

# COUNTRY REPORT

# IRELAND

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## Introduction

Ireland's policies towards Personal and Household Services were being reshaped during the time of the investigation. This implied a change in the role of state, away from being the main provider of services to becoming the central regulatory authority, steering the provision of services by a broad range of actors.

So far, the needs in the PHS sector in Ireland were covered by public services mainly targeting specific dependent groups, supplemented by informal services directly contracted by private households. Therefore the main challenges consist in bringing together the different targeted instruments within a unitary framework and enlarging the scope of their activities, creating incentives for private households to formalize employment relationships and implementing quality management both with regards to the procedures to be followed within the context of PHS provision and with regards to employee training and qualification. This transition process is embedded in a social dialogue between the state, employer representatives and trade unions, with the goal of reaching a cross party agreement.

Additionally, innovative practices already successful in other countries, such as the Dutch-inspired EU-supported „My fair home“-program were being introduced.



## Factors supporting the growth and development of the field of PHS

The female labour participation rate for Ireland has increased in recent years, although it remains below the EU average. One reason could be the cost of childcare, which is higher than the EU average.<sup>1</sup> Additionally, Ireland has a higher proportion of people caring for a family member with a chronic illness or disability than the EU average.<sup>2</sup>

Although the amount of unpaid family care is decreasing, it still represents a significant part of the care system. But as the demographic change is continuing, care needs are becoming more complex, so there is an increasing need for both skilled workers and integrated care solutions.<sup>3</sup> The care demand for aged and disabled persons is estimated to increase by 40 to 66 per cent in total for the care part of PHS in ten years.<sup>4</sup> Besides elderly care and disability care, the demand for other forms of services such as childcare, au pairs, nannies, domestic cleaners also contributes to the growth of the PHS sector in Ireland.<sup>5</sup>

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<sup>1</sup> McGuinness et al. (2018).

<sup>2</sup> Manoudi et al. (2018).

<sup>3</sup> Oral communication, PJ Hartnett, Health Service Executive (HSE), 30 May 2019.

<sup>4</sup> Oral communication, PJ Hartnett (HSE), 30 May 2019.

<sup>5</sup> Smith/MRCI (2019).



# Definition and development of PHS instruments

Although there is no clear legal definition of PHS, most instruments focus on care for people with disabilities or chronic illnesses as well as older people. Most PHS workers in Ireland are categorised under NACE88, which corresponds to social work activities, and is quite broad. Some PHS workers would also fit into NACE97, regarding private households with employed persons.<sup>6</sup>

A statutory scheme for home care is to be introduced in 2021. There is a broad stakeholder (employers, unions, state) agreement that a clear definition of home care should be developed that is reflective of the social, psychological and physical needs of the applicant, without reference to age. Additionally, the needs assessment should be standardised and comprehensive enough to assess each of these domains through a single assessment tool. Accordingly, services should be capable of providing a holistic set of supports.<sup>7</sup>

## Main instruments promoting the sector

**The Home Support Service** (formerly the Home Care Package Scheme) helps older people stay in their homes through help with daily activities like bathing and dressing. Services are provided by the Health Service Executive (HSE) or by approved service providers. The primary user group is people over the age of 65, who need support to stay at home. It also supports people with a chronic illness or disability gain access to help in completing day-to-day tasks in order to reduce the need for long term care. The service does not cost users and is need, rather than means tested. Activities are focussed on domestic and personal care rather than medical or nursing care.<sup>8</sup> In March 2019 more than 6000 persons were on a waiting list for a package.<sup>9</sup>

**The Tax Credit for Employing Carers** offers a tax benefit to individuals, if they employ a home carer for themselves or a family member.<sup>10</sup>

**The Home Carer Tax Benefit** may be claimed by individuals, if they personally provide care for a family member who lives with or within 2 kilometres of them.<sup>11</sup>

Both tax credits can be used for both care and non-care activities and for both intermediary or direct employment. They are designed as incentives for the formalisation of undocumented employment relationships.

**Childcare Services Relief** represents a tax relief for childminders who earn less than EUR 15,000 per year from childminding, provide services in their own home and look after fewer

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<sup>6</sup> McGuinness et al. (2018).

<sup>7</sup> Oral communication Joseph Musgrave, Home and Community Care Ireland (HCCI), 30 May 2019.

<sup>8</sup> Manoudi et al. (2018).

<sup>9</sup> Oral communication Joseph Musgrave (HCCI), 30 May 2019.

<sup>10</sup> McGuinness et al. (2018).

<sup>11</sup> McGuinness et al. (2018).

than three children. In order to qualify, they have to be self-employed, registered for self-assessment and to have notified the HSE of their childcare services.<sup>12</sup>

Further instruments are used in order to support the sector in attracting the necessary workforce. National collective bargaining between the unions and the HSE should guarantee decent working conditions for domestic workers. Homecare workers employed directly by the HSE or who work at non-profit organisations have the same working conditions since 2018. The private sector has more variation and freedom to change working terms and conditions<sup>13</sup>. Since 2011, the working conditions guaranteed by the ILO Convention 189 and a national negotiated code of conduct for domestic workers are subject to controls by labour inspectors. Additionally, a review of the role and skills of homecare workers should make the job profile both more attractive and better attuned to the new needs in the sector.



## Landscape of users

With concern to care, the home support services are either provided directly by the Health Service Executive through in-kind provision or outsourced by the HSE to intermediaries from the non-profit sector or to private companies.<sup>14</sup> Users employing home carers can use direct employment or intermediary agencies.<sup>15</sup>

With concern to the non-care sector, direct employment is often used for hiring undocumented migrant workers.

The Home Support Services provided 53,016 people with 17,130,453 hours of PHS in 2018.<sup>16</sup> In 2019 the number of people covered was 50,000<sup>17</sup>. Often elderly people and young families request PHS services<sup>18</sup>, while homecare is largely requested in rural areas.<sup>19</sup>



## Financing of the main instruments and associated prices

The state remains the main actor in governing the various tools promoting the sector.

Home Support Services Packages are fully financed by the government with no cost to users.<sup>20</sup> The Health Services Executive (HSE)'s mandate is set by the Department for Health, but the

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<sup>12</sup> Irish Tax and Customs (2019).

<sup>13</sup> Joseph Musgrave, written comment, 04.02.2020.

<sup>14</sup> Manoudi et al. (2018).

<sup>15</sup> McGuinness et al. (2018).

<sup>16</sup> HSE (2019).

<sup>17</sup> Joseph Musgrave, written comment, 04.02.2020.

<sup>18</sup> Smith/MRCI (2019) and oral communication, PJ Hartnett (HSE), 30 May 2019.

<sup>19</sup> Bell/SIPTU (2019).

<sup>20</sup> McGuinness et al. (2018).

HSE's staff are directly employed by the health services<sup>21</sup>. The HSE assesses people's needs for the Home Help Scheme and also provides some of the services directly. If the necessary services cannot be directly provided, or the HSE decides not to conduct the work itself, the HSE contracts with service providers.<sup>22</sup> Public home care received a budget of €446m in 2019, as compared to €986m received by public residential care (nursing homes).<sup>23</sup>

Additionally, 1,800 individuals employing home carers claimed tax credits for employing carers and received a total of EUR 8.2 million in tax breaks in 2015.<sup>24</sup> Through the Home Carer Tax Benefit, individuals providing care can also receive a tax benefit of up to EUR 1,200 a year (as of 2018), provided they live with or within 2 kilometres of the person requiring care. In 2015, 80,900 individuals claimed this tax benefit at a cost of 60.9 million.<sup>25</sup> Individuals using the home carer tax benefit can further claim up to a maximum of EUR 75,000 annually in PHS expenses, dependent on their tax bracket.<sup>26</sup>



## Work arrangements

With concern to care, PHS services financed by the HSE are usually provided by intermediary employment either by the HSE itself or by other agencies, to which the HSE has subcontracted the service provision. Workers hired directly or indirectly by the HSE enjoy the same working conditions.

With concern to the non-care sector, direct employment of undocumented migrant workers is prevalent.



## Landscape of intermediaries and quality management

As far as the intermediaries are concerned, the use of online platforms has increased significantly in recent years.<sup>27</sup> These platforms include care-focussed platforms, such as Home Care Direct, Mindme, Dream Team nannies and non-care-focussed platforms, such as Helping, laundr and Pristin.<sup>28</sup>

Most private homecare companies are members in HCCI, Home and Community Care Ireland, the trade association for private providers of home care in Ireland. HCCI member companies

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<sup>21</sup>Joseph Musgrave, written comment, 04.02.2020.

<sup>22</sup> McGuinness et al. (2018).

<sup>23</sup> Oral communication Joseph Musgrave (HCCI) , 30 May 2019.

<sup>24</sup> McGuinness et al. (2018).

<sup>25</sup> McGuinness et al. (2018).

<sup>26</sup> McGuinness et al. (2018).

<sup>27</sup> Manoudi et al. (2018).

<sup>28</sup> McGuinness et al. (2018).

have directly employed 13.000 workers, often on a part-time basis, and have taken care of 21.000 patients, out of which 13.000 were publicly financed and 8.000 were privately financed. HCCI membership applies to both market-oriented for profit companies, including multinationals, and non-profit organisations.

The HSE has hired 5.000-6.000 homecare workers directly (section 38), and about 10.000 indirectly (section 39) via other companies or by facilitating direct worker employment by households.

Social workers' cooperatives represent a new development in this field.<sup>29</sup>

As far as quality management is concerned, the tender system of the HSE in the homecare areas was established 2008. Since 2019, the HSE performs an audit for homecare companies.<sup>30</sup> Workers in the HSE financed homecare services should have attained at least the qualification level of QQI Level 5 (Vitec 5) or be in the process of attaining it. Additionally, there are special training requirements for example in the case of disability care.<sup>31</sup>

Contracted providers need to be approved by the state during a tender process. As of 2016, 32 providers were approved during this process. Ongoing monitoring helps assure that standards are met.<sup>32</sup> Childminders must be registered if they are looking after more than six children.<sup>33</sup>

The implementation of the review of the healthcare assistant and home support workers roles and skills is expected to significantly contribute to the professionalization and upskilling in the sector.<sup>34</sup>



## Landscape of employees and degree of professionalisation

Women and migrant workers are most represented in the PHS sector.<sup>35</sup> MCRI estimates that there are about 20.000 undocumented and often unqualified migrant workers in several kinds of PHS settings. PHS workers in Ireland are often low skilled. With the implementation of the suggestions on the review of the role and skills of healthcare assistants, the homecare part of PHS is expected to be skilled up.<sup>36</sup>

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<sup>29</sup> Smith/MCRI (2019).

<sup>30</sup> Bell/SIPTU (2019) and oral communication, PJ Hartnett (HSE), 30 May 2019.

<sup>31</sup> Bell/SIPTU (2019).

<sup>32</sup> Retirement Care Services (2019).

<sup>33</sup> Childminding Ireland (2019).

<sup>34</sup> Bell/SIPTU (2019) and oral communication, PJ Hartnett (HSE), 30 May 2019.

<sup>35</sup> Manoudi et al. (2018).

<sup>36</sup> Drennan et al. (2018).



## Wages

The approximated hourly wage of undeclared workers in PHS was EUR 15 as of 2014.<sup>37</sup> The declared hourly wage for PHS workers as of 2016 was estimated at EUR 22.04.<sup>38</sup>



## Social dialogue in the field of PHS

As far as employment relations are concerned, the HSE and the unions are involved in the setting of the working conditions in the sector. The main social partners involved in the dialogue with the HSE on public homecare are The Irish Congress of Trade Unions ICTU, the Services Industrial Professional and Technical Union SIPTU and further eight unions connected to the public sector, that are collectively negotiating the working conditions. Working conditions and employment rights for domestic workers are covered in a statutory Code of Practice, which was negotiated by the social partners in 2007. The Domestic Workers Action Group (DWAG) and the Migrant Rights Centre Ireland (MRCI) were also involved in the consultations along with the unions. The consultation process proved doubly successful, as it laid down the code of practice and also brought about a significant shift in public perception of domestic workers as workers with employment rights.<sup>39</sup>

The ILO Convention 189 has been ratified by Ireland with cross party support.<sup>40</sup>



## Policy Process

The main actors in the political process are SIPTU, the ICTU and MCRI from the employee side and the HSE and HCCI from the employer's side. The goal is the development of a comprehensive home help scheme, in order to improve home help for older people and to develop a home-care alternative to the Fair Deal, which provides support for individuals in nursing homes. The new scheme is expected to replace the Home Care Packages Scheme (HCP).<sup>41</sup> As of mid-2018, the Minister of State for Mental Health and Older People, Jim Daly, estimated that the new program was still two years away. Individuals have indicated interest in choosing their providers and introducing features such as means testing and the possibility to purchase additional hours of care.<sup>42</sup>

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<sup>37</sup> Manoudi et al. (2018).

<sup>38</sup> Manoudi et al. (2018).

<sup>39</sup> Basten (2015).

<sup>40</sup> Manoudi et al. (2018).

<sup>41</sup> Cullen (2017).

<sup>42</sup> Ring (2018).

Most developments could be politically agreed upon in cross party agreements, as it happened with the development of the public sector reform program Sláintecare.<sup>43</sup>



## Commonalities across countries

Ireland is a typical example for the Anglo-Saxon/ liberal welfare regime. Some practices are inspired from the Scottish best practices with concern to the Health and Social Care Integration projects. Similar ideas were also found in Singapore. The EU level discussions around the minimum framework for healthcare assistants have further had a massive impact on the Irish debate on the upskilling and professionalisation of the workforce.<sup>44</sup>

In the area of domestic workers, there is an expansion of rights similar to other countries since the launch of the ILO 189 convention.<sup>45</sup>

Pilot projects on cooperatives such as “My fair home” are inspired by the Dutch Buurtzorg model and the US-based Cooperative Home Care Associates.



## Previous Instruments

The Home Support Service replaced less consistent, regionally diverse programs for older people. As of 2016, 2,256 people were on a waiting list for home care packages and 2,097 people were on a waiting list for home help.<sup>46</sup>

Within the HSE, the focus has shifted from purely acute solutions to more an integrated view of care. The new model followed by the HSE favours an earlier implementation of different support systems instead of acting only when an acute situation of need arises.



## Promising practices

### Social Dialogue

One of the most promising practices in the Irish context is the social dialogue in the PHS sector. The negotiations between the trade unions and the HSE have led to a guarantee of the same working conditions for all, directly or indirectly, state-funded homecare workers. The negotiated Code of Conduct is further setting minimal working conditions for the workers

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<sup>43</sup> Sláintecare is the ten-year programme to transform the Irish health and social care services, aiming to build a world-class health and social care service for the Irish people, see Government of Ireland (2018).

<sup>44</sup> Bell/SIPTU (2019) and oral communication, PJ Hartnett (HSE), 30 May 2019.

<sup>45</sup> Smith/MCRI (2019).

<sup>46</sup> Cullen (2017).



under their scope. Both examples show that instead of a race to the bottom, there is the potential for sectoral solutions in PHS, which is in the interest of all social partners. The same spirit prevails on enterprise the level.<sup>47</sup>

### **Upskilling/Professionalisation**

The implementation of the suggestions in the review of the Healthcare Assistants job, as planned by the HSE, will lead to a massive upskilling and professionalisation. The review delivers a national occupational description and job skill overview for all healthcare assistants and with that all Homecare workers, no matter who their employer is. Additionally, it is promoting new qualification standards and training needs, so the existing models will be adjusted to the reviewed job model. The document is also expected to set down the procedures to be followed for a registration of HCAs and to support professionalisation processes along with its implementation. At this stage, it is not clear how the procedures will be implemented by HSE. The private sector has also not been invited to participate in the implementation process so far<sup>48</sup>.

### **Integrated Care**

The Integrated CARE project seems to be another promising project. Local authorities are reorganising all care delivery in co-production with users, workers and public and private service providers in several pilot regions in Ireland. A person in need of care should no longer be obliged to cover his or her care needs by separately addressing different instances such as GPs, hospitals, homecare etc. instead all services should be integrated and combined with community outreach, with the person receiving care being in focus and getting all the care he or she needs integrated from one plan.<sup>49</sup>

### **Platforms and tax credits**

Direct and free digital platforms in combination with tax credits seems to be an interesting way to bring users and care workers into direct contact without intermediaries. Thus, a free choice is guaranteed for users and care workers. The tax credits make PHS more affordable for the households and support the regularization of the sector.

### **Workers' cooperatives**

A promising practice is the “My fair home” social enterprise model, which is also supported by the EU Social Funds. “My fair home” is a worker owned cooperative, i.e. each worker is also owner of the company, and thus both worker commitment and good working conditions are guaranteed. It is inspired both by the Buurtzorg model from the Netherlands and the largest homecare cooperative in New York. Mostly migrant workers are part of this project.<sup>50</sup>

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<sup>47</sup> Bell/SIPTU (2019) and oral communication, Aileen Courtney, Cheshire Ireland; P.J. Hartnett (HSE), 30 May 2019.

<sup>48</sup> Joseph Musgrave, written comment, 04.02.2020.

<sup>49</sup> Oral communication, PJ Hartnett (HSE), 30 May 2019.

<sup>50</sup> Smith/MCRI (2019).

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