officer of the HSE.⁴⁶

Since the publication of the *Sláintecare Report* in 2017, its implementation has been supported by a number of strategies and action plans, including the *Sláintecare Implementation Strategy* (2018), the *Sláintecare 2019 Action Plan*, the *Sláintecare Implementation Strategy and Action Plan 2021–2023* (2021), the *Sláintecare Action Plan 2022*, and the *Sláintecare Action Plan 2023*, in respect of which the Department of Health has issued progress reports on an annual or biannual basis.⁴⁷ The current *Sláintecare Implementation Strategy and Action Plan 2021–2023* was advanced through two reform programmes on 'improving safe, timely access to care, and promoting health and wellbeing' and 'addressing health inequalities—towards universal healthcare'.⁴⁸ The *Sláintecare Implementation Strategy and Action Plan 2024–2027* is currently being prepared by the Department of Health.

The restructuring of the system into six Health Regions and 96 Community Healthcare Networks (CHNs) will ensure the alignment of hospital and community services to support population-

⁴⁵ See Government of Ireland, *Programme for Government: Our Shared Future* (2020), 43–52.

⁴⁶ See Government of Ireland, 'Sláintecare Programme Board', [gov.ie - Sláintecare Programme Board \(www.gov.ie\)](https://www.gov.ie/en/slaintecare-programme-board/).

⁴⁷ See Government of Ireland, 'Sláintecare: Publications', [gov.ie - Sláintecare: Publications \(www.gov.ie\)](https://www.gov.ie/en/slaintecare-publications/).

⁴⁸ See Government of Ireland, *Sláintecare Implementation Strategy and Action Plan 2021–2023* (2021).

based resource-allocation and the provision of integrated care that is responsive to service-users' needs.⁴⁹

Under *Sláintecare*, progress has been made in improving equity of access to health and social care within a universal, single-tier system. Building on the provision of GP visit cards to all children under the age of 6 and to all adults aged over 70 in 2015, in 2023 the Government extended eligibility for these cards to include all children under the age of 8 and to all adults earning no more than the median income.⁵⁰ In addition, following the enactment of the Health (Miscellaneous Provisions) (No.2) Act 2022, which removed in-patient charges in public hospitals for children, the signing into law of the Health (Amendment) Act 2023 on 4th April 2023 abolished such charges for adults with effect from 17th April 2023.⁵¹

2.1.2 Enhanced Community Care programme

Under *Sláintecare* a range of initiatives—including, most notably, the Enhanced Community Care Programme—are significantly enhancing the provision of long-term care.

Initiated in 2019 to support the expansion of community care to which *Sláintecare* commits, the Enhanced Community Care programme is comprised of a suite of strategic reform initiatives which aim to reduce dependency on the hospital system by delivering increased levels of healthcare provision in the community, with service-delivery re-oriented towards general practice, primary care, and community-based services. The programme has been supported with investment of €240 million.⁵²

The focus of the Enhanced Community Care programme is on the provision of end-to-end pathways that will prevent admissions to acute hospitals where it is safe and appropriate to do so. For patients who require admission, the emphasis is on minimising hospital stays and improving outcomes, with post-discharge support for people in the community and in their own homes. The investment in the Enhanced Community Care programme is supporting the ambitious, programmatic, and integrated approach to the development of the primary and community care sector.

Under the Enhanced Community Care programme, 3,500 staff are being recruited (with a focus on the recruitment of clinical staff such as community therapists and nursing staff) to support the country-wide establishment of the 96 CHNs, 30 multi-disciplinary Community Specialist Teams (CSTs) for older persons, and 30 CSTs for chronic disease management. In addition, 23 Community Intervention Teams (CITs) have been established across the country. These are nurse-led teams of health professionals which provide rapid access to short-term care for those experiencing an acute episode of illness. The CITs thereby help to avoid hospital admissions and facilitate the timely discharge of patients from hospitals. Providing GPs with direct access to

⁴⁹ See <https://www.gov.ie/en/publication/4eda4-slaintecare-regional-health-areas-rhas/> and <https://www.hse.ie/eng/services/list/2/primarycare/community-healthcare-networks/>.

⁵⁰ See Department of Health, 'Press release: Government announces details of the commencement of the provision of GP Visit Cards to over 500,000 more people' (5th July 2023), [gov.ie - Government announces details of the commencement of the provision of GP Visit Cards to over 500,000 more people \(www.gov.ie\)](https://www.gov.ie/en/news/2023-07-05-gov-announces-details-of-the-commencement-of-the-provision-of-gp-visit-cards-to-over-500000-more-people/)

⁵¹ See Department of Health, 'Press release: Minister Donnelly welcomes the abolition of public hospital in-patient Charges' (17th April 2023), [gov.ie - Minister Donnelly welcomes the abolition of public hospital in-patient Charges \(www.gov.ie\)](https://www.gov.ie/en/news/2023-04-17-minister-donnelly-welcomes-the-abolition-of-public-hospital-in-patient-charges/)

⁵² See Health Service Executive, 'Enhanced Community Care', [Enhanced Community Care - HSE.ie](https://www.hse.ie/en-ie/ehcc/).

diagnostics (including X-rays and CT, MRI, DXA and ultrasound scans) is another key component of the Enhanced Community Care Programme.⁵³

The Enhanced Community Care programme is currently being extended to include residents in public and private nursing homes with the aim of improving hospital-avoidance and supporting post-hospital-discharge.

2.1.3 Home support reform

Work is in progress within the Department of Health to advance the commitment in the *Programme for Government* (2020) to ‘introduce a statutory scheme to support people to live in their own homes, which will provide equitable access to high quality, regulated home care’.⁵⁴

The development of a regulatory framework for home-support providers is in train. This will be comprised of:

- (i) primary legislation for the licensing of home-support providers;
- (ii) regulations for home support which will set out the minimum requirements that a provider must meet to obtain a licence;
- (iii) HIQA national standards.

On 14th May 2024 the Government gave its approval for the drafting of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill 2024,⁵⁵ the General Scheme of which was published on 16th May 2024 along with the Regulatory Impact Analysis.⁵⁶ The Bill provides for the establishment of a licensing system for providers of home support services under which it will be an offence to operate a service without a licence. It will also confer on HIQA and HIQA's Chief Inspector of Social Services the authority to grant, amend and ultimately revoke a licence if home support providers fail to meet minimum requirements. The development of the regulations, which will set out the minimum standards with which providers must comply to obtain a licence, is advanced, and is being informed by the findings of the public consultation on the regulations conducted by the Department in 2022.⁵⁷ In addition, the Department is working closely with HIQA on the development of national standards to support quality-enhancement.

More broadly, the Department of Health is working with the HSE to develop a reformed model of service delivery for home support, a pilot of which was undertaken in 2021–2022 across four Community Healthcare Organisation sites (CHO 2, 4, 7 and 8). The main objective of the pilot was to gather data to inform the reform and development of home support services in advance of the introduction of regulation of home support providers. In addition, the pilot explored the use of the interRAI single assessment tool across the pilot sites and the factors that supported or impeded its use. 592 interRAI assessments were completed as part of the pilot.

⁵³ See Health Service Executive, ‘GP Diagnostics’, <https://www.hse.ie/eng/services/list/2/primarycare/community-healthcare-networks/gp-diagnostics/>

⁵⁴ Government of Ireland, *Programme for Government*, 51.

⁵⁵ See

⁵⁶ See Department of Health, ‘General Scheme of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill 2024’, 16th May 2024, [https://www.gov.ie/en/publication/a3ef4-general-scheme-of-the-health-amendment-licensing-of-professional-home-support-providers-bill-2024/#:~:text=The%20Health%20\(Amendment\)\(Licensing,incorporating%20transitional%20arrangement%20for%20existing.](https://www.gov.ie/en/publication/a3ef4-general-scheme-of-the-health-amendment-licensing-of-professional-home-support-providers-bill-2024/#:~:text=The%20Health%20(Amendment)(Licensing,incorporating%20transitional%20arrangement%20for%20existing.)

⁵⁷ See Institute of Public Health, *Draft Regulations for Providers of Home Support Services*.

An independent evaluation of the pilot was undertaken by the Centre for Effective Services, the report on which was published in 2023.⁵⁸ The report highlighted the benefits of using a comprehensive standardised single assessment tool. Following the report's publication, the HSE has committed to undertake 18,000 interRAI assessments in 2024. In addition, on-going analysis and research is being undertaken with interRAI data to increase understanding of interRAI outputs and application in decision-making frameworks and resource allocation models.

Recognising the need to ensure the fiscal sustainability of home support service provision, the Department of Health is examining potential options for a new funding model for home support. The ESRI undertook a programme of work on behalf of the Department on the potential demand for, and cost of, home support which culminated in the publication of two reports, *Demand for the Statutory Home Care Scheme* (2021) and *Home Support Services in Ireland: Exchequer and Distributional Impacts of Funding Options* (2022).⁵⁹

The Department is exploring further research and engaging with international experts. As part of this work, the Department recently commissioned a rapid response from the EU Observatory on Health Systems and Policies which explores the impact of user charges on home care sustainability in Ireland. This European Observatory's report, *Improving Home Care Sustainability in Ireland: Are User Charges a Promising Option*, was published in March 2023.⁶⁰

This research will form an important part of the evidence-base for the development of a sustainable funding model for home support services in the context of our ageing population.

2.1.4 Workforce planning

In response to the shortage of front-line care-workers in the home support and long-term residential care 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. The *Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants* (2022) detailed a suite of 16 recommendations spanning the of areas of recruitment, pay and conditions of employment, barriers to employment, training and professional development, sectoral reform, and monitoring and implementation. The implementation of these wide-ranging recommendations is well-advanced and is being overseen by a cross-departmental implementation group.⁶¹

The DETE had lead responsibility for Recommendation 9 of the report, which committed to the removal of home support workers from the Ineligible Occupations List, enabling the employment within Ireland of non-EU/EEA citizens as home-support workers. The recommendation further stipulated that

⁵⁸ See A. Montgomery *et al*, *Evaluation of the Home Support Pilot*.

⁵⁹ See Brendan Walsh and Seán Lyons, *Demand for the Statutory Home Support Scheme* (Dublin: ESRI, 2021); Claire Keane, Seán Lyons, Mark Regan and Brendan Walsh, *Home Support Services in Ireland: Exchequer and Distributional Impacts of Funding Options* (Dublin: ESRI, 2022).

⁶⁰ See Béatrice Durvy, Ewout van Ginneken and Jonathan Cylus, *Improving Home Care Sustainability in Ireland: Are User Charges a Promising Option?* (World Health Organization, 2023).

⁶¹ See <https://www.gov.ie/en/publication/66dd1-strategic-workforce-advisory-group-on-home-carers-and-nursing-home-healthcare-assistants/>.

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'.⁶²

The provision of these permits was announced by the Government in November 2022, since which time 878 permits have been issued for the roles of 'Care Worker' and 'Home Carer'.⁶³ To date 7,085 permits have been issued for the role of 'Health Care Assistant'. For the renewal of permits for these occupations, the permit-holder must complete a QQI/EQF Level 5 Certificate in Health and Social Care or possess an equivalent qualification.⁶⁴

Work is on-going at interdepartmental level to address the issue of the minimum annual remuneration associated with these roles not satisfying the minimum criteria for family reunification in Ireland. This work is being advanced in consultation with long-term care employers, worker representatives and social partners to align the minimum requirements attached to permits for these roles and the criteria for family reunification. This is anticipated to be in effect by January 2025.

Since 2019 registered nurses have been eligible for Critical Skills Employment Permits—a form of permit designed to facilitate long-term residency in the State. Details of the Critical Skills Employment Permits issued to nurses are outlined below:

Nurses' Critical Skills Permits Issued (by year)				
2020	2021	2022	2023	2024
2,218	2,850	3,805	4,327	2,608

In order to alleviate the challenge that has arisen from the lack of recognition of qualifications of non-EU/EEA nurses, the Department of Justice (Immigration Service Delivery) have developed processes to facilitate compensation measures required for the registration of potential nurses with the regulatory body. Other healthcare occupations with this issue are under broader consideration by DETE.

Recommendation 13 of the Strategic Workforce Advisory Group calls for ICT solutions to be installed and implemented as soon as possible to improve the efficiency of home support service provision. The process for the development of a home support IT system is underway in the HSE. A project team are progressing the procurement of a digital case management platform and e-Rostering system for HSE Home Support Services and the NHSS. A digital/telehealth pilot project is also underway, the aim of which is to utilise technologies, such as smart devices and digitally

⁶² Department of Health, *Report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants* (Government of Ireland, 2022), 32.

⁶³ See <https://www.gov.ie/en/press-release/8aae4-minister-mary-butler-and-minister-damien-english-launch-the-report-of-the-strategic-workforce-advisory-group-on-home-carers-and-nursing-home-healthcare-assistants-and-make-major-announcement-on-employment-permits-for-home-carers/>.

⁶⁴ The Government of Ireland previously introduced a regularisation scheme for undeclared workers in the State but there are no plans to reintroduce any further such schemes at the present time. Such persons are advised to contact the Department of Justice, Immigration Service Delivery, or their local immigration office and to take the necessary steps to regularise their status.

inclusive tablets, to support older persons to live independently in their own homes and communities.

2.1.5 Long-term residential care reform

A range of reforms are 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* (2021). Following the publication of these reports, a range of reforms are in train in the long-term residential care sector, including:

- 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).
- The establishment of dedicated HSE community support teams (CSTs) to provide assistance to both public and private long-term care facilities in respect of infection prevention and control. (The remit of CSTs will be expanded to encompass supporting the integration of private 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.
- The extension of Patient Advocacy Services to private nursing homes from 1st November 2022.
- The introduction of revised regulations to enhance and streamline complaints processes which came into effect on 1st March 2023.
- The introduction of the National Nursing Home Experience Survey in 2022. This offered residents in a representative sample of nursing homes in Ireland, and their relatives and friends, the opportunity to share their experiences of nursing homes.⁶⁵
- The on-going development of a 'Safe Staffing and Skill-mix Framework' for the sector.
- The launch in 2022 of a new palliative and end-of-life programme for nursing homes.
- The enhancement of the regulatory framework for nursing homes, including the Health (Miscellaneous Provisions) (No.2) Bill, 2024, which provides for the collection, sharing and publication of key data on designated centres for older people.
- The establishment of new dedicated infection prevention and control (IPC) and safeguarding specialist capacities for nursing homes, in respect of which recruitment is on-going.
- Funding of over 100 places on postgraduate gerontological nursing training courses for the academic year 2022/2023.
- The enactment of the Patient Safety Bill in May 2023, empowering the Chief Inspector in HIQA to investigate serious incidents in nursing homes.

In order to address the challenges arising from the variation in the type of metrics/criteria data collected and in the method of collection across the long-term residential care sector, the Health (Miscellaneous Provisions) (No.2) Bill, 2024 will provide for the collection, sharing and publication of key data on designated centres for older people. Data in relation to the designated centre, its employees and residents will be collected at aggregate level by the regulator, the Chief

⁶⁵ See National Care Experience Programme, 'The National Nursing Home Experience Survey', <https://yourexperience.ie/nursing-homes/about-the-survey/>.

Inspector of Social Services and shared with the Minister, the Health Information and Quality Authority (HIQA) and where necessary and appropriate the Health Service Executive (HSE). Access to this quality, collated data is crucial to supporting effective national policy making and service planning.

The Government is conscious of the financial challenges faced by the long-term residential care sector, especially by smaller and voluntary nursing homes that may not have access to the same economies of scale as larger homes or groups. Over €151 million of financial support has been provided to private and voluntary nursing homes through the COVID-19 Temporary Assistance Payment Scheme (TAPS) and the provision of free personal protective equipment and oxygen to private nursing homes continues, costing approximately €77 million to date. In addition, a new €10 million scheme was established in 2022 to support private and voluntary nursing homes with increases in energy costs, covering 75% of year-on-year cost-increases up to a monthly cap of €5,250 per nursing home. This scheme was extended for a second time to the end of June 2023.

An additional €45.6 million has been allocated to support nursing homes in Budget 2024, including a new €10 million fund to support private and voluntary nursing homes with HIQA compliance which will be available during 2024. The Nursing Home Resident Safety Improvement Scheme (RSI) commenced on 1st January 2024 and opened for applications on 2nd February 2024. It is a vouched scheme that will allow eligible nursing homes to carry out structural works to improve compliance with standards published by HIQA under Regulation 27 (Protection against infection) and Regulation 28 (Fire precautions). Payments are made on a quarterly basis and €1.86 million was paid to 82 nursing homes in the first quarter. This scheme is operated in collaboration with the HSE and the NTPF.

2.1.6 Adult safeguarding

To address potential policy and legislative gaps and to provide national direction in the area of adult safeguarding, the Department of Health, in partnership with DCEDIY, is developing a national adult safeguarding policy for the health and social care (including disability) sector. The Departments will prepare related underpinning legislation subject to and following approval of this policy by the Government.

2.1.7 Housing options for older persons

The Department of Housing, Local Government and Heritage and the Department of Health's *Housing Options for our Ageing Population: Policy Statement* (2019) set out a policy framework to support Ireland's ageing population in a way that will increase the accommodation options available and give meaningful choice in how and where people choose to live as they age.

The core aim of the policy was to increase the options available to older people and to facilitate the integration of supports in a more coherent way, particularly between the housing and health sectors, with a view to facilitating people to live at home with dignity and independence for longer. The joint policy statement identified a programme of 40 strategic actions to further progress housing options for older people under the themes of data gathering, collaborative working, delivering choice, support services, comfort, and safety, and maintaining momentum.

A multi-stakeholder Implementation Group was established in 2019 to progress the programme of actions set out in the policy statement. Arising from the Implementation Group, four sub-

groups were established to examine specific actions from the policy statement. The final Implementation Report was published in June 2022.⁶⁶

Building on the cooperative momentum established under the joint *Policy Statement*, the Department of Health and the Department of Housing will be developing a new framework to continue the joint co-operative policy making and implementation, from the national to the local level, to continue to deliver housing and supports for our increasing ageing population. This will be taken forward within the framework of *Housing for All: A New Housing Plan for Ireland (2021)*—the Government’s housing plan for the period to 2030.

The Department of Health, alongside the Department of Housing, is currently supporting a housing with supports ‘demonstrator project’ in Inchicore in Dublin. This is a collaborative, cross-sectoral, and cross-departmental project that recognises the need for a joined-up approach to addressing the critical issue of creating housing choice for our ageing population, one that requires housing, social, and care supports to be incorporated into a single model. It is the hope that this project will act as a pathfinder project for future mainstreaming of this form of housing. The project consists of 52 individual self-contained units and associated communal spaces and the project is expected to be completed in 2024.

2.1.8 Supports for informal carers

The number of people receiving many social welfare payments has grown steadily over the past number of years, this includes Carer’s Allowance and Carer’s Benefit, Carer’s Support Grant and Domiciliary Care Allowance. Over 133,000 informal carers will benefit from income supports which will amount to over €1.7 billion in 2024. Of this the projected expenditure on the Carer’s Allowance is over €1.1 billion. The number of recipients of the Carer’s Allowance scheme has nearly doubled from 50,577 in 2010.

- As of the end of May 2024, there were 96,742 people in receipt of Carer’s Allowance for 108,745 care recipients. This represents an increase of 10.8% in the past 4 years, from 87,270 people in receipt in May 2020, and an increase of almost 12.8% from 96,413 care recipients in May 2020.
- As of the end of May, there were, 4,017 people in receipt of Carer’s Benefit for 4,386 care recipients. This represents an increase of over 14.7 % in the past 4 years, from 3,501 in May 2020, and an increase of 11.9% from 3,919 care recipients in May 2020.
- As of the end of May, there were 132,523 people in receipt of Carer’s Support Grant for 149,361 care recipients. This represents an increase of over 16% in the past 4 years from 113,928 in May 2020, and an increase of over 18% from 126,121 care recipients in May 2020.
- As of the end of May there were 55,276 people in receipt of Domiciliary Care Allowance (DCA) in respect of 62,138 children. This represents an increase of 27.6% (of customers) and almost 30% (of children) in the past 4 years, from 43,314 customers in relation to 47,834 children in May 2020.
- In Budget 2020, the number of hours a carer could engage in education, training or employment was increased from 15 to 18.5 hours.
- In Budget 2021 the Carer’s Support Grant was increased by €150 from €1,700 to €1,850 per year.
- In Budget 2022, changes to the Carer’s Allowance disregard benefitting many informal carers. For carers who work, the weekly income disregard was increased by €17.50 to

⁶⁶ See [gov - Housing Options for Our Ageing Population: Policy Statement \(www.gov.ie\)](https://www.gov.ie/en/publications-and-statements/publication-housing-options-for-our-ageing-population-policy-statement/).

€350 for a single person, and from €85 to €750 for carers with a spouse/partner. The capital and savings disregard for the Carer's Allowance means assessment was also increased from €20,000 to €50,000.

- As part of Budget 2024, the weekly income disregards have increased by €100 for a single carer and a €150 for a carer who is part of a couple.
- In addition, over the last number of Budgets, there have been a suite of once-off lump sum and double payments to assist with the cost of living and rising bills.

An interdepartmental group has also been established to examine the supports for informal carers. This group, in which the Department of Health, DCEDIY and the Department of Social Protection participate, will report its findings to the Minister for Social Protection and the Ministers for Health and for Children, Equality, Disability, Integration and Youth by Q3 2024.

2.1.9 Commission on Care for Older People

In fulfilment of the commitment in the *Programme for Government (2020)* the Government has established an independent Commission on Care for Older People, the inaugural meeting of which was convened on 21st March 2024. The Commission is being supported by a secretariat from the Department of Health.

The Commission is chaired by Professor Alan Barrett (Chief Executive Officer, Economic and Social Research Institute) and is comprised of independent experts. Collectively the members of the Commission provide expertise across the areas of geriatrics, gerontology, health economics, health policy and management, primary care, health ethics, health technologies, and ageing and disability, as well as representation of the community and voluntary sector and of older people.

The Commission is charged with examining the provision of health and social care services and supports for older people and make recommendations to the Government for their strategic development. Subsequently a cross-departmental group will be established under the auspices of the Commission to consider whether the supports for positive ageing across the life course are fit-for-purpose and to develop a costed implementation plan for options to optimise these supports.

Engagement and collaboration with stakeholders will be a central component of the work of the Commission.⁶⁷

2.1.10 Disability services

DCEDIY's *Action Plan for Disability Service 2024–2026* was published in December 2023.⁶⁸ The *Action Plan* underpins the Government's commitment to the expansion of services for people with disabilities and aims to progressively address unmet need by enhancing and reforming services, including through the creation of additional disability service posts and recruitment to these positions. The Government is committed to ensuring the expansion of disability services and DCEDIY has secured additional funding in 2024 to deliver on this commitment and specifically on the first-year targets set out in the *Plan*.

The *Programme for Government (2020)* commits to the delivery of a *National Disability Strategy* that will advance the implementation of the United Nations Convention on the Rights of Persons

⁶⁷ Further information about the Commission on Care for Older People is available at <https://www.gov.ie/en/campaigns/aecb0-commission-on-care-for-older-people/>.

⁶⁸ See [gov.ie - Action Plan for Disability Services 2024 – 2026 \(www.gov.ie\)](https://www.gov.ie/en/publications/68a0a-action-plan-for-disability-services-2024-2026/).

with Disabilities. The Cabinet Committee on Children, Education and Disability has a specific mandate to oversee the forthcoming *National Disability Strategy*, the development of which is being coordinated by DCEDIY. The *Strategy* will focus on development across the following five pillars: inclusive learning and education; employment; independent living and active participation in society; wellbeing and health; and transport and mobility.

2.1.11 Overview of the measures

Detailed in the table below is the list of measures that are being taken in Ireland to enhance the provision of long-term care, as envisaged in the European Council Recommendation.

Measure no.	Name of measure	Recommendation article/letter
Community-based health and social care services and supports for older persons		
1	Home support service	5(a), 5(b), 5(c), 5(d), 5(e)
2	Licensing framework for professional home support providers	5(a)
3	Regulations for home support services and HIQA national quality standards	6(a), 6(f)
4	Reformed model of service-delivery for home support	5(c)
5	Day care centres	5(a), 5(b), 5(d), 5(e), 6(e), 10(g)
6	Meals-on-wheels service	5(a), 5(b), 5(d), 5(e)
7	Healthy Age Friendly Homes programme	5
8	Support Coordination Service	4(a), 4(b), 4(c)
9	Enhanced Community Care programme	5 (a), 5(b), 5(c), 5(d), 5(e)
10	Integrated Care Programme for Older People (ICPOP)	5(a), 5(b), 5(c), 5(d), 5(e), 10
11	Intermediate care beds	6 (a), 6(b), 6(c), 6(d), 6(e)
12	Transitional care funding	4(a), 4(b), 4(c), 6(a), 6(b), 6(d), 10(h)
13	Community-based mobile X-ray service	5(a), 5(b), 5(c), 5(d)
Long-term residential care for older persons		
14	Nursing Homes Support Scheme (NHSS)	4(a), 4(b), 4(c), 6(a), 6(b), 6(d)
15	Nursing Homes Support Scheme (Amendment) Act, 2021	4(a), 4(b), 4(c), 6(a), 6(b), 6(d)
16	Registration and Inspection of designated centres for older people (nursing homes).	6
17	Enhancement of regulatory framework for nursing homes	6
18	Nursing Home Resident Safety Improvement Scheme	6 (b), 6(c), 6(d)
19	Community Support Teams	6(f), 6(a)
20	Introduction of 6 Quality Care Metrics as part of the inspection process for residential nursing homes.	6(a)
21	Health (Miscellaneous Provisions) (No.2) Bill, 2024: compliance and inspection	6
22	Health (Miscellaneous Provisions) (No.2) Bill, 2024: data collection	10(c)

23	Improving access to care services in nursing homes	6
24	Postgraduate qualification in gerontological nursing	8(a), 6(b)
25	CARU Learning Programme	8(a), 6(b)
26	<i>Review of Pricing System for Long Term Residential Care Facilities</i>	6 (a), 6(b), 6(c), 6(d), 10(h)
27	<i>A Value for Money Review of Nursing Home Care Costs</i>	4(b), 4(c), 6(c)
28	Community Nursing Unit programme	6
29	<i>Design Guide for Long-Term Residential Care Settings for Older People</i>	5(a), 5(b), 5(c), 5(d), 5(e), 6(a), 6(b), 6(c), 6(d), 6(e)
Dementia services and supports		
30	<i>National Dementia Strategy</i>	5, 9
31	Dementia day care (centre-based and home-based)	4(c), 5(a), 5(b), 5(d)
32	Establish a network of Memory Technology Resource Rooms	5(c)
33	'Dementia: Understand Together in Communities' campaign	5(e)
34	Dementia education programme for HSE home support workers	8(a)
35	National Intellectual Disability Memory Service	4(b)
Other policy initiatives		
36	Strategic Workforce Advisory Group	7(a), 8(c), 8(d)
37	Provision of legal migration pathways for long-term carers	8(d)
38	National Standards for Adult Safeguarding	6
39	National policy on adult safeguarding	6(e), 6(f)
40	<i>Housing Options for our Ageing Population: Policy Statement</i>	5(a), 5(b), 5(c), 5(d), 5(e)
41	Pathfinder project for future mainstreaming of housing with support model.	5(a), 5(b), 5(c), 5(d), 5(e)
42	<i>Digital Health Framework for Ireland 2024–2030</i>	5(c)
43	<i>National Positive Ageing Strategy</i>	4(a) (b) (c) 5(a) (b) (c) (d) 6(d) 10(b) (d) (g) (h)
44	Commission on Care for Older People	4(a), 4(b), 4(c), 5(a), 5(b), 5(c), 5(d), 6(d), 10(b), 10(d), 10(g), 10(h)
Disability services		
45	Disability Services Management Application (DSMAT)	5(d)
46	<i>New Directions</i> policy of person-centred disability day services	5(d), 5(e)
47	<i>Action Plan for Disability Services 2024–2026</i>	4, 5, 8(b)
48	Personalised budgets pilot	4(c)
49	Monitoring Framework for Disability Day Services	6
50	Personal Assistance Review	5
51	Stakeholder Involvement in Ireland's new <i>National Disability Strategy</i>	10(b)
52	Targeted workforce expansion in Disability Services	8(e)

53	Targeted expansion of undergraduate courses in higher education institutions	8(a)
54	Pay parity for employees of voluntary organisations (section 39 workers)	7(a)
55	Global Lead on Digital Assistive Technology project	5
56	Cooperative Real Engagement for Assistive Technology Enhancement (CREATE)	5
57	Regulation of Designated Centres for people with disabilities (adults and children)	6
Informal carers		
58	<i>National Carers' Strategy</i>	9
59	Carer's Allowance	9(c)
60	Carer's Benefit	9(c)
61	Carer's Support Grant	9(c)
62	Domiciliary Care Allowance	9(c), 5(d)
63	Long-Term Carer's Contributions (LTCC)	9(c)
64	Carers Guarantee	9
65	Residential respite care	9
66	Home Support Emergency Respite Scheme	5(a), 5(b), 5(c), 5(d) 6(a), 6(b), 6(c)
67	InterRAI Family Carer Needs Assessment Pilot	9

2.2 Description of the measures

Set out below in the tables below are details of the measures (listed above) that are being taken in Ireland to enhance the provision of long-term care, as envisaged in the European Council Recommendation.

Measure 1	Home support service
Aim	<p>The home support service provides support to older persons to remain in their own homes for as long as possible as well as supporting informal carers. The home support service provides older persons with assistance with personal care and everyday tasks including (ADL and IADL), such as:</p> <ul style="list-style-type: none"> • getting in and out of bed • dressing and undressing • showering and shaving <p>The support that service-users receive depends on their individual needs. These supports are provided by the HSE or by an external provider, approved by the HSE.</p>
Type (e.g. legislative reform, investment, etc.)	Service provision.
Target group (definition and size)	The home support service is available to people aged 65 or over who may need support to continue living at home or to return home following a hospital stay.

	<p>Sometimes exceptions are made for people younger than 65 who may need support (such as people with early onset dementia or a disability).</p> <p>Currently the home support service is provided free-of-charge. Prospective service-users do not need to hold a medical card to apply and their income is not means-tested. However if the service-user arranges additional home supports over and above the level funded by the HSE, then they have to pay for these.</p>
Results and impact (expected or achieved)	Older persons with support needs are helped to live independently in their own homes.
Timeline	On-going
Financial resources (both national and EU funding)	c.€730 million in 2024
Implementing body(ies) and cooperation with stakeholders	HSE, voluntary and private providers.
Evaluation	The provision of this service is monitored by the HSE.
Cross-linkages with other measures	Day care centres, meals-on-wheels, the Integrated Care Programme for Older People (ICPOP), Community Specialist Teams, licensing framework for professional home support providers, regulations for home support services and HIQA national quality standards, reformed model of service-delivery for home support.

Measure 2	Licensing framework for professional home support providers
Aim	The primary purpose of the licensing system will be to ensure that home support services are of consistently high quality as well as to safeguard service-users. This legislative reform will introduce a licensing framework for home support providers who will be required to meet minimum requirements set out under Ministerial regulations in order to provide a home support service in Ireland.
Type (e.g. legislative reform, investment, etc.)	Legislative reform: primary legislation
Target group (definition and size)	The target group for this measure is approximately 200 professional home support service providers in Ireland. These providers include the HSE, HSE-funded private and voluntary services and privately commissioned services.
Results and impact (expected or achieved)	This framework will serve to safeguard service-users and to raise the quality and consistency of care nationally. It will advance the <i>Programme for Government</i> commitment to introduce a statutory home support scheme.
Timeline	It is projected that the legislation will be in place from Q3 2024 and that it will take 3 years for the regulatory system to become fully operational.
Financial resources (both national and EU funding)	The cost of introducing the legislative framework for the licensing and regulation of home support providers is estimated to be €1.1 million annually.

Implementing body(ies) and cooperation with stakeholders	In the process of being implemented by the Department of Health in cooperation with the DCEDIY and HIQA.
Evaluation	A regulatory impact assessment has been published. ⁶⁹
Cross-linkages with other measures	Home support service, regulations for home support services and HIQA national quality standards, reformed model of service-delivery for home support.

Measure 3	Regulations for home support services and HIQA national quality standards
Aim	Regulations for home support services will set out the minimum requirements that a provider must meet to obtain a licence. This will be further supported by national quality standards which will be developed by the Health Information and Quality Authority. HIQA's Chief Inspector will be responsible for monitoring and assessing compliance of registered home support providers against regulations and HIQA standards.
Type (e.g. legislative reform, investment, etc.)	Legislative reform: secondary legislation
Target group (definition and size)	The target group for this measure is approximately 200 professional home support service providers in Ireland. These providers include the HSE, HSE-funded private and voluntary services and privately commissioned services.
Results and impact (expected or achieved)	These regulations will offer quality assurance to service-users that their service meets the same minimum standards wherever and however it is provided. The introduction of a statutory framework to provide independent oversight of home support providers will ensure increased compliance with regulations and quality standards.
Timeline	It is projected that the legislation will be in place from Q3 2024 and that it will take 3 years for the regulatory system to become fully operational.
Financial resources (both national and EU funding)	The cost of introducing the legislative framework for the licensing and regulation of home support providers is estimated to be €1.1 million <i>per annum</i> .
Implementing body(ies) and cooperation with stakeholders	Implemented by the Department of Health in cooperation with DCEDIY and HIQA.
Evaluation	
Cross-linkages with other measures	Home support service, licensing framework for professional home support providers, reformed model of service-delivery for home support.

⁶⁹ See <https://www.gov.ie/en/publication/a3ef4-general-scheme-of-the-health-amendment-licensing-of-professional-home-support-providers-bill-2024/>

Measure 4	Reformed model of service-delivery for home support
Aim	The introduction of a reformed model of service-delivery for home support services encompassing the national roll-out of interRAI as a single assessment tool to support equitable service-allocation and the implementation of a new national IT system for home support.
Type (e.g. legislative reform, investment, etc.)	Service-delivery reform.
Target group (definition and size)	Older persons
Results and impact (expected or achieved)	More equitable allocation of home support services based on service-users' care-needs; improved data-collection and monitoring of home support.
Timeline	The HSE has committed to a target of 18,000 interRAI assessments in their 2024 <i>National Service Plan</i> . Ongoing analysis and research are being undertaken with interRAI data to increase understanding of interRAI outputs and application of decision-making frameworks and resource allocation models.
Financial resources (both national and EU funding)	Exchequer-funded.
Implementing body(ies) and cooperation with stakeholders	Department of Health in cooperation with the HSE.
Evaluation	In 2023 the testing of interRAI was evaluated in 4 pilot sites and findings have informed operational aspects of the home support service.
Cross-linkages with other measures	Home support service, licensing framework for professional home support providers, regulations for home support services and HIQA national quality standards; Strategic Workforce Advisory Group.

Measure 5	Day care centres
Aim	<p>Day care centres offer services such as a midday meal, group activities, physiotherapy, occupational therapy, chiropody, and laundry services. The number of days this service is provided varies from area to area. The HSE also directly provides and funds voluntary organisations to provide day care and meals-on-wheels services.</p> <p>The type of day service provided varies with some providing a more social element which may offer personal care such as showering, chiropody; while other services are nurse led and provide a nursing service as well as social activities.</p> <p>Some day care centres are targeted at specific conditions such as Alzheimer's/dementia.</p>
Type (e.g. legislative reform, investment, etc.)	Service provision
Target group (definition and size)	

Results and impact (expected or achieved)	This service supports older persons to remain in their own homes for as long as possible and supports informal carers.
Timeline	On-going
Financial resources (both national and EU funding)	Exchequer-funded.
Implementing body(ies) and cooperation with stakeholders	HSE, voluntary sector and private-sector providers.
Evaluation	The provision of this service is monitored by the HSE.
Cross-linkages with other measures	Home support service, meals-on-wheels service, the Integrated Care Programme for Older People (ICPOP), Community Specialist Teams.

Measure 6	Meals-on-wheels service
Aim	The meals-on-wheels service, located across the country, provide a significant connection and support to many older people in our communities by helping to maintain their health and independence through the provision of healthy meals.
Type (e.g. legislative reform, investment, etc.)	Service provision
Target group (definition and size)	There are over 300 meals-on-wheels organisations in operation across the country delivering on average 239,000 meals monthly to approximately 19,000 clients monthly.
Results and impact (expected or achieved)	Older persons with support needs are helped to live independently in their own homes.
Timeline	On-going
Financial resources (both national and EU funding)	c.€6.25 million (2024)
Implementing body(ies) and cooperation with stakeholders	HSE and voluntary providers
Evaluation	The provision of this service is monitored by the HSE.
Cross-linkages with other measures	Home support service, day care centres, Healthy Age Friendly Homes programme, Support Coordination Service

Measure 7	Healthy Age Friendly Homes programme
Aim	The Healthy Age Friendly Homes programme is a support coordination programme that aims to enable older people to age in place and reduce the need to transfer to long-term residential care.
Type (e.g. legislative reform, investment, etc.)	Service provision
Target group (definition and size)	The programme aims to support up to 10,500 older persons in their homes on an annual basis.
Results and impact (expected or achieved)	During the course of the pilot programme across nine sites between 2021 and 2023, local coordinators carried out 4,845 home visits and provided 9,030 supports to older people.

Timeline	On-going
Financial resources (both national and EU funding)	Annual recurring funding of €5.2 million provided in 2023 by the exchequer to roll out the pilot programme nationally. Following completion of a recruitment campaign, the programme will launch nationally in June 2024.
Implementing body(ies) and cooperation with stakeholders	Healthy Age Friendly Homes is an innovative collaboration operating at the interface between health, housing, local government and climate action to address these wider determinants of health through the Age Friendly Ireland shared service.
Evaluation	<p>An evaluation conducted by Maynooth University has demonstrated improvements in measurements of older people's self-reported health status, quality of life, loneliness, social supports, self-efficacy, and functional ability. A final evaluation report will be published in June 2024. In addition, individual cases have demonstrated evidence of the following positive outcomes:</p> <ul style="list-style-type: none"> • Reduced premature/untimely admission to residential care. • Increase in early discharge from acute hospitals (reduced length of stay). • Reduction in presentations to Emergency Departments. • Reduced missed hospital appointments. • Increased longevity of tenancies. • Better use of housing stock.
Cross-linkages with other measures	Support Coordination Service, Enhanced Community Care programme

Measure 8	Support Coordination Service
Aim	These services will support the Enhanced Community Care model and facilitate all CHNs to deliver a coordinated system of care, integrated around older persons' needs, by collaborating with the Integrated Care Programme for Older People (ICPOP) teams, and further expanding the ALONE Community and Partnerships to co-ordinate and deliver services in each CHO. The service provides access to a range of services, including practical supports, befriending services, social prescribing, assistive technologies, and access to local community groups.
Type (e.g. legislative reform, investment, etc.)	Service provision
Target group (definition and size)	Over 65s.
Results and impact (expected or achieved)	The goal of the Support Coordination Service is to improve the quality of life for older persons by improving access to integrated care through working with provider partners, statutory bodies, and volunteers. It supports the provision of the right level of care, in a timely manner, in an appropriate location, ideally in a setting of older persons' choice.
Timeline	On-going
Financial resources (both national and EU funding)	Exchequer-funded.

Implementing body(ies) and cooperation with stakeholders	HSE
Evaluation	
Cross-linkages with other measures	Enhanced Community Care programme; Health Age Friendly Homes programme.

Measure 9	Enhanced Community Care programme
Aim	<p>The Enhanced Community Care Programme, developed in 2019 as part of overall <i>Sláintecare</i> reforms, aims to increase levels of healthcare provision in the community setting, thereby re-orienting the focus of care delivery away from the acute hospital system, towards general practice, primary care, and community-based services. The focus is on implementing an end-to-end care pathway that cares for people at home and over time prevent referrals and admissions to acute hospitals where it is safe and appropriate to do so and enable a “home first” approach.</p> <ul style="list-style-type: none"> • The Community Healthcare Networks (CHNs) provide the foundation and organisational structure through which integrated care is provided locally. • The Community Specialist Teams (CSTs) provide consultant-led multi-disciplinary care to older persons, and those with chronic disease, in the community. • The Community Intervention Teams (CITs) seek to prevent unnecessary hospital admission or attendance, and to facilitate early discharge of patients appropriate for CIT care. • Combined, these represent a re-orienting of care provision towards primary and community care setting, enabling quicker access to care and more local decision-making. • The GP Access to Community Diagnostics initiative ensures that GPs can access a suite of diagnostic tests quickly for their patients, without the patient requiring referral to a consultant, and without having to attend hospital. The GP Access to Community Diagnostics initiative enables a greater level of care to be delivered in the community, supporting patient-centred care, early diagnosis, and early intervention.
Type (e.g. legislative reform, investment, etc.)	Service provision
Target group (definition and size)	<ul style="list-style-type: none"> • The CHNs, on average serving a population of 50,000. • The CST service a population on average of 150,000 equating on average to 3 CHNs. The teams are being co-located together in ‘hubs’ located in or adjacent to primary care centres reflecting a shift in focus away from the acute hospital towards general practice and a primary care & community-based service model. • The CIT service aims to prevent unnecessary hospital admission or attendance, and to facilitate / enable early discharge of patients appropriate for CIT care.

	<ul style="list-style-type: none"> The GP Access to Community Diagnostics initiative ensures that GPs can access a suite of diagnostic tests quickly for their patients, without the patient requiring referral to a consultant, and without having to attend hospital.
Results and impact (expected or achieved)	<ul style="list-style-type: none"> 2,807 staff have been on-boarded (2,766) or are at an advanced stage of recruitment (41), with 80% of full recruitment target achieved (latest data as of 31st March 2024) 96 of the 96 planned CHNs are now operational. CSTs for Older Persons: 27 of the planned 30 are now established. CSTs for Chronic Disease Management: 26 of the planned 30 are now established. Community Intervention Teams: 23 operational, with national coverage secured. <p>Further Enhanced Community Care teams will be implemented in 2024, with the focus for the programme this year being on consolidating the progress made to date and increasing productivity and output to maximise impact from existing level of resources.</p>
Timeline	On-going
Financial resources (both national and EU funding)	€195 million <i>per annum</i>
Implementing body(ies) and cooperation with stakeholders	HSE
Evaluation	
Cross-linkages with other measures	

Measure 10	Integrated Care Programme for Older People (ICPOP)
Aim	<p>ICPOP community specialist teams provide services for older people who:</p> <ul style="list-style-type: none"> have complex care needs need specialist multidisciplinary intervention to help maintain their independence and live well at home <p>ICPOP teams provides a comprehensive geriatric assessment, where members of the team work together to assess and respond to an older person's needs.</p> <p>ICPOP teams typically include nurses, a physiotherapist, an occupational therapist, a speech and language therapist, a social worker and dietician, under the governance of a consultant geriatrician.</p> <p>The assessment is a full evaluation of an older person's:</p> <ul style="list-style-type: none"> medical conditions

	<ul style="list-style-type: none"> functional capacity social circumstances
Type (e.g. legislative reform, investment, etc.)	Service provision
Target group (definition and size)	The team provides access to community-based treatment for eligible older persons for a period of up to 6 weeks. (An older person can get a referral from their GP or consultant geriatrician.)
Results and impact (expected or achieved)	This service assists older persons with support needs to continue to live independently in their own homes.
Timeline	On-going
Financial resources (both national and EU funding)	Exchequer-funded
Implementing body(ies) and cooperation with stakeholders	HSE
Evaluation	The provision of this service is monitored by the HSE.
Cross-linkages with other measures	Home support service, meals-on-wheels service, and day care centres.

Measure 11	Intermediate care beds
Aim	<p>Short-term residential care for older persons is recognised as an important component of a devised package of measures that support service-users with particular care needs to remain living quality lives within their own communities on discharge from acute medical settings. Short-term intermediate care beds are in publicly managed community hospitals/community nursing units and private nursing homes and consist of a number of different categories of beds: palliative; respite; dementia specific respite; convalescent; assessment beds; rehabilitation beds and reablement beds. Intermediate care beds provide a higher level of care than those funded as transitional care beds and may also involve additional services such as physiotherapy or occupational therapy.</p> <p>Since 2020, there has been a renewed focus on delivering sufficient intermediate care in the community to reduce hospital admissions and facilitate older persons' timely discharge from acute settings. This transformation in care delivery helps protect Irish society's most vulnerable and helps enable them to live supported in their own homes for as long as possible. In recent years intermediate care capacity has been expanded through:</p> <ul style="list-style-type: none"> Repurposing of unoccupied NHSS beds Capacity created through new community nursing units. Obtaining additional capacity from the private sector

	These beds provide a reablement service can also be accessed by the community as a hospital avoidance measure in addition to assisting with hospital discharge.
Type (e.g. legislative reform, investment, etc.)	Service provision
Target group (definition and size)	
Results and impact (expected or achieved)	<p>As of April 2024, there have been 1,061 community beds developed from this funding: 393 public beds and 668 contracted beds currently on-stream (508 nationally managed and 160 locally managed).</p> <p>It is expected that 16 further public short-term community care beds to be delivered in the remainder of 2024. The HSE continues to work to expand this service offering recognising that this type of care can more appropriate address client needs.</p>
Timeline	On-going
Financial resources (both national and EU funding)	€125 million <i>per annum</i> since 2021.
Implementing body(ies) and cooperation with stakeholders	The HSE provide this service directly and commission beds from private/voluntary nursing home providers. The Department of Health oversee the process.
Evaluation	The Department of Health is reviewing current intermediate care bed process and policy during 2024.
Cross-linkages with other measures	Provision of transitional care funding.

Measure 12	Transitional care funding
Aim	<p>The provision of transitional care funding has been in place since 2015. This was originally funded for individuals who were moving from acute settings into long-term residential care who were availing of the Nursing Home Support Scheme (NHSS) also known as the 'Fair Deal' Scheme (person has applied and is on the National Wait List awaiting release of funds or placement). The approvals allow patients to move to private nursing homes for this period, particularly while they are applying or waiting for funding for NHSS, thus supporting the patient flow across the acute hospital system.</p> <p>During COVID eligibility for this funding was expanded to cover additional categories of individual reflective of the various reasons which can cause delayed transfers of care for patients from acute settings. While the HSE maximises the use of resources, prioritising those requiring discharge from acute hospitals, there remains a demand for egress support.</p>

	<p>Funding is available to all acute hospitals to support the following patients:</p> <ul style="list-style-type: none"> • NHSS (once the service-user has been medically approved as requiring long-stay care) • Convalescence up to 6 weeks • Delays in the provision of home support • Service-users who require home adaptations to facilitate their care on return home • Service-users with legal complexities preventing completion of the NHSS process. <p>The provision of transitional care beds in private nursing homes assists with patients in acute hospitals who have been deemed clinically fit for discharge from an acute bed but whose discharge is delayed because they are waiting for some form of on-going support or care following their discharge.</p>
Type (e.g. legislative reform, investment, etc.)	Investment
Target group (definition and size)	
Results and impact (expected or achieved)	In 2023 10,420 individuals were approved for transitional care funding. As of 19 th April 2024, 3,378 had been approved for transitional care funding to date in 2024.
Timeline	On-going
Financial resources (both national and EU funding)	Exchequer-funded
Implementing body(ies) and cooperation with stakeholders	The HSE manages the funding approvals. Private nursing homes provide the service. The Department of Health oversees the process.
Evaluation	The Department of Health is reviewing the current transitional care funding process and policy during 2024.
Cross-linkages with other measures	Intermediate care beds

Measure 13	Community-based mobile X-ray service
Aim	The HSE has introduced a national, rapid response, community-based mobile X-ray service for older patients in nursing homes, community facilities and in patients' homes. ⁷⁰ The service ensures that if an older patient in a nursing home has a fall, or requires an X-ray such as a chest X-ray, then the radiographer will arrive on site and an X-ray examination will take place in their own room in the nursing home. The report on the examination is then shared with the referring doctor within four hours.

⁷⁰ See Health Service Executive, 'Mobile X-ray Service Benefits Patients and Reduces ED Visits', 4th September 2023, [Mobile X-ray service benefits patients and reduces ED visits - HSE.ie](https://www.hse.ie/eng/press/2023/09/04/mobile-x-ray-service-benefits-patients-and-reduces-ed-visits/).

Type (e.g. legislative reform, investment, etc.)	Service provision
Target group (definition and size)	Over 1,000 GPs have referred to the service across more than 352 nursing homes and community nursing units.
Results and impact (expected or achieved)	<p>Results show 7,634 patient examinations have been carried out for residents in nursing home and community facilities as part of the mobile X-ray service up to the end of January 2024. For the vast majority of these patients (94%) a diagnosis was provided that prevented a transfer to hospital.</p> <p>In January 2024, 593 patients were visited in nursing homes, community care facilities and private houses. Of these, in 573 cases a hospital transfer was avoided meaning 1146 ambulance journeys to hospitals were avoided because the mobile X-ray service came to the patient.</p> <ul style="list-style-type: none"> Improving the integration of services for older persons across the continuum of health and social care. <p><i>Value</i></p> <ul style="list-style-type: none"> Improving in-patient flow through the health and social care system by: <ul style="list-style-type: none"> Reducing delayed discharges in the acute hospital system. Decreasing the average length-of-stay in the acute hospital system for patients aged >65 years, >75 years, and >85 years. Developing community health and social services to meet population needs. Reducing the risk of inappropriate re-admission following discharge. Decreasing the risk of re-attendance at an emergency department. Reduce % of inappropriate admissions to acute and long-term care.⁷¹
Timeline	On-going
Financial resources (both national and EU funding)	Exchequer-funded
Implementing body(ies) and cooperation with stakeholders	HSE, GPs and service providers (public, private and voluntary)
Evaluation	
Cross-linkages with other measures	Integrated Care Programme for Older People (ICPOP)

⁷¹ See Health Service Executive, 'Older Persons National Clinical Programme', [Older Persons National Clinical Programme - HSE.ie](https://www.hse.ie/eng/health/olderpersons/olderpersons_national_clinical_programme.htm).

Measure 14	Nursing Homes Support Scheme (NHSS)
<p>Aim</p>	<p>The Nursing Homes Support Scheme (NHSS) commonly referred to as ‘Fair Deal’ is a system of financial support introduced in 2009 (through the enactment of the Nursing Homes Support Scheme Act, 2009) for people who require long-term residential care. Participants contribute to the cost of their care according to their means, while the State pays the balance of the cost.</p> <p>The Scheme aims to ensure that long-term residential care is accessible and affordable for everyone, thereby supporting vulnerable older people at a time in their lives when full-time care is essential, and to ensure that people are cared for in the most appropriate settings.</p> <p>Participants within the NHSS contribute up to 80% of their income (40% if part of a couple) and 7.5% <i>per annum</i> of the value of their assets (3.75% if part of a couple). The first €36,000 (€72,000 if part of a couple) is excluded from assessment. The value of a person’s principal residence is only assessed for contributions for their first three years on the scheme. This is known as the three-year cap, which is intended to protect the value of a principal private residence, along with the other safeguards built into the financial assessment which ensure that:</p> <ul style="list-style-type: none"> • Nobody will pay more than the actual cost of their care; • A participant will keep a personal allowance of 20% of their income or 20% of the maximum rate of the State Pension (Non-Contributory), whichever is greater; and • If a participant has a spouse or partner remaining at home, they will be left with 50% of the couple’s income or the maximum rate of the State Pension (Non-Contributory), whichever is greater. <p>A participant will only pay contributions for the amount of time they actually spend in care. Data from HSE indicates that, on average, NHSS residents cover around 30% of their cost of care, with the state covering the remaining 70%. This proportion is based on the assessment of residents’ assets and income, rather than on the cost of providing their care, and has remained stable over recent years.</p> <p>The NHSS covers the cost of the standard components of long-term residential care which are:</p> <ul style="list-style-type: none"> • Nursing and personal care appropriate to the level of care needs of the person; • Bed and board; • Basic aids and appliances necessary to assist a person with the activities of daily living; and • Laundry service.

Type (e.g. legislative reform, investment, etc.)	Funding scheme
Target group (definition and size)	Participants to the scheme that have been assessed as requiring long term residential care.
Results and impact (expected or achieved)	The NHSS currently supports about 23,000 people. Around 80% of those are supported in private nursing homes, with the remainder in public, HSE-run facilities (both systems are funded through the NHSS).
Timeline	On-going
Financial resources (both national and EU funding)	<p>€1.5 billion in 2024 (including service-users' contributions).</p> <p>In addition, over €151 million has been provided to private and voluntary nursing homes through the COVID-19 Temporary Assistance Payment Scheme (TAPS) and the provision of free personal protective equipment and oxygen to private nursing homes continues, costing approximately €77 million to date.</p> <p>In addition, a new €10 million scheme was established in 2022 to support private and voluntary nursing homes with increases in energy costs, covering 75% of year-on-year cost-increases up to a monthly cap of €5,250 per nursing home. This scheme was extended for a second time to the end of June 2023, with a further short-term extension under review.</p>
Implementing body(ies) and cooperation with stakeholders	The HSE administers the NHSS. The amount of funding that is allocated per NHSS-participating resident to each private nursing home is set by the maximum rates agreed between each nursing home and the NTPF. The Department of Health oversees the scheme and liaises on regular basis with the NTPF, HSE and representative stakeholders.
Evaluation	
Cross-linkages with other measures	Nursing Homes Support Scheme (Amendment) Act, 2021

Measure 15	Nursing Homes Support Scheme (Amendment) Act, 2021
Aim	The aim of the Nursing Homes Support Scheme (Amendment) Act, 2021, was to introduce safeguards in the NHSS to further protect the viability and sustainability of family farms and businesses. The principal amendment of this Act ensures that where the owners of farms and businesses go into long-term residential care, their contributions against those assets will be capped at 3 years, providing that a named family successor commits to running the asset for a period of six years and certain other conditions are met. It also includes an amendment in relation to applying the 3-year cap to the proceeds of sale of a house while a resident is in long-term care. This addresses action 19.7 of <i>Housing for All: A New Housing Plan for Ireland (2021)</i> .
Type (e.g. legislative reform, investment, etc.)	Legislative reform

Target group (definition and size)	Family farms and small businesses
Results and impact (expected or achieved)	Prior to the enactment of this Amendment Act, the cash asset resulting from the sale of a 'principal residence' was assessable in full for the entire length of stay in care, thereby disincentivising the sale of residents' homes. The 2021 Act extended the 3-year cap to cover the proceeds of such a sale, so that a person would be able to sell their home without incurring additional fees from the fourth year of their stay on long-term care onwards.
Timeline	The Nursing Homes Support Scheme (Amendment) Act, 2021, was signed into law on 22 nd July 2021 and became operational from 20 th October 2021.
Financial resources (both national and EU funding)	
Implementing body(ies) and cooperation with stakeholders	The Department of Health implemented this legislative change and ensured stakeholders such as the HSE NHSS Teams, and representative stakeholder groups were briefed on the changes.
Evaluation	
Cross-linkages with other measures	Nursing Homes Support Scheme (NHSS)

Measure 16	Registration and inspection of designated centres for older people
Aim	To ensure the regulatory compliance of designated centres for older people.
Type (e.g. legislative reform, investment, etc.)	<ul style="list-style-type: none"> • The Chief Inspector of Social Care and the Health Information Quality Authority (HIQA) is the national independent regulator of Public Community Nursing Units and Private Nursing Homes. All these homes are subject to registration and inspection by HIQA, which is underpinned by a comprehensive quality framework comprising legislation, primary and secondary and National Quality Standards. • Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2022 • Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2017 • S.I. No. 293/2016 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016 • S.I. No. 61/2015 - Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 • S.I. No. 415/2013 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013

	<ul style="list-style-type: none"> National Standards for Residential Care Settings for Older People in Ireland (2016)
Target group (definition and size)	<ul style="list-style-type: none"> 553 registered designated centres for older people
Results and impact (expected or achieved)	<p>The registration and regulation of nursing home processes are in place to ensure nursing homes are fit for purpose and meet the requirements set out in the regulations. Inspections typically includes a mix of announced and unannounced, as required and all inspection reports are publicly available on HIQAs website.</p> <ul style="list-style-type: none"> HIQA continuously monitors centres through on-site inspections and reviews of information held. HIQA undertook 785 inspections in 2023 and 726 inspections in 2022. Overall compliance in 2022 was high at 88%. 90% and 98% of inspections were unannounced in 2022 and 2023 All inspection reports are published at www.hiqa.ie. <p>HIQA publishes a suite of guidance for providers.</p>
Timeline	On-going
Financial resources (both national and EU funding)	N/A
Implementing body(ies) and cooperation with stakeholders	HIQA, HSE, and voluntary/private nursing home service providers.
Evaluation	Designated centres are assessed under quality framework as described above
Cross-linkages with other measures	Enhancement of regulatory framework for nursing homes.

Measure 17	Enhancement of regulatory framework for nursing homes
Aim	The overall aim of the amendments to the regulatory framework is to clarify and enhance existing legislative provisions so as to improve the experience of nursing home residents.
Type (e.g. legislative reform, investment, etc.)	Legislative reform
Target group (definition and size)	Nursing homes
Results and impact (expected or achieved)	The experience of nursing home residents will be improved.
Timeline	Q3–Q4 2024
Financial resources (both national and EU funding)	N/A
Implementing body(ies) and	HIQA will inspect nursing homes' compliance with the regulations.

cooperation with stakeholders	Engagement has occurred with nursing home representatives, HIQA and the HSE
Evaluation	Amendments are currently being drafted so no evaluation is planned at this juncture.
Cross-linkages with other measures	Registration and inspection of designated centres for older people, introduction of 6 Quality Metrics, the Health (Miscellaneous Provisions) (No. 2) Bill, 2024, and improving access to care services in nursing homes.

Measure 18	Nursing Home Resident Safety Improvement Scheme
Aim	To assist private and voluntary nursing homes carry out structural work related to Regulation 27 (protection against infection) and Regulation 28 (fire safety) to improve compliance. ⁷²
Type (e.g. legislative reform, investment, etc.)	Service enhancement.
Target group (definition and size)	Private and voluntary nursing homes
Results and impact (expected or achieved)	The goal of the scheme is to Improve the safety of centres for nursing homes in compliance with HIQA Regulation 27 and Regulation 28. As of 30 th May, early indications indicate improved levels of compliance. 59% (n=24) of applicants who applied under Regulation 27, and 44% (n=29) of those who applied under Regulation 28 achieved improved HIQA ratings. It is too early to tell whether compliance levels have improved for all applicants as, in some cases, those regulations have not been assessed since by HIQA. As part of the ongoing monitoring of HIQA reports, Resident Safety Improvement Scheme payment-recipients' ratings will be monitored for improvement and it is expected that the indicative improvement levels noted above will improve further.
Timeline	This scheme will run for the duration of 2024. Applications are accepted from the 2 nd February 2024 until the 15 th November 2024.
Financial resources (both national and EU funding)	€10 million (2024)
Implementing body(ies) and cooperation with stakeholders	Regarding the governance of the scheme, the HSE is the scheme administrator and manages the payments, the NTPF administers the application process, and the Department of Health provides oversight to the overall management of the scheme. Before and during the operation of the scheme, engagement continues with representative stakeholder groups to ensure their members are aware of and availing of the scheme.
Evaluation	On a quarterly basis, reports will be submitted to the Minister evaluating the payments made, what was claimed, and the impact on compliance levels.
Cross-linkages with other measures	Community Support Teams

⁷² S.I. No. 415/2013 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Measure 19	Community Support Teams
Aim	Community Support Teams provide direct support to nursing homes in respect of Infection, prevention and control, and safeguarding expertise.
Type (e.g. legislative reform, investment, etc.)	Service provision
Target group (definition and size)	Nursing homes
Results and impact (expected or achieved)	The enhancement of service-users' safety and the quality of care.
Timeline	On-going
Financial resources (both national and EU funding)	€9.3 million <i>per annum</i>
Implementing body(ies) and cooperation with stakeholders	The HSE will be responsible for providing support and expertise to all nursing homes registered with HIQA. Engagement has occurred with nursing home representatives and the HSE.
Evaluation	Now established as business as usual.
Cross-linkages with other measures	Nursing Home Resident Safety Improvement Scheme

Measure 20	Introduction of 6 quality care metrics as part of the inspection process for residential nursing homes.
Aim	Introduction of 6 quality care metrics as part of the inspection process for residential nursing homes.
Type (e.g. legislative reform, investment, etc.)	Legislative reform
Target group (definition and size)	Nursing homes
Results and impact (expected or achieved)	Expected to be introduced into legislation by Q4, 2024
Timeline	Q4 2024
Financial resources (both national and EU funding)	N/A
Implementing body(ies) and cooperation with stakeholders	All nursing homes registered with the national regulator – HIQA. Engagement has occurred with an expert body which was convened to introduce quality metrics and Nursing home representatives.
Evaluation	As part of the inspection process carried out by HIQA.
Cross-linkages with other measures	Enhancement of regulatory framework for nursing homes.

Measure 21	Health (Miscellaneous Provisions) (No.2) Bill 2024: compliance and inspection
Aim	To provide for enhanced enforcement measures to improve compliance with regulations and standards in Designated Centres for Older People and Designated Centres for People with a Disability.
Type (e.g. legislative reform, investment, etc.)	Legislative reform
Target group (definition and size)	Residents of designated centres for older people, people with disabilities and residents of children's residential centres and special care units.
Results and impact (expected or achieved)	Enhanced compliance with regulations to improve quality of life of residents.
Timeline	Q1–Q2 2025
Financial resources (both national and EU funding)	N/A
Implementing body(ies) and cooperation with stakeholders	HIQA Stakeholder-engagement undertaken with stakeholders and HSE, including broad-based steering group membership, focus group research and public consultation.
Evaluation	Evaluation of the Bill will be undertaken by the Department of Health and DCEDIY and by relevant statutory agencies.
Cross-linkages with other measures	Introduction of 6 quality care metrics as part of the inspection process for residential nursing homes, enhancement of the regulatory framework for nursing homes, Health (Miscellaneous Provisions) (No. 2) Bill, 2024: data collection.

Measure 22	Health (Miscellaneous Provisions) (No. 2) Bill, 2024: data collection
Aim	Provide for the collection, sharing and publication of key data from designated centres for older people.
Type (e.g. legislative reform, investment, etc.)	Legislative reform
Target group (definition and size)	Residents and staff of designated centres for older people
Results and impact (expected or achieved)	To inform policy making and enhance service delivery planning.
Timeline	Q1–Q2 2025
Financial resources (both national and EU funding)	Negligible costs associated as data is already collected and stored by the majority of designated centres for older people.
Implementing body(ies) and cooperation with stakeholders	Chief Inspector of Social Services in HIQA. Engagement has taken place with stakeholders when developing policy and again prior to publication of Bill.
Evaluation	Data categories reviewed and case studied and approved by the HSE, HIQA and the Chief Inspector of Social Services

Cross-linkages with other measures	Introduction of 6 quality care metrics, Health (Miscellaneous Provisions) (No. 2) Bill, 2024: compliance and inspection.
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Measure 23	Improving access to care services in nursing homes
Aim	<ul style="list-style-type: none"> To improve equity of access for nursing home residents to primary care and other services To reduce the number of older people presenting at emergency departments in acute hospitals.
Type (e.g. legislative reform, investment, etc.)	Service-enhancement
Target group (definition and size)	Residents of private nursing homes in particular
Results and impact (expected or achieved)	<p>Expected/Intended</p> <ul style="list-style-type: none"> Improved access for nursing home residents to primary care and other services/items they require. Improved care pathways Reduction in hospital admissions
Timeline	Medium to long term
Financial resources (both national and EU funding)	
Implementing body(ies) and cooperation with stakeholders	HSE
Evaluation	
Cross-linkages with other measures	Enhancement of regulatory framework for nursing homes, introduction of 6 Quality Metrics.

Measure 24	Postgraduate qualification in gerontological nursing
Aim	To provide a postgraduate qualification in gerontological nursing in order to enhance the nursing expertise available in long-term residential care.
Type (e.g. legislative reform, investment, etc.)	Educational reform.
Target group (definition and size)	Nursing homes
Results and impact (expected or achieved)	<p>The enhancement of nursing expertise in long-term residential care which will improve responsiveness to service-users' changing needs.</p> <p>The enhancement of the professional development and career progression of nurses, supporting the staff recruitment and retention in the sector.</p>
Timeline	2024–2025
Financial resources (both national and EU funding)	€3.2 million

Implementing body(ies) and cooperation with stakeholders	All private nursing homes registered with HIQA. Engagement has occurred with nursing home representatives, higher education institutions and Leading Healthcare Providers (LHP) Skillnet, which is leading the project.
Evaluation	An evaluation report on the impact of the initiative will be produced.
Cross-linkages with other measures	CARU Learning Programme to support and empower nursing home staff

Measure 25	CARU Learning Programme
Aim	To support and empower nursing home providers and staff in the delivery of palliative, end-of-life, and bereavement care to residents. This in turn will support enhanced quality of life.
Type (e.g. legislative reform, investment, etc.)	Educational reform.
Target group (definition and size)	All private nursing homes registered with HIQA.
Results and impact (expected or achieved)	
Timeline	2022–2027
Financial resources (both national and EU funding)	€1.1 million <i>per annum</i> (€5.5 million 2022–2027)
Implementing body(ies) and cooperation with stakeholders	All private nursing homes registered with HIQA. Engagement has occurred with nursing home representatives, HSE, and the Irish Hospice Foundation.
Evaluation	An annual evaluation report on the programme’s impact will be produced.
Cross-linkages with other measures	Postgraduate qualification in gerontological nursing

Measure 26	<i>Review of Pricing System for Long Term Residential Care Facilities</i>
Aim	<p>The Department of Health published the NTPF’s <i>Review of Pricing System for Long Term Residential Care Facilities</i> in June 2021 and continues to work on implementing the recommendations of the review. A steering group has been established to oversee the recommendations’ implementation and this group has met on a regular basis since <i>Review</i>’s publication. The <i>Review</i> made four recommendations:</p> <ul style="list-style-type: none"> • Recommendation 1: Formal assessment of using a formulaic approach in the pricing system as set out in Section 4 of the Report. • Recommendation 2: Formal assessment of amending the approach to the assessment of “Local Market Price” to reflect prices within other nursing homes within a certain distance of the nursing home rather than within the same county.

	<ul style="list-style-type: none"> • Recommendation 3: NTPF to engage with nursing homes and their representatives in relation to enhancing the internal NTPF Review process. • Recommendation 4: Amending the process for allowing for high dependency residents when the necessary systems are in place.
Type (e.g. legislative reform, investment, etc.)	Policy
Target group (definition and size)	Nursing home providers
Results and impact (expected or achieved)	The implementation of the recommendations of the <i>Review</i> will improve the model for funding the private nursing home sector.
Timeline	Planned for end of 2024 but this is dependent on several factors.
Financial resources (both national and EU funding)	N/A
Implementing body(ies) and cooperation with stakeholders	The HSE and the NTPF are implementing the recommendations, in respect of which there is on-going consultation with stakeholders.
Evaluation	A final report will be submitted to the Minister.
Cross-linkages with other measures	<i>A Value for Money Review of Nursing Home Care Costs</i>

Measure 27	<i>A Value for Money Review of Nursing Home Care Costs</i>
Aim	<p>To improve the value for money obtained by the health sector <i>A Value for Money Review of Nursing Home Care Costs</i> was undertaken between March 2018 and March 2021 under the direction of a Steering Committee comprising representatives from the Department of Health, the Department of Public Expenditure, NDP Delivery and Reform, the NTPF, the HSE, and the ESRI, led by an independent chair. The purpose of the review was to identify, quantify and analyse the reasons for any cost-differential between private/voluntary and public nursing homes and, following analysis, to make recommendations to improve the value for money obtained by the health sector.</p> <p>The report on the review was published on 15th December 2021. The <i>Value for Money Review</i> made nine recommendations which the Department continues to implement.</p>
Type (e.g. legislative reform, investment, etc.)	Policy
Target group (definition and size)	Nursing homes (public, private and voluntary)
Results and impact (expected or achieved)	The implementation of recommendations arising from the Review report should improve the value for money obtained by the health sector.
Timeline	On-going

Financial resources (both national and EU funding)	N/A
Implementing body(ies) and cooperation with stakeholders	The Department of Health, the Department of Public Expenditure, NDP Delivery and Reform, the NTPF, the HSE, and the ESRI, led by an independent chair
Evaluation	Seven of the recommendations were fully accepted and two (recommendations 1 and 8) were partially accepted. The progress made in the implementation of these recommendations is being monitored by the Department of Health.
Cross-linkages with other measures	<i>Review of Pricing System for Long Term Residential Care Facilities</i>

Measure 28	Community Nursing Unit programme
Aim	<p>Across Ireland, HSE Community Nursing Units (CNUs) and Community Hospitals play a vital role in the provision of long-term residential care and other services. The Irish Government is committed to continued investment in healthcare infrastructure which supports the highest quality care for its older population.</p> <p>Public residential care capacity is primarily being delivered through the Community Nursing Unit (CNU) Programme. The capital programme was launched in 2016 and coincided with the coming into law of S.I. No. 293/2016. The objective of the CNU Programme is to ensure that 90 CNU's are refurbished or replaced so that they would meet all regulatory requirements. The majority of projects are to construct replacement capacity.</p> <p>The objective of the CNU Programme is to ensure that 90 CNU's are refurbished or replaced so that they would meet all regulatory requirements. The vast majority of projects are to construct replacement capacity.</p>
Type (e.g. legislative reform, investment, etc.)	Capital infrastructure investment
Target group (definition and size)	90 Community Nursing Units (nursing homes)
Results and impact (expected or achieved)	As of January 2024, 48 projects have reached construction completion. Construction is underway on several more facilities, while the remainder are at various stages of review, appraisal, design and tender. The Plan includes 7 facilities to be delivered under public-private partnership.
Timeline	On-going.
Financial resources (both national and EU funding)	Exchequer-funded. (Annual HSE Capital Plan, predominately funded from the <i>National Development Plan 2021–2030</i> .)
Implementing body(ies) and cooperation with stakeholders	HSE

Evaluation	
Cross-linkages with other measures	<i>Design Guide for Long-Term Residential Care Settings for Older People</i>

Measure 29	<i>Design Guide for Long-Term Residential Care Settings for Older People</i>
Aim	<p>On 19th December 2023 Minister Butler announced the public consultation on the draft <i>Design Guide for Long-Term Residential Care Settings for Older People</i>, which closed on 15th February 2024. The aim of the design guide is to describe and illustrate what good building design looks like for long-term residential care settings for older people and will provide a common benchmark against which the standard of these settings can be measured. The new design guidelines will apply to the building, extension, and conversion of long-term residential care settings for older people.</p> <p>Following the publication of the <i>Design Guide for Long-Term Residential Care Settings for Older People</i>, the Chief Inspector within HIQA will support those seeking to deliver long-term residential care services for older people by offering a pre-application registration advice process prior to an application for planning permission from a local authority.</p>
Type (e.g. legislative reform, investment, etc.)	Policy
Target group (definition and size)	Long-term residential care settings for older people
Results and impact (expected or achieved)	
Timeline	Q4 2024
Financial resources (both national and EU funding)	
Implementing body(ies) and cooperation with stakeholders	HSE, HIQA
Evaluation	
Cross-linkages with other measures	Community Nursing Unit programme

Measure 30	National Dementia Strategy
Aim	<p>The <i>Strategy</i> contains 42 priority and additional actions in the following six priority action areas:</p> <ul style="list-style-type: none"> • Better awareness and understanding; • Timely diagnosis and intervention; • Integrated services, supports and care for people with dementia and their carers; • Training and education; • Research and information systems; • Leadership

Type (e.g. legislative reform, investment, etc.)	Policy
Target group (definition and size)	Estimated 64,000 in 2020 and projected to rise to 150,000 by 2045.
Results and impact (expected or achieved)	People with dementia and their families supported to live as well as possible in their own homes and communities
Timeline	On-going
Financial resources (both national and EU funding)	€17 million in 2024 (€16.7 million recurring). This figure does not include dementia-specific home support, nor does it include dementia advisers or memory technology resource room staff recruited prior to 2021.
Implementing body(ies) and cooperation with stakeholders	HSE, also voluntary bodies and statutory agencies including the Alzheimer Society of Ireland, Western Alzheimer's, Age Friendly Ireland, Healthy Ireland, the Dementia Services Information and Development Centre, and Age & Opportunity.
Evaluation	The HSE's National Dementia Services oversees implementation of the <i>Strategy</i> .
Cross-linkages with other measures	

Measure 31	Dementia day care (centre-based and home-based)
Aim	Social stimulation, continued participation in society, break for informal carers, post-diagnostic support.
Type (e.g. legislative reform, investment, etc.)	Service provision
Target group (definition and size)	People with dementia who require day care (usually those with moderate dementia).
Results and impact (expected or achieved)	385 people provided with dementia day care at home; funding provided to enable Alzheimer Society of Ireland day care centres to return to full capacity post-pandemic (53 day care centres open); pilot activity clubs for young onset dementia commencing in 2024, with the first opening in May.
Timeline	2021–2024
Financial resources (both national and EU funding)	Exchequer-funded: €4.3 million recurring and €0.3 million once-off funding
Implementing body(ies) and cooperation with stakeholders	HSE, Alzheimer Society of Ireland, Western Alzheimer's.
Evaluation	Day care at home service evaluation published in 2024.
Cross-linkages with other measures	<i>National Dementia Strategy</i>

Measure 32	Memory Technology Resource Rooms
Aim	The Memory Technology Resource Rooms provide occupational therapy assessment and assistive technology guidance to support people with dementia to live independently for longer; to adapt to their diagnosis; and to choose assistive technology equipment to promote independence.
Type (e.g. legislative reform, investment, etc.)	Service provision
Target group (definition and size)	Any person concerned about/diagnosed with dementia/cognitive impairment and their families.
Results and impact (expected or achieved)	2,931 people supported in 2023
Timeline	Ongoing: first Memory Technology Resource Room was established through philanthropic funding c.2013, and the service has been progressively built since then to 25 Memory Technology Resource Rooms today).
Financial resources (both national and EU funding)	25 Memory Technology Resource Rooms nationwide staffed by 0.5 WTE occupational therapist posts. (Salary cost: €625,000+ annually). €0.312 million provided in 2023 for a pilot project to provide assistive technology free-of-charge to people where finance is a barrier.
Implementing body(ies) and cooperation with stakeholders	HSE
Evaluation	Evaluation of the role, contribution and value of the Memory Technology Resource Room Programme, September 2020
Cross-linkages with other measures	<i>National Dementia Strategy</i>

Measure 33	Dementia: Understand Together in Communities campaign
Aim	To mobilise a network of national organisations and local community champions across Ireland to develop dementia-inclusive communities, which support people with dementia to continue to participate in society and retain a degree of independence for as long as possible.
Type (e.g. legislative reform, investment, etc.)	Awareness-raising
Target group (definition and size)	All people with dementia and their families; whole of society response.
Results and impact (expected or achieved)	Survey have shown that the campaign has led to a positive change in public awareness, understanding and attitudes around dementia.
Timeline	Ongoing since 2016 (in current form since 2018)
Financial resources (both national and EU funding)	2015–2018: €3.5 million (including television campaign) 2019–2024: €1.8 million

Implementing body(ies) and cooperation with stakeholders	The HSE in partnership with the Alzheimer Society of Ireland, Age Friendly Ireland, Healthy Ireland, the Dementia Services Information and Development Centre, and Age & Opportunity. Also over 40 national organisations and 1,000 community champions are supporting the campaign, including transport providers, retailers, libraries, galleries and museums, community and charity groups, including Men's Sheds and the GAA.
Evaluation	Evaluation undertaken of first phase of Dementia: Understand Together 2015–2018. Surveys have shown that the campaign has led to a positive change in public awareness, understanding and attitudes around dementia.
Cross-linkages with other measures	<i>National Dementia Strategy</i>

Measure 34	Dementia education programme for HSE home support workers
Aim	Educate HSE home support workers to provide person-centred care to people with dementia
Type (e.g. legislative reform, investment, etc.)	Educational investment
Target group (definition and size)	All HSE home support workers
Results and impact (expected or achieved)	Following a successful pilot, being rolled out from Q2 2024
Timeline	From Q2 2024
Financial resources (both national and EU funding)	Exchequer-funded: €0.335 million <i>per annum</i>
Implementing body(ies) and cooperation with stakeholders	HSE
Evaluation	Pilot evaluation complete.
Cross-linkages with other measures	<i>National Dementia Strategy</i>

Measure 35	National Intellectual Disability Memory Service
Aim	The aim of this service is to provide access to specialist memory assessment, comprehensive diagnostic work-up and post-diagnostic support for persons presenting with memory concerns. This new National Memory Service is available to all persons with Down syndrome and persons with an intellectual disability from other aetiologies throughout Ireland. It is part of the HSE's 2023 Dementia Model of Care which sets out pathways for comprehensive, integrated dementia assessment, diagnosis, post-diagnostic support and care planning for people with dementia in Ireland.
Type (e.g. legislative reform, investment, etc.)	Service provision

Target group (definition and size)	This service is available to all persons with Down syndrome and persons with an intellectual disability from other aetiologies throughout Ireland.
Results and impact (expected or achieved)	People with dementia and intellectual disability supported to live as well as possible in their own communities.
Timeline	On-going
Financial resources (both national and EU funding)	Fully funded HSE service, with €0.68 million in recurring funding provided in Budget 2022.
Implementing body(ies) and cooperation with stakeholders	HSE: the Clinic is based at Tallaght University Hospital in partnership with Trinity College Dublin and various intellectual disability service providers.
Evaluation	
Cross-linkages with other measures	<i>National Dementia Strategy</i>

Measure 36	Strategic Workforce Advisory Group
Aim	To examine, and formulate recommendations to address, the challenges in frontline carer roles in the home support and long-term residential care sectors.
Type (e.g. legislative reform, investment, etc.)	Policy
Target group (definition and size)	Home carers and nursing home healthcare assistants
Results and impact (expected or achieved)	<p>A new and improved HSE Home Support Authorisation Scheme (tender) has been in place since August 2023, for payments to private and voluntary providers to deliver home support on behalf of the HSE. This delivers on commitments for sectoral reform such as payment for travel time for home support providers, paying carers the National Living Wage at a minimum, and bringing legacy rates in line with the new revised rates of funding.</p> <p>783 employment permits for home care workers have issued between 16 December 2022 and 16 April 2024.</p> <p>A number of actions have been taken to promote healthcare assistant and home support worker positions to jobseekers including job matching, career fairs and the Work Placement Experience Programme.</p> <p>The Department of Social Protection is proactively working with the EURES network to promote opportunities available in Ireland.</p>
Timeline	<p>March 2022: The Strategic Workforce Advisory Group was established.</p> <p>October 2022: <i>Report of the Strategic Workforce Advisory Group</i> was published.</p> <p>June 2023: The Strategic Workforce Implementation Group convened for the first time.</p>

	July 2024: The final meeting of the Implementation Group is to take place.
Financial resources (both national and EU funding)	
Implementing body(ies) and cooperation with stakeholders	The Strategic Workforce Advisory Group was chaired by the Department of Health and was comprised of members from seven government departments (Children, Equality, Disability, Integration and Youth; Enterprise, Trade and Employment; Health; Higher and Further Education, Research, Innovation and Science; Justice; Public Expenditure and Reform; and Social Protection), the HSE, HIQA and SOLAS.
Evaluation	Submissions were received from the following stakeholders: Age Friendly Ireland, HSE, Home and Community Care Ireland, Home Care Coalition, Irish Congress of Trade Unions, National Community Care Network, Nursing Homes Ireland and Services Industrial Professional and Technical Union.
Cross-linkages with other measures	Provision of legal migration pathways for long-term carers and the provision of home support services.

Measure 37	Provision of legal migration pathways for long-term carers
Aim	Provision of legal migration pathways for long-term carers
Type (e.g. legislative reform, investment, etc.)	Legislative reform: secondary legislation
Target group (definition and size)	Non-EU/EEA healthcare workers
Results and impact (expected or achieved)	Health Care Assistants: Home Carers and Care Workers:
Timeline	Health Care Assistants made eligible for employment permits in June 2021 and Home Carers and Care Workers in December 2022.
Financial resources (both national and EU funding)	
Implementing body(ies) and cooperation with stakeholders	Department of Enterprise, Trade and Employment. Department of Health. Social partners involved in review.
Evaluation	<p>Since the roles have been eligible for employment permits, there have been:</p> <ul style="list-style-type: none"> • 7085 permits Issued for the role of Health Care Assistant and, • 878 permits issued to the roles of Care Worker and Home Carer. <p>Work is on-going in consultation with long-term care employers, worker representatives and social partners to align the minimum requirements attached to permits for these roles and the criteria for family reunification. This is anticipated to be in effect by January 2025.</p>

Cross-linkages with other measures	Strategic Workforce Advisory Group
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Measure 38	<i>National Standards for Adult Safeguarding</i>
Aim	The <i>National Standards for Adult Safeguarding</i> (2019) aim to promote a consistent approach to preventing and responding to harm, supporting the development of a culture where safeguarding is embedded into practice rather than being viewed as a separate activity and to assisting people using services to understand what they should expect from a service that is committed to promoting their rights, health and wellbeing and protecting them from the risk of harm.
Type (e.g. legislative reform, investment, etc.)	National standards
Target group (definition and size)	All residential services for older persons and persons with disabilities and all publicly funded health and social care services
Results and impact (expected or achieved)	To promote a consistent approach to preventing and responding to harm, supporting the development of a culture where safeguarding is embedded into practice rather than being viewed as a separate activity and to assisting people using services to understand what they should expect from a service that is committed to promoting their rights, health and wellbeing and protecting them from the risk of harm
Timeline	On-going
Financial resources (both national and EU funding)	N/A
Implementing body(ies) and cooperation with stakeholders	HIQA and the Mental Health Commission
Evaluation	Adult safeguarding is a component of a number of national standards developed by HIQA. These standards are regulated and inspected against in both residential services for older people and for people with disabilities and are inspected and monitored in healthcare services. Similarly, the autonomy, capacity and involvement of people using services in decisions about their care and treatment are key themes in the Mental Health Commission's Quality Framework for Mental Health Services in Ireland. ⁷³
Cross-linkages with other measures	Registration and inspection of designated centres for older people, national policy on adult safeguarding.

⁷³ www.hiqa.ie

Measure 39	National policy on adult safeguarding
Aim	To develop a national policy on adult safeguarding for the health and social care sector, to further strengthen existing protections in this sector.
Type (e.g. legislative reform, investment, etc.)	Policy
Target group (definition and size)	Adults at risk in health and social care settings
Results and impact (expected or achieved)	Strengthened prevention and protection against abuse, harm and neglect by others, and improved autonomy supports.
Timeline	Q1–Q2 2025
Financial resources (both national and EU funding)	To be determined. A costing exercise will be undertaken
Implementing body(ies) and cooperation with stakeholders	All public, private and voluntary health and social care service providers (including Health Service Executive) Significant stakeholder engagement undertaken, including broad based steering group membership, focus group research and public consultation.
Evaluation	Evaluation will be undertaken by the Department of Health and DCEDIY and relevant statutory agencies
Cross-linkages with other measures	Registration and inspection of designated centres for older people, <i>National Standards for Adult Safeguarding</i> .

Measure 40	<i>Housing Options for our Ageing Population: Policy Statement</i>
Aim	The central aim of the policy statement was to increase the housing options available to older people and to facilitate the integration of supports in a more coherent way, particularly between the housing and health sectors, with a view to facilitating people to live at home with dignity and independence for longer.
Type (e.g. legislative reform, investment, etc.)	Policy
Target group (definition and size)	The purpose of the statement was to provide a policy framework to support our ageing population in a way that will increase the accommodation options available and give meaningful choice in how and where people choose to live as they age.
Results and impact (expected or achieved)	<p><i>Housing Options for our Ageing Population</i> is a joint policy statement that was published by the Department of Housing, Local Government and Heritage, and the Department of Health in 2019. The policy statement was developed by the Department of Housing and the Department of Health with support from key stakeholders including the HSE, the Housing Agency, and Age Friendly Ireland.</p> <p>The core aim of the policy was to increase the options available to older people and to facilitate the integration of supports in a more coherent way, particularly between the housing and health sectors, with a view to facilitating people to live at home with dignity and independence for longer. The joint policy statement identified a programme of 40 strategic actions to further progress</p>

	housing options for older people under the themes of data gathering, collaborative working, delivering choice, support services, comfort, and safety, and maintaining momentum.
Timeline	
Financial resources (both national and EU funding)	
Implementing body(ies) and cooperation with stakeholders	<p>To deliver on the 40 actions, an Inter-departmental/agency Implementation Group was established, with membership from the two Departments, the Health Service Executive (HSE), local authorities and relevant stakeholders including an independent Chair.</p> <p>The membership consisted of subject matter experts drawn from the Department of Housing, Planning and Local Government, Department of Health, Department of Rural and Community Development, County and City Management Association, The Housing Agency, Age Friendly Ireland, HSE, Irish Council for Social Housing, and Older People's Councils.</p> <p>The final Implementation Report was published in June 2022.⁷⁴</p>
Evaluation	<p>Building on the cooperative momentum established under <i>Housing Options for our Ageing Population</i>, the Department of Health and the Department of Housing will be developing a new framework to continue the joint co-operative policy making and implementation, from the national to the local level, to continue to deliver housing and supports for our increasing ageing population.</p> <p>This will be taken forward within the framework of Housing for All, which provides the strategic context under which to advance any remaining actions from the 2019 policy, including the relevant measures under Housing for All, of which the core aim is to increase housing options for older people to facilitate ageing in place, in their own homes and communities, with dignity and independence, and deliver an appropriate range of housing and related support services, in an integrated and sustainable manner.</p>
Cross-linkages with other measures	Pathfinder project for future mainstreaming of housing with support model

Measure 41	Pathfinder project for future mainstreaming of housing with support model
Aim	<p>The Department of Health, alongside the Department of Housing, Local Government and Heritage, is currently supporting a housing with supports 'demonstrator project' in Inchicore in Dublin.</p> <p>This is a collaborative, cross-sectoral, and cross-departmental project that recognises the need for a joined-up approach to addressing the critical issue of creating housing choice for our ageing population, one that requires housing, social, and care</p>

⁷⁴ *Final Report of the Implementation Group on Housing Options for Our Ageing Population* (2022), <https://www.gov.ie/en/publication/ea33c1-housing-options-for-our-ageing-population-policy-statement/>

	<p>supports to be incorporated into a single model. It is the hope that this project will act as a pathfinder project for future mainstreaming of this form of housing.</p> <p>Housing with Support aims to enable older people to age with dignity by providing independent and accessible housing and by connecting them with services that meet their social and healthcare needs.</p> <p>The Housing with Support model intends to minimise the admissions to residential care within a balanced community by providing a safe and affordable alternative for those with lower care needs. This new model of housing will provide greater choice for older people, and it is hoped it will enable people to live independently for longer.</p>
Type (e.g. legislative reform, investment, etc.)	Service-enhancement
Target group (definition and size)	<p>52 individual self-contained units and associated communal spaces.</p> <p>The Housing with Support model intends to minimise the admissions to residential care within a balanced community by providing a safe and affordable alternative for those with lower care needs. This new model of housing will provide greater choice for older people, and it is hoped it will enable people to live independently for longer.</p>
Results and impact (expected or achieved)	
Timeline	The project is currently expected to have practical completion in 2024.
Financial resources (both national and EU funding)	<p>Project construction costs of €20.1 million have been provided by the Department of Housing, Local Government and Heritage under the Capital Assistance Scheme (CAS), with funding of €390,000 provided by the Department of Health/HSE to cover additional costs associated with the larger scale communal facilities associated with the Housing with Support model.</p> <p>The Department of Health/HSE will provide the multi-annual funding required for the operation of the Housing with Support model. These costs have not yet been determined.</p>
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> • Circle VHA (approved housing body) • ALONE (NGO) • HSE • Department of Health • Department of Housing, Local Government and Heritage • Dublin City Council

Evaluation	Thus far, two evaluation reports and a ‘How to develop a Housing with Support Scheme for Older People Framework Toolkit’ have been published.
Cross-linkages with other measures	<i>Housing Options for our Ageing Population: Policy Statement</i>

Measure 42	<i>Digital Health Framework for Ireland 2024–2030</i>
Aim	Develop a framework that sets out a roadmap to digitally transform health services in Ireland and improve access for patient and to enhance their overall experience of our health service
Type (e.g. legislative reform, investment, etc.)	Policy
Target group (definition and size)	
Results and impact (expected or achieved)	To deliver universal healthcare digital health services are key enablers for reform, to deliver care more effectively, for empowering patients to access their own medical records, managing their own care, providing more services in the community, and accessing health services closer to home. The role of digital in delivering health services is also articulated in Government's “Harnessing Digital - The Digital Ireland Framework.”
Timeline	2024–2030
Financial resources (both national and EU funding)	Both capital and revenue funding for digital health.
Implementing body(ies) and cooperation with stakeholders	Department of Health and HSE.
Evaluation	Not yet defined. The HSE has developed a Digital Health Strategic Implementation Roadmap and will be evaluated through these programmes, systems, and services.
Cross-linkages with other measures	

Measure 43	<i>National Positive Ageing Strategy</i>
Aim	<p>The <i>National Positive Ageing Strategy</i> (2013) is a high-level document outlining Ireland’s vision for ageing and older people and the national goals and objectives required to promote positive ageing. The Strategy is intended to promote older people’s health and wellbeing so that older people can continue to contribute to social, economic, cultural and family life in their own communities as long as possible. The strategy comprises four national goals, developed to address key aspects of older people’s lives.</p> <p>National Goal 1: Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic, and social life in their</p>

	<p>communities according to their needs, preferences, and capacities.</p> <p>National Goal 2: Support people as they age to maintain, improve, or manage their physical and mental health and wellbeing.</p> <p>National Goal 3: Enable people to age with confidence, security, and dignity in their own homes and communities for as long as possible.</p> <p>National Goal 4: Support and use research about people as they age to better inform policy responses to population ageing in Ireland.</p>
Type (e.g. legislative reform, investment, etc.)	Policy
Target group (definition and size)	Population-positive ageing starts from birth – the way we care for our children, educate our population and provide for a society in which all stages of the lifecycle can be supported to live well
Results and impact (expected or achieved)	
Timeline	On-going
Financial resources (both national and EU funding)	
Implementing body(ies) and cooperation with stakeholders	The <i>Strategy</i> highlights that ageing is not just a health issue, but rather requires a <u>whole of Government approach</u> to address a range of social, economic and environmental factors that affect the health and wellbeing of our ageing citizens.
Evaluation	
Cross-linkages with other measures	Commission on Care for Older People

Measure 44	Commission on Care for Older People
Aim	The Commission on Care for Older People is charged with examining the health and social care services and supports provided to older people across the continuum of care and with making recommendations for their strategic development. Subsequently, a cross-departmental group will be established under the auspices of the Commission to consider whether the supports for positive ageing across the life course are fit-for-purpose and to develop a costed implementation plan for options to optimise these supports.
Type (e.g. legislative reform, investment, etc.)	Policy
Target group (definition and size)	Over 65s and all residents of Ireland (in respect of positive ageing across the life-course).
Results and impact (expected or achieved)	It is expected that the recommendations of the Commission will enhance the provision of health and social care services and

	supports for older persons in the future as well as enhancing the provision of supports for positive ageing across the life-course.
Timeline	The Commission was established at its inaugural meeting on 21 st March. The work of the Commission will be advanced through three modules, which will be undertaken consecutively. Module 1 and Module 2 will each be of six months' duration, and Module 3 will be of 12 months' duration.
Financial resources (both national and EU funding)	Exchequer-funded: €1.24 million in 2024.
Implementing body(ies) and cooperation with stakeholders	A Reference Group of non-governmental and civil society organisations and other key stakeholders working in the area, including those with lived experience is being formed. The Reference Group will engage in an advisory capacity with the Commission as well as with the cross-departmental group that will be formed under its auspices.
Evaluation	N/A
Cross-linkages with other measures	<i>National Positive Ageing Strategy</i>

Measure 45	Disability Services Management Application (DSMAT)
Aim	<p>Demand for full-time residential placements within designated centres is extremely high. The HSE profiles those actively seeking specialist disability services, including residential services, using a profiling tool, the Disability Services Management Application (DSMAT) which it has developed.</p> <p>DSMAT is a support to the CHO areas in their decision-making processes, representing an indicator of need. This means that services are allocated on the basis of greatest presenting need and associated risk factors, noting that needs can change.</p>
Type (e.g. legislative reform, investment, etc.)	Resource allocation mechanism
Target group (definition and size)	The DSMAT represents an 'indicator of need' for individuals (adults and children) coming forward actively for services to CHOs. Approximately 3,700 active applications (Q1 2024)
Results and impact (expected or achieved)	CHO areas can record and manage requests for support and ensure that the application process is equitable and transparent. Services are allocated on the basis of greatest presenting need and associated risk factors of people with a disability and those caring for them.
Timeline	Year-on-year – with annual mid-year review
Financial resources (both national and EU funding)	Exchequer-funded: HSE budget
Implementing body(ies) and	HSE and CHOs

cooperation with stakeholders	
Evaluation	Annual mid-year review
Cross-linkages with other measures	

Measure 46	<i>New Directions</i> policy of person-centred disability day services
Aim	To achieve a consistent standard of adult disability day service delivery throughout the country, where the service user is supported to access their local community and mainstream services in line with their own wishes.
Type (e.g. legislative reform, investment, etc.)	Policy
Target group (definition and size)	Lifelong users (aged 18-64) of disability day services (circa 21,000 people); on average 1,250-1,400 new service users each year.
Results and impact (expected or achieved)	Disability day services are delivered in-line with <i>New Directions</i> policy. A Person-Centred Planning framework is now in place, with a focus on services and supports that are built around the needs of each person however. A greater level of standardisation of service quality is expected with the development of a monitoring tool.
Timeline	Ongoing; initial policy report published 2012.
Financial resources (both national and EU funding)	Exchequer-funded.
Implementing body(ies) and cooperation with stakeholders	Implementation by the Health Service Executive (HSE); funded by DCEDIY through the HSE.
Evaluation	Self-evaluation by the service-user and provider currently (EASI tool: Evaluation, Action and Service Improvement); external outcomes-focussed monitoring assessment framework being developed.
Cross-linkages with other measures	

Measure 47	<i>Action Plan for Disability Services 2024–2026</i>
Aim	<p>A three-year programme designed to tackle deficits highlighted in the <i>Disability Capacity Review to 2032 – A Review of Social Care Demand and Capacity Requirements to 2032</i> (published in 2021). Data Improvement Plan: Review of management information requirements and performance indicators, to enable better management and monitoring of services.</p> <p>Achieve comprehensive coverage of the National Ability Support System (NASS) database, to provide a reliable source for future service planning.</p> <ul style="list-style-type: none"> • Outcome measurements incorporated into the National Service Plan KPIs: Working group, comprising key stakeholders, to develop a proposal for measuring outcomes in disability services, with a view to incorporating some outcome

	measurement into the KPIs for 2025 and 2026. This is to support a focus on outcomes achieved for people with disabilities from delivery of disability support services.
Type (e.g. legislative reform, investment, etc.)	Policy
Target group (definition and size)	People availing of specialist community-based disability services, circa 80,000
Results and impact (expected or achieved)	<p>The headline improvements which are planned over the 2024-2026 period are:</p> <p>Children's Disability Services:</p> <ul style="list-style-type: none"> • Around 600 extra WTE staff for Children's Disability Network Teams 2024-2026 to address vacant posts, build capacity, deliver timely access to early intervention and multidisciplinary supports, and ensure continuity of services <p>Adult Multi-disciplinary Therapies:</p> <ul style="list-style-type: none"> • Additional 222 posts in specialist adult therapy services • Develop a nationwide network of neuro-rehabilitation services including managed community rehabilitation networks as the community-based specialist tier <p>Adult Day Services:</p> <ul style="list-style-type: none"> • On average around 1,200 additional day service places each year to ensure places for school leavers who require them <p>Personal Assistance and Home Support:</p> <ul style="list-style-type: none"> • 800,000 additional Personal Assistance hours, and 110,000 additional home support hours. <p>Respite Services:</p> <ul style="list-style-type: none"> • Continued expansion of respite services, including alternative respite options. <p>Residential Services:</p> <ul style="list-style-type: none"> • 500 new community-based residential care places to replace disability care in large institutional and campus-based settings, with a view to ending that form of provision by 2030. • Around 900 additional residential care places to tackle unmet need and ensure supply keeps pace with demographic change. • Increase support for people with disabilities to access supported independent living. • Provision of supports to live at home, in order to phase out long-term care in a nursing home for younger people with disabilities.
Timeline	2024–2026
Financial resources (both national and EU funding)	€74 million to progress measures in 2024 under the <i>Action Plan</i> . Further funding to be allocated in 2025–2026.
Implementing body(ies) and	DCEDIY, HSE, HRB

cooperation with stakeholders	
Evaluation	
Cross-linkages with other measures	Personal Assistance Review

Measure 48	Personalised budgets pilot
Aim	<p>The Department of Health published the Taskforce on Personalised Budget's report, <i>Towards Personalised Budgets for People with a Disability in Ireland</i> in July 2018. The report recommended that the Department of Health and the HSE should establish demonstration projects to test the delivery of personalised budgets in an Irish context with a view to identifying the best approach to the wider roll-out of these models following the initial demonstration phase. The Personalised Budgets Pilot remains in the demonstrator project phase. It is expected that the Pilot will move towards evaluation in 2024.</p> <p>A personalised budget is an amount of funding allocated by the HSE to an eligible person with a disability to enable the individual to make their own arrangements to meet specified support needs. The funding qualifies individuals to access a wide range of HSE funded services, including residential, rehabilitative training, personal assistants, and day services.</p>
Type (e.g. legislative reform, investment, etc.)	Service-enhancement
Target group (definition and size)	Persons with disabilities
Results and impact (expected or achieved)	
Timeline	Evaluation of pilot expected in 2024
Financial resources (both national and EU funding)	
Implementing body(ies) and cooperation with stakeholders	Department of Health, HSE, DCEDIY
Evaluation	
Cross-linkages with other measures	

Measure 49	Monitoring Framework for Disability Day Services
Aim	To develop an outcomes-focused monitoring and assessment framework for adult disability day services that builds on the established self-assessment process (EASI: Evaluation, Action & Service Improvement).
Type (e.g. legislative reform, investment, etc.)	Policy
Target group (definition and size)	Lifelong users (aged 18–64) of disability day services (circa 20,000 people); on average 1,250–1,400 new service users each year.
Results and impact (expected or achieved)	Expected to provide service providers with greater insights in measuring quality outcomes in service provision with opportunities for enhancement of service provision where required.
Timeline	Draft framework to be finalised and piloted during the course of 2024–2025.
Financial resources (both national and EU funding)	Exchequer-funding to be confirmed.
Implementing body(ies) and cooperation with stakeholders	Implementation by the HSE in cooperation and consultation with: DCEDIY; the National Disability Authority; service providers; advocacy groups; and a ‘Voice of User’ working group which includes service-users.
Evaluation	N/A
Cross-linkages with other measures	N/A

Measure 50	Personal Assistance Review
Aim	The <i>Action Plan for Disability Services 2024–2026</i> commits to a policy review of Personal Assistance (PA) Services in the light of the UNCRPD. A PA Review Group has been established by the HSE. The purpose of the PA Review Group is to develop a protocol for the eligibility and allocation of PA services based on a universally agreed definition, in collaboration with DCEDIY, people with disabilities and providers.
Type (e.g. legislative reform, investment, etc.)	Policy reform; legislative reform
Target group (definition and size)	Adults with physical and/or sensory disability availing of PA services (approx. 2,700)
Results and impact (expected or achieved)	
Timeline	
Financial resources (both national and EU funding)	

Implementing body(ies) and cooperation with stakeholders	HSE, DCEDIY
Evaluation	
Cross-linkages with other measures	<i>Action Plan for Disability Services 2024–2026</i>

Measure 51	Stakeholder involvement in Ireland’s new <i>National Disability Strategy</i>
Aim	To ensure close consultation with disability stakeholders and disabled persons’ organisations, in particular in the development of Ireland’s new <i>National Disability Strategy</i> , in line with Article 4.3 of the UNCRPD.
Type (e.g. legislative reform, investment, etc.)	Policy
Target group (definition and size)	Disabled people represent approximately 22% of Ireland’s population. Disabled persons’ organisations are defined as those led by disabled persons. There are approximately 7 such national organisations engaged in the development of the <i>National Disability Strategy</i> .
Results and impact (expected or achieved)	The delivery of a <i>National Disability Strategy</i> that reflects the needs and desires of disability stakeholders in the implementation of the UNCRPD in Ireland.
Timeline	End 2024
Financial resources (both national and EU funding)	The development of the new <i>National Disability Strategy</i> is funded nationally via Budget 2024.
Implementing body(ies) and cooperation with stakeholders	DCEDIY is leading on the stakeholder engagement process, with support from the National Disability Authority.
Evaluation	N/A
Cross-linkages with other measures	

Measure 52	Targeted workforce expansion in disability services
Aim	Recruiting approx. 894 additional WTE staff to Disability Services under Budget 2024 New Development Measures and time related savings from Budget 2023, representing a 4.3% increase in staffing levels.
Type (e.g. legislative reform, investment, etc.)	Investment
Target group (definition and size)	

Results and impact (expected or achieved)	
Timeline	Before year-end 2024
Financial resources (both national and EU funding)	Exchequer-funded
Implementing body(ies) and cooperation with stakeholders	HSE and Section 38 service providers
Evaluation	Recruitment and employment level monitoring.
Cross-linkages with other measures	

Measure 53	Targeted expansion of undergraduate courses in higher education institutions
Aim	<p>To increase the number of course places in higher education institutions related to health and social care professions (e.g. psychology, speech and language therapy, dietetics, physiotherapy, occupational therapy, social work) in order to increase national workforce supply.</p> <p>Establish a National Placement Office within the HSE, as recommended in the <i>Report of the National Psychology Project Team</i>, to improve access to training in psychology.</p> <p>Identify and progress as appropriate an apprenticeship programme for new clinical support roles.</p>
Type (e.g. legislative reform, investment, etc.)	Educational reform
Target group (definition and size)	Higher education students in therapy disciplines
Results and impact (expected or achieved)	
Timeline	2024–2025 academic year
Financial resources (both national and EU funding)	Exchequer-funded
Implementing body(ies) and cooperation with stakeholders	Department of Further and Higher Education, Research, Innovation and Science; HSE; DCEDIY; higher education institutions
Evaluation	
Cross-linkages with other measures	

Measure 54	Pay parity for employees of voluntary organisations (Section 39 workers)
Aim	Increase the pay for Section 39 disability workers by 8%, bringing it closer in-line with public service pay for equivalent posts.
Type (e.g. legislative reform, investment, etc.)	Pay reform
Target group (definition and size)	1,300 section 39 organisations
Results and impact (expected or achieved)	Agreement reached on funding for an 8% increase in pay for Section 39 workers. Expected: Improved staff recruitment and retention capacity in Section 39 organisations
Timeline	Over three phases from April 2023–March 2024
Financial resources (both national and EU funding)	€72.97 million <i>per annum</i> exchequer funding (€43.83 million from DCEDIY and €29.14 million from the Department of Health)
Implementing body(ies) and cooperation with stakeholders	DCEDIY, HSE, Department of Health, Workplace Relations Commission (WRC), various trade unions representing Section 39 workers,
Evaluation	Agreement reached on an 8% increase and further talks taking place at the WRC (June 2024) around further increases linked to the recently agreed new public sector pay deal.
Cross-linkages with other measures	

Measure 55	Global Lead on Digital Assistive Technology project
Aim	To strengthen equitable access to assistive technology, harnessing the potential of digital technology, across the five interconnected pillars for access: people, policy, products, provision, and personnel
Type (e.g. legislative reform, investment, etc.)	Service-enhancement
Target group (definition and size)	Persons with disabilities with potential impacts on older persons
Results and impact (expected or achieved)	<p>Project will seek to:</p> <ul style="list-style-type: none"> • Improve access to safe, effective, and affordable assistive technology with a people-centred, rights-based approach; • Support the implementation of the Global Report on Assistive Technology; and alignment of services and supports with the UNCRPD. • Support enterprise and labour market opportunities for assistive products and service provision and through promoting and facilitating research and development. • Expand the use of digital assistive technology in the health and social care delivery system, and person-centred assessment and intervention services • Provide support to member states through lessons learned • Develop strategic procurement methodologies for international digital assistive technology markets.

Timeline	2024–2029
Financial resources (both national and EU funding)	Exchequer-funded: this project requires €12,400,000 of funding, plus a 1% United Nations levy of €124,000, totalling to a contribution of €12,524,000 over a period of five years
Implementing body(ies) and cooperation with stakeholders	The World Health Organization HQ; World Health Organization European Region
Evaluation	Conducted by the World Health Organization. Project activities are grouped into five areas and are expected to deliver outcomes of global and national benefit. This is in development at World Health Organization level.
Cross-linkages with other measures	Cooperative Real Engagement for Assistive Technology Enhancement (CREATE) Initiative

Measure 56	Cooperative Real Engagement for Assistive Technology Enhancement (CREATE)
Aim	To improve access to digital assistive technology in Ireland
Type (e.g. legislative reform, investment, etc.)	Service-enhancement
Target group (definition and size)	Persons with disabilities
Results and impact (expected or achieved)	Development and Sustainment of Assistive Technology projects by individual service providers
Timeline	CREATE I: 2022–2023, CREATE II: 2024–2025
Financial resources (both national and EU funding)	Exchequer-funded: CREATE I: €2 million CREATE II: €750,000
Implementing body(ies) and cooperation with stakeholders	HSE
Evaluation	The review process utilises an assessment rubric with six components with maximum scoring overall of 60 marks. 10 marks per component: <ul style="list-style-type: none"> • Project outcomes • Value to existing operations and CREATE aims • Activities arising including outputs • Benefits • Impact for persons receiving the service • Project sustainability
Cross-linkages with other measures	Global Lead on Digital Assistive Technology project

Measure 57	Regulation of Designated Centres for people with disabilities (adults and children)
Aim	The aim is to ensure consistency and compliance with quality criteria and standards across all residential care settings nationally, collaborating with providers and those under their care to best promote autonomy, independent living, and inclusion in the community through ensuring safe and suitable residential environments.
Type (e.g. legislative reform, investment, etc.)	<p>HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered. All registered Designated Centres must be operated in line with the Health Act 2007, and the regulations as amended, which are listed here:</p> <ul style="list-style-type: none"> • Health Act, 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, as amended. • Health Act, 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 <p>A range of guidance documents have been prepared and published by HIQA on its website (www.hiqa.ie).</p>
Target group (definition and size)	<p>Designated centres for people with disabilities (adults and children)</p> <ul style="list-style-type: none"> • There are 1,456 designated centres for adults • There are 33 mixed centres, for both adults and children • There are 110 Children's Centres (Long Term Residential Care)
Results and impact (expected or achieved)	<p>HIQA is responsible for monitoring, inspecting and registering centres (for adults and children with a disability). Regulations determine the roles and responsibilities of service providers.</p> <p>The aim is to ensure consistency and compliance with quality criteria and standards across all residential care settings nationally, collaborating with providers and those under their care to best promote autonomy, independent living, and inclusion in the community through ensuring safe and suitable residential environments.</p> <p>All inspections reports are published by HIQA on its website at www.hiqa.ie</p>
Timeline	Inspection of designated centres commenced in 2013. There is a rolling programme of inspection where there are approximately 2 inspections during each three-year registration cycle.
Financial resources (both national and EU funding)	Exchequer-funded.
Implementing body(ies) and cooperation with stakeholders	HIQA, Department of Health, DCEDIY, HSE, service providers

Evaluation	Designated centres are assessed for compliance against regulations - S.I. No. 366/2013 & S.I No. 367/2013
Cross-linkages with other measures	

Measure 58	<i>National Carers' Strategy</i>
Aim	<p>The <i>National Carers' Strategy</i> (2012) provides the strategic direction for future policies, services and supports provided by Government departments and agencies for informal carers.</p> <p>The <i>Strategy</i> is designed around a core vision which recognises and respects informal carers as key care partners who are supported to maintain their own health and well-being, care with confidence and participate as fully as possible in economic and social life. The four 'National Goals' for carers are to:</p> <ol style="list-style-type: none"> 1. Recognise the value and contribution of carers and promote their inclusion in decisions relating to the person that they are caring for. 2. Support carers to manage their physical, mental and emotional health and well-being. 3. Support carers to care with confidence through the provision of adequate information, training, services and supports. 4. Empower carers to participate as fully as possible in economic and social life.
Type (e.g. legislative reform, investment, etc.)	Policy
Target group (definition and size)	Informal carers. ⁷⁵
Results and impact (expected or achieved)	<p>Across the <i>Strategy's</i> 42 ongoing actions, the following has broadly been achieved:</p> <ul style="list-style-type: none"> • promoted a better recognition of the role and contribution of carers at a national level; • established a statistical profile of informal caring in Ireland; • convened an annual carers forum to provide informal carers with a voice at policy level; • supported national organisations representing the interest of carers; and • supported initiatives to support the health of informal carers.
Timeline	On-going
Financial resources (both national and EU funding)	Implementation supported with exchequer funding.

⁷⁵ Census 2022 found that 299,128 people (5.8% of the total population) provide unpaid care in Ireland, an increase of 53% from 2016 (195,263). The majority of carers are women (61%) and 31% of carers provide 20 or more hours of care per week. See [Carers - CSO - Central Statistics Office](#)

Implementing body(ies) and cooperation with stakeholders	Oversight of the <i>Strategy</i> is led by the Department of Health with individual Government Departments leading on action areas that fall within their remit.
Evaluation	
Cross-linkages with other measures	Carer's Allowance, Carer's Benefit, Carer's Support Grant, Domiciliary Care Allowance, Long-Term Carer's Contributions (LTCC), Carers Guarantee, Residential Respite Care, Home Support Emergency Respite Scheme, InterRAI Family Carers Needs Assessment Pilot

Measure 59	Carer's Allowance
Aim	<p>The Carer's Allowance is a support for informal carers on low incomes who look after people who need full-time care and attention. In order to provide full-time care a Carer does not have to live with the care recipient however a direct system of communication must exist between the Carer's residence and that of the care recipient. This may be a telephone or alarm type system. The conditions attached to payment of Carer's Allowance are consistent with the overall conditions that apply to social assistance payments generally. This system of social assistance supports provides payments based on an income need with the means test playing the critical role in determining whether or not an income need arises as a consequence of a particular contingency, be that illness, disability, unemployment or caring. The application of a means-test not only ensures that the recipient has an income need but also that scarce resources are targeted to those with the greatest need. Carer's Allowance may be paid at half-rate with certain other social welfare payments.</p> <p>Carer's Allowance Income Disregard</p> <p>Means assessments take both income and capital (such as savings, investments and property other than the family home) into consideration. For social assistance schemes, income and capital belonging to the claimant and his or her partner, where applicable, is generally assessable for means assessment purposes.</p> <p>Cash income that is assessed includes any income from employment or self-employment, income from a social security pension from another country and rental income. Capital includes all monies held in financial institutions or otherwise, the market value of shares as well as houses and premises owned by a claimant which may or may not be put to commercial use. Property personally used (such as a claimant's home) is not included in the means assessment.</p> <p>Sometimes a certain amount of income, or income from particular sources, is not considered and these are usually referred to as income disregards.</p> <p>Significant improvements to capital and income disregards for carers were made over the last few years.</p>

	<ul style="list-style-type: none"> • As part of Budget 2022 and with effect from June 2022, the Carer's Allowance income disregards were increased from €332.50 to €350 for a single person, and from €665 to €750 for carers with a spouse/partner. The capital and savings disregard for the Carer's Allowance means assessment was also increased from €20,000 to €50,000. • As part of Budget 2024, the weekly income disregard has been increased from €350 to €450 for a single person, and from €750 to €900 for carers with a spouse/partner. <p>Since June 2022, this amounts to cumulative increases to the disregards of €117.50 for a single carer and €235.00 for a carer who is part of couple. These are the highest income disregards in the social welfare system.</p> <p>Carer's Payments and Engagement in Employment / Training / Education</p> <p>In order to support an informal carer's continued attachment to the workforce and to support broader social inclusion, carers may engage in some limited employment, education or training, while still being regarded as being in a position to provide full-time care and continue to receive their full payment. During this time of employment, education or training, adequate provision must be made for the care of the relevant person. Budget 2020 changed the rules so that those in receipt of Carer's Allowance, Carer's Benefit and the Carer's Support Grant could increase the number of hours they work, study, or attend a training course from 15 to 18.5 hours. This measure was prioritised in response to the carers who expressed that they found 15 hours to be too restrictive, not only for work but for education and training purposes.</p> <p>The full-time care and attention requirement and the 18.5-hour limitation are contained in the respective legislative provisions of the Carer's Allowance, Carer's Benefit and Carer's Support Grant schemes.</p> <p>The condition is in addition to other conditions such as meeting the means condition for Carer's Allowance or the social insurance condition for Carer's Benefit. The condition reflects the underlying objective of the payment which is that the care recipient has access to full-time care and attention consequent on a specified illness or disability. During any period of employment or education or training, adequate provision must be made for the care of the relevant person.</p>
Type (e.g. legislative reform, investment, etc.)	Cash benefit
Target group (definition and size)	Informal carers. (As of end May there were 96,742 recipients of Carer's Allowance.)

Results and impact (expected or achieved)	
Timeline	On-going
Financial resources (both national and EU funding)	In 2024 the expenditure on the Carer's Allowance scheme is estimated to be over €1.1 billion.
Implementing body(ies) and cooperation with stakeholders	Department of Social Protection
Evaluation	
Cross-linkages with other measures	Carer's Support Grant, Carer's Benefit, Domiciliary Care Allowance.

Measure 60	Carer's Benefit
Aim	This payment is an entitlement based on social insurance contributions. ⁷⁶ Carer's Benefit is a payment made to insured people who may be required to leave the workforce or reduce their working hours to care for a person(s) in need of full-time care. It is payable for a period of 2 years (104 weeks) for each care-recipient and may be claimed over separate periods up to a total of 2 years (104 weeks). Carer's Benefit is a payment made to insured people who may be required to leave the workforce or reduce their working hours to care for a person(s) in need of full-time care.
Type (e.g. legislative reform, investment, etc.)	Cash benefit
Target group (definition and size)	Informal carers: insured people who may be required to leave the workforce or reduce their working hours to care for a person/(s) in need of full-time care. At the end of May, there were 4,017 people in receipt of Carer's Benefit for 4,386 care-recipients.
Results and impact (expected or achieved)	
Timeline	It is payable for a period of 2 years (104 weeks) for each care-recipient and may be claimed over separate periods up to a total of 2 years (104 weeks).
Financial resources (both national and EU funding)	Projected expenditure on Carer's Benefit in 2024 is estimated at almost €58 million.
Implementing body(ies) and cooperation with stakeholders	Department of Social Protection
Evaluation	
Cross-linkages with other measures	Carer's Allowance, Carer's Support Grant, Domiciliary Care Allowance

⁷⁶ See [gov](http://gov.ie) - Carer's Benefit (www.gov.ie)

Measure 61	Carer's Support Grant
Aim	The annual Carer's Support Grant of €1,850 is available to informal carers who provide full-time care and assistance regardless of means or social insurance contributions and it is not taxed. ⁷⁷ This is not available for any other grouping. This grant is automatically paid to people in receipt of Carer's Allowance, Carer's Benefit and Domiciliary Care allowance in June of each year. Other carers not in receipt of a carer's payment may also be eligible for the Grant. The objective of the Carer's Support Grant is to support carers in their caring role and carers may use the grant in a manner that is appropriate to their needs. The grant is paid in respect of each person being cared for to take account of the additional cost of providing care and to recognise the particular challenges faced by these carers.
Type (e.g. legislative reform, investment, etc.)	Cash benefit
Target group (definition and size)	Informal carers (At the beginning of June, there were 132,000 carers in receipt of the grant in respect of some 148,648 care recipients.)
Results and impact (expected or achieved)	
Timeline	On-going
Financial resources (both national and EU funding)	The overall cost of the grant in 2024 is expected to be over €290 million.
Implementing body(ies) and cooperation with stakeholders	Department of Social Protection
Evaluation	
Cross-linkages with other measures	Carer's Allowance, Carer's Benefit, Domiciliary Care Allowance

Measure 62	Domiciliary Care Allowance
Aim	<p>Domiciliary Care Allowance is payable to a parent / guardian in respect of a child aged under 16 who has a severe disability and requires continual or continuous care and attention substantially over and above the care and attention usually required by a child of the same age for at least 12 consecutive months.⁷⁸</p> <p>To qualify for Domiciliary Care Allowance, the child must live at home with the person claiming the allowance for five or more days per week. If the child is in residential care but is at home for two days or more per week, a half rate allowance is payable.</p> <p>The Domiciliary Care Allowance (DCA) rate is €340 per month. There is no restriction on the number of children for whom a person</p>

⁷⁷ See <https://www.gov.ie/en/service/16220307-carers-support-grant/>

⁷⁸ See [gov - Domiciliary Care Allowance \(www.gov.ie\)](https://www.gov.ie/en/service/16220307-carers-support-grant/)

	<p>may claim the payment. (In other words, if a person is caring for more than 1 child who qualifies for DCA, they may claim the monthly allowance for each).</p> <p>Payable to a parent / guardian in respect of a child aged under 16 who has a severe disability and requires continual or continuous care and attention substantially over and above the care and attention usually required by a child of the same age for at least 12 consecutive months.</p>
Type (e.g. legislative reform, investment, etc.)	Cash benefit
Target group (definition and size)	Informal carers. At the end of May, there were 55,276 families in receipt of the payment in relation to 62,138 children.
Results and impact (expected or achieved)	
Timeline	On-going
Financial resources (both national and EU funding)	Expenditure in 2024 is estimated at almost €274 million.
Implementing body(ies) and cooperation with stakeholders	Department of Social Protection
Evaluation	
Cross-linkages with other measures	Carer's Allowance, Carer's Benefit, Carer's Support Grant

Measure 63	Long-Term Carer's Contributions (LTCC)
Aim	<p>In September 2022 the Minister for Social Protection announced a series of landmark reforms to the State Pension system.</p> <p>The measures are in response to the Pensions Commission's recommendations and represent the biggest ever structural reform of the Irish State Pension system.</p> <p>One of the most important reforms agreed by Government is enhanced State Pension provision for people who have been caring for incapacitated dependents for over 20 years. It will do this by attributing the equivalent of paid contributions to long-term carers to cover gaps in their contribution record. This is the first time in the history of the State that such a scheme will be in place.</p> <p>These contributions will be treated the same as paid contributions for State Pension (Contributory) entitlement only and can be used to satisfy the minimum 520 contributions condition.</p>
Type (e.g. legislative reform, investment, etc.)	The legislation required to introduce the LTCC was contained in the Social Welfare (Miscellaneous) Bill, 2023, with the scheme fully implemented from January 2024.

Target group (definition and size)	Informal carers: the LTCC will be available to those who provided full time care for 20 years (1,040 weeks) or more to an incapacitated dependent. The periods of care-giving do not need to be consecutive. ⁷⁹
Results and impact (expected or achieved)	
Timeline	
Financial resources (both national and EU funding)	
Implementing body(ies) and cooperation with stakeholders	Department of Social Protection
Evaluation	
Cross-linkages with other measures	Carer's Allowance, Carer's Benefit, Carer's Support Grant, Domiciliary Care Allowance

Measure 64	Carers Guarantee
Aim	The <i>Programme for Government</i> (2020) commits to delivering a 'Carers Guarantee' to provide a core basket of services to informal carers across the country, regardless of where they live
Type (e.g. legislative reform, investment, etc.)	Service enhancement
Target group (definition and size)	Informal carers
Results and impact (expected or achieved)	<p>The funding has enabled Family Carers Ireland (FCI) to significantly upscale their support provision using a public health approach of universal, targeted and intensive interventions.</p> <p>FCI is providing both community and individual supports across five areas of activity: community carer supports, intensive and emergency supports, education and training, FCI's freephone careline, and psychosocial support. In 2023, FCI engaged directly with an additional approximately 5,000 informal carers and engaged with thousands more through their universal self-directed supports and carer identification campaign.</p> <p>Care Alliance Ireland receive €100,000 in funding as part of the Carers Guarantee funding to provide a professionally moderated online support group for Family Carers. This platform is monitored by staff and volunteers and has increased its numbers from 1,850 informal carers in 2021 to over 6,420 carers in September 2023, with a 97% retention rate. The service promotes supports to assist informal carers in carrying out their caring roles, thus allowing people in receipt of care to be maintained in their own homes and communities.</p>

⁷⁹ In September 2023, the Department of Social Protection introduced a system to allow carers to register their caring periods. Individuals can apply for the long terms carers contributions at MyWelfare.ie.

Timeline	On-going
Financial resources (both national and EU funding)	Since 2021, annually recurring funding of €2 million is provided towards delivering the Carers Guarantee, providing a more standard package of supports to family carers in every region, in tandem with the community and voluntary sector.
Implementing body(ies) and cooperation with stakeholders	Two voluntary organisations: Family Carers Ireland and Care Alliance Ireland working through a service-level agreement with the HSE
Evaluation	
Cross-linkages with other measures	<i>National Carers' Strategy</i>

Measure 65	Residential respite care
Aim	Respite beds offer additional assistance to families and carers thus helping to alleviate the ongoing stress associated with providing care. The provision of respite can often assist with avoidable acute hospital admissions.
Type (e.g. legislative reform, investment, etc.)	Service provision
Target group (definition and size)	Informal carers
Results and impact (expected or achieved)	Continued delivery of respite services to support informal carers and older persons
Timeline	On-going
Financial resources (both national and EU funding)	Exchequer-funded.
Implementing body(ies) and cooperation with stakeholders	HSE, voluntary organisations and private providers
Evaluation	The HSE conducted a pilot programme of the InterRAI Family Carer Needs Assessment (FCNA) in CHO2 during September 2021-September 2023. The pilot found the highest demanded service to help support informal carers was respite.
Cross-linkages with other measures	<i>National Carers' Strategy</i> , Home Support Emergency Respite Scheme

Measure 66	Home Support Emergency Respite Scheme
Aim	Respite care is a vital part of the toolkit to support informal carers. Since 2021 the Home Support Emergency Respite Scheme supports informal carers who require additional emergency respite/support for particular life events, such as to enable an informal carer to avail of urgent medical treatment or address other crises, as they arise. The HSE has committed to continuing to provide emergency respite supports in 2024.

Type (e.g. legislative reform, investment, etc.)	Service provision
Target group (definition and size)	Informal carers
Results and impact (expected or achieved)	To provide a total of 27,000 hours of respite care to unpaid carers who require additional emergency respite
Timeline	On-going
Financial resources (both national and EU funding)	Exchequer funding of €600,000
Implementing body(ies) and cooperation with stakeholders	HSE and Family Carers Ireland (a national charity for informal carers)
Evaluation	
Cross-linkages with other measures	Residential respite care

Measure 67	InterRAI Family Carer Needs Assessment Pilot
Aim	<p>The purposes of the measure were to:</p> <ul style="list-style-type: none"> • Pilot the implementation of the InterRAI Family Carer Needs Assessment (FCNA) tool. • Assess needs including differences in needs between care groups and at two different time points six months apart. • Provide supports and services in response to reported needs where feasible. • Examine outcomes with a repeat assessment, and to assess the use and appropriateness of the tool from the perspective of health professionals.
Type (e.g. legislative reform, investment, etc.)	Policy
Target group (definition and size)	Informal carers
Results and impact (expected or achieved)	<p>The pilot found:</p> <ul style="list-style-type: none"> • For care-recipients, the highest demanded services across both periods regardless of an increase in provision were respite, day care, physical rehabilitation, assistance with personal care, and mental health services. Between baseline and follow-up, there was a statistically significant decrease in demand for aids and assistive devices, physical rehabilitation, and assistance with household tasks, which could be attributed to the extent of such supports provided in the six-month intervening period. • For informal carers, persistently across both periods the highest service demand was for respite and education or advice about a persistent health problem. At follow-up there was significantly less demand for counselling for carers, carer support group and financial or legal advice, which

	<p>could be attributed to the extent of such supports provided in the six-month intervening period.</p> <ul style="list-style-type: none"> Healthcare professionals found the pilot programme to be a valuable exercise: <ul style="list-style-type: none"> 94% referrers FCNA information was somewhat or very useful. 87% referrers said it gave them information they would not have otherwise had. 80% gave them better understanding of carers needs. 80% gave them better understanding of impact of caring. <p>The Pilot highlighted that changes are needed to make the FCNA more user-friendly.</p>
Timeline	September 2021–2023
Financial resources (both national and EU funding)	Exchequer-funded (Dormant Account Funding)
Implementing body(ies) and cooperation with stakeholders	Department of Health and HSE CH02 in collaboration with voluntary organisations: Family Carers Ireland, Western Alzheimer's, the Alzheimer Society of Ireland, Ability West, Western Care, Brothers of Charity Services: Galway and Roscommon, and St. Hilda's Services.
Evaluation	An evaluation report was published in March 2024 and its findings are currently being considered by the Department of Health and the HSE.
Cross-linkages with other measures	<i>National Carers' Strategy, Carers Guarantee.</i>

3. Remaining challenges and need for EU support

3.1 Remaining challenges

Notwithstanding the breadth of the measures that are in train to enhance the provision of long-term care in Ireland in line with the European Council Recommendation, fully addressing the broad, high-level challenges enumerated below remains work-in-progress.

- Ensuring that there is sufficient capacity within the health and social care system to meet the emerging care-needs of the ageing population on a sustainable basis.
- Ensuring the delivery of care at the lowest level of complexity while ensuring service-users' safety.
- Optimising the provision of multi-disciplinary, person-centred, integrated care across the continuum of care.
- Fully realising the potential of new models of care and care-pathways to enhance care-provision.
- Optimising the provision of preventative care.
- Increasing choice for the service-user within a universal, single-tier health and social care system.
- Ensuring uniformity in the provision of care across the country (in rural, urban and suburban areas).

- Ensuring continuity of care for persons with long-term care-needs when they turn 65.
- Ensuring that the care and support needs of older persons with disabilities are met in accordance with Ireland's obligations under the UNCRPD.
- Ensuring the value for money of the services and supports provided.
- Effectively addressing workforce challenges to ensure the adequate supply of appropriately skilled staff to respond effectively to the care-needs of the ageing population.
- The national roll-out of the interRAI single assessment tool for older persons across the continuum of care.
- The diversification of housing options for older persons.
- Fully realising the potential of universal design to enhance infrastructural development.
- Fully realising the potential of technology to enhance care-provision and to support independent living.

3.2 EU support

The national roll-out of the interRAI single assessment tool is vital to support reform in the delivery of long-term care in Ireland. To advance this endeavour, Ireland would welcome EU support for the development of operational guidelines and of care-bands, and more broadly for the evidence-based application of interRAI outputs.

In respect of home support service-provision, improving data collection would result in a more equitable and efficient allocation of resources. Accordingly, financial support in relation to the digitisation of data-collection would be welcome. Support to improve access to English-language classes for migrant workers would also be of assistance.

The 'Regulation establishing an EU Talent Pool' and the development of a single application procedure in line with the recast Single Permit Directive are predicted to have a positive impact on recruitment in long-term care. More broadly, in respect of the occupations required within long-term care, recruitment through the Employment Permits system is stymied by challenges surrounding the recognition of qualifications. While work is underway at a national level to address aspects of this, further developments on this at EU level would be of benefit to the accessibility and efficacy of the employment permits system, particularly in the area of healthcare and long-term care.

Potential contributions from Ireland to the EU-level policy dialogue include the following 'good practice' examples:

- The Strategic Workforce Advisory Group on Home Carers and Nursing Home Healthcare Assistants.
- The provision of dementia care for people who cannot, or do not wish to, attend a day care centre, on which a service evaluation was published in early 2024.⁸⁰
- The National Intellectual Disability Memory Service.
- The Enhanced Community Care programme.
- The Healthy Age Friendly Homes programme.
- The Commission on Care for Older People.

⁸⁰ See https://www.alzheimer-europe.org/news/new-report-highlights-life-enhancing-benefits-alzheimer-society-irelands-day-care-home-service?language_content_entity=en.

Appendix I: Acronyms and abbreviations

ADL	Activities of daily living
ASI	Alzheimer Society of Ireland
CHN	Community Healthcare Network
CHO	Community Healthcare Organisation
CIT	Community Intervention Team
CNU	Community Nursing Unit
CREATE	Cooperative Real Engagement for Assistive Technology Enhancement
CSR	Country-specific recommendation
CST	Community Specialist Team
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DETE	Department of Enterprise, Trade and Employment
DSMAT	Disability Services Management Application
EEA	European Economic Area
EQF	European Qualifications Framework
ESRI	Economic and Social Research Institute
EU	European Union
FCI	Family Carers Ireland
FCNA	Family Carer Needs Assessment
GP	General practitioner
HIQA	Health Information and Quality Authority
HRB	Health Research Board
HSE	Health Service Executive
IADL	Instrumental activities of daily living
ICPOP	Integrated Care Programme for Older People
IHCP	Intensive Home Care Package
LTCC	Long-Term Carer's Contributions
NDP	National Development Plan
NHSS	Nursing Homes Support Scheme
NTPF	National Treatment Purchase Fund
OECD	Organisation for Economic Cooperation and Development
PA	Personal Assistance
QQI	Quality and Qualifications Ireland
SI	Statutory instrument
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WHO	World Health Organization
WRC	Workplace Relations Commission
WTE	Whole-time equivalent