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FACULTY of
NURSING and
MIDWIFERY

Green Paper on Home Support Workers

A Stakeholder Consultation on a Career Pathway for
Ireland's Home Support Workers

Closing date: 19 January 2024



Contents

Contributors	4
Terms we use	5
Summary recommendations for consultation	7
Section 1: Our approach to this Green Paper	12
1.1 Leading Healthcare Providers Skillnet.....	12
1.2 About our approach	13
1.3 Scoping review of the international evidence	15
1.4 Strengths and limitations	16
1.5 Stakeholder consultation and how to share your views with us	17
Section 2: Context for change and the focus of this Green Paper	19
2.1. The goal of aging well and independently at home.....	19
Healthy Ageing	19
Health system reforms	20
Home support	22
2.2 The reality of an escalating supply-demand crisis	23
Economic context.....	23
Future casting workforce numbers	25
2.3 Key challenges for growth of Ireland’s home support workforce.....	27
2.4 Risks of expanding a sector made up of jobs and not careers	28
2.5 Defining HSW roles and responsibilities	31
2.6 Developing career structures in home support work	33
2.7 The benefits of getting it right	35
Benefits for clients and families.....	35
Benefits for employers	36
Benefits for Home Support Workers.....	37
Benefits for the home support sector.....	37
Section 3: Green Paper proposals – A summary	40
3.1 Overview of the proposals in the Green Paper.....	40
3.2 Strength and relevance of the evidence for these proposals	41
3.3 Detailed recommendations for target audiences	41
Section 4: Invest in data and decision-making to shape the future home support workforce	46
4.1 Home support policy, research and planning (minimum data set and workforce planning)	47
4.2 Sector economic perspectives	50

4.3 Models of home support provision.....	51
4.4 Employee voice, engagement and involvement	53
4.5 Workforce shortages, shortfalls and untapped strengths.....	54
4.6 Public health, disaster preparedness, crisis management.....	56
4.7 Upskilling and delegation (new enhanced roles)	56
4.8 Digital technology and digital skills in home care and support	58
Section 4: Questions to consider	61
Section 5: Attract and develop a competent and motivated home support workforce	63
5.1 Preparation, entry and early experiences (pre-service & career starters).....	65
5.2 Core competencies training for home support work (early career HSWs)	66
5.3 Advanced or client group specific training (higher development awards)	67
5.4 Management, leadership and governance training (managers and leaders)	70
5.5 Perceived career success (career achievers/leavers)	71
5.6 In-service learning opportunities (continuous professional development).....	72
5.7 Career development and progression systems.....	73
5.8 Cost-benefits of employment and training	74
Section 5: Questions to consider	76
Section 6: Cultivate sustainable and successful careers through wellbeing and retention	78
6.1 Personal safety and wellbeing.....	78
6.2 Safety in the home setting	80
6.3 Role clarity and preventing role drift	81
6.4 Job satisfaction and retention	82
6.5 Organisational economic perspectives	84
6.6 Care planning, care plans and coordination of care and support.....	88
6.7 Inclusion and voice in teams, organisations and policymaking	89
Section 6: Questions to consider	91
Section 7: Foster quality and impact in home support work.....	93
7.1 Structural organisation of care and support (organising for quality).....	93
7.2 Interface with other services, professionals and providers	94
7.3 Service quality indicators and measures.....	95
7.4 Careers of migrant workers.....	96
7.5 Families and caregivers	97
7.6 Service economic perspectives	98
Section 7: Questions to consider	99
Conclusion.....	100

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Dr Edward Naessens, FNM, RCSI provided critical analysis and commentary, informed by applied philosophy and human behaviour approaches, and provided insights into professional development technologies and programmes.

Expert Advisors

Prof Mark White, FNM, RCSI, provided insights into supporting the emerging care economy deliver safe and effective care, including qualification thresholds.

Prof Mary Rose Sweeney, FNM, RCSI provided insights into programme development and health professional educational curriculum.

Acknowledgements

Mr Joseph Musgrave, CEO, Home & Community Care Ireland (HCCI) contributed impetus for this research and provided expert insights into the home support sector in Ireland and internationally.

Mr David McKone, HCCI Board Member & Managing Director, Right at Home Ireland contributed perspectives on the concerns and challenges for home support providers.

Mr Kirk Robinson, HCCI Board Member & Managing Director, Kare Plus Ireland contributed perspectives on the concerns and challenges for home support providers.

Prof Marie Carey, FNM, RCSI provided advice on the format and structure of the proposals in the Green Paper.

Citation: "Green Paper on Home Support Workers (2023) Royal College of Surgeons in Ireland. Funded by Leading Healthcare Providers Skillnet. Dublin, Ireland."

Terms we use

What is a Green Paper?

A “Green Paper” is an informed proposal on how to improve something or solve a problem. It doesn’t claim to be the best way or the only way – its real purpose is to encourage thinking and discussion, and to prompt suggestions and solutions. It is, therefore, a useful tool for engaging diverse stakeholders on important issues as it provides focus and ensures that everyone is working with the best available evidence.

We ask you, therefore, not to take the recommendations in this document as definite. They are proposals designed to help different stakeholders to think about what might work, and to encourage a focused debate around the careers of home support workers in Ireland. We have set out a broad range of many recommendations, with the view that it is better to whittle back to the most important actions, than to risk being short on options.

We want your feedback, which we will analyse and build into a final proposal to present to Government. This means that your feedback can really influence the design and development of these proposals. The final version (a White Paper in early 2024) may closely resemble this Green Paper, or it might need to be reconsidered and revised in light of new information and perspectives.

What is a home support worker?

“Home support worker” (HSW) means a person employed to deliver home support for a person (client or service user) in their own home. They might be employed by a healthcare organisation, private or not-for-profit Home Support Service (HSS), self-employed or directly appointed by a person or their family through a private arrangement (‘self-funders’).

“Home” in relation to the provision of home support means a private dwelling of the client/service user that is not open to the general public to visit unless invited and where the person resides. It includes hostels or other places where people experiencing homelessness abide, non-permanent dwellings such as caravans, and temporary accommodation such as hotels. In the context of home support, it does not include support provided in nursing or care homes or long-term residential care (LTRC) facilities.

“Home support” includes all forms of enabling support provided to or for an adult (over-18) who by reason of illness, frailty or disability is in need of such support and assistance. This may include, but is not limited to, physical health and wellbeing support, personal care, assistance with activities of daily living (ADL), prompting or supervising activities, assistance with instrumental activities of daily living (IADL), companionship, exercise and social engagement. Home support also involves communication with other providers and services, planning and recording home support, home safety and healthy environments, and involving families/informal caregivers. A more detailed picture of the range of HSW roles is provided later (Section 2.5) and an outline structure for career progression is developed (Section 5).

“Home care and support” refers to the integrated healthcare and home support a person may need to age well and independently at home.

What is a career pathway?

Under the proposals in this document a “Career pathway” would be the focus for a suite of policy enhancements, best practice guidance, career structures (certification, registration, qualifications, training, in-service learning, quality improvement), data collection and research analysis, and employee engagement and involvement, to replace the current ad hoc uneven system. In this context the purpose of a career pathway is to expand capacity in the home support workforce and to upskill and retain the home support workforce by encouraging professionalism.

Traditionally in other sectors career pathways have been developed and used by employers to help people to climb the corporate ladder, by providing a structured hierarchy of jobs, duties and responsibilities¹. Current thinking about the design and development of career pathways has moved on due to the fact that the traditional labour market is losing its inevitability and attrition from jobs is rising at all levels across all sectors². Employees are asking for more emphasis on relational factors rather than transactional elements of work and questioning the core values and purpose of work.

Thus a modern career pathway for home support must focus on how individuals, organisations and systems can collectively contribute to guiding, nurturing, encouraging, and supporting individualised career development and career progression. Career pathways must connect knowledge and solutions from ‘the top down’ policy to the ‘bottom up’ initiatives that are led by HSWs themselves. Such a pathway must be aligned with iterative and dynamic workforce planning to meet the changing societal needs of an ageing population.

At present in Ireland HSWs receive very variable career development advice or opportunities, which may or may not include access to training, mentorship, in-service learning or other supportive practices. The proposal is to change this so that all workers have opportunities for professional development as standard, raising quality and building capacity across the sector.

¹ Hedge, J.W., & Rineer, J.R. (2017). Improving career development opportunities through rigorous career pathways research. RTI Press Publication. <https://doi.org/10.3768/rtipress.2017.op.0037.1703>

² The State of Organizations (2023) McKinsey. <https://www.mckinsey.com/~media/mckinsey/business%20functions/people%20and%20organizational%20performance/our%20insights/the%20state%20of%20organizations%202023/the-state-of-organizations-2023.pdf>

Summary recommendations for consultation

If you would like to make a submission to this consultation, please email by **5pm 19 January 2024** to: research@lhpskillnet.ie

We are seeking stakeholder's views on four overarching proposals on a career pathway for home support workers, with the aim of generating a world-leading home care and support sector in Ireland:

- Invest in data and decision-making to shape the future home support workforce (Section 4)
- Attract and develop a competent and motivated home support workforce (Section 5)
- Cultivate sustainable and successful careers through wellbeing and retention (Section 6)
- Foster quality and impact in home support work (Section 7)

A summary of the recommendations for policy, research and practice audiences is below. Implications for education and training run through these recommendations. More detailed recommendations for different target audiences are shown in table 1, section 3.3.

1) Policy Recommendations:

Invest in data and decision-making to shape the future home support workforce:

1a) Introduce centralised collection of a Minimum Data Set for Ireland's home care and support sector including a low burden system of data collection for home support service providers (Health Service Executive, for-profit, not-for-profit, small enterprises/independents). Information collected should be standardised, not name individual clients or employees, and should only be used for the purpose of workforce planning, investment, and development.

1b) Develop a straightforward low cost or no cost voluntary certification (pre-entry online) and registration system (via workplaces or approved signatories of core competencies). These systems will enable data collection about the workforce and provide a channel to encourage essential skills and values, core competencies, professional development in more advanced areas, and to provide a framework to link individuals to online career development resources/web-based courses and portfolios.

1c) Explore data-driven financial incentives to encourage workforce growth (e.g., supervisor capacity development) and sustainability (e.g., career development leads within home support organisations), and to address specific regional workforce challenges (e.g., rural and low supply area supplements).

Attract and develop a competent and motivated home support workforce:

1d) Develop national Home Support Workforce development and careers policy to include roles and responsibilities for career development and career progression of HSWs. Emphasise home support

work's professional values, competency and skills development, and career progression structures throughout policy frameworks. Emphasise more advanced care and support roles in dementia, frailty, end-of-life, heart failure.

1e) Develop evidence-based strategies to address global and local HSW supply shortages, including promoting best practice in recruitment and retention from high performing home support organisations with low turnover. Aim to increase the overall workforce in line with ESRI simulated projections (126 per cent increase in hours, to 23.4 million hours) to deliver the statutory home support scheme. Given the size of the task, the strategies should emphasize provision of block booking or wraparound person-centred support packages rather than HSW/client direct contact hours.

1f) Allocate central responsibilities to a suitable organisation or consortia to produce standardised best-practice guidance for the home support sector, facilitate workforce development initiatives including a programme of digital health skills for HSWs, and provide web-based resources to facilitate HSW career development, and career progression.

1g) Ensure coordinated actions to transform the sector are underpinned by a review of current qualification requirements and development of appropriate future skills training provision (core competencies and advanced higher awards, leadership, and management training), informed by research on workforce development and training needs. Implement financial incentives to align training structures, and professional development programmes with workforce development goals.

Cultivate sustainable and successful careers through wellbeing and retention:

1h) Award responsibility to a suitable organisation or consortia for development of national standards and guidance for safety and wellbeing of HSWs, safety in the home setting, and role clarity. This should include implementing measures to enhance job satisfaction and positive working relationships including an expectation and commitment to employee engagement and involvement in teams, organisations, and policymaking.

Foster quality and impact in home support work:

1i) Develop policies that facilitate home support service providers to assess and address client's different types of needs (e.g., dementia, frailty, end-of-life, heart failure), more advanced and comprehensive wraparound support, and flexibility in levels of support provided, to ensuring functional elements of care are met, clients have choice and continuity of provider.

1j) Advocate and incentivise the use of staffing models and organising for quality to enhance safety and job satisfaction.

1k) Use health policy and policymaking structures to encourage integration of home care and support within broader health systems, encouraging interprofessional collaboration between sectors, services, and communities.

2) Research Recommendations:

Invest in data and decision-making to shape the future home support workforce:

2a) Develop an evidence-based model of home support to extend health system capacity and enhance quality of care and support for ageing populations. The model should encompass

wraparound support: ensuring fundamental aspects of care are met, communication and connection, carer and family engagement, personalized provision based on the person and their circumstances, decision-support and advice, supported self-management, connection to healthcare and wider health and wellbeing support, and support through transitions in care/health and illness.

2b) Research the workforce development needs, regulation and training implications of an expanded and enhanced model of home support.

Attract and develop a competent and motivated home support workforce:

2c) Further investigate economic challenges for purchasers and providers, employers, and employees, and build sustainable solutions into funding models, commissioning structures and pay structures, to help rapidly grow workforce numbers and retain existing HSWs.

2d) Promote participative and inclusive research methods to enable HSWs to voice their perspectives and experiences in the development of services, policies and practices. For example, to ensure the development of core competency training and advanced/specialist training programmes, leadership and management training, have the desired impact on HSW's career progression and retention within the sector. Research should include a range of perspectives from the expectations and needs of early career HSWs to the wisdom of highly experienced HSWs to promote understanding of career success.

Cultivate sustainable and successful careers through wellbeing and retention:

2e) Future research should aim to investigate the impact of organisational safety and wellbeing cultures on HSW outcomes, retention, and job satisfaction. It should produce evidence on the effectiveness of support mechanisms for promoting occupational health and wellbeing and preventing role drift, stress, burnout, and intention to leave.

Foster quality and impact in home support work:

2f) Investigate the impact of staffing policies and organising for quality on safety, job satisfaction, and overall care quality in the home support sector.

2g) Research should explore the impact of enhanced home support provision models in promoting health and preventing illness (both physical and mental health) in clients that are high healthcare users.

2h) Research should evaluate the economic perspectives of investing in staff training and support from the perspective of employers and employees.

3) Practice Recommendations

Invest in data and decision-making to shape the future home support workforce:

3a) Collaborate on the design and implementation of a national minimum data system to inform future policy, planning, and development within the home support sector.

3b) Champion innovative wraparound support provision models to promote ageing well and independently at home for an ageing population. Highlight wraparound support: ensuring fundamental aspects of care are met, communication and connection, carer and family engagement,

personalized provision based on the person and their circumstances, decision-support and advice, supported self-management, connection to healthcare and wider health and wellbeing support, and support through transitions in care/health and illness.

3c) Develop the model of home support provision by examining advanced and client group specific needs for integrated home care and support for: frailty, dementia, heart failure, hyper-tension, cancer, diabetes, dementia, recovery and reablement, multiple complex care and support needs, medications assistance/care procedures, end of life care and support.

3d) Emphasise both the need to increase overall workforce numbers as well as individual upskilling for advanced and client group specific needs, and digital health skills for future workforce enhancement.

Attract and develop a competent and motivated home support workforce:

3e) Contribute to the design of preparatory programmes and systems, emphasising essential skills and values, building core competencies under supervision, and outlining career structures and resources available for professional development and progression.

3f) Focus on building supervision capacity for early career HSWs, in-service learning and continuous professional development. Consider moving staff towards advanced, specialist and expert roles including leadership and management training.

3g) Establish mentorship programmes and engage in professional and peer networks for career development. Share learning to develop best practices across organisations and the home support sector.

Cultivate sustainable and successful careers through wellbeing and retention:

3h) Implement organisational support systems for safe and effective working, encouraging knowledge and skills exchange between HSWs at different levels of experience and promoting staff diversity and employee engagement in teams and organisations.

3i) Establish team and organisational mechanisms for debriefing, sharing good and bad work experiences, as well as consolidating training with learning in practice.

Foster quality and impact in home support work:

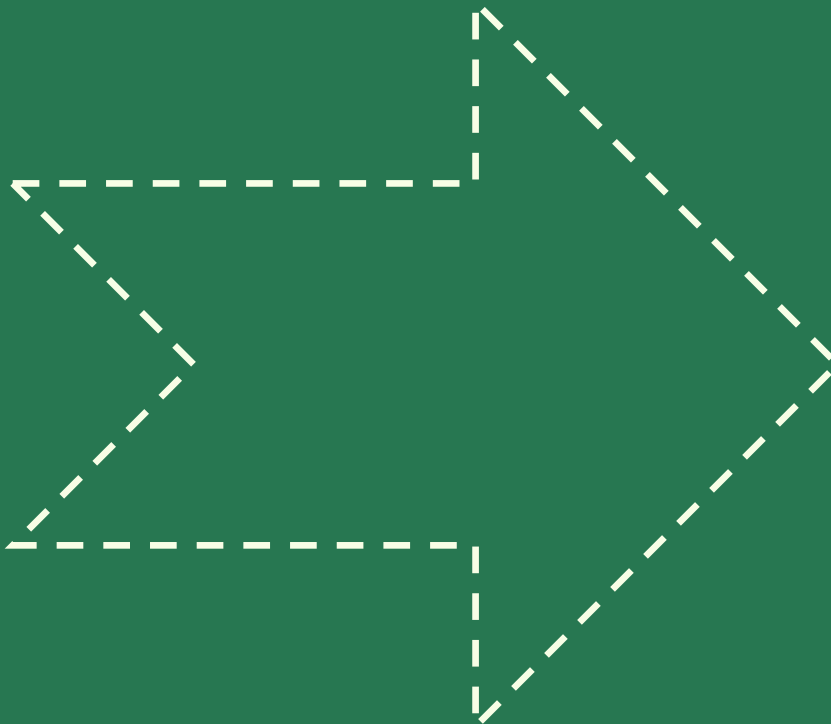
3j) Advocate for safe staffing policies that promote quality, job satisfaction, and retention.

3k) In communications with commissioners and purchasers of home support services, emphasise the safety and quality advantages of sufficient time for client interactions and the elements of indirect support beyond contact hours that are provided.

3l) Engage in collaboration and coordination of transformation with other home support service providers, healthcare providers, housing, social welfare, and other sectors to expand and enhance integrated home-based care and support nationally.

Section 1

Our approach to
this Green Paper



Section 1: Our approach to this Green Paper

1.1 Leading Healthcare Providers Skillnet

Leading Healthcare Providers Skillnet was established in 2008 as a not-for-profit learning network co-funded by Skillnet Ireland and its member companies. Skillnet Ireland is funded from the National Training Fund through the Department of Further and Higher Education, Research, Innovation and Science. Of the 70 plus Skillnet Ireland Learning Networks, LHP Skillnet are the only Network dedicated exclusively to support workforce development in the private healthcare sector. They do this through the provision of high-quality, sector-led, subsidised training, education, new programme development and research.

As a learning network LHP Skillnet works closely with private home sector service providers: the backbone of home-based care and support across Ireland. Their insights and operational knowledge of the sector have provided impetus for developing the Green Paper.

This Green Paper emerges from conversations between LHP Skillnet and Home & Community Care Ireland (HCCI) following HCCI's involvement in the cross-departmental Strategic Workforce Advisory Group³, established by the Minister of State for Mental Health and Older People, Mary Butler, 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 address these. The present Green Paper provides the foundational evidence to build on the work achieved by the Group.

In September 2023 LHP Skillnet commissioned researchers in the Faculty of Nursing and Midwifery at the Royal College of Surgeons of Ireland (RCSI) to undertake research and development of this Green Paper. The Faculty has a long and established reputation for the delivery of nursing, midwifery and health related education programmes in Ireland. As one of the earliest and longest serving providers of education in Ireland, the FNM has ensured wide ranging, responsive and relevant programmes of education for healthcare professionals from a variety of specialities nationally and internationally. All of the FNM's programmes are accredited and approved through the appropriate professional bodies and the FNM works closely with NMBI and the Department of Surgical Affairs RCSI in relation to accreditation of programmes.

The partnership has previously successfully undertaken research on the attitudes and experiences of healthcare professionals within the long-term care (LTC) sector, of different teaching and learning

³ Strategic Workforce Advisory Group (2022) <https://www.gov.ie/en/publication/492bc-report-of-the-strategic-workforce-advisory-group-on-home-carers-and-nursing-home-health-care-assistants/>

modalities⁴, which produced key recommendations to inform workplace development leaders, programme designers and educators. Insights from this research are carried into the present scoping review.

1.2 About our approach

Leading Healthcare Providers Skillnet is publishing this Green Paper proposal to help develop home support worker careers in response to national and international analyses of the growing ‘care crisis’ in Ireland. This proposal is also intended to prompt discussion and debate, which will inform the final design of changes. The final design will respond to consultation feedback and further research will feed into it to align with key public policy commitments. In particular, the Green Paper developments set out in this paper are intended to address two specific aims.

These are:

1. **to expand capacity in the home support workforce** by attracting and recruiting more home support workers and improving working conditions so that every worker has time, support and opportunities for career development and progression.
2. **to upskill and retain the home support workforce** by encouraging professionalism and creating and rewarding more advanced, specialist, and expert roles.

The Green Paper contains two main elements for high-level policy debate:

1. **Development of national Home Support Workforce policy to include responsibilities for career development and career progression of home support workers.** This is to recognise that individual HSWs and diverse types of employers require a clear policy steer on current and future HSW roles, as well as responsibilities for planning, managing and monitoring HSW careers. Policy is also needed to set out responsibilities for producing standardised best-practice guidance, workforce development initiatives, and web-based resources to facilitate HSW career development and career progression. And, to ensure these actions are underpinned by appropriate training provision and research on workforce development needs. We recommend a comprehensive home support workforce policy should address the action points for policymakers, detailed in table 1, section 3.3.
2. **Introduction of centralised collection of a Minimum Data Set for Ireland’s home care and support sector.** A minimum data set (MDS) is a defined set of information about a person receiving care that needs to be collected, stored, regularly updated and shared with relevant stakeholders. It provides an up-to-date source of information on health, care and support needs and how they change over time⁵. An MDS has a number of uses. It can be used to support joint-working between providers and organisations (Section 7.2) and be a key source of information for people who develop models and plan care and support for older people, including government departments (Section 4.3). The proposed data collection would be

⁴ Skillnet Ireland Industry Insights, Teaching and Learning Modalities for CPD, 2023
<https://www.skillnetireland.ie/publication/teaching-and-learning-modalities-for-continued-professional-development-leading-healthcare-providers-skillnet/>

⁵ See DACHA-DOM study <https://dachastudy.com/dacha-dom/>

minimal but essential for accurate planning of workforce skills and career development to deliver a more flexible and sustainable model of home support for aging well and independently at home across Ireland. A data-driven workforce planning model would be more tailored to different client's level of need and flexible to changes in need locally within Community Health Organisation (CHO) areas. It would replace the current basic model of task-time care delivery which is not working for clients, support workers, or employers. To make this proposal achievable, we recommend a series of actions towards this goal, described in section 4.1.

Stakeholders

The Department of Health, Health Service Executive (HSE), regulators (HIQA, QQI, CORU), home support service providers including private sector and not-for-profit providers, research groups (ESRI, TILDA, RCSI), education and training providers, voluntary and charity sector organisations, respondents to the public consultation on draft regulations⁶, and any other interested organisations or individuals are invited to provide comment on this Green Paper, before the consultation closes at 5pm on 19 January 2024 (see section 1.4).

Structure

This document has seven sections - this section and:

Section 2 details the context for change

Section 3 summarises the Green Paper's proposals and recommendations for different audiences

Section 4 sets out proposals to invest in data and decision-making to shape the future home support workforce

Section 5 details the proposal to attract and develop a competent and motivated home support workforce

Section 6 elaborates on the proposal to cultivate sustainable and successful careers through wellbeing and retention

Section 7 explains actions to foster quality and impact in home support work

Consultation questions

There are some suggested consultation questions at the end of sections 4-7. These questions aim to generate discussion, comments, and your feedback. We invite you to respond to these questions or at least the ones that are important to you, but please do not feel confined – we welcome any comments you want to make.

Preferred terminology

In this document, we use the terms 'older people' and 'aging well and independently', to correspond with terms used in policy and practice, but we recognise individual people may not perceive themselves in this way or use these terms to describe their circumstances.

⁶ Listed in appendix 1, Sheehan, A. and O'Sullivan R. (2023). Draft Regulations for Providers of Home Support Services: An Overview of the Findings of the Department of Health's Public Consultation.

1.3 Scoping review of the international evidence

To inform this Green Paper, LHP Skillnet commissioned researchers in the Faculty of Nursing and Midwifery, Royal College of Surgeons of Ireland (RCSI), to identify and analyse the international research evidence. The aim was to explore the literature and distil the evidence to inform recommendations on a career pathway for home support workers in Ireland. The project was guided by the research question:

“What is the evidence to inform the development of a career pathway for home support workers in Ireland?”

The hypothesis is that by implementing evidence-based policy and actions to develop a career pathway this will improve HSW recruitment, retention and job satisfaction, grow workforce capacity and capabilities, and extend the benefits and impact of the home support sector for the health system.

A scoping review following an established method⁷ and guidelines (Joanna Briggs Institute Guidance on Scoping Reviews⁸) was performed using structured searches of 7 electronic databases (Web of Science, PubMed, MEDLINE, EMBASE, CINAHL, PsycINFO, Social Care Online, and Social Sciences Citation Index). The review also included searches for ‘grey’ literature, such as reports produced for governments and professional bodies⁹. The searches were undertaken in September to November 2023. A copy of the search terms and inclusion criteria used are available upon request to LHP Skillnet.

Recognising the importance of economic evaluation in healthcare¹⁰, an added element of the scoping review was to seek evidence on economic perspectives. Thus, the search strategy also used a set of key terms for economic methods and concepts, derived from the literature^{11,12}.

To assure the findings were robust the researchers followed strict inclusion criteria and assessed each article for the quality of the evidence by applying a grading based on the methods used (GRADE system¹³) and the relevance to the aims of the review. Data were analysed thematically¹⁴ and interpreted using a “what works for whom when and why” framing¹⁵. Reporting of the review follows PRISMA guidelines¹⁶.

⁷ Arksey, H. & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International journal of social research methodology*, 8(1), pp.19-32.

⁸ JBI Manual for Evidence Synthesis, JBI, 2020. Available from <https://synthesismanual.jbi.global>.
<https://doi.org/10.46658/JBIMES-20-12>

⁹ Levac, D., Colquhoun, H., and O'Brien, K. K. (2010). Scoping studies: advancing the methodology. *Imple. Sci.* 5:69. doi: 10.1186/1748-5908-5-69

¹⁰ Cunningham, S. J. 2000. Economics: Economic evaluation of healthcare—is it important to us? *British Dental Journal*, 188(5), 250.

¹¹ Blumenschein, K., & Johannesson, M. 1996. Economic evaluation in healthcare. *Pharmacoeconomics*, 10(2), 114–122.

¹² Drummond, M. F., Sculpher, M. J., Claxton, K., Stoddart, G. L., & Torrance, G. W. 2015. *Methods for the economic evaluation of health care programmes*. Oxford university press.

¹³ Atkins D, et al. (2004) GRADE Working Group. Grading quality of evidence and strength of recommendations. *BMJ*. 19;328(7454):1490. doi: 10.1136/bmj.328.7454.1490. PMID: 15205295; PMCID: PMC428525.

¹⁴ Mays, N., Roberts, E., and Popay, J. (2001). “Synthesising research evidence,” in *Studying the organisation and delivery of health services: research methods*, Chap. London, eds N. Fulop, P. Allen, A. Clarke, and N. Black (Routledge).

¹⁵ Pawson, R. & Tilley, N. 1997. *Realistic Evaluation*, London: Sage.

¹⁶ Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., et al. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann. Int. Med.* 169, 467–473. doi: 10.7326/M18-0850

261 articles from peer-reviewed academic journals were included. Overall the body of literature highlights the global significance of the issues for Ireland, across Europe and internationally.

Key findings of the scoping review were:

- the need to improve the attractiveness of home support roles by promoting clearer career pathways and opportunities for development
- standardising core competencies in home support work
- recognising and rewarding staff for achieving more advanced, specialist or expert skills and knowledge
- career pathways need to be seen in the context of improving the overall quality of working lives and achieving a sustainable model of aging well and independently at home
- lack of data about the sector is hindering decision-making about the home support workforce

1.4 Strengths and limitations

The scoping review that informs this Green Paper offers a nuanced understanding of challenges and opportunities in home-based care internationally, emphasizing the vital role of policy, research, and planning. It contributes globally relevant perspectives, highlighting supply and demand challenges worldwide. The review focuses on advanced training's role in improving clients' quality of life and job satisfaction, identifying gaps in cost-benefit aspects, leadership training, and turnover impact, suggesting avenues for future research and policy development. Emphasizing successful and sustainable careers, it highlights the need to address grief, occupational hazards, violence, and stress for a resilient workforce, supporting comprehensive policies for safety, wellbeing, and retention. Exploring the evidence on quality and impact in home support work identifies structural challenges, and emphasises the need for tailored training, support mechanisms, collaborative efforts, quality indicator testing, and a nuanced understanding of client needs and preferences.

The main limitations of this approach are:

- (i) **Generalizability:** The scoping review's reliance on existing literature may limit findings to the included studies and themes, necessitating further validation for applicability to Ireland, or other countries. The Green Paper is designed to provide robust evidence to inform stakeholder collaboration and policy debates rather than to establish the effectiveness of any specific interventions.
- (ii) **Publication Bias:** Focusing on published articles introduces potential bias associated with higher rates of publication by certain countries (USA, UK, Canada).
- (iii) **Service/Sector Data:** The review does not include unpublished reports or locally-held knowledge and data – for example data on rates of pay or pay grading (see Organisational economic perspectives, section 6.5) or data on staffing levels. Further research is needed to scope and delve-deeper into what data is available (see Home support policy, research and practice, section 4.1).
- (iv) **Timeframe:** The review covered the most recent evidence published in the last 10 years and was conducted in Sept-Nov 2023. It may miss older relevant evidence and newer evidence on rapidly evolving topics or policies.
- (v) **Scope of the Review:** While identifying foundational evidence and overarching themes, more in-depth systematic research is needed to understand the issues in each theme. It was not within the remit of the review to review existing workforce strategies in Ireland,

existing training provision, or continuing professional development. Future research is needed to attain and map these data and identify areas for innovation and improvement.

- (vi) **Implementation Challenges:** Practical challenges, such as budget constraints or stakeholder resistance, may hinder the proposed career pathway's real-world application. Thus, multi-stakeholder consultation on the proposals in the Green Paper and collaboration on future policy, research and practice will be essential for success.
- (vii) **Long-Term Impact:** The Green Paper does not discuss or cover the long-term impact of the proposed career pathway, highlighting the need for a follow up plan for ongoing monitoring and evaluation to assess sustainability and effectiveness.

1.5 Stakeholder consultation and how to share your views with us

LHP Skillnet is launching both this Green Paper and a stakeholder consultation on the proposed developments. LHP Skillnet invites stakeholder organisations and individual responders to share their views on the proposed changes with us. You can do this through written submissions sent to the address below. The names of submitting organisations or individuals will be included in the White Paper.

Submissions

You can submit your feedback by email by **5pm 19 January 2024**. We do not expect you to answer all or any of the indicative questions provided (end of sections 4 to 7). These are simply for your guidance and consideration. We expect different stakeholder to highlight different issues and perspectives in their responses to us.

- If you would like to make a submission, please email it to:

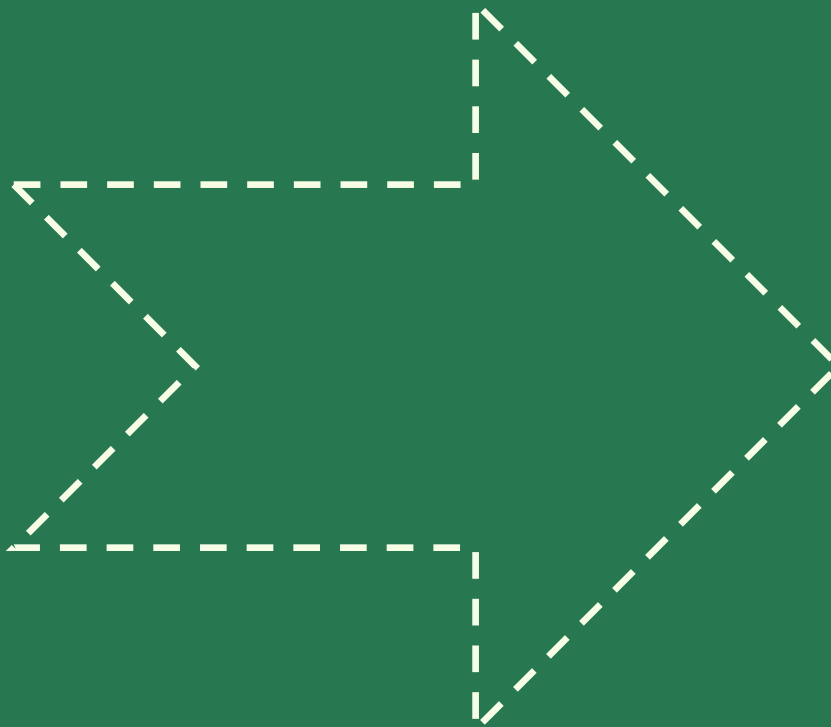
research@lhpskillnet.ie

We would like to thank you for reading this Green Paper.

We welcome your feedback on the questions included under sections 4 to 7, and any other feedback you may have. A final proposal for home support worker's career pathways, in the context of developing a modern workforce to deliver a sustainable model of aging well and independently at home, will be prepared for Government, stakeholders within the sector, clients, families and the public, taking your feedback into account.

Section 2

Context for
change and the
focus of this
Green Paper



Section 2: Context for change and the focus of this Green Paper

2.1. The goal of aging well and independently at home

Healthy Ageing

Populations around the world are ageing at a faster pace than in the past and this demographic transition will have an impact on almost all aspects of society as countries become ‘super-aged’. The United Nations Decade of Healthy Ageing (2021-2030)¹⁷ brings together governments, civil society, international agencies, professionals, academia, the media, and the private sector for ten years of concerted, catalytic and collaborative action to improve the lives of older people, their families, and the communities in which they live.

The world has united around the 2030 Agenda for Sustainable Development¹⁸: all countries and all stakeholders pledged that no one will be left behind and determined to ensure that every human being can fulfil their potential in dignity and equality and in a healthy environment.

Population projections indicate that Ireland will have one of the most rapidly ageing populations in the EU over the coming decades and that the old-age dependency ratio will double during the next 30 years, from 24% to 47% (Eurostat data¹⁹).

- In Ireland the population aged 65+ is projected to increase from 629,800 in 2016 to between 1.53 and 1.6 million by 2051.
- The population aged 80+ is projected to increase from 147,800 in 2016 to between 535,900 and 549,000 by 2051²⁰.

The EU Country Health Profile for Ireland²¹ shows that people in Ireland lead longer and healthier lives than most other Europeans, although behavioural risk factors, including smoking and obesity, remain important public health concerns. Quality of health care is generally good, but access to services is constrained by costs and waiting times. The COVID-19 pandemic exposed health system weaknesses – in particular a shortage of health workers in the public sector and low intensive care unit capacity in public hospitals. It also revealed some of Ireland’s strengths in responding to crises,

¹⁷ <https://social.desa.un.org/sdn/decade-of-healthy-ageing-2021-2030#:~:text=The%20United%20Nations%20Decade%20of,of%20older%20people%2C%20their%20families%2C>

¹⁸ <https://www.un.org/sustainabledevelopment/development-agenda/>

¹⁹ Reported by The European Observatory on Health Systems and Policies.

<https://eurohealthobservatory.who.int/publications/m/ireland-country-health-profile-2021>

²⁰ Central Statistics Office, ‘Population and Labour Force Projections 2017–2051’,

<https://www.cso.ie/en/releasesandpublications/ep/p-plfp/populationandlabourforceprojections2017-2051/populationprojectionsresults/#:~:text=Open%20in%20Excel%3A,six%20projection%20scenario%20to%202051.>

²¹ https://health.ec.europa.eu/system/files/2021-12/2021_chp_ir_english.pdf

including the ability to develop technological solutions and to mobilise additional funding rapidly for health reform, health workforce and hospital resources.

Health system reforms

The healthcare system in Ireland is a unique mix of public and private healthcare services²², striving to provide comprehensive healthcare and support to its population. The core of Ireland's healthcare system is publicly funded through the Health Service Executive (HSE). Under the principle of universality²³, residents are entitled to access essential healthcare services without direct charges, though there are fees for certain services, such as General Practitioner consultations²⁴. Approximately 2.4 million people (46.7% of the population) have health insurance²⁵.

Like other countries the Irish healthcare system faces challenges, including:

- Long waiting times for certain procedures²⁶
- Access to healthcare in rural areas and low supply areas²⁷
- Workforce shortages and unsafe staffing levels²⁸⁻²⁹
- The lasting impact of Covid-19 on health service capacity and delivery³⁰
- Reducing avoidable hospital admissions³¹

There is great potential for shared learning between key stakeholders in Ireland and other countries, facilitated by European Commission reform support³² for Ireland's health and social care workforce planning. Reform support is provided in collaboration with AARC Consulting, and it will deliver: a health and social care workforce planning strategy and action plan, a health and social care workforce planning model, health and social care workforce projections, gap analysis and communication activities. There are also opportunities for shared learning between various workforce strategies and reforms to the adult social care sector in England³³, Northern Ireland³⁴,

²² Keegan, C., A. Brick and M.A. Wren (2018). An examination of activity in public and private hospitals in Ireland, 2015, ESRI Working Paper No. 601, Economic and Social Research Institute, Dublin, <https://www.esri.ie/system/files/media/fileuploads/2018-10/WP601.pdf>.

²³ Connolly, S. and M.A. Wren (2019). 'Universal health care in Ireland – What are the prospects for reform?' Health System Reform, Vol. 5, pp. 94-99.

²⁴ Collins, C. and Homeniuk R. (2021). 'How many general practice consultations occur in Ireland annually? Cross-sectional data from a survey of general practices', BMC Family Practice, 22,40.

²⁵ Health Insurance Authority (2022). Annual report and accounts. https://www.hia.ie/sites/default/files/2023-10/final_annual-report_2022_english.pdf

²⁶ Brick, A. and S. Connolly (2021). 'Waiting times for publicly funded hospital treatment: How does Ireland measure up?', Economic and Social Review, Vol. 52, No. 1, pp. 41-52.

²⁷ Smith, S., S. Barron, M.A. Wren, B. Walsh, E. Morgenroth, J. Eighan and S. Lyons (2019). Geographic profile of healthcare needs and non-acute healthcare supply in Ireland, Economic and Social Research Institute, Dublin.

²⁸ ESRI (2022) Projections of Workforce Requirements for Public Acute Hospitals in Ireland, 2019–2035. <https://www.esri.ie/publications/projections-of-workforce-requirements-for-public-acute-hospitals-in-ireland-2019-2035a>

²⁹ Irish Medical Organisation <https://www.imo.ie/news-media/news-press-releases/2023/imo-statement-on-hse-recr/index.xml>

³⁰ Crowley, P. and A. Hughes (2021). The impact of COVID-19 pandemic and the societal restrictions on the health and wellbeing of the population, and on the health service capacity and delivery: A plan for healthcare and population health recovery, Health Service Executive, Dublin.

³¹ McDarby, G. and B. Smyth (2019). Identifying priorities for primary care investment in Ireland through a population-based analysis of avoidable hospital admissions for ambulatory care sensitive conditions, BMJ Open, 9, e028744.

³² https://reform-support.ec.europa.eu/what-we-do/health-and-long-term-care/health-and-social-care-workforce-planning_en

³³ <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform#our-strategy-for-the-social-care-workforce>

³⁴ <https://www.health-ni.gov.uk/articles/reform-adult-care-and-support>

Scotland³⁵ and Wales³⁶. As well as international developments in home-based care and support in Japan³⁷, USA³⁸, Canada³⁹, and aged care reforms in Australia⁴⁰, for example.

In Ireland there have been ongoing efforts to reform and modernise the healthcare system in response to key trends in health⁴¹⁻⁴², projections of demand for healthcare⁴³, and the changing care and support needs of ageing populations⁴⁴. Initiatives like Sláintecare⁴⁵⁻⁴⁶ aim to achieve a more equitable and efficient healthcare system with reform support provided by the European Commission⁴⁷. These reforms focus on transitioning healthcare towards increased primary care services within communities⁴⁸⁻⁴⁹ to reduce waiting lists and improve access to care⁵⁰.

Ireland, with its distinctive health system configuration and agile capabilities for change, holds a unique position to lead international best practices in home support and care, benefiting both present and future populations. The Green Paper's recommendations, derived from the literature offer a roadmap for policymakers, researchers, and practitioners to shape the future sector, drive human-digital innovation, and develop a highly skilled home support workforce.

Current HSE's Services for Older People primarily focus on providing support for individuals in their homes, including assistance with personal care and essential household tasks. Additionally, they offer Intensive Home Care Packages (IHCPs) for older individuals needing a higher level of support. In delivering these services, the HSE assesses the specific needs of service users, which are then met either by HSE staff or external providers with HSE agreements (Home Support Services for Older

³⁵ <https://www.gov.scot/policies/social-care/reforming-adult-social-care/>

³⁶ <https://www.gov.wales/proposed-changes-legislation-social-care-and-continuing-health-care>

³⁷ Hasegawa, T., Matsumoto, K., Onishi, R. and Hirata, K. (2020), "Social and health sector reform towards 2040 in Japan", Public Administration and Policy: An Asia-Pacific Journal, Vol. 23 No. 3, pp. 259-271. <https://doi.org/10.1108/PAP-06-2020-0030>

³⁸ <https://www.commonwealthfund.org/blog/2018/what-can-us-and-england-learn-each-others-health-care-reforms>

³⁹ https://www.casw-acts.ca/files/documents/A_New_Social_Care_Act_for_Canada_2.0.pdf

⁴⁰ <https://www.health.gov.au/our-work/aged-care-reforms/what-were-doing/trusted-safe-and-high-quality-care>

⁴¹ Department of Health (Ireland) (2021). Health in Ireland: Key trends 2021, Department of Health, Dublin.

⁴² Government of Ireland (2020). Healthy Ireland summary report 2019, Government of Ireland, Dublin.

⁴³ ESRI (2017) <https://www.esri.ie/publications/projections-of-demand-for-healthcare-in-ireland-2015-2030-first-report-from-the>

⁴⁴ Redfern's Nursing Older People (2023) eds Ross, F., Harris, R., Fitzpatrick, J., and Abley, C. 5th Edition, Elsevier Health Sciences.

⁴⁵ Gov.ie. (2018) Sláintecare Implementation Strategy and Next Steps.

<https://www.gov.ie/pdf/?file=https://assets.gov.ie/9914/3b6c2faf7ba34bb1a0e854cfa3f9b5ea.pdf#page=null>

⁴⁶ Sláintecare Action Plan (2023) Sláintecare Implementation Strategy & Action Plan 2021 - 2023

⁴⁷ https://reform-support.ec.europa.eu/what-we-do/health-and-long-term-care/health-and-social-care-workforce-planning_en

⁴⁸ ESRI (2022) An Analysis of the Primary Care Systems of Ireland and Northern Ireland

https://www.esri.ie/system/files/publications/RS137_0.pdf

⁴⁹ O'Dowd, T., J. Ivers and D. Handy (2017). A future together: Building a better GP and primary care service, Trinity College Dublin, Dublin.

⁵⁰ Gov.ie. (2023) Sláintecare 2023 Action Plan. <https://www.gov.ie/en/publication/49c5c-slaintecare-action-plan-2023/>

People Authorisation Scheme⁵¹). The HSE's Disability Services also offer home support and personal assistance services as part of their community support offerings.

Home support

From the client and community side, the pull towards aging well and independently at home is occurring for several reasons:

- Home-dwelling people with dementia have significantly higher quality of life than people with dementia in nursing homes⁵².
- Rehabilitation at home after stroke is more cost effective⁵³.
- The positive impact of home care versus alternative location of care on health outcomes⁵⁴.
- In relation to home support for dementia, flexible service provision, personalised communication and increased hours are highly valued by Irish citizens⁵⁵.
- Deficiencies in long-term residential care, highlighted by Covid-19⁵⁶.

In 2020 a comprehensive review published by The Irish Longitudinal Study on Ageing⁵⁷ highlighted how Ireland's system of caring affects older adults and the level of care provided by family caring and home support. The report analyses data from Waves 1-5 of the TILDA study (2009-2018) to examine the roles of family care and state-provided services in supporting Ireland's older adults.

Key findings of the report are:

- One in eight adults aged over 50 (13%) report a functional limitation. This is a combination of limitations in instrumental activities of daily living (IADL – difficulty cooking, cleaning, and grocery shopping) and basic functional activities (ADL - difficulty with dressing, eating and bathing).
- The percentage of those who received help (family caring and home support) increased from 45% receiving help with ADL and IADL limitations in Wave 1, to 60% in Wave 5.
- The majority of that help was provided by family carers (70%), with 30% receiving either state-provided or private home support in Wave 5 (2018).
- The older population continues to contribute substantially to the informal care of their family and friends. In Wave 5, 7% of women and 5% of men reported they had cared for someone in the past week (68,500 people) aged 58 and over.

⁵¹ HSE.ie (2023) Authorisation Scheme Service Specifications for Home Support Services, Services for Older People, Community Operations. <https://www.hse.ie/eng/services/list/4/olderpeople/authorisation-scheme-service-specifications-v1.pdf>

⁵² Olsen, C., Pedersen, I., Bergland, A., Enders-Slegers, M. J., Jøranson, N., Calogiuri, G., & Ihlebæk, C. (2016). Differences in quality of life in home-dwelling persons and nursing home residents with dementia - a cross-sectional study. *BMC geriatrics*, 16, 137. <https://doi.org/10.1186/s12877-016-0312-4>

⁵³ Widén Holmqvist, L., de Pedro Cuesta, J., Möller, G., Holm, M., & Sidén, A. (1996). A pilot study of rehabilitation at home after stroke: a health-economic appraisal. *Scandinavian journal of rehabilitation medicine*, 28(1), 9–18.

⁵⁴ Boland, L., Légaré, F., Perez, M.M.B. et al. Impact of home care versus alternative locations of care on elder health outcomes: an overview of systematic reviews. *BMC Geriatr* 17, 20 (2017). <https://doi.org/10.1186/s12877-016-0395-y>

⁵⁵ Walsh S, O'Shea E, Pierser T, Kennelly B, Keogh F, Doherty E. Public preferences for home care services for people with dementia: A discrete choice experiment on personhood. *Soc Sci Med*. 2020 Jan;245:112675. doi: 10.1016/j.socscimed.2019.112675. Epub 2019 Nov 13. PMID: 31760321.

⁵⁶ Walsh, B., S. Connolly, M. Wren and L. Hill (2022). Supporting sustainable long-term residential care in Ireland: a study protocol for the Sustainable Residential Care (SRC) project, *HRB Open Res* 2022, 5:30, <https://doi.org/10.12688/hrbopenres.13543.1>

⁵⁷ TILDA (2020) Receipt of Care and Caring in Community Dwelling Adults aged 50 Years and Over in Ireland. <https://tilda.tcd.ie/publications/reports/CareandCaring/>

- To enable family caring to continue, state-provided home support must also be available to facilitate and support carers to retain their work and leisure in addition to their care responsibilities.

2.2 The reality of an escalating supply-demand crisis

Economic context

In 2021, the budget allocated to the HSE's Services for Older People for home support services amounted to around €665 million. This budget has consistently increased since 2014 when it stood at €288 million. In the same year, the HSE's Services for Older People delivered 20,463,216 hours of home support (excluding IHCPs) to 55,043 service users, both through direct HSE provision and external providers.

The HSE's National Service Plan for 2022 aimed to provide 24.2 million home support hours (including IHCPs) to 55,910 service users through direct and indirect means, with a budget of approximately €674 million. The National Service Plan for 2022 also established a goal to deliver a total of 3.12 million hours of home support to 7,326 service users with disabilities. For this purpose, the overall budget for 2022, covering home support and personal assistance services, was approximately €110 million.

Approximately 150 home support companies provide in-home services in Ireland (SIPTU data⁵⁸). The sector is large, but it needs to expand rapidly in the right direction, to assist growing numbers of elders to age well and independently at home.

Home and Community Care Ireland (HCCI), the representative organisation for private providers in Ireland, has lobbied since 2018 for changes in HSE commissioning procedures to allow home support workers to operate a more reliable block weekly schedule with travel costs included⁵⁹. There has been some movement on these calls but there is still a long way to go to make home support work an attractive career and halt rising workforce shortages.

Demand trends:

- Growing numbers of people with late-life dependency and complex needs⁶⁰, who prefer to live independently at home rather than in residential care⁶¹⁻⁶².
- 2018 Department of Health statistics showed 4,600 people were on waiting lists for home care, including new applicants and those waiting for additional hours. In 2023, the amount of

⁵⁸ https://www.siptu.ie/media/publications/file_19530_en.pdf

⁵⁹ <https://hcci.ie/home-and-community-care-ireland-calls-for-regulation-in-the-home-care-industry/>

⁶⁰ Kingston, A., Wohland, P., Wittenberg, R., Robinson, L., Brayne, C., Matthews, F. E., Jagger, C., & Cognitive Function and Ageing Studies collaboration (2017). Is late-life dependency increasing or not? A comparison of the Cognitive Function and Ageing Studies (CFAS). *Lancet* (London, England), 390(10103), 1676–1684. [https://doi.org/10.1016/S0140-6736\(17\)31575-1](https://doi.org/10.1016/S0140-6736(17)31575-1)

⁶¹ Boland, L., Légaré, F., Perez, M.M.B. et al. Impact of home care versus alternative locations of care on elder health outcomes: an overview of systematic reviews. *BMC Geriatr* 17, 20 (2017). <https://doi.org/10.1186/s12877-016-0395-y>

⁶² Sheehan, A., O'Sullivan, R. (2023). Draft Regulations for Providers of Home Support Services: An Overview of the Findings of the Department of Health's Public Consultation. ISBN: 978-1-913829-25-4. <https://doi.org/10.14655/11971-1084904>

support provided had risen (+22%, over 3.5 million hours), but so had waiting lists to 6,198⁶³. 25% of the national waiting lists is in Community Health Organisation 4 (Cork/Kerry).

- Economic and Social Research Institute (ERSI) researchers predict that due to population ageing demand for home care services will increase by 50% over the next eleven years (2015-2030)⁶⁴.
- It is anticipated that demand for home support services may increase under Ireland's proposed Statutory Home Support Scheme, for example if unmet demand is met, or if the new scheme results in more people being able to remain in their own home, substituting away from long-term residential care⁶⁵. Demand for home care packages is expected to rise by 70% by 2031, resulting in an additional 11,000 home care packages. However, while demand for the new home care scheme is likely to increase if it addresses unmet needs for care, the introduction of co-payments may drive down demand; therefore, the impact on demand is uncertain.

Supply challenges:

- Home and Community Care Ireland (which represents 31 private companies⁶⁶) estimates that 40,000 people are employed in the sector across the public (HSE directly employs 12,000), voluntary and private providers. The private and non-profit sector has added nearly 3 million hours of capacity since 2019, but this has not been sufficient to keep up with rapidly increasing waiting lists (25% increase 2022/23).
- Meeting rising demand could require at least an additional 20,000 additional jobs in the home support sector, which is likely to increase further in the long term. However, the sector is already facing problems recruiting and retaining HSWs, because of low pay, differences in working conditions, and a lack of professional standing⁶⁷.
- HSE data indicates that, at the end of December 2020, 42% (n=2,217) of HCSAs (Home Care Support Assistants) were aged 60 years and over, indicating increasing workforce shortages in the years to come as people retire or reduce the number of hours they work.
- Supply issues are worst in rural areas, where a lack of incentives for companies and support workers to deliver care to remote service users/clients.
- Attempts to streamline and increase the number of HSWs from non-EU countries (1,000 work permits were made available for January 2023) have been slowed by the employment visa processes and conditions placed on prospective employers (minimum salary of €27,000 per year, two-year contract and work a minimum of four continuous hours in a day).

⁶³ <https://hcci.ie/hcci-home-care-data-series-volume-2-home-support-delivery/>

⁶⁴ Keane, C., S. Lyons, M. Regan and B. Walsh (2022). Home support services in Ireland: Exchequer and distributional impacts of funding options, ESRI Survey and Statistical Report Series 111, Dublin : ESRI, <https://doi.org/10.26504/sustat111>.

⁶⁵ <https://www.esri.ie/news/introduction-of-a-statutory-home-support-scheme-likely-to-increase-demand-for-home-support>

⁶⁶ HCCI has 31 member company organisations which employ 12,000 carers and deliver care to over 20,000 older and vulnerable people in Ireland.

⁶⁷ O'Neill, N., Mercille, J. and Edwards, J. (2023) Home care workers' views of employment conditions: private for-profit vs public and non-profit providers in Ireland, *International Journal of Sociology and Social Policy*, Vol. 43 No. 13/14, pp. 19-35. <https://doi.org/10.1108/IJSSP-10-2022-0276>

- There are unknown numbers of undeclared workers who are directly paid by families. These workers are unlikely to have an employment contract. Some privately paid workers may be working illegally, and some may not be tax registered⁶⁸.

Future casting workforce numbers

The ESRI report on Demand for the Statutory Home Support Scheme (Walsh and Lyons, 2021)⁶⁹ shows there is currently relatively little information on how many HSWs are employed in voluntary organisations and for-profit organisations, the skills of these employees, and the scope to increase staff numbers. Information on HSWs employed in voluntary organisations is even more limited. Collection of comprehensive and up to-date data on HSWs in Ireland, for example through a national register or regular large-scale surveys, would be of assistance to policymakers, employers, carers, and home support recipients. Sector data could also help to ensure the skill mix of HSWs matches the various levels of need of the recipient population.

Demand is likely to grow considerably due to the introduction of the statutory home support scheme and the effects of demographic change. If supply of services does not keep pace, there are likely to be further extensions in waiting lists for care, diversion of demand to private provision and some non-provision or substitution by alternatives such as LTRC and acute hospital care.

ESRI simulations indicate that larger proportional increases in demand could be seen for home support hours. An estimated 24.7 million hours were provided in 2019 in the current system across public and private home support. The simulations indicate that this could rise to almost 42 million hours under the demand projection scenarios modelled. This equates to an increase of 70 per cent of hours (17.2 million hours). If all hours were provided through a statutory home support scheme, this increase would equate to a 126 per cent increase in hours (23.4 million hours) delivered through a public home support scheme.

Furthermore the ESRI researchers examined the characteristics of current home support recipients, and how they differ from the older population not in receipt of professional home support. In general, home support recipients were older and had higher healthcare and social care needs (and healthcare utilisation). This means that the impact of introducing a new statutory scheme with expanded demand for the service may also include increased demand for healthcare and social care, especially for those who have substituted away from LTRC. The implications are that home support services will need to work even more closely with allied health professional services including public health nurses, occupational therapists, day centre care, and convalescent care to plan and manage person-centred care and support.

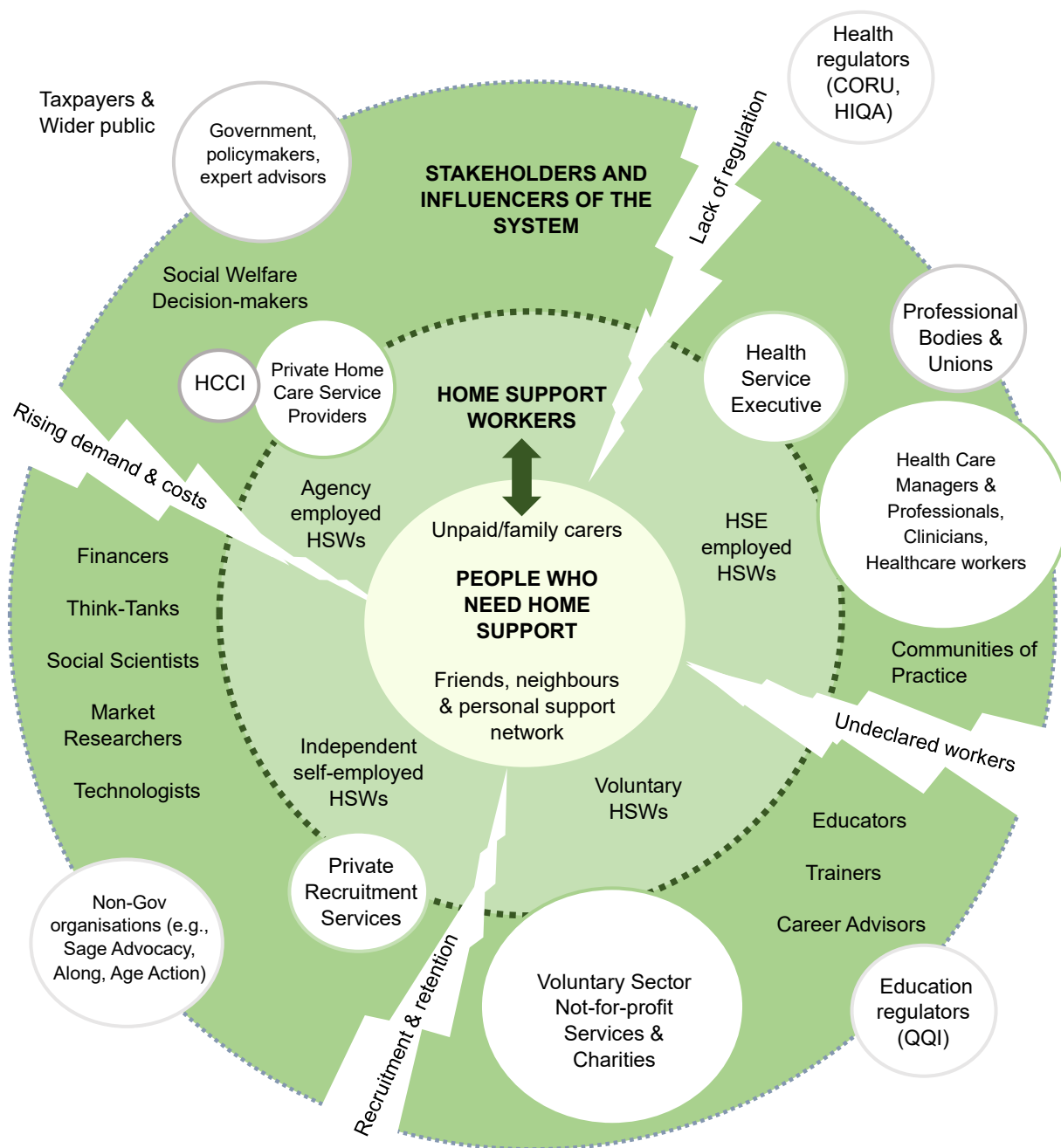
Figure 1 draws together the information provided here into a macro view of Ireland's home support sector, stakeholders and tension points.

The following section looks at the key challenges for growth of Ireland's home support workforce.

⁶⁸ SIPTU https://www.siptu.ie/media/publications/file_19530_en.pdf

⁶⁹ <https://www.esri.ie/system/files/publications/RS122.pdf>

Figure 1: Macro view of Ireland’s home support sector, stakeholders and tension points



Key:

- CORU Regulating Health & Social Care Professionals
- HCCI Home and Community Care Ireland
- HIQA Health Information and Quality Authority
- HSE Health Service Executive
- HSW Home Support Worker
- QQI Quality and Qualifications Ireland

2.3 Key challenges for growth of Ireland’s home support workforce

- **A Flat Sector:** In Ireland and other countries, home support is a relatively “flat sector” in terms of career structures (discussed in the next section), low employee satisfaction with pay and feeling valued (Section 6), as well as the perceived low status⁷⁰, stigma and ambivalence expressed towards HSW roles⁷¹. A transformative shift in thinking is needed.

The task-challenge is to rapidly expand and enhance the cadre of home support professionals across Ireland, for the benefit of short- and long-term population health, but also because it is vital for the social and economic prosperity of the nation.
- **Home Support Commissioning:** Ireland’s HSE commissioning structure for home support is based on one rate of pay regardless of the client’s condition. This inhibits employers from providing different rates of pay to HSWs based on skills or advanced/specialist roles (see section 5.3). It makes it difficult for employers to show staff they are valued and to retain skilled staff within the sector. Since the HSE only pays providers for the hours of home-support delivered, HSWs providing HSE-funded care are not remunerated for hours of care which are cancelled for a short period due to unforeseen circumstances, such as the admission of a client to hospital or respite care. This causes financial insecurity for HSWs who don’t have guaranteed work (particularly employees on zero hours contracts) and lack of continuity for clients if staff are moved to another client (see Strategic Workforce Advisory Group report⁷², section 3.3).
- **Rising Costs:** In Ireland and other countries the home support sector is suffering the impact of increases in costs of living, affordability of care, costs of providing care, costs of high turnover in the sector, variations in resource allocations and economic inequalities in service provision across the country⁷³. Changes in Ireland’s funding models for home support (which aim to give clients choice and continuity of provider) and Home Support Services Authorisation Scheme⁷⁴, geographical inequalities and differences in the provision of health care and support between Ireland’s community health organisation areas⁷⁵ make costs and benefits of investment crucial concerns (see Sector economic perspectives, section 4).
- **Consequences of Covid-19:** The lasting negative impact of Covid-19 on clients, staff and the home care and support sectors, alongside the need to learn from the vital role of care

⁷⁰ Fleming, G., & Taylor, B. J. (2007). Battle on the home care front: perceptions of home care workers of factors influencing staff retention in Northern Ireland. *Health & social care in the community*, 15(1), 67–76. <https://doi.org/10.1111/j.1365-2524.2006.00666.x>

⁷¹ Timonen, V., & Löllich, L. (2019). "The Poor Carer": Ambivalent Social Construction of the Home Care Worker in Elder Care Services. *Journal of gerontological social work*, 62(7), 728–748. <https://doi.org/10.1080/01634372.2019.1640334>

⁷² Strategic Workforce Advisory Group (2022) <https://www.gov.ie/en/publication/492bc-report-of-the-strategic-workforce-advisory-group-on-home-carers-and-nursing-home-health-care-assistants/>

⁷³ Waldman, D.J., Kelly, F., Arora, S., Smith, H. L. (2004). The Shocking Cost of Turnover in Health Care. *Healthcare Management Review*, 29 (1) 2-7.

⁷⁴ HSE.ie (2023) Authorisation Scheme Service Specifications for Home Support Services, Services for Older People, Community Operations. <https://www.hse.ie/eng/services/list/4/olderpeople/authorisation-scheme-service-specifications-v1.pdf>

⁷⁵ Genet, N., Boerma, W.G., Kringos, D.S. et al. Home care in Europe: a systematic literature review. *BMC Health Serv Res* 11, 207 (2011). <https://doi.org/10.1186/1472-6963-11-207>

worker knowledge and skills and the prevention of spread and minimisation of impact of infectious diseases such as Corona Virus, MRSA, Winter vomiting bug and influenza cannot be underestimated (see recommendations for Public health, disaster preparedness and crisis management, section 4).

- **Low expectations and employee engagement:** The characteristics of the workforce, including high female gender, high ethnicity, low disability, low level of educational attainment, low income/social deprivation, and high caring responsibilities, mean that the present workforce has a distinct profile. Internationally, home support workers have lower expectations for a career, fewer options, and fewer personal resources to take up training and professional development, limited voice in decision-making, and lower expectations to contribute to organisational improvement compared to other sectors or professions (see recommendations for Employee voice, engagement and involvement, section 4).
- **Minimum qualifications:** In Ireland there is strong professional and public opinion on the benefits of a more qualified home support workforce⁷⁶ for delivering more consistent high quality home support services, alongside the collaborative effort required to develop and implement career pathways⁷⁷ to make the sector more attractive and sustainable in the long term and minimise the barriers for career starters and early career HSWs. At the same time the costs and time of gaining qualifications can be a huge barrier to entry for potential employees and employers (see Preparation, entry and early experiences, section 5).

2.4 Risks of expanding a sector made up of jobs and not careers

This section looks at the risks associated with the reliance on jobs rather than careers:

- Risks for employers of workforce instability and high-turnover
- Risks for employees of role ambiguity and poor job satisfaction
- Risks for clients of safety and unmet support needs
- Risks for families of unreliable or inconsistent home support
- Risks for healthcare providers of escalating health needs and preventable admissions

Low expectations and lack of career progression could explain why turn-over in home support work is much higher than other sectors (29-30% compared to a cross industry average of 15%⁷⁸). Low pay and difficult working conditions are certainly part of the picture too.

Home support workers may be motivated to train, gain qualifications and move out of home support work, for example into health care assistant, nursing, allied-health professions, or managerial roles in nursing homes or hospitals. Their ambition may mean they use the experience of home support

⁷⁶ 78% of respondents to the public consultation on Draft Regulations for Providers of Home Support Services agreed with the requirement for all HSWs to have minimum educational qualifications or to get these within a set timeframe. Sheehan, A., O'Sullivan, R. (2023). Draft Regulations for Providers of Home Support Services: An Overview of the Findings of the Department of Health's Public Consultation. ISBN: 978-1-913829-25-4. <https://doi.org/10.14655/11971-1084904>

⁷⁷ Hedge, J.W., & Rineer, J.R. (2017). Improving career development opportunities through rigorous career pathways research. RTI Press Publication. No OP-0037-1703. RTI Press Publication. <https://doi.org/10.3768/rtipress.2017.op.0037.1703>

⁷⁸ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

work as a stepping stone to a professional career elsewhere, which is not necessarily a bad thing, but it adds to the reasons for workforce shortages in home support.

A career pathway sets an expectation for home support workers to train, continue to learn, progress and have a successful longterm career as a skilled professional.

The home support sector is currently made up of diverse jobs with role titles that include “Support Workers”⁷⁹, “Home Support Workers” (HSWs) “Home Care Assistants” or “Homecare Support Workers” (HCCI, Home and Community Care Ireland)⁸⁰. Variations on these terms and job roles are also commonly employed in the broader industry, by Community Health Organisations (CHO) and communities. Individual home support suppliers (agencies/companies) tend to differentiate between job roles such as “Community Home Care Assistant” or “Community Carer”⁸¹. Which are sometimes used to indicate levels of paid care work experience (e.g., entry level, +1 year, +5 years) or “Senior Carer” (several years of experience) within a Care Team, or “Care Manager” roles.

Jobs are also principally defined by time, rather than knowledge or skill sets, for example, “Part time” “Full time” “Overnight” “Live-in” or “Weekend”. These job titles are used to denote time requirements or the flexibility of a specific job role, but may not guarantee set hours, flexible hours, or an agreement for an employee to work at certain times, such as every other weekend or evenings.

HSW roles are often conflated with the term “Care Worker”, which has a broader meaning and generally refers to paid caregiving roles that includes and extends beyond home support. For example including healthcare provided in care homes, hospitals, day centers, or other institutions⁸². On the other hand the terms “carer” and “caregiver” are typically used to describe unpaid, informal caregiving activities, typically performed by family members, relatives, friends, or neighbours. Occasionally, the term “caregiver” may also be used to encompass the work of paid carers⁸³. However there is a notable shift away in descriptions of home support roles, from providing ‘care’ to providing ‘support’.

A further source of ambiguity and risk is that certain privately-arranged homecare positions, such as “care assistant” and “home help”, or “housekeeper”, may fall under the broader category of “domestic worker”. This term pertains to individuals employed to perform various duties in private homes, either as self-employed or agency workers, encompassing tasks like cleaning, cooking, childminding, driving, and gardening, which could include caring for older adults or individuals with disabilities or illness⁸⁴.

The title “Support Worker” is more often used to describe roles aimed at assisting individuals of any age with diverse physical abilities, learning disabilities, and mental health needs in achieving greater independence⁸⁵. This support, sometimes called “assisted living” or “independent living”, is provided

⁷⁹ <https://hcci.ie/about/>

⁸⁰ <https://www.gov.ie/pdf/?file=https://assets.gov.ie/237210/448892b3-36b4-4b7a-a41e-90368ff2345c.pdf#page=null>

⁸¹ <https://ckjobs.ie/guide-to-becoming-a-home-support-worker/#:~:text=To%20become%20an%20HCA%20in,Care%20Skills%20free%20of%20charge>

⁸² https://www.ihrec.ie/app/uploads/download/pdf/caring_working_and_public_policy.pdf

⁸³ <https://ckjobs.ie/guide-to-becoming-a-home-support-worker/#:~:text=To%20become%20an%20HCA%20in,Care%20Skills%20free%20of%20charge>

⁸⁴ <https://www.citizensinformation.ie/en/employment/types-of-employment/domestic-workers-employment-rights/>

⁸⁵ For an overview of social care roles, see the information developed by Skills for Care, the strategic workforce development and planning body for adult social care in England. <https://www.skillsforcare.org.uk/Careers-in-care/Job-roles/Job-roles.aspx>

through supervision, encouragement, companionship, and guidance. There is also overlap with roles such as "Family Support Workers," who offer assistance to children, young people, and families. Additionally, "Personal Assistants" and "Shared Lives Carers" are often privately hired caregivers who provide support to individuals living in their own homes or shared households.

It's important to note, but it is often unclear to clients and families (see Role clarity and preventing role drift, section 6.3), that HSW roles and responsibilities are distinct from those of Health Care Assistants (HCA), Nursing Assistants, and registered nurses (e.g., public health nurse, community nurse, palliative care nurse), which have defined qualifications, regulatory, and mandatory training requirements⁸⁶. Similarly, HSWs have different roles compared to regulated health professionals (RHPs) who may also deliver specific types of assessment, treatment, or care in people's homes, sometimes referred to as "professional care at home". These RHPs can include doctors, midwives, health visitors, or social workers and health professional students in training (also known as residency or placements).

Ireland's "Draft Regulations for Providers of Home Support Services" and the Department of Health's 2022 public consultation report⁸⁷ undertaken by the Institute of Public Health use the terms "Providers of Home Support Services" and "Home Support Workers", whilst recognising many other terms for HSWs are in use. Terms used by the Health Information and Quality Authority (HIQA) include "formal homecare", "homecare services" and "people receiving homecare". The terms "personal assistant" (PA) and "PA hours" refer to services provided to adults who fall under the disability remit. See in-depth discussion of the term 'homecare' (HIQA. Regulation of Homecare: Research Report, 2021, p19-41). A synthesis of the homecare landscape (p25) defines a typology of homecare that is delineated into disability services, children's services, and older people's services (over the age of 65)⁸⁸.

Internationally, in the Australian context, the terminology predominantly is "home care workers." There are also alternative terms such as "disability support workers" and "direct care workers." Importantly, this terminology differentiates and excludes reference to "informal caregiving," "group facilities," or "nursing homes"⁸⁹. Canada, Sweden, Belgium, the UK, the USA, and New Zealand, often employ the key terms "health care assistant," "personal support worker,"⁹⁰ "home care," and "unregulated care provider" to describe jobs in the sector⁹¹. In the USA, the terminology used includes "home care workers," "home care providers," "direct care workers," and "home- and community-based services."⁹² Going back in time to the late 1990s, terms like "unlicensed assistive

⁸⁶ See 'HSE Home Support Service for Older People: Booklet and Application Form 2022' <https://www.hse.ie/eng/home-support-services/home-support-services-information-booklet.pdf>.

⁸⁷ See Overview of the findings of the Department of Health's public consultation: <https://www.gov.ie/en/publication/56ab1-draft-regulations-for-providers-of-home-support-services-an-overview-of-the-findings-of-the-department-of-healths-public-consultation/>

⁸⁸ <https://www.hiqa.ie/sites/default/files/2021-12/Regulation-of-Homecare-Research-Report-Long-version.pdf>

⁸⁹ Palesy, D., Jakimowicz, S., Saunders, C. & Lewis, J. (2018) Australian home care work: an integrative review, Home Health Care Services Quarterly, DOI:10.1080/01621424.2018.1438952

⁹⁰ Saari, M., Patterson, E., Kelly, E., Tourangeau, A.E. (2018). The evolving role of the personal support worker in home care in Ontario, Canada. Health and Social Care in the Community, Volume 26, Issue 2; 240-249 <https://doi.org/10.1111/hsc.12514>

⁹¹ Saari M, Xiao S, Rowe A, Patterson E, Killackey T, Raffaghello J, Tourangeau AE. The role of unregulated care providers in home care: A scoping review. J Nurs Manag. 2018 Oct;26(7):782-794. doi: 10.1111/jonm.12613. Epub 2018 Apr 30. PMID: 29708290.

⁹² Kelly CM, Morgan JC, Jason KJ. Home care workers: interstate differences in training requirements and their implications for quality. J Appl Gerontol. 2013 Oct;32(7):804-32. doi: 10.1177/0733464812437371. Epub 2012 Mar 22. PMID: 25474799.

personnel" and "professional home health agency staff" were used in the USA, illustrating the evolution of terminology within the field⁹³.

The proliferation of job titles and ambiguity about roles and responsibilities, together with lack of statutory regulation of home support services in Ireland, has resulted in mounting concerns and calls for action relating to the standardisation of HSW roles and responsibilities⁹⁴, discussed below.

2.5 Defining HSW roles and responsibilities

Under new national regulations, providers of home support services are required to publish a "Statement of Purpose", specifying the types of services they offer, as well as a "Charter of Service Delivery"⁹⁵, setting out the quality of service and types of behaviours that a client can expect in their interactions with the service provider and employees.

While this new clarity will be useful for all stakeholders, it is important to be flexible and mindful of the need to grow home support services by:

- expanding workforce capacity
- differentiating roles and responsibilities (early career/core competency, advanced, specialist, expert)
- upskilling the workforce to meet more diverse types and levels of client needs⁹⁶

At present the roles of a HSWs in the Irish context are predicated on tasks such as:

- Personal Care: Assisting clients with activities like bathing, dressing, grooming, and toileting.
- Meal Preparation: Planning and preparing meals and refreshments according to the client's dietary needs and preferences. Helping clients to eat and drink.
- Medication Prompting: Prompting clients⁹⁷ to take their medications as prescribed by qualified health professionals at the time and dose that is prescribed and ensuring the recording of all prompts in the Schedule of Services/Home Support Care Plan record.
- Mobility Support: Assisting clients with mobility issues to move around their homes safely.
- Housekeeping: Performing light housekeeping tasks, such as cleaning, laundry, and tidying up.
- Documentation: Keeping detailed and accurate records of the care provided, any changes in the client's condition, and communication with healthcare professionals.

⁹³ Barter M. Unlicensed assistive personnel and lay caregivers in the home. *Home Care Provid.* 1996 May-Jun;1(3):131-3. doi: 10.1016/s1084-628x(96)90022-2.

⁹⁴ Sheehan, A., O'Sullivan, R. (2023). Draft Regulations for Providers of Home Support Services: An Overview of the Findings of the Department of Health's Public Consultation. ISBN: 978-1-913829-25-4. <https://doi.org/10.14655/11971-1084904>

⁹⁵ <https://www.gov.ie/pdf/?file=https://assets.gov.ie/227034/a9bd3397-7163-46a6-8d44-496291499360.pdf#page=null>

⁹⁶ Cunningham N, Cowie J, Watchman K, Methven K. Understanding the training and education needs of homecare workers supporting people with dementia and cancer: A systematic review of reviews. *Dementia (London)*. 2020 Nov;19(8):2780-2803. doi: 10.1177/1471301219859781. Epub 2019 Jul 4. PMID: 31271044; PMCID: PMC7925442.

⁹⁷ The dictionary definition of 'prompting' is: 'the action of saying something to persuade, encourage or remind someone to do or say something'. In medicines management, prompting is encouraging or reminding the individual to administer their medicines. These tasks include bringing medicines to a person to allow that person to take the medication; opening blister pack at the request of the person who is to take the medication; ensuring the individual has a drink to take with their medication. Assistance with prompting to take medicines is only performed with the informed consent and authorisation of the Client/Service User and or/their representative as per the Home Support Care Plan agreed with the Contracting Authority & the Service Provider.

- **Transportation:** Assisting with transportation to medical appointments, errands, or other activities.
- **Companionship:** Providing social interaction, everyday conversation, and emotional support.
- **Emotional support:** Treating clients with dignity, respect, and sensitivity, to listen and adapt care to their changing emotions and needs on a day-to-day basis.
- **Safeguarding:** ensuring clients are safe to live freely from restrictions, control, abuse, or harm.
- **Mental Health Support:** helping to cope with symptoms of dementia or Alzheimer's disease or to overcome feelings of anxiety, depression, or isolation.
- **Infection Control:** protecting health by using and promoting safe infection control practices.
- **Death and Bereavement:** supporting clients and families through experiences of passing away and bereavement.

In general terms of role responsibilities, HSWs play a crucial role in enabling individuals to remain in their own homes and maintain their independence (assisted living), even when faced with different levels of health challenges (acuity) and needs for care (dependency). The job requires empathy, patience, resilience, good communication skills, and a genuine respect and commitment to improving the quality of life for clients. HSWs are required (by employers) to uphold professional boundaries, refraining from engaging in intimate personal interactions, sharing private details, or forming personal friendships. Their interactions with clients need to maintain a professional demeanour, necessitating emotional detachment while fostering constructive client-centered relationships. HSWs should refrain from attempting to address health concerns independently and instead should promptly report any issues to their supervisors.

Communication with families and informal carers (typically family members or friends who provide unpaid care and support to the client), and coordination of care are crucial aspects of ensuring the overall wellbeing of the individual receiving home support. Effective communication and coordination help create a collaborative and comprehensive care plan that addresses the client's needs holistically.

Relational and communication aspects of HSW roles are typically:

- **Regular Updates:** HSWs often communicate regularly with informal/family carers to share updates about the client's condition, any changes in health or behaviour, and progress made.
- **Sharing Information:** They provide information about daily routines, client's adherence to medications or health interventions, any concerns, and suggestions for maintaining a safe and comfortable home environment.
- **Addressing Concerns:** If families or informal carers have any concerns or questions, the HSW will provide explanations, guidance, and reassurance.
- **Carrying out Care Plans:** Collaboration between HSWs, families and informal carers aim to provide the best possible care for the individual while considering their physical, emotional, and social needs. Open communication and teamwork contribute to a holistic and person-centered approach to caregiving. Care plans are important for all parties involved to maintain clear boundaries, channels of communication, remain adaptable to changes, and prioritise the client's well-being and preferences.

Care Planning and Management Roles typically include:

- Collaborative Care Planning: Senior or experienced HSWs (e.g., Care Coordinator or Senior Care Planner) might collaborate with families and informal carers to create a comprehensive care plan that outlines the specific needs, preferences, and goals of the client. This plan serves as a guide for the care HSWs provide.
- Medical Team Interaction: If the client has a medical team involved, experienced HSWs/Seniors may communicate with doctors, nurses, therapists, and other professionals to ensure consistent care and the implementation of medical recommendations or delegation of specific clinical tasks.
- Scheduling and Activities: Coordination involves organising schedules, appointments, and activities to make sure that the client's needs are met without conflicts or overlaps.
- Emergency Plans: HSWs, families and informal carers work together to establish emergency plans in case of unexpected situations or medical issues. They work through struggles and difficulties together to ensure the person being cared for has continuous care.
- Sharing Feedback: Feedback from families and informal carers about the client's well-being, progress, or concerns is valuable for adjusting the care plan as needed.

By setting out the tasks and responsibilities typically involved in home support work above, this helps to consider how the sector can grow and diversify by developing career structures discussed in the next section.

2.6 Developing career structures in home support work

The 2022 report of the Strategic Workforce Advisory Group on Home Carers and Nursing Home Health Care Assistants⁹⁸ spanning the areas of areas of recruitment, pay and conditions of employment, barriers to employment, training and professional development, sectoral reform, and monitoring and implementation, illuminated a clear felt desire for change across the sector. The Group's report acknowledges that there is strong capacity for the training within the further education system and that many of these training opportunities are provided on a free-fee basis. A key finding emerging from the stakeholder consultation undertaken was the need to provide workers with opportunities for career progression and for the recognition and reward of training, qualifications, and experience.

Recommendation 10 of the final report is:

“A competency framework for home support workers and healthcare assistants should be developed to enable the recognition of prior learning and qualifications, to support career-development, and to align grades of employment with qualifications in line with relevant regulations. For example, providing recognition of those with specialist qualifications in reablement, dementia, and end-of-life care” (p.19).

⁹⁸ <https://www.gov.ie/en/publication/492bc-report-of-the-strategic-workforce-advisory-group-on-home-carers-and-nursing-home-health-care-assistants/>

In their report, section 5.1.5 Career-development (page 14) suggests:

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

It is known that workplace learning benefits job satisfaction in healthcare professionals⁹⁹ and much has been done to develop career frameworks, pathways and ladders in the healthcare professions¹⁰⁰⁻¹⁰¹. However, the present career development landscape for HCWs in Ireland is unstructured and includes, to varying degrees, a mixture of in-service learning, in-house training workshops, and continuous professional development.

There is considerable variation in the type of career progression opportunities on offer between HSE-employed HSWs, different home support service organisations, and independent/self-employed HSWs. For example, the opportunity to move into a superior role within an organisation or to specialise in an area of care may relate to the size of the organisation and ability to supervise more advanced HSW roles. It can be unclear when career progression opportunities may be made available to an employee, or on what basis they qualify for promotion, or when they can apply for a more senior role. The current system fails to encourage HSW career progression, resulting in high attrition from HSW jobs¹⁰².

Career development opportunities are largely curated and facilitated by home support service employers who recognise the value of retaining skilled and experienced employees. However, the broader provision and culture of education, training and continuing professional development needs to better serve home support workers, to equip them to be the professional frontline of health systems.

Continuous professional development (CPD) is a lifelong commitment to professional development. CPD can be undertaken within or outside of employing organisations, prompted by employers or self-motivation. It may be delivered by CPD accredited organisations or accessed through other sources. Individuals maintain their own record of CPD and can use this to document their training, experience and qualifications.

Service Providers in the home support sector in Ireland are currently not required to provide employees with CPD or support their participation in CPD (e.g. funded places or time). New regulations (Gov.ie, 2022, section 12, p15-16) propose to place a documentation and reporting

⁹⁹ Iliopoulos, E., Morrissey, N., Baryeh, K., Polyzois, I. (2018). Correlation between workplace learning and job satisfaction of NHS healthcare professionals. *British Journal of Healthcare Management*, Vol, 24, 5, 226–233. <https://doi.org/10.12968/bjhc.2018.24.5.226>

¹⁰⁰ Mebane M. L. (1991). Designing a clinical career ladder for the home care nurse. *Caring : National Association for Home Care magazine*, 10(4), 16–20.

¹⁰¹ Barnette, M. L., & Maurano, L. A. (1996). A home care career ladder: designing a multidisciplinary professional advancement program. *Caring : National Association for Home Care magazine*, 15(5), 48–52.

¹⁰² <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

requirement on service providers: “(8) The service provider shall maintain an up-to-date record of the qualifications, and training programmes of all staff and should be made available to the regulator on request.” At present how and when such information should be recorded or reported is not stipulated.

CPD for HSWs in Ireland encompass a range of options, including:

- Accredited (QQI Level 5) training courses e.g., Health Service Skills, Community Care, Healthcare Support, Nursing Studies
- Short courses e.g., covering specific health issues or support needs
- Attendance at workshops, seminars, and conferences
- Certifications like First Aid and CPR (cardiopulmonary resuscitation)
- “Top-up” or refresher courses intended to keep staff up to date with best practice
- In-service training through formal supervision or informal feedback from experienced colleagues
- Online learning platforms, or e-learning¹⁰³
- Educational resources offered by commercial, non-for-profit or voluntary organisations
- Mentorship programs
- Higher education pathways for career advancement e.g., degree or master’s programmes
- Membership of healthcare associations or networks
- Self-directed learning, learning for personal interest
- Reflective practice
- Adherence to regulatory CPD requirements

Research on expectations of the transition to retirement for older women workers in Ireland, in the context of policies introduced in recent years to raise state pension age comparatively quickly, shows care workers may need to work for longer because of disrupted employment trajectories, lower pay and low or no occupational pensions, leaving them dependent on the state pension. The author concludes that an increase in state pension age is a blunt policy instrument that exacerbates existing relative disadvantage for HSWs¹⁰⁴. Other EU research finds that in Ireland workers with hard working conditions are likely to use Illness benefits and Invalidity pensions as routes to exit the labour market¹⁰⁵.

2.7 The benefits of getting it right

Benefits for clients and families

Expanding and enhancing home support for clients and families offers a host of advantages, for individuals and communities. The evidence (shown in section 2.2) is that people ageing at home, especially those with dementia, experience a significantly higher quality of life compared to institutional care. Additionally, home-based rehabilitation after a stroke is more cost-effective,

¹⁰³ Ivergård, T., & Hunt, B. (2005). Towards a learning networked organisation: human capital, compatibility and usability in e-learning systems. *Applied ergonomics*, 36(2), 157–164. <https://doi.org/10.1016/j.apergo.2004.09.006>

¹⁰⁴ Ní Léime, Á. (2022). "8: Expectations of Transitions to Retirement in Ireland". In *Older Workers in Transition*. Bristol, UK: Bristol University Press. Retrieved Sep 18, 2023, from <https://doi.org/10.51952/9781529215021.ch008>

¹⁰⁵ Natali, D., Spasova, S. and Vanhercke, B. (2016), *Retirement regimes for workers in arduous or hazardous jobs. A study of national policies*, European Social Policy Network (ESPN), Brussels: European Commission.

providing economic benefits. For most people the positive impact of receiving care at home, instead of alternative locations, is indicated by evidence of improved health outcomes.

Good home-based care and support goes beyond direct assistance, encompassing a comprehensive approach¹⁰⁶. It enables a more thorough assessment of individual needs, ensuring that support is tailored to specific requirements and changes with client's changing needs. Ideally home care and support become more seamless, fostering collaboration among healthcare professionals, caregivers, and family members. This not only improves the efficiency of care but also reduces the burden on unpaid family caregivers, promoting their own wellbeing and reinforcing their resilience. Furthermore, the linkages to healthcare systems and services can be strengthened through home support, contributing to an integrated person-centred approach¹⁰⁷.

Access to high-quality support at home not only enables individuals to remain within their families and communities but also preserves a vital sense of belonging, protecting relationships and intergenerational connections¹⁰⁸. Crucially, it serves as a preventive measure against the division of families due to the challenges posed by poor health or complex support needs¹⁰⁹. In essence, home support establishes a robust framework that caters to diverse needs, promotes independence, and ensures the unity of families. This not only represents a more acceptable option for many individuals but also proves to be a cost-effective alternative to long-term residential care¹¹⁰.

Benefits for employers

The top line for home support service commissioners and employers is that developing their workforce makes organisations more successful and sustainable. McKinsey analysis of 38 publicly listed companies has shown that when companies included more than 30 percent of their workforces in capability building programs, they enjoyed 43 percent above benchmarks after 18 months¹¹¹. Just as important, the benefits flow both ways: employees are excited to develop valuable new skills and knowledge.

Developing a career pathway isn't just about increasing workforce capacity in home support so that clients receive the support they are entitled to. It relates to fostering organisational cultures that support active learning¹¹² and reflective practice, workforce training utilising learning technologies, flexibility in large-scale open access training, self-directed learning, and assessment and the benefits of these processes for organisational learning¹¹³. The benefits are improved organisational and work climate to enhance working lives and retention, as well as skills and capacity for quality

¹⁰⁶ Bennett, L., Honeyman, M., & Bottery, S. (2018). *New models of home care*. New York: The King's Fund.

¹⁰⁷ Coulter A, Oldham J. Person-centred care: what is it and how do we get there? *Future Hosp J*. 2016 Jun;3(2):114-116. doi: 10.7861/futurehosp.3-2-114. PMID: 31098200; PMCID: PMC6465833.

¹⁰⁸ Kaplan, M., Sanchez, M., Hoffman, J. (2017). *Intergenerational Strategies for Sustaining Families and Family Life*. In: *Intergenerational Pathways to a Sustainable Society*. Perspectives on Sustainable Growth. Springer, Cham. https://doi.org/10.1007/978-3-319-47019-1_4

¹⁰⁹ Sims-Gould, J., & Martin-Matthews, A. (2010). We share the care: Family caregivers' experiences of their older relative receiving home support services. *Health & social care in the community*, 18(4), 415-423.

¹¹⁰ Neena L. Chappell, Betty Havens Dlott, Marcus J. Hollander, Jo Ann Miller, Carol McWilliam, *Comparative Costs of Home Care and Residential Care*, *The Gerontologist*, Volume 44, Issue 3, June 2004, Pages 389-400, <https://doi.org/10.1093/geront/44.3.389>

¹¹¹ *The State of Organizations (2023) McKinsey*.

<https://www.mckinsey.com/~media/mckinsey/business%20functions/people%20and%20organizational%20performance/our%20insights/the%20state%20of%20organizations%202023/the-state-of-organizations-2023.pdf>

¹¹² Dewing J. (2010). Moments of movement: active learning and practice development. *Nurse Education in Practice*, 10(1), 22-26. <https://doi.org/10.1016/j.nepr.2009.02.010>

¹¹³ Newbould L, Samsi K, Wilberforce M. Developing effective workforce training to support the long-term care of older adults: A review of reviews. *Health Soc Care Community*. 2022 Nov;30(6):2202-2217. doi: 10.1111/hsc.13897.

improvement, and to maximise the beneficial impact of the home support sector for Ireland's health system¹¹⁴.

Benefits for Home Support Workers

The benefits of getting it right for HSWs are that they can gain valuable skills and knowledge along a career pathway that emphasises competencies, advanced or specialist practice, and expertise. Developing a career pathway is about unlocking and releasing assets already held in the system, rather than starting from scratch. For example, there are opportunities to adapt and benefit from existing training, learning and professional development resources, such as HSE's career development initiatives in nursing¹¹⁵, and HSE performance achievement policy¹¹⁶. Furthermore, there is a wealth of relevant expertise held within international communities of practice, such as Person-centred Practice International Community of Practice CIC (PCP-ICoP)¹¹⁷ and The Health Foundation's Q Community¹¹⁸.

In the rapidly changing context of developments in digital health, virtual healthcare and supported self-management, in the near future the HSWs will most likely be “the human in the room” with the client. They will be the linchpin for interprofessional wraparound care and support based on individual client need.

HSWs of the future will need to have digital literacy and skills but the onus is not only upon upskilling them, health and social care professionals will also need to adapt their ways of working to be inclusive of HSWs. The impact of AI and automation on the wider healthcare workforce will also be important to the evolution of future HSW roles. A framework developed by the Health Foundation - Substituting, Superseding, Supporting, Strengthening¹¹⁹ - sets out the types of changes in work roles that may occur due to the increased implementation of advanced technologies and AI in healthcare systems.

Benefits for the home support sector

Research in Ireland demonstrates that developing home support as a profession is seen as advantageous by both professional and lay stakeholders, in terms of recognising the values, knowledge base and competencies of home support workers, as well as raising their standing in relation to the colleagues that work alongside them in regulated professions¹²⁰. More broadly, there are also benefits of raising the international standing of the home support sector so that it is seen as a world-leading example of an integrated future facing model of care and support.

¹¹⁴ A health system consists of all organisations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities.

¹¹⁵ <https://healthservice.hse.ie/filelibrary/onmsd/professional-development-plan-guide.pdf>

¹¹⁶ Health Service Executive (HSE) (2020). The Performance Achievement Policy and Guidance Document for all staff in the Health Service Executive. Dublin: Health Service Executive.

¹¹⁷ <https://www.pcp-icop.org/>

¹¹⁸ <https://q.health.org.uk/>

¹¹⁹ <https://www.health.org.uk/publications/long-reads/what-do-technology-and-ai-mean-for-the-future-of-work-in-health-care>

¹²⁰ O'Rourke G, Beresford B. Research priorities for homecare for older people: A UK multi-stakeholder consultation. Health Soc Care Community. 2022 Nov;30(6):e5647-e5660. doi: 10.1111/hsc.13991.

A review for the Department of Health by The Health Research Board¹²¹ has previously examined the role, function, and supply of home care workers, including career pathways, in four European countries: Germany, The Netherlands, Scotland (UK), Sweden. Healthcare systems internationally are quite different to Ireland but there are some key pieces of learning that can be taken from comparable workforce development initiatives. For example, in Scotland the Healthcare Support Worker Learning Framework supports both horizontal (broadening existing knowledge and skills) and vertical (acquiring higher levels of responsibility, knowledge, and skills) career development. NHS Education for Scotland offers the Turas Learning Portfolio¹²², an online tool to record and store evidence for recognition of prior learning and career development.

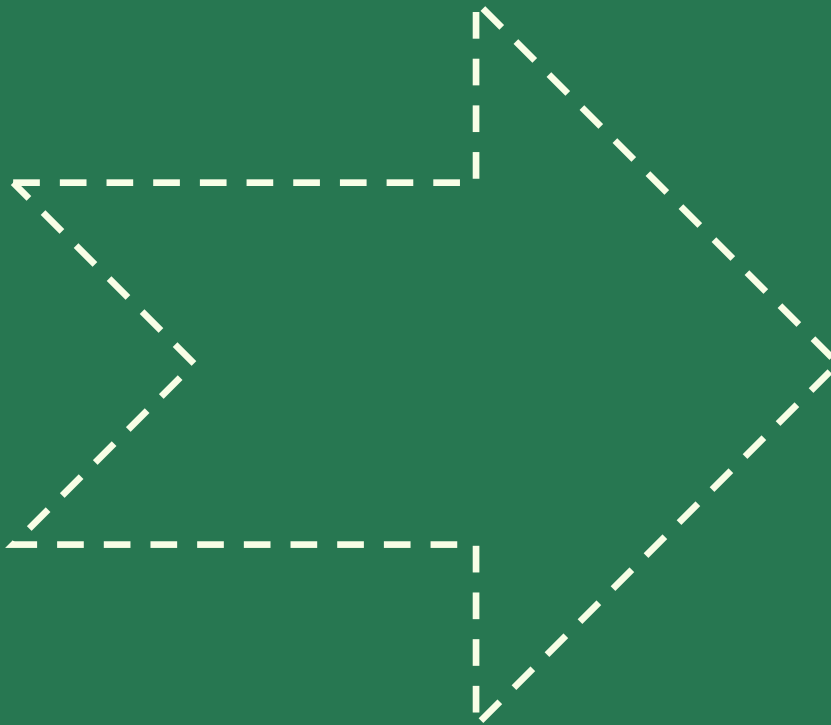
The next section summarises the proposals in this Green Paper which intend to address these issues and drive the change people want to see.

¹²¹ Murphy L, Farragher L, Long J. The role, function, and supply of home care workers in four European countries. An evidence brief submitted to the Department of Health by the Health Research Board, Dublin, 2022.

¹²² TURAS Professional Portfolio <https://learn.nes.nhs.scot/39969>

Section 3

Green Paper Proposals – A Summary



Section 3: Green Paper proposals – A summary

3.1 Overview of the proposals in the Green Paper

There are four overarching proposals in the Green Paper, which we are seeking your views on:

- Invest in data and decision-making to shape the future home support workforce (Section 4)
- Attract and develop a competent and motivated home support workforce (Section 5)
- Cultivate sustainable and successful careers through wellbeing and retention (Section 6)
- Foster quality and impact in home support work (Section 7)

Detailed recommendations for target audiences are provided in section 3.3.

The proposals are intentionally broad to ensure that development of career pathways is collaborative, on target, and that the benefits are long-lasting for the sector and health system.

The first proposal emphasises the need for change at a systems level to generate a world-leading home support sector in Ireland. It includes recommendations for more integrated policy, research and practice driven by investment in data, decision-making structures, and the implementation of digital tools for home care and support.

The second proposal, to attract and develop a competent and motivated workforce, includes setting out a career structure for HSW progression (illustrated by figure 2). This structure can only work if the conditions are in place to allow individuals and organisations to successfully implement and follow the structure in practice. There will be implementation challenges for individuals and employers. They will need resources to release capacity to work on these issues and guidance to facilitate real movement at a pace. Educators and training providers will need guidance about what the sector needs and how best to reconfigure, redesign or upscale programmes and courses.

The third proposal, to enhance working lives and retention, is not an optional add on to a career pathway. It is integral for quickly building capacity in the workforce and halt the growing supply-demand gap. The recommendations made here will be the backbone for a stable workforce and efficient working environments. It includes organisational economic perspectives, and steps to demonstrate to HSWs that they are included and valued within organisations.

The fourth proposal highlights that career pathways must align with the need to deliver a new model of service provision for ageing well and independently at home. It recommends actions to utilise career pathways for better structural organisation of care and service quality and impact. It also highlights the impact of home support work in relation to migrant workers, families and caregivers and service-level economic perspectives.

Together these four proposals, and the specific recommendations within them, provide a comprehensive set of actions that could transform the Irish home care and support landscape into a world-leading model of ageing well and independently at home. This is because the proposals are underpinned by international evidence and best practice on what works in home support.

3.2 Strength and relevance of the evidence for these proposals

This Green Paper proposes a comprehensive set of recommendations based on research evidence. All of the overarching proposals are supported by robust evidence, derived from studies that have used recognised research methods, systematic literature reviews, programme evaluation or observation, professional consensus, or expert opinion. All of the evidence is high quality – it has been peer reviewed for quality before publication in the research literature.

Each piece of evidence is more or less relevant to the aim of developing a career pathway for home support workers in Ireland. This is because the evidence was produced in different countries with different healthcare systems and contexts. Part of the consultation on these proposals is to make a judgement about the evidence and its relevance to the challenges in Ireland and the needs of the population. Nonetheless this is the first time that such a large body of evidence (from 261 academic articles and over 200 research studies) has been captured - anywhere in the world - and made available to inform decisions about the home support worker careers.

3.3 Detailed recommendations for target audiences

Some of the specific recommendations put forward here can be implemented immediately by employers working with employees, without high-level policy intervention. Others require coordination and agreement between HSE/commissioners, health- and education-sector bodies, home support service providers, and sector representatives such as HCCI. Others will require input from HSE, QQI, and quality regulators such as HIQA. Hence, action on this Green Paper must be accomplished through communication, collaboration, coordination and continued effort between stakeholders to instil shared-responsibility and shared-accountability.

Part of the consultation on this Green Paper is to ask – how will these proposals be resourced? Nearly all of the actions have resource implications, in terms of funding, contributions of time, information or facilities. The emphasis should be on using assets and resources already in the health-, education-, and research-systems to release new capacity in innovative ways. A shared commitment to investment in these proposals is likely to add measurable value on the most important outcomes for all stakeholder groups.

The following table summarises the key actions for different stakeholders, recognising the overlaps and joint-working that will be required to enact these proposals. Four main stakeholder groups are:

- Policymakers
- Sector bodies and employers
- Education, research and planning
- Home support workers

Table 1: Detailed recommendations for target audiences

Proposal: Invest in data and decision-making to shape the future home support workforce

Section 4	Actions	Policy-makers	Sector bodies/ Employers	Education, Research & Planning	Home support workers
4.1 Policy, Research and Planning	High-level Call for Integrated Policy, Research, and Planning in Home Support (minimum data set and workforce planning)				
4.2 Sector Economic Perspectives	Whole-Sector Economic Research to Inform Policy				
4.3 Models of Home Care and Support	Develop a National Model of Provision to Facilitate Aging Well and Independently at Home				
4.4 Employee Voice, Engagement and Involvement	Enhance Employee Voice, Engagement and Involvement at All Levels				
4.5 Workforce Shortages, Shortfalls and Untapped Strengths	Establish Test Sites for New Initiatives and Approaches to Home Support				
4.6 Public Health, Disaster Preparedness, Crisis Management	Establish a Home Support Task Force for Public Health, Disaster Preparedness and Crisis Management				
4.7 Upskilling and Delegation (new enhanced roles)	System for Testing and Evaluating Upskilling and Delegation Initiatives				
4.8 Digital Technology and Digital Skills in Home Support	Digital Technology and Digital Skills for HSWs				
	Best Practice Guidance on HSW's Responsibilities for Digital Home Support				

Proposal: Attract and develop a competent and motivated home support workforce

Section 5	Actions	Policy-makers	Sector bodies/ Employers	Education, Research & Planning	Home support workers
5.1 Preparation, entry and early experiences (Career Starters)	Critically Assess the Efficacy of Pre-service Mandatory QQI Qualifications				
	National HSW Recruitment Campaign to Emphasise Careers				
	Develop Best-practice Guidance for Employers on HSW Recruitment				
	Develop Best-practice on Tailoring HSW Roles to Individual Employee's Strengths and Abilities				
5.2 Core Competencies Training for Home Support Work (Early Career HSWs)	HSW Core Competencies and Working Standards				
5.3 Advanced or Client Group Specific Training (Individual Contributors) Higher development awards	HSW Higher Development Awards				
	Coordinated Provision of Advanced Training				
5.4 Management, Leadership and Governance Training	Encourage Uptake of Training Programmes in People Management				
5.5 Perceived Career Success (Career Achievers/Leavers)	Programme of Home Support Workforce Research				
	Encourage Interdisciplinary Collaboration Between Research Groups				
5.6 In-service Learning Opportunities (Continuous professional development)	Entitlements and Guidance on HSW In-service Training				
5.7 Career Development and Progression Systems	Web-based and Digital Career Development and Progression Systems				
5.8 Cost-Benefits of Employment and Training	Conduct Economic Research and Best Practice Guidance Development				


Proposal: Cultivate successful and sustainable careers through wellbeing and retention

Section 6	Actions	Policy-makers	Sector bodies/ employers	Education, Research & Planning	Home support workers
6.1 Personal Safety and Wellbeing	Best-practice for HSWs and Employers to Enhance Personal Safety and Wellbeing				
6.2 Safety in the Home Setting	National Guidance and Best Practice Resources on Safety in the Home Setting				
6.3 Role Clarity and Preventing Role Drift	Policies and Practices that Promote Role Clarity and Prevent Role Drift				
6.4 Job Satisfaction and Retention	Recommendations for Employing organisations to Enhance Job Satisfaction				
6.5 Organisational Economic Perspectives	HSE Funding Structures and Provider Organisation's Pay Scales				
6.6 Care Planning, Care Plans and Coordination of Care	HSE to Encourage Standardised Care Plans and Coordination Between Home Support Providers				
6.7 Inclusion and Voice in Teams, Organisations and Policymaking	Task Force to Spearhead HSW Inclusion in Teams, Organisations, and Policymaking				

Proposal 4: Foster quality and impact in home support work

Section 7	Actions	Policy-makers	Sector bodies/ employers	Education, Research & Planning	Home support workers
7.1 Structural Organisation of Care and Jobs ('Organising for Quality')	Research and Best-practice on the Structural Organisation of Care and Jobs				
7.2 Interface with Other Services or Providers	Development of Seamless Interfaces with Other Services, Professionals and Providers				
7.3 Service Quality Indicators and Measures	Implementation of Effective Service Quality Indicators and Measures				
7.4 Careers of Migrant Workers	Targeted Support for Careers and Better Working Lives				
7.5 Families and Caregivers	Framework for Family Information and Involvement				
7.6 Service Economic Perspectives	Research on Service Economic Perspectives to Inform Policy				

Section 4



Invest in data and
decision-making to
shape the future home
support workforce

Section 4: Invest in data and decision-making to shape the future home support workforce

To address the growing challenges of providing healthcare and support to populations, policy, research and planning need to be integrated and coordinated, which requires better decision-making, informed by better data, integrated or federated data platforms¹²³, and use of regulated digital technologies in workflows. Decisions about role evolution and career pathways need to be informed by economic considerations and delivery models, data on where there are shortfalls in the healthcare system, and future facing needs for upskilling, protecting public health and communities, and knowledge and skills to utilise digital technologies in home support work¹²⁴.

The overall proposal in this section is to invest in data and decision-making structures to rapidly develop the home support workforce. This must be balanced with the duty to protect the privacy and data protection rights of HSWs and clients. Data and digital technologies should not be used to micro manage the workforce. Worker rights and employer responsibilities¹²⁵ can ensure that the data-driven workplace benefits, rather than harms, workers. The primary concern should be involving HSWs in determining how best¹²⁶ to collect and use information to support ageing well and independently at home.

There are many excellent digital data solutions and tools that could bring exceptional benefits for clients and the health system. However, “the elephant in the room” has to be addressed: digital health in Ireland is patchy compared to countries that excel in digital health¹²⁷.

A valuable approach here will be to gain the advice of a growing community of information and communication technology specialists (e.g., ICT Skillnet) and digital health experts (e.g., Connected

¹²³ NHS England Federated Data Platform <https://www.england.nhs.uk/digitaltechnology/digitising-connecting-and-transforming-health-and-care/>

¹²⁴ See Skills for Care digital tech for social care <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Managing-a-service/Digital-technology-and-social-care/Digital-technology-in-social-care.aspx>

¹²⁵ Bernhardt, A., Kresge, L., & Suleiman, R. (2023). The Data-Driven Workplace and the Case for Worker Technology Rights. *ILR Review*, 76(1), 3-29. <https://doi.org/10.1177/00197939221131558>

¹²⁶ Kaihlanen, AM., Laukka, E., Nadav, J. et al. The effects of digitalisation on health and social care work: a qualitative descriptive study of the perceptions of professionals and managers. *BMC Health Serv Res* 23, 714 (2023).

<https://doi.org/10.1186/s12913-023-09730-y>

¹²⁷ <https://www.nuffieldtrust.org.uk/news-item/what-can-we-learn-about-digital-health-care-from-other-countries>

Health Skillnet). Given the adoption and implementation challenges involved, it will also be beneficial to seek input from health psychologists and behavioural scientists on forming and maintaining habits in relation to the use of digital technologies in home support work and client's homes. For example, creating a visible cue or digital reminders to nudge HSWs and clients towards healthy behaviours and habits without intruding in their personal choices or health beliefs.

4.1 Home support policy, research and planning (minimum data set and workforce planning)

Based on the evidence we recommend a **High-level Call for Integrated Policy, Research, and Planning in Home Support**, to motivate different stakeholders in the system to:

- Utilise or Establish Collaborative Platforms: Bring together government bodies, research institutions, industry associations, and advocacy groups to focus on the key priorities and most pressing policy issues for integrated home care and support^{128,129,130,131,132,133,134,135,136,137}. At the top of the agenda should be to consider the requirements for a minimum data set (MDS)¹³⁸ and workforce data collection across the sector¹³⁹. This would help to inform agile decision-making about the current and future workforce and build on present workforce development strategies.

¹²⁸ Koehler, I. (2015) Key to Care Report Card. Local Government Information Unit, London.

<https://lgiu.org/publication/key-to-care-one-year-on/>

¹²⁹ Institute of Health and Social Care Management. A people plan for social care: a special insight. Social Care Innovators Subcommittee (2021). pp. 54, London, UK. <https://ihscm.org.uk/wp-content/uploads/2021/12/A-People-Plan-for-Social-Care-A-special-Insight-November-2021-1.pdf>

¹³⁰ Jarrín, O. F., Pouladi, F. A., & Madigan, E. A. (2019). International priorities for home care education, research, practice, and management: Qualitative content analysis. *Nurse education today*, 73, 83–87.

<https://doi.org/10.1016/j.nedt.2018.11.020>

¹³¹ Spetz, J., & Dudley, N. (2019). Consensus-Based Recommendations for an Adequate Workforce to Care for People with Serious Illness. *Journal of the American Geriatrics Society*, 67(S2), S392-S399.

¹³² Koehler, I. (2014) Key to care: report of the Burstow Commission on the future of the home care workforce. Local Government Information Unit, London. pp 44. https://lgiu.org/wp-content/uploads/2014/12/Key-to-Care_FINAL-VERSION.pdf

¹³³ Great Britain Parliament. (2022) House of Commons. Health and Social Care Committee. Workforce: recruitment, training and retention in health and social care: third report of session 2022-23. pp. 79. London, UK. <https://publications.parliament.uk/pa/cm5803/cmselect/cmhealth/115/report.html>

¹³⁴ Hamblin, K. and Manthorpe, J. (2018) How can we create better jobs in care? University of Sheffield. CIRCLE pp.4. Sheffield, UK.

¹³⁵ Scales, K. (2022) Transforming direct care jobs, reimagining long-term services and supports. *Journal of the American Medical Directors Association*, 23(2) pp.207-213.

[https://www.jamda.com/article/S1525-8610\(21\)01056-2/fulltext](https://www.jamda.com/article/S1525-8610(21)01056-2/fulltext)

¹³⁶ Costa, C., Girace, E., Fanton, E., Stevanin, S., Tasca, T., & Mantoan, D. (2019). [National survey to verify the implementation of State-Regions agreements introducing the professional profile of health social care worker and instituting a complementary training program for nursing assistants, Italy]. *Igiene e sanità pubblica*, 75(3), 201–210.

¹³⁷ Poh, L., Tan, S. Y., & Lim, J. (2021). Governance of Assisted Living in Long-Term Care: A Systematic Literature Review. *International journal of environmental research and public health*, 18(21), 11352.

<https://doi.org/10.3390/ijerph182111352>

¹³⁸ Landi, F., Tua, E., Onder, G., Carrara, B., Sgadari, A., Rinaldi, C., Gambassi, G., Lattanzio, F., Bernabei, R., & SILVERNET-HC Study Group of Bergamo (2000). Minimum data set for home care: a valid instrument to assess frail older people living in the community. *Medical care*, 38(12), 1184–1190. <https://doi.org/10.1097/00005650-200012000-00005>

¹³⁹ Friedman, E. M., Ghosh-Dastidar, M., Ruder, T., Siconolfi, D., & Shih, R. A. (2021). Trends In Home Care Versus Nursing Home Workforce Sizes: Are States Converging Or Diverging Over Time? Study examines trends in home care versus nursing home workforce sizes. *Health Affairs*, 40(12), 1875-1882.

- The approach should be to take a systems perspective (rather than focusing on single organisations or professions) for iterative and dynamic workforce planning¹⁴⁰⁻¹⁴¹ based on 'nowcasting' and 'forecasting' of population needs¹⁴².
- Engage Stakeholders: Facilitate roundtable discussions and workshops involving home care and home support providers, caregivers, service users, policymakers, and researchers to ensure diverse perspectives are considered¹⁴³ and taking a system thinking approach¹⁴⁴ to identify where systems can be improved (links to Employee voice, engagement and involvement).
- Create Research Networks or Consortia: Form a national research network of consortia or institutions and experts to conduct comprehensive studies on key areas to inform the key issues for policy and practice in home support^{145,146,147}, including joint research into staff and client safety in home care and support^{148,149,150,151}, and shifts in social and professional relations in the provision of integrated services¹⁵².
- Develop Interdisciplinary Task Forces: Establish interdisciplinary task forces involving representatives from healthcare, academia, and industry to collaboratively address complex

¹⁴⁰ Gov.ie (2017) A National Strategic Framework for Health and Social Care Workforce Planning <https://assets.gov.ie/10183/bb9d696ba47945e6b065512356fcb6c3.pdf>

¹⁴¹ Work Foundation Total Jobs (2021) Social Care: a guide to attracting and retaining a thriving workforce. pp20. London, UK. <https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/lums/work-foundation/reports/SocialCareGuide.pdf>

¹⁴² Gong, J., Wang, G., Wang, Y., Chen, X., Chen, Y., Meng, Q., Yang, P., Yao, Y., & Zhao, Y. (2022). Nowcasting and forecasting the care needs of the older population in China: analysis of data from the China Health and Retirement Longitudinal Study (CHARLS). *The Lancet. Public health*, 7(12), e1005–e1013. [https://doi.org/10.1016/S2468-2667\(22\)00203-1](https://doi.org/10.1016/S2468-2667(22)00203-1)

¹⁴³ Donovan, T. (2017) Ready, steady, go! Driving stability and innovation in the adult social care market. Association of Directors of Adult Social Services. pp. 8. London, UK. <https://www.adass.org.uk/media/5861/new-dialogues-ready-steady-go-may-2017.pdf>

¹⁴⁴ Gary, M., & Berlinger, N. (2023). Centering Home Care in Bioethics Scholarship, Education, and Practice. *The Hastings Center report*, 53(3), 34–36. <https://doi.org/10.1002/hast.1488>

¹⁴⁵ Luijnenburg, O., Manthorpe, J., Samsi, K. (2022) Skills at the heart of care: a scoping review of evidence on skills gaps in the social care workforce NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London. pp. 64. London, UK.

https://kclpure.kcl.ac.uk/ws/portalfiles/portal/172111450/Luijnenburg_et_al_2022_Scoping_review_skills_gaps.pdf

¹⁴⁶ Darby Rauch, K., (2014) Finding and Training a Workforce That Can Address Older Adults' Long-Term Care Needs. *Science of Caring*. University of California. <https://nursing.ucsf.edu/scienceofcaring/news/finding-and-training-workforce-can-address-older-adults-long-term-care-needs>

¹⁴⁷ Tsui, E. K., LaMonica, M., Hyder, M., Landsbergis, P., Zelnick, J., & Baron, S. (2021). Expanding the Conceptualization of Support in Low-Wage Carework: The Case of Home Care Aides and Client Death. *International journal of environmental research and public health*, 19(1), 367. <https://doi.org/10.3390/ijerph19010367>

¹⁴⁸ Markkanen, P., Quinn, M., Galligan, C., Sama, S., Brouillette, N., & Okyere, D. (2014). Characterizing the nature of home care work and occupational hazards: a developmental intervention study. *American journal of industrial medicine*, 57(4), 445–457. <https://doi.org/10.1002/ajim.22287>

¹⁴⁹ Quinn, M. M., Markkanen, P. K., Galligan, C. J., Sama, S. R., Kriebel, D., Gore, R. J., Brouillette, N. M., Okyere, D., Sun, C., Punnett, L., Laramie, A. K., & Davis, L. (2016). Occupational health of home care aides: results of the safe home care survey. *Occupational and environmental medicine*, 73(4), 237–245. <https://doi.org/10.1136/oemed-2015-103031>

¹⁵⁰ Grønseth, S., Frostad Liasset, I., & Redzovic, S. E. (2021). Home health aides' experiences of their occupational health: a qualitative meta-synthesis. *Home health care services quarterly*, 40(2), 148–176. <https://doi.org/10.1080/01621424.2021.1921650>

¹⁵¹ Quinn, M. M., Markkanen, P. K., Galligan, C. J., Sama, S. R., Lindberg, J. E., & Edwards, M. F. (2021). Healthy Aging Requires a Healthy Home Care Workforce: the Occupational Safety and Health of Home Care Aides. *Current environmental health reports*, 8(3), 235–244. <https://doi.org/10.1007/s40572-021-00315-7>

¹⁵² Cataldo, F., Kielmann, K., Kielmann, T., Mburu, G., & Musheke, M. (2015). 'Deep down in their heart, they wish they could be given some incentives': a qualitative study on the changing roles and relations of care among home-based caregivers in Zambia. *BMC health services research*, 15, 36. <https://doi.org/10.1186/s12913-015-0685-7>

issues in home support, such as the legality of provision¹⁵³ (links to Models of home support provision).

- **Implement Pilot Programmes:** Initiate pilot programmes led by government agencies and home support providers to test new policies and approaches such as place-based multi-sector initiatives¹⁵⁴, collecting data for informed decision-making.
- **Facilitate National and Regional Partnerships:** Foster partnerships at various levels to tailor policies to regional needs and outcomes while maintaining a cohesive national framework¹⁵⁵.
- **Utilise Technology for Data Sharing:** Implement secure digital platforms for efficient data sharing among government agencies, research institutions, and home support providers¹⁵⁶.
- **Encourage Continuous Feedback Mechanisms:** Establish mechanisms for ongoing feedback from caregivers, home support workers, and service users to ensure policies remain responsive to evolving needs.
- **Advocate for Policy Adoption:** Collaborate on advocacy efforts to promote evidence-based policies, engaging policymakers for legislative and regulatory changes, with input from CORU¹⁵⁷.
- **Promote Public Awareness:** Raise public awareness about the importance of integrated policy, research, and planning to address occupational stigma, raise the status of home support work, through public health agencies, community organisations, and media outlets^{158,159,160}.

By involving diverse stakeholders, fostering collaboration, utilising technology, and promoting continuous feedback, the call for integrated policy, research, and planning in home support can be achieved comprehensively and inclusively. Continuous advocacy and public awareness efforts are crucial for successful implementation.

¹⁵³ Nisbet, E., & Morgan, J. C. (2021). Constructing legality: theorizing work and the challenges for mobilization of home care workers. *International Journal of Care and Caring*, 5(1), 45-63.

¹⁵⁴ Molyneux, P. (2021) Career opportunities: understanding the opportunity to develop the health and care workforce together Housing Associations' Charitable Trust (HACT) pp. 16. London, UK. https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Report_CareerOpportunitiesHACTRegenda.pdf

¹⁵⁵ Chabouh, S., El-Amraoui, A., Hammami, S., & Bouchriha, H. (2023). A systematic review of the home health care planning literature: Emerging trends and future research directions. *Decision Analytics Journal*, 100215.

¹⁵⁶ Future Care Capital (2022). Care Tech Sector Analysis. <https://futurecarecapital.org.uk/research/care-tech-sector-analysis/>

¹⁵⁷ CORU Regulating Health & Social Care Professionals. <https://www.coru.ie/>

¹⁵⁸ Manchha, A. V., Way, K. A., Thai, M., & Tann, K. (2023). "The Stigma is what you do": Examining the Relationship Between Occupational Stigma and Worker Outcomes in the Aged Care Context. *Journal of applied gerontology : the official journal of the Southern Gerontological Society*, 42(2), 221–230. <https://doi.org/10.1177/07334648221129849>

¹⁵⁹ Manchha, A. V., Way, K. A., Tann, K., & Thai, M. (2022). The Social Construction of Stigma in Aged-Care Work: Implications for Health Professionals' Work Intentions. *The Gerontologist*, 62(7), 994–1005. <https://doi.org/10.1093/geront/gnac002>

¹⁶⁰ Manchha, A. V., Walker, N., Way, K. A., Dawson, D., Tann, K., & Thai, M. (2021). Deeply Discrediting: A Systematic Review Examining the Conceptualizations and Consequences of the Stigma of Working in Aged Care. *The Gerontologist*, 61(4), e129–e146. <https://doi.org/10.1093/geront/gnaa166>

4.2 Sector economic perspectives

To enhance understanding and sustainability in the home support sector, we recommend focusing on **Whole-Sector Economic Research to Inform Policy**:

- **Comprehensive Analysis of Costs and Benefits:** Conduct a thorough examination of costs and benefits associated with the home support sector, including societal costs, to inform strategic decision-making¹⁶¹.
- **Strategic Funding for Rising Home Support Costs:** Develop strategies for funding and resourcing the increasing costs of home support, addressing the 'why' and 'how' of financing these services, and recognising the challenges of making international comparisons of expenditure on healthcare¹⁶².
- **Promoting Sustainability in Funding Relationships:** Explore sustainable funding relationships between the state, families, and individuals, ensuring transparency and fairness in financial contributions.
- **National Approaches to Home Support Costs:** Implement mechanisms for meeting home support costs nationally, exploring cost contributions, and facilitating direct payments to enhance accessibility¹⁶³.
- **Cost Reduction Measures Across Sectors:** Investigate opportunities to reduce costs in other sectors by enhancing the efficiency and effectiveness of home support services and undertaking economic evaluations.
- **Evaluating Service Market Dynamics:** Analyse the service market, business models, and profit margins to ensure a balance between economic viability and quality of provision¹⁶⁴.
- **Enhancing Economic Evaluation Methods:** Develop improved economic evaluation methods linked to outcomes to better assess the impact and efficiency of home support interventions¹⁶⁵. Sound economic theory should be integrated into research and evaluation and economic evaluation should include Social Cost Benefit Analysis (SCBA) as advocated by the green book (HM Treasury 2022¹⁶⁶).

¹⁶¹ Ramos, M. L., Ferraz, M. B., & Sesso, R. (2004). Critical appraisal of published economic evaluations of home care for the elderly. *Archives of gerontology and geriatrics*, 39(3), 255–267. <https://doi.org/10.1016/j.archger.2004.04.001>

¹⁶² ESRI How does Irish Healthcare Expenditure Compare Internationally? https://www.esri.ie/system/files/publications/RS114_0.pdf

¹⁶³ Community Integrated Care (2021) *Unfair to care: understanding the social care pay gap and how to close it: full report*. pp. 64. Epsom, UK. <https://www.unfairtocare.co.uk/wp-content/uploads/2021/07/Unfair-To-Care-Full-Report-Single-Pages.pdf>

¹⁶⁴ Lu, J. (2015) Status Quo, Problems and Countermeasure Research of Home-Based Care Service Market in China—A Case Study of Sichuan Province. *Open Journal of Social Sciences*, 3, 150-156. doi: 10.4236/jss.2015.311020.

¹⁶⁵ Rooijackers, T. H., Metzelthin, S. F., van Rossum, E., Kempen, G. I. J. M., Evers, S. M. A. A., Gabrio, A., & Zijlstra, G. A. R. (2021). Economic Evaluation of a Reablement Training Program for Homecare Staff Targeting Sedentary Behavior in Community-Dwelling Older Adults Compared to Usual Care: A Cluster Randomized Controlled Trial. *Clinical interventions in aging*, 16, 2095–2109. <https://doi.org/10.2147/CIA.S341221>

¹⁶⁶ HM Treasury (2022). *The Green Book: Central Government guidance on appraisal and evaluation*: <https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government/the-green-book-2020>

- Assessing Cost-Benefit of Policy Directives: Evaluate the cost-benefit implications of large-scale policy directives and workforce development interventions to optimise resource allocation¹⁶⁷.

This recommendation aims to guide the sector towards a more economically sustainable and impactful future, emphasising transparency, efficiency, and the alignment of economic strategies with positive outcomes in home support.

4.3 Models of home support provision

In developing a skilled and sustainable home support workforce, it is imperative to carefully consider various dimensions and benefits of different models of home care and support provision and **Develop a National Model of Provision to Facilitate Aging Well and Independently at Home.**

Prevailing time-and-task-based approaches, which focus on activities of daily living and instrumental activities, should be reconsidered as limiting the ability to ensure a person centred holistic approach to delivery of home support within communities¹⁶⁸. Simultaneously, a modernised home support delivery framework should address the rights, needs, and eligibility criteria for home support, guaranteeing equitable access and consistency of service provision in accordance with national policy^{169,170,171}.

Emphasis on engagement and early intervention strategies¹⁷² becomes pivotal to proactively prevent deterioration¹⁷³, promoting a culture of proactive care¹⁷⁴. Implementing outcomes-focused approaches should be prioritised, aligning care efforts with achieving meaningful and positive results in the overall well-being of individuals receiving home support¹⁷⁵.

Models such as assisted living and independent living, which emphasise collaborative or supervisory approaches to activities, should be considered within the framework. Encouraging reablement,

¹⁶⁷ Velazquez, F., Fox, S., & Chatha, D. (2022). Adaptive Strategies to Building a Sustainable Workforce: Health Care Support Worker (HCSW) and the Health Career Access Program (HCAP). *International Journal of Integrated Care (IJIC)*, 22.

¹⁶⁸ Yi YM, Park YH, Cho B, Lim KC, Jang SN, Chang SJ, Ko H, Noh EY, Ryu SI. Development of a Community-Based Integrated Service Model of Health and Social Care for Older Adults Living Alone. *Int J Environ Res Public Health*. 2021 Jan 19;18(2):825. doi: 10.3390/ijerph18020825. PMID: 33478027; PMCID: PMC7835935.

¹⁶⁹ Abdi, S., Spann, A., Borilovic, J. et al. Understanding the care and support needs of older people: a scoping review and categorisation using the WHO international classification of functioning, disability and health framework (ICF). *BMC Geriatr* 19, 195 (2019). <https://doi.org/10.1186/s12877-019-1189-9>

¹⁷⁰ Scales, K. (2019). Meeting the integration mandate: the implications of Olmstead for the home care workforce. *Geo. J. on Poverty L. & Pol'y*, 27, 261.

¹⁷¹ Wang, J., Wang, Y., Cai, H. et al. Analysis of the status quo of the Elderly's demands of medical and elderly care combination in the underdeveloped regions of Western China and its influencing factors: a case study of Lanzhou. *BMC Geriatr* 20, 338 (2020). <https://doi.org/10.1186/s12877-020-01616-6>

¹⁷² Ageing well at home: Emergent Models of Home Care Provision and the professionalisation of the home care workforce. https://drive.google.com/file/d/1ikHAedrFkH_J5INc4b4I53fFcBuph4RZ/view

¹⁷³ Su, Q., Wang, H., & Fan, L. (2023). The impact of home and community care services pilot program on healthy aging: A difference-in-difference with propensity score matching analysis from China. *Archives of gerontology and geriatrics*, 110, 104970. <https://doi.org/10.1016/j.archger.2023.104970>

¹⁷⁴ Wang, Q., Fan, K., & Li, P. (2022). Effect of the Use of Home and Community Care Services on the Multidimensional Health of Older Adults. *International journal of environmental research and public health*, 19(22), 15402. <https://doi.org/10.3390/ijerph192215402>

¹⁷⁵ Social Care Wales (2017) Development of a strategic plan for care and support at home: literature review. pp. 50. Cardiff. <https://socialcare.wales/cms-assets/documents/Care-and-support-at-home-in-Wales-Literature-review.pdf>

recovery, or restorative home care and support models empowers individuals to actively participate in their care, fostering a sense of agency^{176,177,178}.

A key component is prioritising client-centred¹⁷⁹ and person-centred care models that tailor care plans to the unique needs and preferences of each individual. Additionally, advocating for client-directed care and personalisation¹⁸⁰ ensures individuals have greater control over their care and support plans and decision-making.

Relationship-based home support models¹⁸¹ should be implemented, placing importance on building strong, supportive connections between HSWs and clients, with a focus on shared interests. The significance of companionship within support models, recognising the positive impact of social interactions on loneliness¹⁸², psychosocial outcomes¹⁸³, and overall well-being should not be underestimated¹⁸⁴.

Considering live-in workers as part of the model provides continuous support, especially for individuals requiring constant care and supervision. Specialised models for dementia support^{185,186} and frailty support¹⁸⁷, with an emphasis on tailored care for individuals with complex vulnerabilities, should be developed.

Furthermore, models of home support provision for aging well and independently at home should be designed to support heterosexual and same-sex couples and kinship care, recognising and addressing

¹⁷⁶ Darwich, A. S., Boström, A. M., Guidetti, S., Raghobama, J., & Meijer, S. (2023). Investigating the Connections Between Delivery of Care, Reablement, Workload, and Organizational Factors in Home Care Services: Mixed Methods Study. *JMIR human factors*, 10, e42283. <https://doi.org/10.2196/42283>

¹⁷⁷ Rooijackers, T. H., Zijlstra, G. A. R., van Rossum, E., Vogel, R. G. M., Veenstra, M. Y., Kempen, G. I. J. M., & Metzelthin, S. F. (2021). Process evaluation of a reablement training program for homecare staff to encourage independence in community-dwelling older adults. *BMC geriatrics*, 21(1), 5. <https://doi.org/10.1186/s12877-020-01936-7>

¹⁷⁸ Whitehead, P. J., Worthington, E. J., Parry, R. H., Walker, M. F., & Drummond, A. E. (2015). Interventions to reduce dependency in personal activities of daily living in community dwelling adults who use homecare services: a systematic review. *Clinical rehabilitation*, 29(11), 1064–1076. <https://doi.org/10.1177/0269215514564894>

¹⁷⁹ Sanerma, P., Miettinen, S., Paavilainen, E., & Åstedt-Kurki, P. (2020). A client-centered approach in home care for older persons - an integrative review. *Scandinavian journal of primary health care*, 38(4), 369–380. <https://doi.org/10.1080/02813432.2020.1841517>

¹⁸⁰ Ordway, A., Johnson, K. L., Kneale, L., Amtmann, D., & Demiris, G. (2019). The Experience of Home Care Providers and Beneficiaries With Enhanced Training Requirements in Washington State. *Journal of aging and health*, 31(10_suppl), 124S–144S. <https://doi.org/10.1177/0898264319860298>

¹⁸¹ Global Coalition on Aging (2018) pp.36, London. Relationship-based home care: a sustainable solution for Europe's elder care crisis. https://globalcoalitiononaging.com/wp-content/uploads/2018/06/RHBC_Report_DIGITAL.pdf

¹⁸² Zhang, J., Sun, X., & Yao, A. (2023). Use of home and community-based services and loneliness in older people with functional limitations: a cross-sectional study. *BMC psychiatry*, 23(1), 717. <https://doi.org/10.1186/s12888-023-05225-6>

¹⁸³ Hansen, A., Hauge, S., & Bergland, Å. (2017). Meeting psychosocial needs for persons with dementia in home care services - a qualitative study of different perceptions and practices among health care providers. *BMC geriatrics*, 17(1), 211. <https://doi.org/10.1186/s12877-017-0612-3>

¹⁸⁴ Sen, Q., & Lei, Z. (2023). The impact of community care services on older people's psychological health: an empirical study in Liaoning Province, China. *Frontiers in public health*, 11, 1199830. <https://doi.org/10.3389/fpubh.2023.1199830>

¹⁸⁵ Leverton, M., Burton, A., Beresford-Dent, J., Rapaport, P., Manthorpe, J., Azocar, I., Giebel, C., Lord, K., & Cooper, C. (2021). Supporting independence at home for people living with dementia: a qualitative ethnographic study of homecare. *Social psychiatry and psychiatric epidemiology*, 56(12), 2323–2336. <https://doi.org/10.1007/s00127-021-02084-y>

¹⁸⁶ Hallberg, I. R., Cabrera, E., Jolley, D., Raamat, K., Renom-Guiteras, A., Verbeek, H., Soto, M., Stolt, M., & Karlsson, S. (2016). Professional care providers in dementia care in eight European countries; their training and involvement in early dementia stage and in home care. *Dementia (London, England)*, 15(5), 931–957. <https://doi.org/10.1177/1471301214548520>

¹⁸⁷ Walters, K., Frost, R., Kharicha, K., Avgerinou, C., Gardner, B., Ricciardi, F., Hunter, R., Liljas, A., Manthorpe, J., Drennan, V., Wood, J., Goodman, C., Jovicic, A., & Iliffe, S. (2017). Home-based health promotion for older people with mild frailty: the HomeHealth intervention development and feasibility RCT. *Health technology assessment (Winchester, England)*, 21(73), 1–128. <https://doi.org/10.3310/hta21730>

the unique needs of these relationships. Exploring models led by gerontology experts or nurses will ensure specialised care for the ageing population, aligning with the evolving healthcare landscape.

This comprehensive recommendation seeks to guide the development of a sustainable model of ageing well and independently at home, incorporating diverse and tailored approaches to home support that prioritises individual levels of need, preferences, and positive outcomes.

4.4 Employee voice, engagement and involvement

There is strong evidence on the need to **Enhance Employee Voice, Engagement and Involvement at All Levels** in the home support sector. To achieve this goal, it is recommended to utilise data and digital methods (see Digital technology and digital skills in home support) to focus on:

- Voice and Representation in Policy, Research, and Planning: Establish mechanisms for robust representation of home support workers in policy, research, and planning initiatives to ensure their perspectives directly contribute to shaping the sector's future and raising occupational status of the profession¹⁸⁸.
- Workforce Development Design: Involve HSWs in the design of workforce development strategies, recognising their valuable insights into the practicalities of their roles^{189,190}.
- Learning Strategies, Challenges, and Needs: Engage different types of HSWs in discussions about learning strategies, challenges faced, and their specific educational needs, fostering a gender inclusive and collaborative approach to professional development¹⁹¹⁻¹⁹².
- User-Centered and Theory-Based Training Programmes: Prioritise the creation of training programmes that are user-centered and grounded in theoretical principles, leveraging

¹⁸⁸ Timonen, V., & Lolich, L. (2019). "The Poor Carer": Ambivalent Social Construction of the Home Care Worker in Elder Care Services. *Journal of gerontological social work*, 62(7), 728–748. <https://doi.org/10.1080/01634372.2019.1640334>

¹⁸⁹ Williams, L., Rycroft-Malone, J., Burton, C. R., Edwards, S., Fisher, D., Hall, B., McCormack, B., Nutley, S. M., Seddon, D., & Williams, R. (2016). Improving skills and care standards in the support workforce for older people: a realist synthesis of workforce development interventions. *BMJ open*, 6(8), e011964. <https://doi.org/10.1136/bmjopen-2016-011964>

¹⁹⁰ Rycroft-Malone, J., Burton, C. R., Williams, L., Edwards, S., Fisher, D., Hall, B., McCormack, B., Nutley, S., Seddon, D., & Williams, R. (2016). Improving skills and care standards in the support workforce for older people: a realist synthesis of workforce development interventions. NIHR Journals Library.

¹⁹¹ Savassi, L. C. M., Dias, M. B., Boing, A. F., Verdi, M., & Lemos, A. F. (2020). Educational strategies for human resources in home health care: 8 years' experience from Brazil. *Revista panamericana de salud publica = Pan American journal of public health*, 44, e103. <https://doi.org/10.26633/RPSP.2020.103>

¹⁹² Pavloff, M., & Labrecque, M. E. (2021). Continuing Education for Home Care Nurses: An Integrative Literature Review. *Home healthcare now*, 39(6), 310–319. <https://doi.org/10.1097/NHH.0000000000001005>

employee input for more effective and relevant content^{193,194,195,196,197,198,199,200} (links to Core competencies training and Advanced or client group specific training, section 5.2).

- Tailored and Participative Staff Health Interventions: Develop health interventions for HSWs that are tailored to their needs and actively involve them in the participative design of initiatives aimed at enhancing their well-being²⁰¹ (linked to In-service learning, section 5.6).
- Home Support Research and Learning Networks: Establish research alliances²⁰² and learning networks within the home support sector, providing a platform for HSWs to share experiences, insights, and contribute to continuous improvement (links to In-service learning, section 5.6).

This recommendation seeks to empower home support workers by integrating their voices into critical aspects of sector development, creating a more inclusive, responsive, and engaging sector.

4.5 Workforce shortages, shortfalls and untapped strengths

To proactively tackle workforce challenges, it is recommended to **Establish Test Sites for New Initiatives and Approaches to Home Support**, that will trial new approaches, collect data, and evaluate projects to:

- Explore New Strategies for Attracting a Diverse Workforce: Initiate pilot programmes to explore novel strategies for attracting a diverse range of individuals to the caregiving sector, assessing the feasibility of widening access schemes²⁰³ (linked to Preparation, entry and early experiences, section 5.1).

¹⁹³ Lawani, M. A., Turgeon, Y., Côté, L., Légaré, F., Witteman, H. O., Morin, M., Kroger, E., Voyer, P., Rodriguez, C., & Giguere, A. (2021). User-centered and theory-based design of a professional training program on shared decision-making with older adults living with neurocognitive disorders: a mixed-methods study. *BMC medical informatics and decision making*, 21(1), 59. <https://doi.org/10.1186/s12911-021-01396-y>

¹⁹⁴ Palesy D. Learning in the Absence of Direct Supervision: Person-Dependent Scaffolding. *Vocations and learning*. 2017;10(3):365–82.

¹⁹⁵ Attenborough, J., Abbott, S., Brook, J., & Knight, R. A. (2019). Everywhere and nowhere: Work-based learning in healthcare education. *Nurse education in practice*, 36, 132–138. <https://doi.org/10.1016/j.nepr.2019.03.004>

¹⁹⁶ Guerrero, L. R., Richter Lagha, R., Shim, A., Gans, D., Schickedanz, H., Shiner, L., & Tan, Z. (2020). Geriatric Workforce Development for the Underserved: Using RCQI Methodology to Evaluate the Training of IHSS Caregivers. *Journal of applied gerontology* : the official journal of the Southern Gerontological Society, 39(7), 770–777. <https://doi.org/10.1177/0733464818780635>

¹⁹⁷ Stone, R. (2021). Developing a quality home care workforce to complement family caregivers and bridge the emerging care gap. In *Bridging the family care gap* (pp. 321-340). Academic Press.

¹⁹⁸ Spetz, J., Stone, R. I., Chapman, S. A., & Bryant, N. (2019). Home and community-based workforce for patients with serious illness requires support to meet growing needs. *Health Affairs*, 38(6), 902-909.

¹⁹⁹ Bluestone J, Ricca J, Traicoff D, Tchoualeu D. It's time to move beyond traditional health care worker training approaches. *Glob Health Sci Pract*. 2021;9(3):431-432. <https://doi.org/10.9745/GHSP-D-21-00553>

²⁰⁰ Morgan, J. C., Edris, N., Luz, C. C., Ochylski, D. P., Stineman, A., Winchester, L., & Chapman, S. A. (2018). Testing US state-based training models to meet health workforce needs in long-term care. *Ageing international*, 43, 123-140.

²⁰¹ Gebhard, D., & Herz, M. (2023). How to address the health of home care workers: a systematic review of the last two decades. *Journal of Applied Gerontology*, 42(4), 689-703.

²⁰² Buhler-Willkerson, K., Naylor, M. D., Holt, S. W., & Rinke, L. T. (1998). An alliance for academic home care: integrating research, education, and practice. *Nursing Outlook*, 46(2), 77–80. [https://doi.org/10.1016/s0029-6554\(98\)90103-8](https://doi.org/10.1016/s0029-6554(98)90103-8)

²⁰³ Pratt, J. (2016) Career Progression in Care Project, End of project report. Skills for Care. pp.27. Leeds, UK.

- **Conduct In-Depth Analysis of Workforce Demographics:** Undertake a thorough analysis of workforce demographics, delving into the characteristics of individuals in different roles, to identify areas where access schemes can be effectively implemented.
- **Implement Inclusive Practices to Diversify the Workforce:** Pilot inclusive practices aimed at diversifying the workforce by identifying and addressing underrepresented staff groups, testing the feasibility of initiatives to foster a more representative environment.
- **Trial Gender-Inclusive Recruitment Approaches:** Launch targeted recruitment initiatives specifically designed to attract men to home support roles²⁰⁴, assessing the feasibility and effectiveness of gender-inclusive approaches.
- **Experiment with Time-Banking Schemes for Older Women:** Experiment with time-banking schemes as a means to engage older women in both employment and caregiving roles, evaluating the feasibility and impact of such initiatives²⁰⁵.
- **Test Recognition Programmes for Experienced Workers:** Trial recognition programmes that highlight the value of experience within the workforce, testing the feasibility of initiatives aimed at appreciating and leveraging the skills of seasoned professionals.
- **Pilot Recruitment Strategies in Rural Communities:** Pilot targeted recruitment strategies in rural communities, assessing the feasibility of overcoming challenges in recruiting to home support roles in these areas^{206,207}.
- **Assess the Viability of Multifaceted Workforce Models:** Assess the viability of multifaceted workforce models by experimenting with different employment statuses, including employed (private/public/voluntary), self-employed, retired, unpaid, citizens, the unemployed, and students^{208,209,210}.

This recommendation is designed to test and evaluate the feasibility of widening access schemes, providing valuable insights into their effectiveness in addressing workforce challenges and fostering a more diverse and inclusive home care and support sector.

²⁰⁴ Skills for Care (2010) Men into care: a research-based contribution to a recruitment and retention issue. pp 4. Leeds, UK.

²⁰⁵ Ben-Galim, D. and Silim, A. (2013) The sandwich generation: older women balancing work and care. Institute for Public Policy Research. London. pp.43 <https://www.ippr.org/publications/the-sandwich-generation-older-women-balancing-work-and-care>

²⁰⁶ Sharman Z. (2014). Recruitment and retention of home support workers in rural communities. *Home health care services quarterly*, 33(4), 229–243. <https://doi.org/10.1080/01621424.2014.964897>

²⁰⁷ Chapman, S. A., Greiman, L., Bates, T., Wagner, L. M., Lissau, A., Toivanen-Atilla, K., & Sage, R. (2022). Personal Care Aides: Assessing Self-Care Needs And Worker Shortages In Rural Areas. *Health affairs (Project Hope)*, 41(10), 1403–1412. <https://doi.org/10.1377/hlthaff.2022.00483>

²⁰⁸ Gatherum, B., O'Reilly, P., Ross, K. (2018) The experience of the experienced: exploring employment journeys of the social care workforce. *Scottish Care*. pp.26. Ayr, Scotland. Summary in <https://scottishcare.org/wp-content/uploads/2020/03/Qualifying-Care-Final.pdf>

²⁰⁹ Kelly, C., Craft Morgan, J., Kemp, C. L., & Deichert, J. (2020). A profile of the assisted living direct care workforce in the United States. *Journal of Applied Gerontology*, 39(1), 16-27.

²¹⁰ Bryant, J. (2018) Workforce to care force: who cares? IPC discussion paper. Oxford Brookes University. Institute of Public Care. pp.18, Oxford. https://ipc.brookes.ac.uk/files/publications/Workforce_to_Care_Force-IPC_Discussion_Paper_John_Bryant.pdf

4.6 Public health, disaster preparedness, crisis management

It is recommended to **Establish a Home Support Task Force for Public Health, Disaster Preparedness and Crisis Management** dedicated to examining the roles of home support and HSWs within the realms of:

- **Alleviating Healthcare Pressures and Enhancing Utilisation:** Explore strategies to reduce healthcare pressures and ensure correct utilisation of resources, leading to decreased hospital readmissions and an optimised healthcare system (links to Interface with other services and providers).
- **Exploring Potential for Health Promotion and Healthy Ageing Interventions:** Investigate the potential for home support and HSWs to contribute to health promotion and implement interventions that support healthy ageing, addressing preventive healthcare measures (links to Models of home support provision, section 4.3).
- **Learning from Covid-19 for Frontline Essential Care:** Analyse the lessons learned from the frontline essential care provided during the Covid-19 pandemic²¹¹, identifying best practices and areas for improvement in delivering crucial services^{212,213,214,215} (links to Employee voice, engagement and involvement, section 4.4).
- **Enhancing Disaster Preparation and Service Continuity:** Focus on disaster preparation initiatives to ensure the continuity of services even in adverse conditions, contributing to the resilience of the home support sector in the face of crises (links to In-service training, section 5.6).

This recommendation encourages the formation of a specialised task force, aiming to comprehensively explore and harness the potential of integrated home care and support and HSWs in the spheres of public health, disaster preparedness, and crisis management.

4.7 Upskilling and delegation (new enhanced roles)

To advance the home support sector, it is recommended to establish a thorough **System for Testing and Evaluating Upskilling and Delegation Initiatives**. This involves:

²¹¹ Mok, V. et al. (2020). Tackling challenges in care of Alzheimer's disease and other dementias amid the COVID-19 pandemic, now and in the future. *Alzheimer's & dementia : the journal of the Alzheimer's Association*, 16(11), 1571–1581. <https://doi.org/10.1002/alz.12143>

²¹² Association of Directors of Adult Social Services. (2021) *The legacy of Covid: what might the pandemic's long-term impact be for Adult Social Care?* Eastern Region, England. pp24. London, UK. <https://www.scie-socialcareonline.org.uk/the-legacy-of-covid-what-might-the-pandemics-long-%C2%ADterm-impact-be-for-adult-social-care/r/a116f0000Um0yUAAR>

²¹³ Sterling, M. R., Tseng, E., Poon, A., Cho, J., Avgar, A. C., Kern, L. M., Ankuda, C. K., & Dell, N. (2020). Experiences of Home Health Care Workers in New York City During the Coronavirus Disease 2019 Pandemic: A Qualitative Analysis. *JAMA internal medicine*, 180(11), 1453–1459. <https://doi.org/10.1001/jamainternmed.2020.3930>

²¹⁴ Lethin, C., Kenkmann, A., Chiatti, C., Christensen, J., Backhouse, T., Killeth, A., & Malmgren Fänge, A. (2021, June). Organizational support experiences of care home and home care staff in Sweden, Italy, Germany and the United Kingdom during the COVID-19 pandemic. In *Healthcare* (Vol. 9, No. 6, p. 767). MDPI.

²¹⁵ Franzosa, E., Wyte-Lake, T., Tsui, E., Reckrey, J., Sterling, M. (2022) *Essential but Excluded: Building Disaster Preparedness Capacity for Home Health Care Workers and Home Care Agencies*. *Journal of the American Medical Directors Association*, 23, 12, 1990-1996. <https://doi.org/10.1016/j.jamda.2022.09.012>.

- **Trialling Advanced Direct Care Worker Training:** Develop and implement trials for a comprehensive advanced training programme for direct care workers, assessing the effectiveness of upskilling initiatives in enhancing their capabilities to care for clients with more advanced support and care needs^{216,217,218,219} (links to Advanced or client group specific training, section 5.3).
- **Testing Support for Client Self-Management:** Conduct pilot tests on the efficacy of providing support for clients in self-managing chronic conditions, evaluating the impact of health coaching and tailored home exercise programmes²²⁰, as part of a broader aging well and independently at home model of home support provision²²¹ (links to Models of home support provision, section 4.3). Explore HSW role in facilitating current and future uses of digital technologies for peer support and digitally supported self-management interventions²²² (links to Upskilling and delegation, section 4.7).
- **Evaluating Expanded Roles in Mental Health Support:** Evaluate the outcomes of expanding roles to include enhanced support for client mental health and emotional well-being, ensuring a comprehensive approach to care (links to Core competencies training, section 5.2).
- **Assessing Delegated/Supervised Medications Assistance:** Assess the feasibility and effectiveness of roles involving delegated or supervised medications assistance²²³, with a focus on safe and proficient medication support^{224,225} (links to Advanced or client group specific training, section 5.3).
- **Piloting Comprehensive Palliative Care Training:** Initiate pilot programs for comprehensive palliative care training, gauging the success in preparing home support workers for

²¹⁶ Connolly, C. (2014). Advanced Direct Care Worker: A Role to Improve Quality and Efficiency of Care for Older Adults and Strengthen Career Ladders for Home Care Workers. *Annals of Long-Term Care*.

<https://www.hmpgloballearningnetwork.com/site/altc/articles/advanced-direct-care-worker-role-improve-quality-and-efficiency-care-older-adults-and>

²¹⁷ Denton, M., Brookman, C., Zeytinoglu, I., Plenderleith, J., & Barken, R. (2015). Task shifting in the provision of home and social care in Ontario, Canada: implications for quality of care. *Health & social care in the community*, 23(5), 485–492. <https://doi.org/10.1111/hsc.12168>

²¹⁸ Saari, M., Patterson, E., Kelly, S., & Tourangeau, A. E. (2018). The evolving role of the personal support worker in home care in Ontario, Canada. *Health & social care in the community*, 26(2), 240–249. <https://doi.org/10.1111/hsc.12514>

²¹⁹ Saari, M., Patterson, E., Killackey, T., Raffaghello, J., Rowe, A., & Tourangeau, A. E. (2017). Home-based care: barriers and facilitators to expanded personal support worker roles in Ontario, Canada. *Home health care services quarterly*, 36(3-4), 127–144. <https://doi.org/10.1080/01621424.2017.1393482>

²²⁰ Henwood, T., Hetherington, S., Purss, M., Rouse, K., Morrow, J., & Smith, M. (2019). active@home: Investigating the Value of a Home Care Worker-Led Exercise Program for Older Adults With Complex Care Needs. *Journal of aging and physical activity*, 27(2), 284–289. <https://doi.org/10.1123/japa.2017-0443>

²²¹ Leonhardt Caprio, A. M., Burgen, D. M., & Benesch, C. G. (2017). Reducing Stroke Readmissions Utilizing a Home Care Based Transitions Coaching Program. *Stroke*, 48(suppl_1), A23-A23.

²²² Supported self-management: Peer support <https://www.england.nhs.uk/long-read/peer-support/>

²²³ Kaldy, J. (2023) Building the Way to Advancement with Career Pathways. *Provider Magazine* <https://www.providermagazine.com/Issues/2023/Fall/Pages/Building-the-Way-to-Advancement-with-Career-Pathways.aspx>

²²⁴ Walsh, J. E., Lane, S. J., & Troyer, J. L. (2014). Impact of medication aide use on skilled nursing facility quality. *The Gerontologist*, 54(6), 976–988. <https://doi.org/10.1093/geront/gnt085>

²²⁵ Lee, C. Y., Beanland, C., Goeman, D., Johnson, A., Thorn, J., Koch, S., & Elliott, R. A. (2015). Evaluation of a support worker role, within a nurse delegation and supervision model, for provision of medicines support for older people living at home: the Workforce Innovation for Safe and Effective (WISE) Medicines Care study. *BMC health services research*, 15, 460. <https://doi.org/10.1186/s12913-015-1120-9>

compassionate end-of-life care at home^{226,227} (links to Advance or client group specific training, section 7.5).

- Testing Nutrition Support and Malnutrition Prevention: Test the implementation of proactive, patient-centred and aetiology approach initiatives²²⁸, including the assessment and prevention of malnutrition, to ensure their practicality and positive impact on home support clients^{229,230,231,232} (links to Core competencies training, section 5.2).
- Evaluating Family Education Support Programs: Conduct evaluations of programs supporting informal caregivers and family members through caregiver skills training, gauging their effectiveness in creating an informed caregiving environment^{233,234} (links to Families and caregivers, section 6).

This recommendation underlines the importance of systematically testing and evaluating upskilling initiatives, to ensure their viability and contribution to the continuous improvement of integrated home care and support in Ireland.

4.8 Digital technology and digital skills in home care and support

There is a need to develop a national programme to support the implementation of **Digital Technology and Digital Skills for HSWs**. Despite the abundance of digital technologies that could enhance client support and service delivery, the practicalities often hinder their effective implementation. Even simple technology, like digital clocks displaying essential information about meal times or medications, illustrates how practical considerations, such as placement near to the client, significantly impact their utility.

Best Practice Guidance on HSW's Responsibilities for Digital Home Support should be developed to include guidance on assisting clients and families with digital health technologies in the home

²²⁶ McPherson, C. J., Etele, J., Ta, V. C. Y., & Raghubir, A. (2019). Unregulated care providers' engagement in palliative care to older clients and their families in the home setting: a mixed methods study. *BMC palliative care*, 18(1), 1-15.

²²⁷ Herber, O. R., & Johnston, B. M. (2013). The role of healthcare support workers in providing palliative and end-of-life care in the community: a systematic literature review. *Health & social care in the community*, 21(3), 225-235.

²²⁸ Fisher R, Martyn K, Romano V, et al (2023) Improving the assessment of older adult's nutrition in primary care: recommendations for a proactive, patient-centred and aetiology approach. *BMJ Nutrition, Prevention & Health* 2023:e000661. doi: 10.1136/bmjnph-2023-000661

²²⁹ Fernández-Barrés, S., García-Barco, M., Basora, J., Martínez, T., Pedret, R., Arijá, V., & Project ATDOM-NUT group (2017). The efficacy of a nutrition education intervention to prevent risk of malnutrition for dependent elderly patients receiving Home Care: A randomized controlled trial. *International journal of nursing studies*, 70, 131–141. <https://doi.org/10.1016/j.ijnurstu.2017.02.020>

²³⁰ Mole, L., Kent, B., Hickson, M., & Abbott, R. (2019). 'It's what you do that makes a difference' An interpretative phenomenological analysis of health care professionals and home care workers experiences of nutritional care for people living with dementia at home. *BMC geriatrics*, 19(1), 250. <https://doi.org/10.1186/s12877-019-1270-4>

²³¹ Watkinson-Powell, A., Barnes, S., Lovatt, M., Wasielewska, A., & Drummond, B. (2014). Food provision for older people receiving home care from the perspectives of home-care workers. *Health & social care in the community*, 22(5), 553–560. <https://doi.org/10.1111/hsc.12117>

²³² Johansson, L., Björklund, A., Sidenvall, B., & Christensson, L. (2017). Staff views on how to improve mealtimes for elderly people with dementia living at home. *Dementia (London, England)*, 16(7), 835–852. <https://doi.org/10.1177/1471301215619083>

²³³ Skills for Care (2013) There for carers: the workforce development needs of carer support workers. Leeds, pp20.

²³⁴ Hendrix CC, Landerman R, Abernethy AP. Effects of an Individualized Caregiver Training Intervention on Self-Efficacy of Cancer Caregivers. *Western Journal of Nursing Research*. 2013;35(5):590-610. doi:10.1177/0193945911420742

setting. While advanced technologies such as smart home technologies²³⁵, smartphone apps and remote video communication, offer significant advantages, their adoption is limited by high levels of digital poverty and digital exclusion (see UK Digital Poverty Alliance policy principles for digital inclusion²³⁶), particularly for older people from minority ethnic groups, and poorer internet connectivity in rural areas²³⁷. Older people excluded from the Internet regardless of whether they live in high-income or low-income countries are more likely to develop functional dependency²³⁸.

Even the adoption and use of simple digital technologies, incur various maintenance factors that need to be addressed, such as remembering to charge or turn on devices. The deeper issue lies in understanding the nuanced knowledge associated with providing tools and the complex dynamics influencing their adoption or non-adoption in the home context.

To propel home care and support services forward, it is recommended to focus on addressing the intersection of digital poverty and home support, integrating digital technology into workflows, and fostering digital skills in the home support workforce. This includes:

- Utilising Digital Communication Technologies and Electronic Care Plans: Incorporate digital communication technologies and electronic care plans into HSW practices, enhancing efficiency and communication within the caregiving process²³⁹ (linked to Interface with other services or providers, section 7.2).
- Promoting Technology Adoption with Accessibility in Mind: Establish how HSWs can encourage the adoption of technology while ensuring devices are accessible and user-friendly, promoting inclusivity and usability for all involved (linked to In-service learning, section 4).
- Developing Digital Skills for Home Support Workers: Prioritise the development of digital skills among home support workers at all levels (pre-service, advanced, specialist, expert), enabling them to proficiently use digital technologies for skill enhancement and continuous development and improvement²⁴⁰⁻²⁴¹ (linked to Preparation, entry and early experiences and In-service learning, section 5.6).
- Exploring Digital Technologies and Robotics for Medications Administration: Investigate the use of new and emerging technologies for medications administration relate to HSW roles,

²³⁵ Kang, H. J., Han, J., & Kwon, G. H. (2021). Determining the Intellectual Structure and Academic Trends of Smart Home Health Care Research: Coword and Topic Analyses. *Journal of medical Internet research*, 23(1), e19625. <https://doi.org/10.2196/19625>

²³⁶ UK Digital Poverty Evidence Review 2022. <https://digitalpovertyalliance.org/wp-content/uploads/2022/06/UK-Digital-Poverty-Evidence-Review-2022-v1.0-compressed.pdf>

²³⁷ Age and Opportunity <https://ageandopportunity.ie/wp-content/uploads/2023/03/Digital-Literacy-Final-Report-31.03.22.pdf>

²³⁸ Lu, X., Yao, Y., & Jin, Y. (2022). Digital exclusion and functional dependence in older people: Findings from five longitudinal cohort studies. *EClinicalMedicine*, 54, 101708. <https://doi.org/10.1016/j.eclinm.2022.101708>

²³⁹ Bandini, J. I., Siconolfi, D., Feistel, K., & Etchegaray, J. (2023). Low Tech, High Potential: Using Technology to Improve Communication across Home Care Workers. *Journal of applied gerontology : the official journal of the Southern Gerontological Society*, 42(4), 776–781. <https://doi.org/10.1177/07334648221144027>

²⁴⁰ Oung, C., et al (2021) Developing the digital skills of the social care workforce: evidence from the Care City test bed. Nuffield Trust. pp. 32. London, UK. <https://www.nuffieldtrust.org.uk/sites/default/files/2021-09/workforce-research-summary-final.pdf>

²⁴¹ Sterling, M. R., Dell, N., Tseng, E., Okeke, F., Cho, J., Piantella, B., & Tobin, J. N. (2020). Home care workers caring for adults with heart failure need better access to training and technology: A role for implementation science. *Journal of clinical and translational science*, 4(3), 224–228. <https://doi.org/10.1017/cts.2020.36>

exploring innovative solutions to enhance precision and efficiency in medication-related tasks²⁴² (linked to Upskilling and delegation, section 4.7).

- **Assisting Clients and Families in Using Communication Technologies:** Explore how HSWs can provide support to clients and their families in utilising the internet and communication technologies, fostering connectivity and improving the overall caregiving experience²⁴³ (links to Families and caregivers, section 7.5).
- **Implementing Functional Ability Technologies and Internet Usage in Home Support:** Examine the role of HSWs in integrating functional ability technologies and harnessing the power of the internet in integrated home care and support, particularly HSWs facilitating remote/virtual care and patient monitoring for enhanced care outcomes²⁴⁴ (links to Safety in the home setting, section 6.2, and Models of home support provision, section 4.3).

This recommendation underscores the significance of embracing digital advancements and cultivating digital skills to usher in a new era of effectiveness, accessibility, and innovation in home care and support practices.

²⁴² Turjamaa, R., Vaismoradi, M., Kajander-Unkuri, S., & Kangasniemi, M. (2023). Home care professionals' experiences of successful implementation, use and competence needs of robot for medication management in Finland. *Nursing open*, 10(4), 2088–2097. <https://doi.org/10.1002/nop2.1456>

²⁴³ Ma, G., Hou, J., Peng, S., Liu, Y., Shi, Z., Fan, Y., & Zhang, J. (2022). Construction of Internet +home Care Quality Supervision Indicators in China Based on the Delphi Method. *Risk management and healthcare policy*, 15, 1325–1341. <https://doi.org/10.2147/RMHP.S368592>

²⁴⁴ Welch, V., Mathew, C. M., Babelmorad, P., Li, Y., Ghogomu, E. T., Borg, J., Conde, M., Kristjansson, E., Lyddiatt, A., Marcus, S., Nickerson, J. W., Pottie, K., Rogers, M., Sadana, R., Saran, A., Shea, B., Sheehy, L., Sveistrup, H., Tanuseputro, P., Thompson-Coon, J., ... Howe, T. E. (2021). Health, social care and technological interventions to improve functional ability of older adults living at home: An evidence and gap map. *Campbell systematic reviews*, 17(3), e1175. <https://doi.org/10.1002/cl2.1175>

Section 4: Questions to consider



In your response you may wish to consider the following questions:

Section 4:

Q1. Do you agree there should be a High-level Call for Integrated Policy, Research, and Planning in Home Support? Who should make this call to action?

Q2. Who should commission and who should undertake the necessary Whole-Sector Economic Research to Inform Policy?

Q3. How can Develop a National Model of Provision to Facilitate Aging Well and Independently at Home and to make this goal a reality for an ageing population?

Q4. Do you agree with actions to Enhance Employee Voice, Engagement and Involvement at All Levels of home support?


Q5. Do you think it is feasible to Establish Test Sites for New Initiatives and Approaches to Home Support? Would another approach to drive change work better?

Q6. Do you agree with the need to Establish a Home Support Task Force for Public Health, Disaster Preparedness and Crisis Management?

Q7. What is your view on a System for Testing and Evaluating Upskilling and Delegation Initiatives?

Q8. Are you in agreement with the need for Digital Technology and Digital Skills for HSWs? Is there a need for Best Practice Guidance on HSW's Responsibilities for Digital Home Support?

Section 5



Attract and develop a
competent and
motivated home
support workforce

Section 5: Attract and develop a competent and motivated home support workforce

In the context of international home support supply shortages and challenges²⁴⁵, providers and purchasers must find solutions to attract and facilitate take-up of jobs by suitable candidates. As well as using pay and financial incentives, structures for training and professional development show that values, competence, individual career progression, and retention of knowledge and skills in the sector, are vital for growth and sustainability.

This section uses the research evidence to develop an outline career structure for HSW, illustrated by Figure 2. There is strong evidence on the types of advanced and client group specific skills that HSW can and will need to develop (explained in section 5.3). These advanced roles will be increasingly required in order to plan, manage and coordinate home support for growing numbers of elders with different types and levels of need. Future research is needed to explore connectivity of the HSW career structure that is developed, to other professional career pathways in nursing and allied health professions etc.

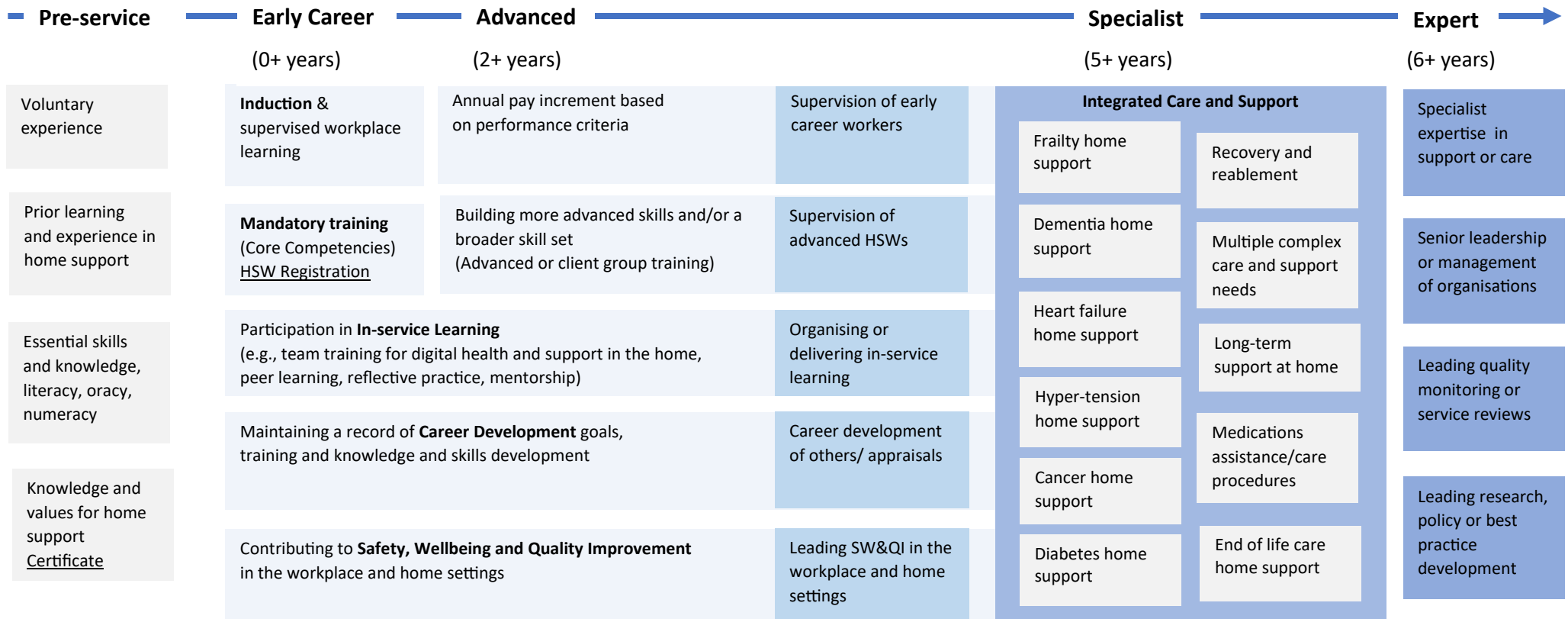
An essential consideration of this proposal is that working under supervision for early career HSWs is vitally important for developing the workforce at scale and pace. In particular, learning to actively observe experienced colleagues and knowing when to escalate issues is critical. Core competencies training is discussed in section 5.2. These kinds of skills essentially become embodied and intuitive after sufficient practice. However early career HSWs need sufficient time and opportunities to learn while working, backed up and reinforced by their formal training and in-service learning opportunities (explained in section 5.6). Until the point where core competencies are reached, supervision is essential from a safety perspective.

This section also covers the types of career development and progression systems that might be developed nationally via web-based systems to support workforce development (Section 5.7).

The literature reveals little evidence on the cost-benefits of employment and training. The final part of this section identifies crucial economic issues for future research (Section 5.8).

²⁴⁵ WHO-Europe . World Health Organization. Denmark: WHO; 2012. Home care across Europe: current structure and future challenges.

Figure 2: A career structure for home support workers in Ireland



Training

PRE-SERVICE TRAINING	CORE SKILLS TRAINING HOME SUPPORT	MANAGEMENT TRAINING	HIGHER DEVELOPMENT AWARDS HOME SUPPORT	LEADERSHIP TRAINING
Essential skills (literacy, oracy and numeracy)	Recognising medical emergencies and health and support needs	Supervisor training	Care of the elderly person with frailty	Senior leadership and governance
Knowledge & Values in home support	Person centred home support, empathy and diversity awareness (LGBTQI+, neurodiversity)	Care manager training, care planning	Dementia care (virtual reality, Alzheimer’s disease, young onset)	Quality improvement
	Personal care training, ADL, IADL, infection control, oral health care	Home care administrator/service management education	Heart failure	Data & digital leadership
	Personal assistance (instrumental activities, supervised activities)	Leadership and management skills training	Hyper-tension	Research leadership
	Mental health awareness (depression, loneliness, social anxiety)		Cancer home support	Policy and Best Practice development
	Safety in the home environment (clients and HSWs)		Post-hospitalization care, recovery, reablement	
	Communication with clients, cross-cultural communication, cultural competency in the home		End-of-Life training, palliative care (young adult to older person spectrum)	
	Communication health care professionals, other services and providers		Diabetes care	
	Disability/different ability training (hearing loss, visual impairment, learning disability)		Long-term care	
	Health literacy (ability to obtain, read, understand, use health information)		Complex health & support (cancer and dementia)	

5.1 Preparation, entry and early experiences (pre-service & career starters)

The international evidence concerning preparation, entry, and early experiences unequivocally demonstrates the existence of multiple barriers related to financial, practical, and cultural factors that hinder access to home support work²⁴⁶. There is no one solution to overcoming these barriers and thus multi-pronged strategies are needed to attract and develop a competent and motivated workforce (see Key challenges for growth of Ireland's home support workforce, section 2). Professionals working across education, welfare, and health systems need help to understand the growing need for home care and support, makes recruitment to HSW roles a pressing societal issue. Policy is needed to convey the importance of inter-sector working in the home care and support space (see Home support policy, research and planning, section 4.1).

A significant barrier for recruitment in Ireland is attaining qualifications at pre-service level. With urgency, sector bodies and employers need to **Critically Assess the Efficacy of Pre-service Mandatory QQI Qualifications** (two level 5 modules) and requirements for specific job roles, to establish whether certification and/or a license to practice²⁴⁷ is a sufficient safe replacement for formal qualifications at entry level, working under supervision until core competencies have been achieved. This should include consideration of the essential literacy, oracy, numeracy and digital skills necessary to starting out in a HSW career, and provision of free accessible learning support for these essential skills²⁴⁸.

Given the urgency to address workforce shortfalls (explained in section 2.2) a comprehensive **National HSW Recruitment Campaign to Emphasise Careers** is advised, launched within the first half of 2024, to emphasise and value home support as purposeful, meaningful, and rewarding work²⁴⁹, with different types of roles (for example see Skills For Care²⁵⁰). The initiative ought to endorse employee rights and responsibilities²⁵¹, transferable skills, convey the concept of personal and professional exploration along unforeseen career paths, discovering one's niche, and embarking on a career journey²⁵² where acquiring new skills leads to enrichment, and contributes to the goal of aging well and independently at home.

It is recommended to immediately establish **Develop Best-practice Guidance for Employers on HSW Recruitment**, including using more inclusive recruitment practices, enhanced job advertisements, and guidance on how to create specific roles tailored for individuals with disabilities or flexible working needs. Recruitment processes should incorporate competency-based interviewing that recognises the vocational nature of care work and a wider range of experience than qualifications

²⁴⁶ Luz, C., & Hanson, K. (2015). Training the personal and home care aide workforce: challenges and solutions. *Home Health Care Management & Practice*, 27(3), 150-153.

²⁴⁷ Akaragian, S., Crooks, H., & Pieters, H. C. (2013). Perspectives of unlicensed assistive personnel on career development. *Journal of continuing education in nursing*, 44(9), 415-423. <https://doi.org/10.3928/00220124-20130716-48>

²⁴⁸ See for example: <https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-topics/Core-Skills/Core-skills-in-social-care.pdf>

²⁴⁹ Shinan-Altman, S., Riabzev, A., & Ayalon, L. (2019). Mixed motivations to provide formal care to older adults: lessons from a training program. *International psychogeriatrics*, 31(3), 341-349. <https://doi.org/10.1017/S1041610218000868>

²⁵⁰ Skills for Care (2020) Being a personal assistant pp. 28. Leeds, UK.

<https://www.skillsforcare.org.uk/Recruitment-support/Support-individual-employers-PAs/Personal-Assistant/Hear-from-personal-assistants.aspx>

²⁵¹ Wang, J. & Wu, B. (2017) Domestic helpers as frontline workers in China's home-based elder care: A systematic review, *Journal of Women & Aging*, 29:4, 294-305, doi: 10.1080/08952841.2016.1187536

²⁵² Donovan, P. & Haydon, A. (2020) From support worker to district nurse team manager: a narrative. *British Journal of Healthcare Assistants*. <https://doi.org/10.12968/bjha.2020.14.3.110>

(see for example, VIA Character Strengths or Career Skills Assessments²⁵³). Ensuring alignment of recruitment strategies with HIQA quality standards based on principles such as human rights, humanistic care ability²⁵⁴⁻²⁵⁵, responsiveness, and accountability is crucial.

Furthermore, attention should be given to the specifics and diversity of job roles, outlining responsibilities and rights clearly to establish **Develop Best-practice on Tailoring HSW Roles to Individual Employee's Strengths and Abilities**. Increase flexibility in preparatory and induction programmes, along with robust support systems for new starters²⁵⁶, to enhance their early experiences and address factors influencing drop-out rates and motivations to stay in the profession (links to In-service training, section 5.6, and Home support policy, research and planning, section 4.1).

5.2 Core competencies training for home support work (early career HSWs)

It is strongly recommended that national guidance be formulated to provide a comprehensive framework for the development of **HSW Core Competencies and Working Standards** specifically tailored for early career HSWs. This guidance should address various facets of home support in the following domains, ensuring a consistent and elevated standard of service delivery.

Within the technical skills domain, the guidance should prioritise the ability of caregivers to recognise and respond to medical emergencies and acute care needs²⁵⁷. Alongside supervised workplace learning, it could be useful to develop game-based training to help HSWs recognise when they need to escalate issues²⁵⁸. Additionally, technical skills should emphasise comprehensive personal care training, covering essential elements such as activities of daily living (ADL), instrumental activities of daily living (IADL)²⁵⁹, infection control, and oral health care²⁶⁰⁻²⁶¹.

Supportive care forms a pivotal aspect of home support, and the national guidance should underscore the importance of person-centered care and empathy training for age-related conditions

²⁵³ <https://www.viacharacter.org/>

²⁵⁴ Atkinson, C., Crozier, S. and Lewis, L. (2016) Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care: interim findings summary Welsh Government Social Research pp10. Cardiff, Wales. <https://www.gov.wales/sites/default/files/statistics-and-research/2019-07/160118-factors-affect-recruitment-retention-domiciliary-care-workers-interim-en.pdf>

²⁵⁵ Zhang, T., Zhang, L., Wen, X., & Li, H. (2023). Level of humanistic care ability and its influencing factors among nursing aides in long-term care facilities. *Geriatric nursing (New York, N.Y.)*, 52, 56–62. <https://doi.org/10.1016/j.gerinurse.2023.05.007>

²⁵⁶ Martyn, J., Wilkinson, A., Zanella, S. (2022) Identifying the continuing education needs of personal care workers in two residential aged care facilities by an appreciative inquiry study, *Collegian*, 29, 6:887-893. <https://doi.org/10.1016/j.colegn.2022.09.009>.

²⁵⁷ Kajander-Unkuri, S., Kämäräinen, P., Hartikainen, T., & Turjamaa, R. (2022). Effectiveness of a combined web-based and simulation-based continuing education on home-care professionals' competence to evaluate older people's acute care needs in Finland. *Health & social care in the community*, 30(5), e1765–e1774. <https://doi.org/10.1111/hsc.13605>

²⁵⁸ See for example, Signs of Life <https://www.desqdigital.com/live/signsoflife/>

²⁵⁹ Kelly, C. M., Morgan, J. C., & Jason, K. J. (2013). Home care workers: interstate differences in training requirements and their implications for quality. *Journal of applied gerontology : the official journal of the Southern Gerontological Society*, 32(7), 804–832. <https://doi.org/10.1177/0733464812437371>

²⁶⁰ Hsu, W. C., Hsieh, Y. P., & Lan, S. J. (2021). Home care aides' attitudes to training on oral health care. *PLoS one*, 16(4), e0249021. <https://doi.org/10.1371/journal.pone.0249021>

²⁶¹ Edman, K., & Wårdh, I. (2022). Oral health care beliefs among care personnel working with older people - follow-up of oral care education provided by dental hygienists. *International journal of dental hygiene*, 20(2), 241–248. <https://doi.org/10.1111/idh.12588>

and dementia awareness. Mental health awareness should be integrated into this category²⁶², along with a dedicated focus on ensuring home safety, particularly through effective falls prevention strategies²⁶³⁻²⁶⁴.

Communication skills are integral to the success of integrated home care and support, and the national guidance should advocate for training that enables effective interaction with clients, incorporating cross-cultural communication skills²⁶⁵ that recognise Ireland's increasingly ethnically diverse population with different first languages and cultural beliefs about care and support. Moreover, it should underscore the significance of facilitating clear and coherent communication with clinicians and other healthcare professionals²⁶⁶.

Inclusivity and diversity are vital considerations in the development of core competencies. The national guidance should articulate training modules addressing disability and different abilities, including but not limited to hearing loss, visual impairment, and neurodiversity. It should also incorporate training on LGBTQI+ awareness²⁶⁷⁻²⁶⁸ and cultural competency, fostering a more inclusive and understanding model of ageing well and independently at home.

Finally, the guidance must underscore the importance of health literacy²⁶⁹⁻²⁷⁰, ensuring that early career HSWs possess the ability to obtain, read, comprehend, and effectively utilise health information. This collective framework aims to establish a standardised, high-quality skill set for individuals entering and starting out in the field of home support, fostering excellence and consistency in service delivery nationwide.

Recommendations for enhancing the workforce's digital skills are made in section 4.8.

5.3 Advanced or client group specific training (higher development awards)

To enhance the proficiency of individual contributors and elevate the quality of care, it is recommended to establish a coordinated provision of advanced training through **HSW Higher**

²⁶² McCabe, M. P., Russo, S., Mellor, D., Davison, T. E., & George, K. (2008). Effectiveness of a training program for carers to recognize depression among older people. *International journal of geriatric psychiatry*, 23(12), 1290–1296. <https://doi.org/10.1002/gps.2067>

²⁶³ Montero-Odasso, M., et al (2022) Task Force on Global Guidelines for Falls in Older Adults. World guidelines for falls prevention and management for older adults: a global initiative. *Age and ageing*, 51(9), afac205. <https://doi.org/10.1093/ageing/afac205>

²⁶⁴ Walsh, W., Meyer, C., & Cyarto, E. V. (2023). Home care worker-supported exercise program to address falls: a feasibility study. *Australian journal of primary health*, 10.1071/PY22248. Advance online publication. <https://doi.org/10.1071/PY22248>

²⁶⁵ Filmer, T., & Herbig, B. (2020). A training intervention for home care nurses in cross-cultural communication: An evaluation study of changes in attitudes, knowledge and behaviour. *Journal of advanced nursing*, 76(1), 147–162. <https://doi.org/10.1111/jan.14133>

²⁶⁶ Meyer-Kühling, I., Wendelstein, B., Pantel, J., Specht-Leible, N., Zenthöfer, A., & Schröder, J. (2015). A contribution to improve communication between professional caregivers and physicians]. *Pflege*, 28(5), 277–285. <https://doi.org/10.1024/1012-5302/a000447>

²⁶⁷ Smith, R., & Wright, T. (2021). Older lesbian, gay, bisexual, transgender, queer and intersex peoples' experiences and perceptions of receiving home care services in the community: A systematic review. *International Journal of Nursing Studies*, 118, 103907.

²⁶⁸ Daley, A. and MacDonnell, J.A. (2015), 'That would have been beneficial': LGBTQ education for home-care service providers. *Health Soc Care Community*, 23: 282-291. <https://doi-org.proxy.library.rcsi.ie/10.1111/hsc.12141>

²⁶⁹ Palesy, D., & Jakimowicz, S. (2019). Health literacy training for Australian home care workers: Enablers and barriers. *Home health care services quarterly*, 38(2), 80–95. <https://doi.org/10.1080/01621424.2019.1604458>

²⁷⁰ Palesy, D., & Jakimowicz, S. (2020). Health literacy support for Australian home-based care recipients: A role for homecare workers? *Home health care services quarterly*, 39(1), 17–32. <https://doi.org/10.1080/01621424.2019.1691698>

Development Awards. This training (existing programmes and new courses) should focus on specialised areas of expertise and client group-specific training (see figure 2).

The proposed advanced training covers a spectrum of essential topics, including care of the elderly²⁷¹⁻²⁷², aged care, and adult social care training.

There is very strong international evidence that advanced training should encompass dementia care training^{273,274,275,276,277,278,279,280,281,282}. All of the evidence from research studies and evaluations of training programmes is that dementia training should be developed using co-design methods²⁸³⁻²⁸⁴, incorporate opportunities for building staff resilience²⁸⁵, continuing education on dementia support²⁸⁶ and make use of empathy awareness training (e.g., virtual reality techniques and learning

²⁷¹ Cooper, C., Cenko, B., Dow, B., & Rapaport, P. (2017). A systematic review evaluating the impact of paid home carer training, supervision, and other interventions on the health and well-being of older home care clients. *International psychogeriatrics*, 29(4), 595–604. <https://doi.org/10.1017/S1041610216002386>

²⁷² Newbould L, Samsi K, Wilberforce M. Developing effective workforce training to support the long-term care of older adults: A review of reviews. *Health Soc Care Community*. 2022 Nov;30(6):2202-2217. doi: 10.1111/hsc.13897.

²⁷³

<https://www.nottingham.ac.uk/research/groups/dementia/documents/fidelityindex/literaturereview30october2011.pdf>

²⁷⁴ Sung, H. C., Su, H. F., Wang, H. M., Koo, M., & Lo, R. Y. (2021). Psychometric properties of the dementia knowledge assessment scale-traditional Chinese among home care workers in Taiwan. *BMC psychiatry*, 21(1), 515. <https://doi.org/10.1186/s12888-021-03530-6>

²⁷⁵ Eggenberger, E., Heimerl, K., & Bennett, M. I. (2013). Communication skills training in dementia care: a systematic review of effectiveness, training content, and didactic methods in different care settings. *International psychogeriatrics*, 25(3), 345–358. <https://doi.org/10.1017/S1041610212001664>

²⁷⁶ Zabihi, S., Duffy, L., Kelleher, D., Lord, K., Dar, A., Koutsoubelis, F., Banks, S., Rapaport, P., Mason, C., Vickerstaff, V., Barber, J. A., Manthorpe, J., Walters, K., Lang, I., Rockwood, K., Duggan, S., Kales, H., & Cooper, C. (2022). Feasibility and acceptability of NIDUS-Professional, a training and support intervention for homecare workers caring for clients living with dementia: a cluster-randomised feasibility trial protocol. *BMJ open*, 12(12), e066166. <https://doi.org/10.1136/bmjopen-2022-066166>

²⁷⁷ Su, H. F., Koo, M., Lee, W. L., Sung, H. C., Lee, R. P., & Liu, W. I. (2021). A dementia care training using mobile e-learning with mentoring support for home care workers: a controlled study. *BMC geriatrics*, 21(1), 126. <https://doi.org/10.1186/s12877-021-02075-3>

²⁷⁸ Fallahpour, M., Borell, L., Sandberg, L., & Boström, A. M. (2020). Dementia Care Education Targeting Job Strain and Organizational Climate Among Dementia Care Specialists in Swedish Home Care Services. *Journal of multidisciplinary healthcare*, 13, 85–97. <https://doi.org/10.2147/JMDH.S214378>

²⁷⁹ Gaugler JE, Hobday JV, Robbins JC, Barclay MP. Direct Care Worker Training to Respond to the Behavior of Individuals With Dementia: The CARES® Dementia-Related Behavior™ Online Program. *Gerontol Geriatr Med*. 2016 Jan-Dec;2:2333721415626888. doi: 10.1177/2333721415626888.

²⁸⁰ Smith, R., Ooms, A., & Greenwood, N. (2017). Supporting people with young onset dementia and their families: An evaluation of a training course for care workers. *Nurse education in practice*, 27, 7–12. <https://doi.org/10.1016/j.nepr.2017.08.007>

²⁸¹ Yang, Y. Y., Yang, Y. P., Chen, K. M., Wang, C. J., Chang, S. H., & Wang, J. J. (2023). A Feasibility Evaluation of the Need-Centered Watch-Assess-Need Intervention-Think Education and Training Program for Behavioral and Psychological Symptoms of Dementia. *The journal of nursing research : JNR*, 31(2), e266. <https://doi.org/10.1097/jnr.0000000000000548>

²⁸² Yeh, J., Pond, B., Beld, M., Garcia, A., Mauricio, J., Mata-Pacheco, J., Eldridge, C., & Ross, L. (2023). Enhancing Dementia Knowledge and Self-Efficacy of In-Home Supportive Services Caregivers Through Online Training. *Journal of applied gerontology : the official journal of the Southern Gerontological Society*, 42(4), 617–626. <https://doi.org/10.1177/07334648221144023>

²⁸³ Goh, A. M. Y., Gaffy, E., Hallam, B., & Dow, B. (2018). An update on dementia training programmes in home and community care. *Current opinion in psychiatry*, 31(5), 417–423. <https://doi.org/10.1097/YCO.0000000000000438>

²⁸⁴ Goh, A. M., Doyle, C., Gaffy, E., Batchelor, F., Polacsek, M., Savvas, S., Malta, S., Ames, D., Winbolt, M., Panayiotou, A., Loi, S. M., Cooper, C., Livingston, G., Low, L. F., Fairhall, A., Burton, J., & Dow, B. (2022). Co-designing a dementia-specific education and training program for home care workers: The 'Promoting Independence Through Quality Dementia Care at Home' project. *Dementia (London, England)*, 21(3), 899–917. <https://doi.org/10.1177/14713012211065377>

²⁸⁵ Kane, L., Leighton, C., Limbrick, H., Kilinc, S., Ling, J., & Eberhardt, J. (2023). You clapped, you cheered, but did anybody hear? A mixed-methods systematic review of dementia homecare workers' training and psychosocial needs. *Home Health Care Services Quarterly*, 42(4), 282-310.

²⁸⁶ Kosteniuk, J., Morgan, D., O'Connell, M., Dal Bello-Haas, V. & Stewart N. (2016) Focus on dementia care: Continuing education preferences, challenges, and catalysts among rural home care providers, *Educational Gerontology*, 42:9, 608-620, DOI: 10.1080/03601277.2016.1205404

technologies²⁸⁷⁻²⁸⁸). Dementia training should address Alzheimer's disease²⁸⁹⁻²⁹⁰, include client and family perspectives on dementia care needs^{291,292} and relational dementia care²⁹³. It should also include training on support for young onset dementia²⁹⁴.

Furthermore, the advanced training offer for HSWs should extend to include heart failure^{295,296,297,298,299,300} and hypertension training³⁰¹, cancer care training, and post-hospitalisation care with a focus on recovery and rehabilitation.

²⁸⁷ Sung, H. C., Su, H. F., Lee, W. L., Yamakawa, M., & Wang, H. M. (2022). Effects of a dementia virtual reality-based training with peer support for home care workers: A cluster randomized controlled trial. *International journal of geriatric psychiatry*, 37(9), 10.1002/gps.5799. <https://doi.org/10.1002/gps.5799>

²⁸⁸ Stargatt, J., Bhar, S., Petrovich, T., Bhowmik, J., Sykes, D., & Burns, K. (2021). The Effects of Virtual Reality-Based Education on Empathy and Understanding of the Physical Environment for Dementia Care Workers in Australia: A Controlled Study. *Journal of Alzheimer's disease : JAD*, 84(3), 1247–1257. <https://doi.org/10.3233/JAD-210723>

²⁸⁹ Guerrero, L. R., Shim, A., Gans, D., Schickedanz, H. B., & Tan, Z. S. (2019). Training for In-Home Supportive Services Caregivers in an Underserved Area. *Journal of health care for the poor and underserved*, 30(2), 739–748. <https://doi.org/10.1353/hpu.2019.0053>

²⁹⁰ Yeh, J., Pond, B., Beld, M., Garcia, A., Mauricio, J., Mata-Pacheco, J., Eldridge, C., & Ross, L. (2023). Enhancing Dementia Knowledge and Self-Efficacy of In-Home Supportive Services Caregivers Through Online Training. *Journal of applied gerontology : the official journal of the Southern Gerontological Society*, 42(4), 617–626. <https://doi.org/10.1177/07334648221144023>

²⁹¹ Goh, A.M.Y., Polacsek, M., Malta, S. et al. What constitutes 'good' home care for people with dementia? An investigation of the views of home care service recipients and providers. *BMC Geriatr* 22, 42 (2022). <https://doi-org.proxy.library.rcsi.ie/10.1186/s12877-021-02727-4>

²⁹² Morgan, D., Kosteniuk, J., O'Connell, M., Dal Bello-Haas, V., Stewart, N. & Karunanayake, C. (2016) Dementia-related work activities of home care nurses and aides: Frequency, perceived competence, and continuing education priorities, *Educational Gerontology*, 42:2, 120-135, DOI: 10.1080/03601277.2015.1083390

²⁹³ Leverton, M., Burton, A., Beresford-Dent, J., Rapaport, P., Manthorpe, J., Mansour, H., Guerra Ceballos, S., Downs, M., Samus, Q., Dow, B., Lord, K., & Cooper, C. (2021). 'You can't just put somebody in a situation with no armour'. An ethnographic exploration of the training and support needs of homecare workers caring for people living with dementia. *Dementia (London, England)*, 20(8), 2982–3005. <https://doi.org/10.1177/14713012211023676>

²⁹⁴ Smith, R., Ooms, A., & Greenwood, N. (2017). Supporting people with young onset dementia and their families: An evaluation of a training course for care workers. *Nurse education in practice*, 27, 7–12. <https://doi.org/10.1016/j.nepr.2017.08.007>

²⁹⁵ Sterling, M. R., Cho, J., Leung, P. B., Silva, A. F., Ringel, J., Wiggins, F., Herring, N., Powell, A., Toro, O., Lee, A., Loughman, J., Obodai, M., Poon, A., Goyal, P., Kern, L. M., & Safford, M. M. (2022). Development and Piloting of a Community-Partnered Heart Failure Training Course for Home Health Care Workers. *Circulation. Cardiovascular quality and outcomes*, 15(11), e009150. <https://doi.org/10.1161/CIRCOUTCOMES.122.009150>

²⁹⁶ Leung, P. B., Silva, A. F., Cho, J., Kaur, H., Lee, A., Escamilla, Y., Wiggins, F., Safford, M. M., Kern, L. M., Shalev, A., & Sterling, M. R. (2022). Eliciting the educational priorities of home care workers caring for adults with heart failure. *Gerontology & geriatrics education*, 43(2), 239–249. <https://doi.org/10.1080/02701960.2020.1793760>

²⁹⁷ Sterling, M. R., Cho, J., Ringel, J. B., & Avgar, A. C. (2020). Heart Failure Training and Job Satisfaction: A Survey of Home Care Workers Caring for Adults with Heart Failure in New York City. *Ethnicity & disease*, 30(4), 575–582. <https://doi.org/10.18865/ed.30.4.575>

²⁹⁸ Sterling, M. R., Barbaranelli, C., Riegel, B., Stawnychy, M., Ringel, J. B., Cho, J., & Vellone, E. (2022). The Influence of Preparedness, Mutuality, and Self-efficacy on Home Care Workers' Contribution to Self-care in Heart Failure: A Structural Equation Modeling Analysis. *The Journal of cardiovascular nursing*, 37(2), 146–157. <https://doi.org/10.1097/JCN.0000000000000768>

²⁹⁹ Padula, M. S., D'Ambrosio, G. G., Tocci, M., D'Amico, R., Banchelli, F., Angeli, L., Scarpa, M., Capelli, O., Cricelli, C., & Boriani, G. (2019). Home care for heart failure: can caregiver education prevent hospital admissions? A randomized trial in primary care. *Journal of cardiovascular medicine (Hagerstown, Md.)*, 20(1), 30–38. <https://doi.org/10.2459/JCM.0000000000000722>

³⁰⁰ Stawnychy, M. A., Ringel, J. B., Barbara Riegel, & Sterling, M. R. (2023). Better Preparation and Training Determine Home Care Workers' Self-Efficacy in Contributing to Heart Failure Self-Care. *Journal of applied gerontology : the official journal of the Southern Gerontological Society*, 42(4), 651–659. <https://doi.org/10.1177/07334648221113322>

³⁰¹ Alvarez, C., Ibe, C., Dietz, K., Carrero, N. D., Avornu, G., Turkson-Ocran, R. A., Bhattarai, J., Crews, D., Lipman, P. D., Cooper, L. A., & RICH LIFE Project Investigators (2022). Development and Implementation of a Combined Nurse Care Manager and Community Health Worker Training Curriculum to Address Hypertension Disparities. *The Journal of ambulatory care management*, 45(3), 230–241. <https://doi.org/10.1097/JAC.0000000000000422>

End-of-Life training, with an emphasis on the full spectrum of young adult to older person support for palliative care, should be integral to an advanced training curriculum for HSWs^{302,303,304}.

Diabetes care training should be incorporated in an advanced training offer for HSW to address the increasing prevalence of this condition and emphasis on supported self-management³⁰⁵.

Long-term care is a further potential component of advance training for HSWs³⁰⁶.

Further or advanced specialised training is recommended for HSWs working with clients with multiple complex health needs such as cancer and dementia³⁰⁷.

The **Coordinated Provision of Advanced Training** by training providers would equip individual contributors with specialised skills and knowledge tailored to diverse client groups. By incorporating HSW Higher Development Awards, this recommendation strives to ensure a well-rounded and highly skilled workforce capable of delivering advanced and client-specific care in home care and support settings.

5.4 Management, leadership and governance training (managers and leaders)

There is a crucial need to highlight the importance of organisational and people management training, and to **Encourage Uptake of Training Programmes in People Management**, with a specific focus on enhancing optimal best-practice in people management and organisational development in the home support sector³⁰⁸. This should include training for supervisors, managers, administrators, and those involved in service management education³⁰⁹. The emphasis is on enhancing sector efficiency, career development and management, working relationships, and enhanced employee engagement and satisfaction through these roles.

³⁰² Baik, D., Leung, P. B., Sterling, M. R., Russell, D., Jordan, L., Silva, A. F., & Masterson Creber, R. M. (2021). Eliciting the educational needs and priorities of home care workers on end-of-life care for patients with heart failure using nominal group technique. *Palliative medicine*, 35(5), 977–982. <https://doi.org/10.1177/0269216321999963>

³⁰³ Booi, L., Sixsmith, J., Chaudhury, H., O'Connor, D., Surr, C., Young, M., & Sixsmith, A. (2023). "I didn't know it was going to be like this.": unprepared for end-of-life care, the experiences of care aides care in long-term care. *BMC palliative care*, 22(1), 132. <https://doi.org/10.1186/s12904-023-01244-y>

³⁰⁴ Tsui, E. K., Wang, W. Q., Franzosa, E., Gonzalez, T., Reckrey, J. M., Sterling, M. R., & Baron, S. (2020). Training to Reduce Home Care Aides' Work Stress Associated with Patient Death: A Scoping Review. *Journal of palliative medicine*, 23(9), 1243–1249. <https://doi.org/10.1089/jpm.2019.0441>

³⁰⁵ Gregory S. (2018). Diabetes care in care home and residential settings. *British journal of community nursing*, 23(10), 510–513. <https://doi.org/10.12968/bjcn.2018.23.10.510>

³⁰⁶ Russell, D., Fong, M. C., Gao, O., Lowenstein, D., Haas, M., Wiggins, F., Brickner, C., & Franzosa, E. (2022). Formative Evaluation of a Workforce Investment Organization to Provide Scaled Training for Home Health Aides Serving Managed Long-Term Care Plan Clients in New York State. *Journal of applied gerontology : the official journal of the Southern Gerontological Society*, 41(7), 1710–1721. <https://doi.org/10.1177/07334648221084182>

³⁰⁷ Cunningham N, Cowie J, Watchman K, Methven K. Understanding the training and education needs of homecare workers supporting people with dementia and cancer: A systematic review of reviews. *Dementia*. 2020;19(8):2780-2803. doi:10.1177/1471301219859781

³⁰⁸ Castle, N. G., Furnier, J., Ferguson-Rome, J. C., Olson, D., & Johs-Artisensi, J. (2015). Quality of care and long-term care administrators' education: does it make a difference? *Health care management review*, 40(1), 35–45. <https://doi.org/10.1097/HMR.000000000000007>

³⁰⁹ The Health Foundation examples of NHS management development training programmes <https://www.health.org.uk/publications/long-reads/strengthening-nhs-management-and-leadership>

The evidence is that a positive leadership culture and organisational leadership climate support quality and organisational effectiveness³¹⁰. **Guidance to Encourage Senior Leadership and Governance Training** should be developed to focus on equipping leaders and managers with the skills they need today for networked, place-based, data-driven and improvement focused work with peers across the local health care system, as well as skills for performance measurement, quality improvement³¹¹ and technology appraisal and implementation skills. The growing assortment of online courses, social and interactive platforms, and learning tools from both traditional institutions and upstarts, make up what is called the “personal learning cloud” (PLC) approach³¹². Organisations can select components from the PLC and tailor them to the needs and goals of individuals and teams. In effect, it’s a 21st-century form of on-the-job learning via online resources. The challenge is to help guide senior leaders through the vast array of training on offer, with guidance and direction towards the best quality, most economical and most effective types of diverse leadership development opportunities available for them and their teams.

5.5 Perceived career success (career achievers/leavers)

To gain insights into the perceived career success of both career achievers and leavers in the home support sector, it is recommended to rapidly commission a **Programme of Home Support Workforce Research** to delve deeper into key factors such as economic security (including financial and employment stability), a supportive work environment³¹³ (encompassing feelings of fulfilment, positivity, and co-worker support), and a suitable career fit (meeting idiosyncratic needs, engaging in meaningful work, and fostering personal and professional growth). This research should include a broad outreach to the home support sector and HSWs, to build research awareness and research engagement, as well as building research capacity across the home support sector.

To better understand the reasons individuals stay or leave home support worker jobs³¹⁴, it is suggested to **Encourage Interdisciplinary Collaboration Between Research Groups**, specialising in these areas, such as the RCSI Centre for Positive Psychology, and/or the RCSI Department of Medical Professionalism. Via sentiment-analysis of surveys and feedback, for example, a clearer understanding of the drivers, characteristics, and motivations behind exiting home care can be formulated. It would also be useful to garner research insights from case studies or models of best practice – as in those organisation and care facilities who do well at training and retaining staff. Also, to use qualitative research to capture the views of HSWs with 5 years or more experience, about what works, what doesn’t, what’s good for retention, what’s bad, and so on. Research could also provide valuable insights into the expectations of pre-service and early career HSWs, enhancing retention strategies and improving overall job satisfaction (Section 6.4).

³¹⁰ https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/leadership-leadership-development-health-care-feb-2015.pdf

³¹¹ Sfantou DF, Laliotis A, Patelarou AE, Sifaki-Pistolla D, Matalliotakis M, Patelarou E. Importance of Leadership Style towards Quality of Care Measures in Healthcare Settings: A Systematic Review. *Healthcare (Basel)*. 2017 Oct 14;5(4):73. doi: 10.3390/healthcare5040073. PMID: 29036901; PMCID: PMC5746707.

³¹² Harvard Business Review <https://hbr.org/2019/03/the-future-of-leadership-development>

³¹³ Burger, S., et al. (2018) Picker Institute Europe. Exploring education and training in relation to older people's health and social care. pp. 118. Oxford, UK. <https://dunhillmedical.org.uk/wp-content/uploads/2021/08/18-08P1.pdf>

³¹⁴ Banijamali, S., Jacoby, D. & Hagopian, A. (2014) Characteristics of Home Care Workers Who Leave Their Jobs: A Cross-Sectional Study of Job Satisfaction and Turnover in Washington State, *Home Health Care Services Quarterly*, 33:3, 137-158, doi: 10.1080/01621424.2014.929068

5.6 In-service learning opportunities (continuous professional development)

It is recommended to establish **Entitlements and Guidance on HSW In-service Training**, tailored proportionately to job roles and the level of training required. This comprehensive approach, encompassing in-service learning opportunities and continuous professional development, should aim to equip HSWs with information, policies, and guidance on best practices, utilising decision aids³¹⁵.

Guidance on in-service learning should facilitate opportunities for staff to clarify expected standards and ensure consistency in practices. Additionally, it should emphasise the importance of follow-up mechanisms to help HSWs to integrate their training into practice³¹⁶⁻³¹⁷, with input from advanced and specialist HSW colleagues. Mandatory training components should be clearly outlined, with an emphasis on employing appropriate learning approaches to acquire essential skills and knowledge³¹⁸.

Supervisor support and fostering a climate for innovation³¹⁹ should be integral components, and workplace/in-service learning led by local colleges, living classrooms³²⁰, and mentorship programmes³²¹ (inclusive of mentee and mentor training) should be encouraged. The guidance should also underscore the significance of providing time and opportunities for peer learning through group reflective practices³²² and team based³²³ as well as the value of interprofessional learning for innovation in integrated home care and support, particularly with community nurses, physiotherapists and occupational therapists.³²⁴⁻³²⁵

³¹⁵ Adisso, É. L., Taljaard, M., Stacey, D., Brière, N., Zomahoun, H. T. V., Durand, P. J., Rivest, L. P., & Légaré, F. (2022). Shared Decision-Making Training for Home Care Teams to Engage Frail Older Adults and Caregivers in Housing Decisions: Stepped-Wedge Cluster Randomized Trial. *JMIR aging*, 5(3), e39386. <https://doi.org/10.2196/39386>

³¹⁶ Josset, J. M., Lavoyer, F., & Pâme, P. (2018). [Humanizing care through self-observation and the sharing of professional practices. Feedback from a training session in home caregiving services]. *Recherche en soins infirmiers*, (135), 55–59. <https://doi.org/10.3917/rsi.135.0055>

³¹⁷ Palesy D. (2016). Home Health Aide Training: An Appeal for Organizational Support. *Home healthcare now*, 34(7), 381–387. <https://doi.org/10.1097/NHH.0000000000000418>

³¹⁸ Blau, G., Chapman, S.A. and Neri, M. (2016), Testing the impact of career motivation on knowledge gained versus skills learned for a sample of personal/home care aide trainees, *Career Development International*, Vol. 21 No. 2, pp. 144-159. <https://doi-org.proxy.library.rcsi.ie/10.1108/CDI-11-2015-0149>

³¹⁹ Tafvelin, S., Stenling, A., Lundmark R., & Westerberg, K. (2019) Aligning job redesign with leadership training to improve supervisor support: a quasi-experimental study of the integration of HR practices, *European Journal of Work and Organizational Psychology*, 28:1, 74-84, DOI: 10.1080/1359432X.2018.154188

³²⁰ Boscart, V., McCleary, L., Stolee, P. et al. (2020) Enhancing nursing home care for seniors: impact of a living classroom on nursing assistant's education, *Educational Gerontology*, 46:8, 461-472, DOI: 10.1080/03601277.2020.1774842

³²¹ Liao, L., Xiao, L. D., Chen, H., Wu, X. Y., Zhao, Y., Hu, M., Hu, H., Li, H., Yang, X., & Feng, H. (2020). Nursing home staff experiences of implementing mentorship programmes: A systematic review and qualitative meta-synthesis. *Journal of nursing management*, 28(2), 188–198. <https://doi.org/10.1111/jonm.12876>

³²² Kelleher, D., Lord, K., Duffy, L., Rapaport, P., Barber, J., Manthorpe, J., Leverton, M., Dow, B., Budgett, J., Banks, S., Duggan, S., & Cooper, C. (2022). Time to reflect is a rare and valued opportunity; a pilot of the NIDUS-professional dementia training intervention for homecare workers during the Covid-19 pandemic. *Health & social care in the community*, 30(5), e2928–e2939. <https://doi.org/10.1111/hsc.13737>

³²³ Stone, R.I. and Bryant, N.S. (2019) The Future of the Home Care Workforce: Training and Supporting Aides as Members of Home-Based Care Teams. *J Am Geriatr Soc*, 67: S444-S448. <https://doi-org.proxy.library.rcsi.ie/10.1111/jgs.15846>

³²⁴ Pitkälä, K., Finne-Soveri, H., Immonen, S., et al. (2018) Interdisciplinary team education promotes innovations in the home care of older people, *Educational Gerontology*, 44:4, 276-287, DOI: 10.1080/03601277.2018.1465283

³²⁵ Bookey-Bassett S. (2023). Feasibility testing of an interprofessional education intervention to support collaborative practice in home care for older stroke survivors with multiple chronic conditions. *Journal of Interprofessional Care*, 1–12. Advance online publication. <https://doi.org/10.1080/13561820.2023.2262511>

Incorporating opportunities for practice learning, organisational learning, and innovation is crucial. The guidance should endorse self-instruction online courses, training that enables communities of practice³²⁶, and nurse-led interventions aimed at enhancing care worker competencies³²⁷ (e.g. upskilling programmes and delegated care). Establishing professional supportive networks, both within and beyond organisations, should be promoted to enrich the overall learning experience. This comprehensive framework aims to ensure equitable access to diverse learning opportunities, contributing to the continuous development of healthcare professionals.

This is an area where digital professional development solutions, such as the FLO mobile CPD app (mCPD) can digitally deliver and integrate these strands. Blending proactive reflection, microlearning, compliance with mandatory training, capturing new work-place insights and so on. The chatbot features in particular work as an adjunct to peer and mentor interactions to enable individuals to tailor professional development to their needs and circumstances.

5.7 Career development and progression systems

To comprehensively address various aspects of personal and professional growth in the home support sector, the recommendation is to extend nationwide **Web-based and Digital Career Development and Progression Systems**. This expansion should cover key areas such as:

- Personal Career Aspirations: Providing a platform for articulating and tracking career aspirations, goals, preferences, objectives, and home support or care work intent³²⁸.
- Barriers and Challenges: Addressing and acknowledging barriers and challenges to career progression, fostering a transparent and supportive environment.
- Common Experiences: Information about common early experiences and what to do when feeling isolated, burnt out, overwhelmed, or feeling like giving up. Having plans in place to support HSW's resilience and how to work with uncertainty.
- Performance Evaluation: Integrating regular appraisals³²⁹ and progress reviews as essential components for ongoing career development.
- Organisational Approach: Outlining best-practice in organisational approaches to career progression and development strategies, ensuring alignment with individual aspirations.
- Supportive Work Environment: Ensuring a supportive work environment through considerations such as adequate staffing, study time, and flexibility.

³²⁶ Olson, R., Hess, J. A., Parker, K. N., Thompson, S. V., Rameshbabu, A., Luther Rhoten, K., & Marino, M. (2018). From Research-to-Practice: An Adaptation and Dissemination of the COMPASS Program for Home Care Workers. *International journal of environmental research and public health*, 15(12), 2777. <https://doi.org/10.3390/ijerph15122777>

³²⁷ Kim, H., and Park, C. and Lee, N. (2020) Effects of Health Perception, Generativity and Wisdom on Job Competency of Korean Care Workers. *Medico Legal Update*, 20(2), 718–723. <https://doi.org/10.37506/mlu.v20i2.1199>

³²⁸ Blau, G., Chapman, S.A., & Neri, M.T. (2016). Testing the Relationship Between Personal/Home Care Aide Trainees' Career Goals and Their Commitment to Home Care. *Home Health Care Management & Practice*, 28, 150 - 154.

³²⁹ Stonehouse, David. (2013). Appraisal And Its Benefits For The Support Worker. *British Journal Of Healthcare Assistants*. 07. 246-249. [10.12968/bjha.2013.7.5.246](https://doi.org/10.12968/bjha.2013.7.5.246).

- **Role Suitability:** Providing clarity on roles and essential criteria for progression or obtaining qualifications required to move ahead within the home support sector.
- **Transition to Advanced Roles:** Offering guidance on transitioning to advanced roles, considering client groups, competencies, and skill sets.
- **Career Planning Tools:** Incorporating effective career planning tools³³⁰, along with inspiring career journey stories to guide and motivate individuals.
- **Educational Programs:** Offering information about relevant educational programs and courses that contribute to career advancement.
- **Job Opportunities:** Disseminating information about job opportunities to promote equality in accessing diverse career paths.
- **Career Transitions:** Information about transferable skills, options to gain experience in other fields or to move into different professions.
- **Mentorship Programs:** Facilitating mentorship programs to provide guidance and support in career development.
- **Continuing Professional Development (CPD):** Encouraging and supporting participation in continuing professional development as an integral aspect of career growth.
- **Career Development Awards:** Introducing career development awards and funding opportunities to support training and developmental activities.
- **Retirement Planning:** Incorporating tools and resources for retirement planning and continuation, ensuring a holistic approach to career lifecycle management and financial security.

This recommendation aims to establish a comprehensive digital infrastructure, empowering individuals in the home support sector to navigate and enhance their careers within a dynamic and supportive professional environment beyond their individual job role or employing organisation(s).

5.8 Cost-benefits of employment and training

It is recommended to **Conduct Economic Research and Best Practice Guidance Development** on various aspects encompassing the cost-benefits of employment and training, leading to the development of best practice guidance. For example, potential costs and willingness to pay to gain certification or licence to practice³³¹, the indicated benefits of falls prevention training on health

³³⁰ Fitzpatrick, J. M., Bianchi, L. A., Hayes, N., Da Silva, T., & Harris, R. (2023). Professional development and career planning for nurses working in care homes for older people: A scoping review. *International Journal of Older People Nursing*, 18, e12519.

³³¹ Bradley, P. (2015) How to do the Care Certificate Standards in 10 hours, for £36. *British Journal of Healthcare Assistants*, 9, 11, Health Matters. <https://doi.org/10.12968/bjha.2015.9.11.530>

outcomes³³², the positive impact of training on HSW's intention to stay³³³ and the effectiveness of different modes of delivery³³⁴ and scaled workforce training programmes³³⁵. Research using robust economic methods and representative samples of HSWs could provide definitive answers to pressing questions about the vision and reality of training³³⁶, such as:

- What are the direct and indirect costs associated with courses for individuals and organisations, and how do these impact overall training investments?
- How does entry-level pay influence job availability, and what is the relationship between entry-level pay and workforce participation?
- What factors contribute to occupational mobility³³⁷ at the entry level, and how does it impact career progression and workforce diversity?
- In what ways do pay progression, pay banding, and pay scales influence employee satisfaction, retention, and overall organisational performance?
- How do variables such as earning potential, minimum wage payments, and mileage payments impact the financial well-being and motivation of employees?
- What are the time and cost implications for employees meeting new training standards, and how do these factors influence workforce skill development?
- How do sick pay, employee benefits, and pension schemes contribute to employee well-being, job satisfaction, and long-term organisational stability?
- What is the cost-benefit analysis of training or certification programs, and how does investing in employee development impact organisational productivity and competitiveness?

³³² Luz, C. C., Hanson, K. V., Hao, Y., & Spurgeon, E. (2018). Improving Patient Experiences and Outcomes Through Personal Care Aide Training. *Journal of patient experience*, 5(1), 56–62. <https://doi.org/10.1177/2374373517724349>

³³³ Luz C, Hanson K. Filling the Care Gap: Personal Home Care Worker Training Improves Job Skills, Status, and Satisfaction. *Home Health Care Management & Practice*. 2015;27(4):230-237. doi:10.1177/1084822315584316

³³⁴ Kemeny, M. E., & Mabry, J. B. (2017). Making meaningful improvements to direct care worker training through informed policy: Understanding how care setting structure and culture matter. *Gerontology & geriatrics education*, 38(3), 295–312. <https://doi.org/10.1080/02701960.2015.1103652>

³³⁵ Fong, M. C., Russell, D., Brickner, C., Gao, O., Vito, S., & McDonald, M. (2022). Medicaid long-term care workforce training intervention and value-based payment metrics. *Health services research*, 57(2), 340–350. <https://doi.org/10.1111/1475-6773.13930>

³³⁶ Ayalon, L., & Shinan-Altman, S. (2021). Tension between reality and visions: Lessons from an evaluation of a training program of paid elder care workers. *Health & social care in the community*, 29(6), 1915–1924. <https://doi.org/10.1111/hsc.13305>

³³⁷ Snyder, C. R., Dahal, A., & Frogner, B. K. (2018). Occupational mobility among individuals in entry-level healthcare jobs in the USA. *Journal of advanced nursing*, 74(7), 1628–1638. <https://doi.org/10.1111/jan.13577>

Section 5: Questions to consider



In your response you may wish to consider the following questions:

Section 5:

Q1. Do you agree with the proposed actions for improving preparation, entry and early experiences of HSWs: Critically Assess the Efficacy of Pre-service Mandatory QQI Qualifications, National HSW Recruitment Campaign to Emphasise Careers, Develop Best-practice Guidance for Employers on HSW Recruitment, Develop Best-practice on Tailoring HSW Roles to Individual Employee's Strengths and Abilities.

Q2. Do you agree with the HSW Core Competencies and Working Standards that have been outlined? Do you agree with the proposal for early career HSWs to work under supervision and/or in low risk roles until core competencies have been achieved?

Q3. What is your view on the proposed HSW Higher Development Awards? Do these resonate with your understanding of the advanced and specialist skills involved in home support work? What is the best approach for Coordinated Provision of Advanced Training?

Q4. What are the best ways to Encourage Uptake of Training Programmes in People Management?


Q5. Who should commission and who should lead a Programme of Home Support Workforce Research? What would Encourage Interdisciplinary Collaboration Between Research Groups on home support?

Q6. What should constitute HSW's Entitlements and Guidance on HSW In-service Training? How will these be developed and implemented?

Q7. Who should fund, develop and manage Web-based and Digital Career Development and Progression Systems for HSWs?

Q8. Do you agree with the key questions on the cost-benefits of employment and training that have been identified? Who should commission and Conduct Economic Research and Best Practice Guidance Development?

Section 6



Cultivate sustainable
and successful
careers through
wellbeing and
retention

Section 6: Cultivate sustainable and successful careers through wellbeing and retention

Enhancing working lives and retention at every stage of career pathways:

Individual job satisfaction and feeling valued are recognised globally as key factors for developing a sustainable workforce. There is robust evidence internationally to show that staff are more likely to stay and feel valued when there is a safety culture that minimizes risks and harms associated with demanding job roles and home settings, when their roles and boundaries are clear, when the workload is manageable, when there is time to complete tasks, when they have good working relationships with colleagues, supervisors and managers, when they are encouraged to voice any concerns or suggestions about their work in confidence without fear of negative repercussions, and when they feel they have a say in decisions that affect their work. Hence, this section sets out clear recommendations about how to enhance working lives and retention by developing structures to support safety and learning.

A general point for this section is the essential role and overlap with investing in data and digital technology for integrated home care and support (Section 4.8). Digital tools and skills, such as using smartphone apps to notice and document issues, can enhance personal safety and wellbeing of both clients and HSWs. For example, a smartphone can capture an image of a blister pack of tablets with a time and date stamp to show the client has taken their medication. Another example is HSWs can take an image of a trip hazard in the home layout to “flag up” a falls risk that needs to be addressed. At the same time there are responsibilities to respect the privacy and data protection rights of all concerned. These responsibilities should clearly be part of initial and ongoing training (described in section 5.1), and the best-practice sector guidance and care planning, described in this section.

6.1 Personal safety and wellbeing

Based on the large amount of good quality evidence on this issue, we strongly recommend developing **Best-practice for HSWs and Employers to Enhance Personal Safety and Wellbeing**. Efforts to extend existing employee health and wellbeing initiatives³³⁸ to bolster personal safety and wellbeing specifically for HSWs, and extend good practice to contracted organisations, should include considerations for:

³³⁸ For example, the HSE’s ‘Staff Health and Wellbeing’ programme, which provides employees with psycho-social support services, including counselling, resources, and workshops on staff-wellbeing.

- Identifying and Mitigating Risks: Addressing risks to personal safety, such as aggression, violence, abuse, harassment, and racism within homes and communities^{339,340,341,342}.
- Travel and Driving Safety: Implementing measures to address travel and driving-related risks associated with the nature of home support work.
- Occupational Injury Prevention: Mitigating risks of occupational injury through training on safe handling, managing physical work demands, and addressing ergonomic hazards³⁴³.
- Health Risks: Addressing health risks, including exposure to tobacco smoke/pollutants, unrestrained pets, and infestations/pests in home environments³⁴⁴.
- Managing Stress and Burnout: Providing support for managing stress, burnout, and emotional labour³⁴⁵ through organised emotional support and clinical supervision³⁴⁶.
- Building Personal Support Networks: Encouraging the development of personal supportive social networks, including colleagues, family and friends.
- Coping with Grief: Offering resources and support for coping with client death and bereavement³⁴⁷.
- Combatting Isolation: Addressing isolation by promoting supportive networks, including peer relationships, social connections, and family support³⁴⁸.

³³⁹ Byon, H. D., Lee, M., Choi, M., Sagherian, K., Crandall, M., & Lipscomb, J. (2020). Prevalence of type II workplace violence among home healthcare workers: A meta-analysis. *American journal of industrial medicine*, 63(5), 442–455. <https://doi.org/10.1002/ajim.23095>

³⁴⁰ Phoo, N. N. N., & Reid, A. (2022). Determinants of violence towards care workers working in the home setting: A systematic review. *American journal of industrial medicine*, 65(6), 447–467. <https://doi.org/10.1002/ajim.23351>

³⁴¹ Bien, E. A., Davis, K. G., Small, T. F., Reutman, S., & Gillespie, G. L. (2021). Design and development of the home healthcare worker observation tool. *Journal of nursing education and practice*, 11(9), 29–38. <https://doi.org/10.5430/jnep.v11n9p29>

³⁴² Bien, E., Davis, K., & Gillespie, G. (2020). Home Healthcare Workers' Occupational Exposures. *Home healthcare now*, 38(5), 247–253. <https://doi.org/10.1097/NHH.0000000000000891>

³⁴³ Womack, K. N., Alvord, T. W., Trullinger-Dwyer, C. F., Rice, S. P. M., & Olson, R. (2020). Challenging Aggressive Behaviors Experienced by Personal Support Workers in Comparison to Home Care Workers: Relationships between Caregiver Experiences and Psychological Health. *International journal of environmental research and public health*, 17(15), 5486. <https://doi.org/10.3390/ijerph17155486>

³⁴⁴ Huang, S. F., & Liao, J. Y. (2023). Home Care Aides' Perspectives of Occupational Tobacco Smoke Exposure: A Q Methodology Study. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*, 25(10), 1641–1647. <https://doi.org/10.1093/ntr/ntad087>

³⁴⁵ Gebhard, D., & Wimmer, M. (2023). The Hidden Script of Work-Related Burdens in Home Care - A Cross Over Mixed Analysis of Audio Diaries. *Journal of applied gerontology : the official journal of the Southern Gerontological Society*, 42(4), 704–716. <https://doi.org/10.1177/07334648221130747>

³⁴⁶ Muramatsu, N., Sokas, R. K., Lukyanova, V. V., & Zannoni, J. (2019). Perceived Stress and Health among Home Care Aides: Caring for Older Clients in a Medicaid-Funded Home Care Program. *Journal of health care for the poor and underserved*, 30(2), 721–738. <https://doi.org/10.1353/hpu.2019.0052>

³⁴⁷ Tsui EK, Franzosa E, Cribbs KA, Baron S. Home Care Workers' Experiences of Client Death and Disenfranchised Grief. *Qualitative Health Research*. 2019;29(3):382-392. doi:10.1177/1049732318800461

³⁴⁸ Tang, B., Mamubieke, M., Jilili, M., Liu, L., & Yang, B. (2022). Amelioration and deterioration: Social network typologies and mental health among female domestic workers in China. *Frontiers in public health*, 10, 899322. <https://doi.org/10.3389/fpubh.2022.899322>

- **Sharing Experiences and Debriefing:** Facilitating opportunities for sharing work experiences and debriefing to promote emotional well-being, particularly in the context of clients receiving palliative care.
- **Fostering Quality Work Environments:** Promoting quality work environments that protect privacy and personal data, support autonomy, and adhere to anti-discriminatory practice³⁴⁹.
- **Organisational Systems:** Implementing organisational systems for monitoring personal safety and wellbeing, including mechanisms for reporting and addressing concerns³⁵⁰.
- **Health Promotion and Self-care:** Introducing workplace health promotion interventions, such as exercise programmes, to enhance overall health and wellbeing³⁵¹.

These recommendations aim to create a holistic framework that addresses the multifaceted aspects of personal safety and wellbeing for both individual HSWs and clients. Without these fundamentals in place HSWs are unlikely to stay in a job long enough to progress in their career.

6.2 Safety in the home setting

It is recommended to develop comprehensive **National Guidance and Best Practice Resources on Safety in the Home Setting**, encompassing key issues:

- **Home Layout and Accessibility:** Provide guidance on optimising home layout and accessibility, working with families to emphasise safety measures to mitigate home safety risks³⁵² and promote a healthy home environment³⁵³.
- **Physical Restraints:** Address the use of physical restraints by outlining prohibited practices and promoting family understanding regarding their implications³⁵⁴.
- **Client's Acute Symptoms/Vital Signs:** Establish protocols for recognising and responding to clients' acute symptoms, vital signs, and health emergencies in the home setting³⁵⁵.

³⁴⁹ Solis, C., Mintz, K. T., Wasserman, D., Fenton, K., & Danis, M. (2023). Home Care in America: The Urgent Challenge of Putting Ethical Care into Practice. *The Hastings Center report*, 53(3), 25–34. <https://doi.org/10.1002/hast.1487>

³⁵⁰ Yeh, I. L., Samsi, K., Vandrevale, T., & Manthorpe, J. (2019). Constituents of effective support for homecare workers providing care to people with dementia at end of life. *International journal of geriatric psychiatry*, 34(2), 352–359. <https://doi.org/10.1002/gps.5027>

³⁵¹ Muramatsu, N., Yin, L., & Lin, T. T. (2017). Building Health Promotion into the Job of Home Care Aides: Transformation of the Workplace Health Environment. *International journal of environmental research and public health*, 14(4), 384. <https://doi.org/10.3390/ijerph14040384>

³⁵² Brouillette, N. M., Markkanen, P. K., Quinn, M. M., Galligan, C. J., Sama, S. R., Lindberg, J. E., & Karlsson, N. D. (2023). Aide and Client Safety "Should Go Hand-In-Hand": Qualitative Findings From Home Care Aides, Clients, and Agency Leaders. *Journal of applied gerontology : the official journal of the Southern Gerontological Society*, 42(4), 571–580. <https://doi.org/10.1177/07334648221146769>

³⁵³ Small, T. (2020) Occupational Hazards in Home Care. *Home Healthcare Now* 38(4):p 221. doi: 10.1097/NHH.0000000000000895

³⁵⁴ Kurata, S., & Ojima, T. (2014). Knowledge, perceptions, and experiences of family caregivers and home care providers of physical restraint use with home-dwelling elders: a cross-sectional study in Japan. *BMC geriatrics*, 14, 1-11.

³⁵⁵ Ohta, R., Ryu, Y., & Katsube, T. (2020). Home care workers' judgments about users' acute conditions: A qualitative study on interprofessional collaboration. *Home health care services quarterly*, 39(3), 184–195. <https://doi.org/10.1080/01621424.2020.1736228>

- **Dementia Safety:** Develop specific guidelines and practices to enhance safety for clients with dementia, considering their unique needs and challenges³⁵⁶.
- **Falls Prevention:** Offer detailed recommendations on falls prevention strategies, including assessment, intervention, and ongoing monitoring to mitigate fall-related risks³⁵⁷.
- **Organisational Systems for Home Safety:** Outline effective organisational systems and support structures to ensure safety in home environments, fostering a proactive approach³⁵⁸⁻³⁵⁹.
- **Organisational Systems for Emergency Situations:** Provide guidance on organisational systems and support structures specifically tailored for handling emergency situations and escalating issues in home settings.
- **Safety Markers for Home Support:** Define safety markers for home support, including indicators and assessments to gauge and enhance the overall safety of the home environment.

This comprehensive guidance aims to establish a national standard for safety in home support, offering practical insights and best practices for both individual HSWs and home support provider organisations.

6.3 Role clarity and preventing role drift

Given the multitude of job titles and roles currently in use within the home support sector (see Risks of expanding a sector made up of jobs and not careers, section 2.4) it is recommended to implement **Policies and Practices that Promote Role Clarity and Prevent Role Drift**, addressing key areas:

- **Role Uncertainty and Boundary-Challenging Behaviours:** Develop strategies to address role uncertainty and mitigate behaviours that challenge professional boundaries³⁶⁰.
- **Role Descriptions:** Establish comprehensive role descriptions that clearly delineate responsibilities and expectations for individuals within the care framework.

³⁵⁶ Backhouse, T., Ruston, A., Killeth, A., Ward, R., Rose-Hunt, J., & Mioshi, E. (2022). Risks and risk mitigation in home care for people with dementia-A two-sided matter: A systematic review. *Health & social care in the community*, 30(6), 2037–2056. <https://doi.org/10.1111/hsc.13865>

³⁵⁷ Koru, G., Alhuwail, D., Jademi, O., Uchidiuno, U., & Rosati, R. J. (2018). Technology Innovations for Better Fall Risk Management in Home Care. *Journal of gerontological nursing*, 44(7), 15–20. <https://doi.org/10.3928/00989134-20180412-01>

³⁵⁸ Schoenfisch, A. L., Lipscomb, H., & Phillips, L. E. (2017). Safety of union home care aides in Washington State. *American journal of industrial medicine*, 60(9), 798–810. <https://doi.org/10.1002/ajim.22747>

³⁵⁹ Swedberg, L., Chiriac, E. H., Törnkvist, L., & Hylander, I. (2013). From risky to safer home care: health care assistants striving to overcome a lack of training, supervision, and support. *International journal of qualitative studies on health and well-being*, 8, 20758. <https://doi.org/10.3402/qhw.v8i0.20758>

³⁶⁰ Karlsson, N. D., Markkanen, P. K., Kriebel, D., Galligan, C. J., & Quinn, M. M. (2020). "That's not my job": A mixed methods study of challenging client behaviors, boundaries, and home care aide occupational safety and health. *American journal of industrial medicine*, 63(4), 368–378. <https://doi.org/10.1002/ajim.23082>

- Professional Relationships and Emotional Bonds with Clients: Define guidelines for professional relationships, ensuring appropriate emotional bonds with clients and preventing potential boundary violations.
- Preventing Role Drift into Unagreed, Unsafe, or Unlawful Practices: Implement measures to prevent role drift, specifically avoiding engagement in unagreed, unsafe, or unlawful practices³⁶¹.
- Voluntary Labour, 'Gifted' Time, Working Beyond Agreed Hours: Establish policies to regulate voluntary labour, 'gifted' hours, and situations where individuals may be working beyond what has been specified for their role, or taking on additional work³⁶²⁻³⁶³.
- Care Left Undone/Insufficient Time to Care: Address concerns related to care left undone and insufficient time for adequate care, particularly in areas such as malnutrition and dental care (links to Upskilling and delegation, section 4.7).

These national recommendations will aim to provide a framework for organisations and HSWs to enhance role clarity, prevent role drift, and maintain clear boundaries in the delivery of support services. This approach ensures the provision of safe, ethical, and high-quality care while safeguarding the well-being of both caregivers and care recipients.

6.4 Job satisfaction and retention

Research in Ireland shows that conditions are perceived to be significantly worse for those employed by private for-profit providers (and to a lesser extent non-profit organisations) compared to the public provider³⁶⁴. There are wide disparities between public and private sector conditions in terms of contracts, pensions, unsocial hours pay and travel time allowances. The main area of convergence is in relation to employer support, where although the public sector performed better, the difference between the three provider types is smaller.

With input from human resource management experts, develop and disseminate evidence-based **Recommendations for Employing organisations to Enhance Job Satisfaction** as follows:

³⁶¹ Wilberforce, M., Abendstern, M., Tucker, S., Ahmed, S., Jasper, R., & Challis, D. (2017). Support workers in community mental health teams for older people: roles, boundaries, supervision and training. *Journal of advanced nursing*, 73(7), 1657–1666. <https://doi.org/10.1111/jan.13264>

³⁶² Turner, N., Schneider, J., Pollock, K., Travers, C., Perry-Young, L., & Wilkinson, S. (2020). 'Going the extra mile' for older people with dementia: Exploring the voluntary labour of homecare workers. *Dementia (London, England)*, 19(7), 2220–2233. <https://doi.org/10.1177/1471301218817616>

³⁶³ Torres, J. M., Kietzman, K. G., & Wallace, S. P. (2015). Walking the Line: Navigating Market and Gift Economies of Care in a Consumer-Directed Home-Based Care Program for Older Adults. *The Milbank quarterly*, 93(4), 732–760. <https://doi.org/10.1111/1468-0009.12163>

³⁶⁴ O'Neill, N., Mercille, J. and Edwards, J. (2023), "Home care workers' views of employment conditions: private for-profit vs public and non-profit providers in Ireland", *International Journal of Sociology and Social Policy*, Vol. 43 No. 13/14, pp. 19-35. <https://doi.org/10.1108/IJSSP-10-2022-0276>

- Fair Pay and Compensation: Providing fair and transparent pay scales, compensation and employee benefits for travel and training^{365,366,367,368,369,370} (links to Cost-benefit of employment and training, section 5.8, and Organisational economic perspectives, section 6.5).
- Strengthening Workplace Relationships: Foster positive relationships with management and leadership, emphasising open communication and recognition practices to bolster job satisfaction³⁷¹.
- Addressing Psychosocial Work Factors: Implement strategies to enhance work group climate³⁷², promote a sense of mastery, and provide job control, while addressing overall job strain and empathetic challenges³⁷³.
- Flexible/Preferred Working Arrangements: Consider accommodating preferred working hours, shift patterns, and providing assured preferred, contracted and guaranteed hours or pay agreements/salaries to enhance job satisfaction and retention³⁷⁴.
- Implementing Employee Feedback Systems: Establish robust employee satisfaction indicators and feedback systems to regularly assess and respond to the evolving needs of the workforce³⁷⁵.

³⁶⁵ Great Britain Parliament. (2022) House of Commons. Health and Social Care Committee. Workforce: recruitment, training and retention in health and social care: third report of session 2022-23 pp. 79. London, UK. <https://publications.parliament.uk/pa/cm5803/cmselect/cmhealth/115/report.html>

³⁶⁶ Banijamali, S., Jacoby, D. & Hagopian, A. (2014) Characteristics of Home Care Workers Who Leave Their Jobs: A Cross-Sectional Study of Job Satisfaction and Turnover in Washington State, *Home Health Care Services Quarterly*, 33:3, 137-158, doi: 10.1080/01621424.2014.929068

³⁶⁷ Atkinson, C., Crozier, S., Lewis, L. (2016) Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care. Welsh Government Social Research. Pp. 171. Cardiff, Wales. <https://www.gov.wales/sites/default/files/statistics-and-research/2019-07/160317-factors-affect-recruitment-retention-domiciliary-care-workers-final-summary-en.pdf>

³⁶⁸ Carr, S., (2014) Pay, conditions and care quality in residential, nursing and domiciliary services. Joseph Rowntree Foundation pp. 8. York, UK. <https://myhomelife.org.uk/wp-content/uploads/2015/02/JRF-report-on-care-pay-conditions-summary.pdf>

³⁶⁹ Wilberforce, M., Abendstern, M., Tucker, S., Ahmed, S., Jasper, R., & Challis, D. (2017). Support workers in community mental health teams for older people: roles, boundaries, supervision and training. *Journal of advanced nursing*, 73(7), 1657–1666. <https://doi.org/10.1111/jan.13264>

³⁷⁰ Guardian Professional (2013) Attitudes to homecare in England: research conducted by Guardian Professional in association with Department of Health: top line findings. pp. 38. London, UK. <https://static.guim.co.uk/nl/1383067901570/Homecare-survey-full-result.pdf?guni=Article:in%20body%20link>

³⁷¹ Gleason, H. P. (2020). The Effect of Job Demands, Control, and Support on Job Satisfaction and Intent to Leave among Massachusetts Home Health and Supportive Home Care Aides (Doctoral dissertation, University of Massachusetts Boston).

³⁷² Assander, S., Bergström, A., Olt, H., Guidetti, S., & Boström, A. M. (2022). Individual and organisational factors in the psychosocial work environment are associated with home care staffs' job strain: a Swedish cross-sectional study. *BMC health services research*, 22(1), 1418. <https://doi.org/10.1186/s12913-022-08699-4>

³⁷³ Atkinson, C., Crozier, S., Lewis, L. (2016) Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care Welsh Government Social Research. Pp. 171. Cardiff, Wales. <https://www.gov.wales/sites/default/files/statistics-and-research/2019-07/160317-factors-affect-recruitment-retention-domiciliary-care-workers-final-summary-en.pdf>

³⁷⁴ Hsu, W., & Shih, F. P. (2023). Key Factors for Enhancing Home Care Workers' Intention to Stay by Multiple-Criteria Decision Analysis. *Healthcare (Basel, Switzerland)*, 11(5), 750. <https://doi.org/10.3390/healthcare11050750>

³⁷⁵ McCreary D. D. J. (2020). Home Health Nursing Job Satisfaction and Retention: Meeting the Growing Need for Home Health Nurses. *The Nursing clinics of North America*, 55(1), 121–132. <https://doi.org/10.1016/j.cnur.2019.11.002>

- Motivational Practices for Retention: Develop intrinsic and extrinsic motivational practices³⁷⁶⁻³⁷⁷, recognising and rewarding achievements and career development³⁷⁸, to foster a positive work environment and enhance employee retention³⁷⁹.
- Empowering Self-Efficacy and Confidence: Encourage training and initiatives that empower employees³⁸⁰, build self-efficacy, extend their scope of practice, and instil confidence in their professional practice, contributing to job satisfaction³⁸¹.
- Promoting Morale and Camaraderie: Promote team-building activities, recognition programs, and initiatives that enhance employee morale and foster a sense of camaraderie within the workplace³⁸².
- Cultivating Resilience and Joyful Moments: Integrate resilience-building programs and create opportunities for experiencing joyful moments at work³⁸³, recognising psychosocial positive impact on job satisfaction and staff retention³⁸⁴.

These recommendations aim to guide organisations in implementing effective strategies to enhance job satisfaction, creating a supportive and fulfilling work environment for their employees.

6.5 Organisational economic perspectives

Pay

Although the review did not specifically aim to examine pay or pay grading or the impact on the workforce, we do recognise that pay is a really important issue for employees and employers, not only in Ireland. A deeper-delve into the literature reveals that pay is widely flagged as an issue but the topic is under-researched. To obtain the most up-to-date and specific information on graded pay

³⁷⁶ Deci, E. (1971) Effects of Externally Mediated Rewards on Intrinsic Motivation, *Journal of Personality and Social Psychology*, 18, 105–115.

³⁷⁷ Tangchitnusorn, K., & Prachuabmoh, V. (2023). Motivation and Quality of Work Life of In-Home Paid Caregivers of Older Adults. *Journal of applied gerontology : the official journal of the Southern Gerontological Society*, 42(4), 737–746. <https://doi.org/10.1177/07334648221145167>

³⁷⁸ Karmacharya, I., Janssen, L. M., & Brekke, B. (2023). “Let Them Know That They're Appreciated”: The Importance of Work Culture on Direct Care Worker Retention. *Journal of Gerontological Nursing*, 49(8), 7-13.

³⁷⁹ Carr, S., (2014) Pay, conditions and care quality in residential, nursing and domiciliary services. Joseph Rowntree Foundation pp. 8. York, UK. <https://myhomelife.org.uk/wp-content/uploads/2015/02/JRF-report-on-care-pay-conditions-summary.pdf>

³⁸⁰ Coogle, C. L., Parham, I. A., Jablonski, R., & Rachel, J. A. (2007). Enhanced care assistant training to address the workforce crisis in home care: changes related to job satisfaction and career commitment. *Care management journals : Journal of case management ; The journal of long term home health care*, 8(2), 71–81. <https://doi.org/10.1891/152109807780845636>

³⁸¹ Gleason, H. P., Miller, E. A., & Boerner, K. (2023). Focusing on the Positive: Home Health Aides’ Desire for Autonomy and Control. *Journal of Applied Gerontology*, 42(4), 728-736. <https://doi.org/10.1177/07334648221145177>

³⁸² Ruotsalainen, S., Jantunen, S. & Sinervo, T. Which factors are related to Finnish home care workers’ job satisfaction, stress, psychological distress and perceived quality of care? - a mixed method study. *BMC Health Serv Res* 20, 896 (2020). <https://doi-org.proxy.library.rcsi.ie/10.1186/s12913-020-05733-1>

³⁸³ Gebhard, D., Neumann, J., Wimmer, M., & Mess, F. (2022). The Second Side of the Coin-Resilience, Meaningfulness and Joyful Moments in Home Health Care Workers during the COVID-19 Pandemic. *International journal of environmental research and public health*, 19(7), 3836. <https://doi.org/10.3390/ijerph19073836>

³⁸⁴ Boström, A. M., Lundgren, D., Kabir, Z. N., & Kåreholt, I. (2022). Factors in the psychosocial work environment of staff are associated with satisfaction with care among older persons receiving home care services. *Health & social care in the community*, 30(6), e6080–e6090. <https://doi.org/10.1111/hsc.14045>

scales for home care workers, further focused research is needed to analyse recent government reports, labour market studies, or industry publications in the respective countries of interest. Additionally, reaching out to relevant government agencies, healthcare associations, or advocacy groups involved in home-based care could provide insights into existing pay structures and any recent policy changes.

Within the academic literature, key reports and articles published in the last 10 years on pay are all from the USA and UK. This literature highlights pay as a key concern:

- Cuts in formal services in the USA have pushed caregivers to provide uncompensated care, leading to 'gift economies of care', with adverse consequences for caregivers and consumers (Torres et al., 2015)³⁸⁵.
- Home health aides' working in the USA emphasise that 'invisible care elements' of relational care impacting quality, and the need to include relational care in payment models (Franzosa et al., 2018)³⁸⁶.
- In the USA, improved pay is seen as central to improving home health and personal care aides' working conditions, alongside training standards, and sustainable career pathways (Stone, 2021)³⁸⁷.
- The impact of Medicaid long-term care workforce training has had mixed associations with value-based payment metrics, varying by client needs, but shows positive effects on outcomes for flu vaccination, pain management, and breath support (Fong et al., 2022)³⁸⁸.
- In England, Guardian Professional's survey highlights time constraints and low pay as challenges, linked to challenges in council commissioning, and makes suggestions for improvement (Guardian Professional, 2013)³⁸⁹.
- In the UK a Joseph Rowntree Foundation study on care workers' pay, status, and care quality emphasises working conditions, organizational culture, and staff continuity as key areas for development (Carr, 2014)³⁹⁰.
- In Wales low pay is one of several factors impacting recruitment and retention of domiciliary care workers, as well as use of zero-hours contracts (Atkinson et al., 2016)³⁹¹. A rapid literature review on domiciliary care workforce and innovative practices emphasises

³⁸⁵ Torres, J. M., Kietzman, K. G., & Wallace, S. P. (2015). Walking the Line: Navigating Market and Gift Economies of Care in a Consumer-Directed Home-Based Care Program for Older Adults. *The Milbank quarterly*, 93(4), 732–760.

<https://doi.org/10.1111/1468-0009.12163>

³⁸⁶ Franzosa, E., Tsui, E. K., & Baron, S. (2018). Home Health Aides' Perceptions of Quality Care: Goals, Challenges, and Implications for a Rapidly Changing Industry. *New solutions : a journal of environmental and occupational health policy* : NS, 27(4), 629–647. <https://doi.org/10.1177/1048291117740818>

³⁸⁷ Stone, R. (2021). Developing a quality home care workforce to complement family caregivers and bridge the emerging care gap. In *Bridging the family care gap* (pp. 321-340). Academic Press.

³⁸⁸ Fong, M. C., Russell, D., Brickner, C., Gao, O., Vito, S., & McDonald, M. (2022). Medicaid long-term care workforce training intervention and value-based payment metrics. *Health services research*, 57(2), 340–350.

<https://doi.org/10.1111/1475-6773.13930>

³⁸⁹ Guardian Professional (2013) Attitudes to homecare in England: research conducted by Guardian Professional in association with Department of Health: top line findings. pp. 38. London, UK.

<https://static.guim.co.uk/ni/1383067901570/Homecare-survey-full-result.pdf?guni=Article:in%20body%20link>

³⁹⁰ Carr, S., (2014) Pay, conditions and care quality in residential, nursing and domiciliary services. Joseph Rowntree Foundation pp. 8. York, UK. <https://myhomelife.org.uk/wp-content/uploads/2015/02/JRF-report-on-care-pay-conditions-summary.pdf>

³⁹¹ Atkinson, C., Crozier, S., Lewis, L. (2016) Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care. Welsh Government Social Research. Pp. 171. Cardiff, Wales. <https://www.gov.wales/sites/default/files/statistics-and-research/2019-07/160317-factors-affect-recruitment-retention-domiciliary-care-workers-final-summary-en.pdf>

workforce size, training, pay, motivation, and limited evidence on outcomes-focused care (Social Care Wales, 2017)³⁹².

- The Key to Care: Burstow Commission Report (UK) set out proposals for minimum payments, moving from time and task commissioning, a living wage, and a license to practice (Koehler, 2014)³⁹³.
- Roundtable findings on sustainability, attractive careers, technology use, and funding relationships, emphasise making care work more appealing, utilizing technology, and addressing financial pressures (Sustainable Care Policy Perspectives)³⁹⁴ (Donovan, 2017)³⁹⁵.
- Policy research in England has highlighted low pay, part-time contracts, and training opportunities and recommended reconceptualizing social care as skilled work and supporting recognized training (Hamblin & Manthorpe, 2018)³⁹⁶.
- The People Plan for Social Care (UK) calls for sector-wide changes, a centrally governed pension scheme, and pay and conditions banding (Institute of Health and Social Care Management, 2021)³⁹⁷.
- The Unfair to Care: Social Care Pay Gap (UK) exposes social care pay gap and proposes immediate pay rise and workforce review, with equitable pay benchmarks, career pathways, and an improved sector image (Community Integrated Care, 2021)³⁹⁸.
- The Health and Social Care Committee Report (UK) highlights workforce crisis, shortage projections, and government inaction and recommends increased funding, pay progression, and clearer career pathways (Great Britain Parliament, 2022)³⁹⁹.

Pay grading

Indicative information on pay grading from the included articles suggests:

- USA: Pay for home care workers often varies based on factors such as experience, training, and location. Some states and agencies may implement tiered pay scales where higher levels of education and training result in increased pay. Certification programmes, like the Certified Nursing Assistant (CNA) or Home Health Aide (HHA) certifications, can impact pay rates.

³⁹² Social Care Wales (2017) Development of a strategic plan for care and support at home: literature review. pp. 50. Cardiff. <https://socialcare.wales/cms-assets/documents/Care-and-support-at-home-in-Wales-Literature-review.pdf>

³⁹³ Koehler, I. (2014) Key to care: report of the Burstow Commission on the future of the home care workforce. Local Government Information Unit, London. pp 44. https://lgiu.org/wp-content/uploads/2014/12/Key-to-Care_FINAL-VERSION.pdf

³⁹⁴ Sustainable Care Policy Perspectives. Ageing well at home: Emergent Models of Home Care Provision and the professionalisation of the home care workforce (2018) https://drive.google.com/file/d/1ikHAedrFkH_J5INc4b4I53fFcBuph4RZ/view

³⁹⁵ Donovan, T. (2017) Ready, steady, go! Driving stability and innovation in the adult social care market. Association of Directors of Adult Social Services. pp. 8. London, UK. <https://www.adass.org.uk/media/5861/new-dialogues-ready-steady-go-may-2017.pdf>

³⁹⁶ Hamblin, K. and Manthorpe, J. (2018) How can we create better jobs in care? University of Sheffield. CIRCLE pp.4. Sheffield, UK.

³⁹⁷ Institute of Health and Social Care Management. A people plan for social care: a special insight. Social Care Innovators Subcommittee (2021). pp. 54, London, UK. <https://ihscm.org.uk/wp-content/uploads/2021/12/A-People-Plan-for-Social-Care-A-special-Insight-November-2021-1.pdf>

³⁹⁸ Community Integrated Care (2021) Unfair to care: understanding the social care pay gap and how to close it: full report. pp. 64. Epsom, UK. <https://www.unfairtocare.co.uk/wp-content/uploads/2021/07/Unfair-To-Care-Full-Report-Single-Pages.pdf>

³⁹⁹ Great Britain Parliament. (2022) House of Commons. Health and Social Care Committee. Workforce: recruitment, training and retention in health and social care: third report of session 2022-23. pp. 79. London, UK. <https://publications.parliament.uk/pa/cm5803/cmselect/cmhealth/115/report.html>

- United Kingdom: In the UK, home care worker pay can vary, and some organisations may have graded pay scales based on qualifications and years of experience (3+ years, 5+ years seem to be common pay increase points). Policies can differ between local authorities, private agencies, and independent providers. The implementation of the National Living Wage has influenced minimum pay standards.
- Australia: Australia has variations in pay for home care workers based on qualifications and experience. Graded pay scales may be set by individual employers, home care agencies, or government programmes.
- Canada: In Canada, pay scales for home care workers can differ by province and territory. Some provinces have established wage grids that outline pay rates based on experience and qualifications.
- European Countries: European countries have different approaches to home care worker pay. In some cases, there are national standards or agreements that set minimum pay levels / living wage.

Based on the available evidence we recommend revising **HSE Funding Structures and Provider Organisation's Pay Scales** in the following ways:

- Pay Levels Aligned with Experience, Time in Service, and Training Attained: Recommend establishing pay structures that correlate with an individual's experience, time in service, and the level of training they have achieved, fostering a fair and motivating compensation system^{400,401,402} (links to Job satisfaction and retention).
- Efficiency Assessment of Organisations and Care Manager's Role and Behaviours: Advocate for regular assessments of organisational efficiency, with a specific focus on evaluating the role, training and behaviours of care managers and organisational leadership⁴⁰³. This can enhance operational effectiveness and ensure optimal use of limited resources to implement training agendas⁴⁰⁴⁻⁴⁰⁵.
- Adapting to Changing Cultures of Unpaid Work and Extra Mile Expectations: Encourage a review of organisational cultures regarding unpaid work and expectations to go the extra

⁴⁰⁰ Community Integrated Care (2021) Unfair to care: understanding the social care pay gap and how to close it: full report. pp. 64. Epsom, UK. <https://www.unfairtocare.co.uk/wp-content/uploads/2021/07/Unfair-To-Care-Full-Report-Single-Pages.pdf>

⁴⁰¹ Great Britain Parliament. (2022) House of Commons. Health and Social Care Committee. Workforce: recruitment, training and retention in health and social care: third report of session 2022-23 pp. 79. London, UK. <https://publications.parliament.uk/pa/cm5803/cmselect/cmhealth/115/report.html>

⁴⁰² Banijamali, S., Jacoby, D. & Hagopian, A. (2014) Characteristics of Home Care Workers Who Leave Their Jobs: A Cross-Sectional Study of Job Satisfaction and Turnover in Washington State, *Home Health Care Services Quarterly*, 33:3, 137-158, doi: 10.1080/01621424.2014.929068

⁴⁰³ Julin, A. (2020). "We don't have a choice—we need to change!" A case study on experienced efficiency and the manager role in the home care. Thesis. Lund University. Dept Political Science.

<https://lup.lub.lu.se/luur/download?func=downloadFile&recordId=9009734&fileId=9016272>

⁴⁰⁴ Kessler, I., Steils, N., Esser, A., & Grant, D. (2021). Understanding career development and progression from a healthcare support worker perspective. Part 1. *British Journal of Healthcare Assistants*, 15(11), 526-531.

⁴⁰⁵ Kessler, I., Steils, N., Esser, A., & Grant, D. (2022). Understanding career development and progression from a healthcare support worker perspective. Part 2. *British Journal of Healthcare Assistants*, 16(1), 6-10.

mile, fostering an environment that recognises and appropriately compensates for additional efforts, occupational hazards, and commitment to service delivery⁴⁰⁶⁻⁴⁰⁷.

- Recognition for Service and Commitment to the Profession: Propose the implementation of recognition programmes that acknowledge and celebrate the dedication, service, and commitment of individuals within the profession, contributing to increased job satisfaction and morale.

These recommendations aim to guide HSE funding and provider organisations in adopting economic perspectives that not only attract and retain skilled professionals but also contribute to the overall efficiency and positive culture within the caregiving sector.

6.6 Care planning, care plans and coordination of care and support

Recommendation for HSE to Encourage Standardised Care Plans and Coordination Between Home Support Providers:

- Standardised and Personalised Care Plans: HSE to recommend the adoption of digital electronic care plans (Single Assessment Tool or SAT) that combines standardisation for consistency with a focus on personalisation to cater to individual needs and strengths⁴⁰⁸, privacy and data protection rights of HSWs and clients, and enhanced home support team working⁴⁰⁹.
- Holistic Support Plans and Assessment: HSE to emphasise the development of home support plans that address holistic needs and assessments, ensuring a comprehensive approach to individualised support⁴¹⁰.
- Patient and Nursing Care Plans: HSE to encourage the implementation of clear and effective links between home support plans, patient care plans, and nursing care plans, promoting clarity and coordination in the delivery of healthcare and home support services⁴¹¹.

⁴⁰⁶ Turner, N., Schneider, J., Pollock, K., Travers, C., Perry-Young, L., & Wilkinson, S. (2020). 'Going the extra mile' for older people with dementia: Exploring the voluntary labour of homecare workers. *Dementia* (London, England), 19(7), 2220–2233. <https://doi.org/10.1177/1471301218817616>

⁴⁰⁷ Torres, J. M., Kietzman, K. G., & Wallace, S. P. (2015). Walking the Line: Navigating Market and Gift Economies of Care in a Consumer-Directed Home-Based Care Program for Older Adults. *The Milbank quarterly*, 93(4), 732–760. <https://doi.org/10.1111/1468-0009.12163>

⁴⁰⁸ Improving Home Care Services in Ireland: An Overview of the Findings of the Department of Health's Public Consultation (2018) <https://assets.gov.ie/9990/1e6ec3b04d8a4c1480c6637cce471c88.pdf>

⁴⁰⁹ Puustinen, J., Kangasniemi, M., Pasanen, M., & Turjamaa, R. (2023). Recognising older people's individual resources and home-care-specific tasks in home care in Finland: A document analysis of care and service plans. *Scandinavian journal of caring sciences*, 37(2), 507–523. <https://doi.org/10.1111/scs.13135>

⁴¹⁰ Brown, P., Leverton, M., Burton, A., Harrison-Dening, K., Beresford-Dent, J., & Cooper, C. (2022). How does the delivery of paid home care compare to the care plan for clients living with dementia?. *Health & social care in the community*, 30(5), e3158–e3170. <https://doi.org/10.1111/hsc.13761>

⁴¹¹ Turjamaa, R., Hartikainen, S., Kangasniemi, M., & Pietilä, A. M. (2015). Is it time for a comprehensive approach in older home care clients' care planning in Finland?. *Scandinavian journal of caring sciences*, 29(2), 317–324. <https://doi.org/10.1111/scs.12165>

- Culturally Competent Organisational Policies and Practices: HSE to recommend the integration of culturally competent policies and practices within organisations to ensure care plans are sensitive to diverse cultural backgrounds and preferences⁴¹².
- Enhanced Communication and Coordination of Care: HSE to advocate for improved communication strategies and coordination mechanisms to facilitate seamless collaboration among healthcare providers and ensure the effective execution of care plans⁴¹³.

These particular recommendations aim to guide healthcare providers and organisations in optimising care planning processes, fostering individualised and culturally sensitive approaches, and enhancing overall coordination of care for improved patient outcomes.

6.7 Inclusion and voice in teams, organisations and policymaking

Based on the international research evidence, which suggests employee engagement and involvement are essential for sector development, the recommendation is for policymakers to establish a **Task Force to Spearhead HSW Inclusion in Teams, Organisations, and Policymaking**. The remit and focus should be to enhance inclusion at all levels:

- Counteract Workforce Marginalization: Seek to counteract workforce marginalization by developing guidelines for addressing exclusion and isolation and promoting inclusive workplace cultures underpinning the principles of support and care within a community of practice. Mitigate vulnerability to exploitation and ensure fair treatment⁴¹⁴. Encourage team inclusion in decision-making to enhance dynamics^{415,416}. Foster a culture that values diverse perspectives and expression of views on quality care. Empower individuals to contribute to policy that influences and controls their work⁴¹⁷.
- Safeguarding Against Unintended Negative Impacts of Innovations: Suggest measures to prevent unintended negative consequences resulting from innovations in home settings⁴¹⁸, ensuring that advancements positively contribute to the well-being of both care providers and recipients.

⁴¹² Hines D. (2014). Cultural competence: assessment and education resources for home care and hospice clinicians. *Home healthcare nurse*, 32(5 Suppl), S4–S11. <https://doi.org/10.1097/NHH.000000000000080>

⁴¹³ Sterling, M. R., Silva, A. F., Leung, P. B. et al. (2018). "It's Like They Forget That the Word 'Health' Is in 'Home Health Aide'": Understanding the Perspectives of Home Care Workers Who Care for Adults With Heart Failure. *Journal of the American Heart Association*, 7(23), e010134. <https://doi.org/10.1161/JAHA.118.010134>

⁴¹⁴ Faul, A. C., Schapmire, T. J., D'Ambrosio, J., Feaster, D., Oak, C. S., & Farley, A. (2010). Promoting sustainability in frontline home care aides: Understanding factors affecting job retention in the home care workforce. *Home Health Care Management & Practice*, 22(6), 408–416.

⁴¹⁵ Snyder R. E. (2019). Commentary on the Future of the Home Care Workforce: Training and Supporting Aides as Members of Home-Based Care Teams. *Journal of the American Geriatrics Society*, 67(S2), S449–S450. <https://doi.org/10.1111/jgs.15868>

⁴¹⁶ Sjöberg Forssberg, K., Parding, K. and Vänje, A. (2021), "Conditions for workplace learning: a gender divide?", *Journal of Workplace Learning*, Vol. 33 No. 4, pp. 302-314. <https://doi-org.proxy.library.rcsi.ie/10.1108/JWL-08-2020-0134>

⁴¹⁷ Lolich, L., & Timonen, V. (2020). Fortunate and fearful: emotions evoked by home-care policies for older people in Ireland. *Emotions and Society*, 2(1), 61-78.

⁴¹⁸ Bensliman, R., Casini, A., & Mahieu, C. (2022). "Squeezed like a lemon": A participatory approach on the effects of innovation on the well-being of homecare workers in Belgium. *Health & social care in the community*, 30(4), e1013–e1024. <https://doi.org/10.1111/hsc.13506>

These recommendations aim to promote inclusivity, empower the workforce, and ensure their active participation in decision-making processes at various levels, contributing to a more equitable and effective caregiving environment and voice for the profession.

Section 6: Questions to consider



In your response you may wish to consider the following questions:

Section 6:

Q1. Do you agree there should be Best-practice for HSWs and Employers to Enhance Personal Safety and Wellbeing? Who should develop and implement best-practice?

Q2. What is your view on National Guidance and Best Practice Resources on Safety in the Home Setting? How might guidance be developed and what type of recourses would be most useful?

Q3. How can the sector develop Policies and Practices that Promote Role Clarity and Prevent Role Drift? What work is ongoing and what work is still needed?


Q4. Should Recommendations for Employing organisations to Enhance Job Satisfaction be developed by the sector for the sector?

Q5. Do you agree with current HSE Funding Structures and Provider Organisation's Pay Scales, or do you feel there is a need to change these?

Q6. What are the realities and logistics involved if HSE was to Encourage Standardised Care Plans and Coordination Between Home Support Providers?

Q7. Do you agree with a Task Force to Spearhead HSW Inclusion in Teams, Organisations, and Policymaking? What should their mission be?

Section 7



Foster quality and
impact in home
support work

Section 7: Foster quality and impact in home support work

Career pathways extend and recognise the capabilities and competencies of HSWs to deliver good quality and well-organised care. Career development at the individual level will advance a sector through the collective knowledge and skills to be able to integrate care and support at the interface with other providers or services. Overall, a more knowledgeable and skilled workforce will be better able to implement service quality indicators, regulate standards, consider the support and development needs of migrant HSWs, work more effectively with families and caregivers, and maximise the benefits of home support for the healthcare system and other sectors.

7.1 Structural organisation of care and support (organising for quality)

Based on strong evidence we recommend **Research and Best-practice on the Structural Organisation of Care and Support** ('Organising for Quality') to include:

- **Assessment of Client Care and Support Needs:** A comprehensive assessment approach to determine the levels, types, and complexity of client care and support needs⁴¹⁹, ensuring multifaceted, tailored and effective service delivery⁴²⁰.
- **Adherence to Agreed Job Roles:** Encourage strict adherence to agreed job roles, considering variations such as part-time, full-time, weekends, overnight, and live-in positions, promoting clarity and consistency.
- **Establishment of Effective Staffing Policies:** Advocate for the development of robust staffing policies, including staff allocation models and rostering practices, to optimise resource allocation and enhance operational efficiency⁴²¹⁻⁴²².
- **Staffing to Prioritise Safety:** Recommend staffing practices that prioritize safety, ensuring adequate personnel to meet safety requirements and respond effectively to emergencies⁴²³.

⁴¹⁹ Busnel, C., Vallet, F., Ashikali, E. M., & Ludwig, C. (2022). Assessing multidimensional complexity in home care: congruencies and discrepancies between patients and nurses. *BMC nursing*, 21(1), 166. <https://doi.org/10.1186/s12912-022-00942-x>

⁴²⁰ Guardian Professional (2013) Attitudes to homecare in England: research conducted by Guardian Professional in association with Department of Health: top line findings. pp. 38. London, UK. <https://static.guim.co.uk/nl/1383067901570/Homecare-survey-full-result.pdf?guni=Article:in%20body%20link>

⁴²¹ Habibnejad-Ledari, H., Rabbani, M., & Ghorbani-Kutenaie, N. (2019). Solving a multi-objective model toward home care staff planning considering cross-training and staff preferences by NSGA-II and NPGA. *Scientia Iranica*, 26(5), 2919-2935. doi: 10.24200/sci.2018.20800

⁴²² Shiri, M., Ahmadizar, F., Thiruvady, D., & Farvaresh, H. (2023). A sustainable and efficient home health care network design model under uncertainty. *Expert Systems with Applications*, 211, 118185.

⁴²³ Johannessen, T., Ree, E., Aase, I. et al. Exploring challenges in quality and safety work in nursing homes and home care – a case study as basis for theory development. *BMC Health Serv Res* 20, 277 (2020). <https://doi-org.proxy.library.rcsi.ie/10.1186/s12913-020-05149-x>

- Staffing to Enhance Job Satisfaction and Retention: Advocate for staffing strategies designed to enhance job satisfaction and retention, acknowledging the positive impact on overall service quality and client preferences for continuity⁴²⁴⁻⁴²⁵.
- Preventing Occupational Injury, Stress, and Sick Leave: Recommend staffing measures to proactively prevent occupational injury, stress, and sick leave, contributing to a healthier and more sustainable workforce^{426,427,428,429}.
- Allocating Sufficient Time for Work and Interactions: Encourage the allocation of sufficient time for work, client interactions, and interpersonal sensitivity, promoting quality care and meaningful connections⁴³⁰.
- Addressing Casualisation of Labour and Theoretical-Working Conditions Gap: Advocate for measures that address casualisation of labour and bridge the gap between theoretical concepts such as person-centred care and actual working conditions, ensuring a more cohesive and supportive work environment⁴³¹.

This recommendation aims to guide the structural organisation of care and support towards practices that prioritise quality, safety, and the well-being of both care providers and recipients.

7.2 Interface with other services, professionals and providers

Encourage the **Development of Seamless Interfaces with Other Services, Professionals and Providers** by using policy and resources to incentivise joint working and partnerships, such as:

⁴²⁴ Polacsek, M., Goh, A., Malta, S., Hallam, B., Gahan, L., Cooper, C., Low, L. F., Livingston, G., Panayiotou, A., Loi, S., Omori, M., Savvas, S., Batchelor, F., Ames, D., Doyle, C., Scherer, S., & Dow, B. (2020). 'I know they are not trained in dementia': Addressing the need for specialist dementia training for home care workers. *Health & social care in the community*, 28(2), 475–484. <https://doi.org/10.1111/hsc.12880>

⁴²⁵ Nisbet, E., & Morgan, J. C. (2019). Where Policy Meets Practice: Employer Perspectives on Scheduling and Hours for Home Care Aides. *Journal of applied gerontology : the official journal of the Southern Gerontological Society*, 38(11), 1615–1634. <https://doi.org/10.1177/0733464817739153>

⁴²⁶ Andersen, G. R., & Westgaard, R. H. (2015). Discrepancies in assessing home care workers' working conditions in a Norwegian home care service: differing views of stakeholders at three organizational levels. *BMC health services research*, 15, 286. <https://doi.org/10.1186/s12913-015-0945-6>

⁴²⁷ Andersen, G. R., & Westgaard, R. H. (2013). Understanding significant processes during work environment interventions to alleviate time pressure and associated sick leave of home care workers--a case study. *BMC health services research*, 13, 477. <https://doi.org/10.1186/1472-6963-13-477>

⁴²⁸ Grasmø, S. G., Liaset, I. F., & Redzovic, S. E. (2021). Home care workers' experiences of work conditions related to their occupational health: a qualitative study. *BMC health services research*, 21(1), 962. <https://doi.org/10.1186/s12913-021-06941-z>

⁴²⁹ Liaset, I. F., Fimland, M. S., Holtermann, A., Mathiassen, S. E., & Redzovic, S. (2023). Can home care work be organized to promote health among the workers while maintaining productivity? An investigation into stakeholders' perspectives on organizational work redesign concepts based on the Goldilocks Work principles. *BMC health services research*, 23(1), 667. <https://doi.org/10.1186/s12913-023-09691-2>

⁴³⁰ Backhouse, T., & Ruston, A. (2022). Home-care workers' experiences of assisting people with dementia with their personal care: A qualitative interview study. *Health & social care in the community*, 30(3), e749–e759. <https://doi.org/10.1111/hsc.13445>

⁴³¹ Kelly C. (2017). Exploring experiences of Personal Support Worker education in Ontario, Canada. *Health & social care in the community*, 25(4), 1430–1438. <https://doi.org/10.1111/hsc.12443>

- Integrated and Joined-Up Care within Health Systems: The HSE and The Home Support Service Authorisation Scheme should promote the adoption of integrated and joined-up care approaches as integral components of health systems, enhancing overall healthcare effectiveness⁴³².
- Collaboration with Healthcare and Other Professionals, Including Hospital-at-Home Services: Advocate for collaborative initiatives involving healthcare and various professionals, including the implementation of hospital-at-home services, or “virtual wards”⁴³³, to provide comprehensive and coordinated in-home care.
- Engagement with Voluntary and Community Organisations: Encourage active engagement with voluntary and community organisations, fostering partnerships that enrich the support network and contribute to holistic care delivery.

This recommendation aims to guide service providers in establishing effective interfaces that promote interprofessional and inter-organisational innovation⁴³⁴, ultimately enhancing the overall quality and coordination of home care and support.

7.3 Service quality indicators and measures

Promote the **Implementation of Effective Service Quality Indicators and Measures**, focusing on:

- Embedding Home Support Quality Indicators and Motivation for Quality: Encourage the uptake and ownership of home support quality indicators and instil a sense of motivation and responsibility for quality at the individual, organisational, and sector levels^{435,436,437}.
- Addressing Invisibility and Undervaluing of Relational Care: Advocate for measures that address the invisibility and undervaluing of relational care, recognising its significance in enhancing overall service quality.
- Implementation of Safety Indicators: Recommend the implementation of safety indicators to systematically monitor and enhance the safety aspects of care delivery⁴³⁸.

⁴³² Colak, M., Gokdemir, O., Yaprak, S., and Kartal, M. (2016). Evaluation of home care services at a training and research hospital in Izmir. *Marmara Medical Journal*.

⁴³³ <https://www.england.nhs.uk/integratedcare/resources/case-studies/older-people-living-with-frailty-on-virtual-ward-keeps-them-well-at-home-and-out-of-hospital/>

⁴³⁴ Tierney, E., A. Hannigan, L. Kinneen, C. May, M. O’Sullivan, R. King, N. Kennedy and A. MacFarlane (2019). ‘Interdisciplinary team working in the Irish primary healthcare system: Analysis of ‘invisible’ bottom up innovations using Normalisation Process Theory’, *Health Policy*, Vol. 123, pp. 1083-1092.

⁴³⁵ Wagner, A., Schaffert, R., Möckli, N., Zúñiga, F., & Dratva, J. (2020). Home care quality indicators based on the Resident Assessment Instrument-Home Care (RAI-HC): a systematic review. *BMC health services research*, 20(1), 366. <https://doi.org/10.1186/s12913-020-05238-x>

⁴³⁶ Tang, X., Chen, X., Pang, Y., & Zhou, L. (2018). The development of quality indicators for home care in China. *International journal for quality in health care : journal of the International Society for Quality in Health Care*, 30(3), 208–218. <https://doi.org/10.1093/intqhc/mzx202>

⁴³⁷ Foong, H. Y., Siette, J., & Jorgensen, M. (2022). Quality indicators for home- and community-based aged care: A critical literature review to inform policy directions. *Australasian journal on ageing*, 41(3), 383–395. <https://doi.org/10.1111/ajag.13103>

⁴³⁸ Macdonald, M. T., Lang, A., Storch, J., Stevenson, L., Barber, T., Iaboni, K., & Donaldson, S. (2013). Examining markers of safety in homecare using the international classification for patient safety. *BMC health services research*, 13, 191. <https://doi.org/10.1186/1472-6963-13-191>

- Adherence to Service Regulatory Requirements and Effective Governance: Encourage strict adherence to service regulatory requirements and the establishment of effective governance and reporting structures to ensure accountability and continuous improvement.

This recommendation aims to guide service providers in adopting comprehensive indicators and measures that contribute to the continuous improvement of service quality, safety, and overall effectiveness.

7.4 Careers of migrant workers

Recommendations on the careers of migrant workers, include **Targeted Support for Migrant Worker's Careers and Better Working Lives:**

- Enhancing Support and Career Opportunities for Migrant Workers: Develop and implement measures to enhance support systems (organisational, regional, sector) that promote professionalism and career development opportunities that are tailored to the needs of migrant workers. For example schemes led by migrant workers to support professional networking, peer-support and sharing of best practice^{439,440,441}.
- Mitigating the Carer Burden on Migrant Workers: Policy should advocate for initiatives to mitigate the burden on migrant worker carers, who are less likely to have professional and personal support networks. Initiatives should aim to address specific challenges identified by migrant HSWs and promote a more equitable caregiving environment⁴⁴².
- Understanding the Impact of Migrant Workers on Caregivers: Participative research should be commissioned for an in-depth examination of the impact of migrant workers on caregivers, fostering a comprehensive understanding of the dynamics involved⁴⁴³, with a view to enhancing safety, quality and working lives.

⁴³⁹ Gallotti M., *Migrant Domestic Workers Across the World*. Geneva, Switzerland, International Labour Organization. (Based on the ILO Report on Global Estimates on Migrant Workers, 2015). <https://associazionedomina.it/wp-content/uploads/2017/05/Migrant-Domestic-Workers-Across-the-World.pdf>

⁴⁴⁰ Ow Yong, B., & Manthorpe, J. (2016). The experiences of Indian migrant care home staff working with people with dementia: a pilot study exploring cultural perspectives. *Working with Older People*, 20(1), 3-13.

⁴⁴¹ Ha, N. H. L., Chong, M. S., Choo, R. W. M., Tam, W. J., & Yap, P. L. K. (2018). Caregiving burden in foreign domestic workers caring for frail older adults in Singapore. *International psychogeriatrics*, 30(8), 1139–1147. <https://doi.org/10.1017/S1041610218000200>

⁴⁴² Tam, W. J., Koh, G. C., Legido-Quigley, H., Ha, N. H. L., & Yap, P. L. K. (2018). "I Can't Do This Alone": a study on foreign domestic workers providing long-term care for frail seniors at home. *International psychogeriatrics*, 30(9), 1269–1277. <https://doi.org/10.1017/S1041610217002459>

⁴⁴³ Yuan, Q., Zhang, Y., Samari, E., Jeyagurunathan, A., Tan, G. T. H., Devi, F., Wang, P., Magadi, H., Goveas, R., Ng, L. L., & Subramaniam, M. (2022). The impact of having foreign domestic workers on informal caregivers of persons with dementia - findings from a multi-method research in Singapore. *BMC geriatrics*, 22(1), 305. <https://doi.org/10.1186/s12877-022-03002-w>

- Addressing Health Issues Among Migrant Workers: Encourage cross-organisational efforts to address and mitigate health issues among migrant workers, ensuring their well-being and access to necessary healthcare resources⁴⁴⁴.

These recommendations aim to guide practices in the employment of migrant workers, fostering a more inclusive, supportive, and equitable environment for both migrant workers and the home care and support community as a whole.

7.5 Families and caregivers

Based on the evidence we recommend HSE and home support provider organisations review their policies for engaging with families and caregivers and consider developing a more consistent and comprehensive **Framework for Family Information and Involvement**⁴⁴⁵, as follows:

- Facilitating Support to Engage Paid Assistance and Arrange Appropriate Home Support: Recommend facilitating support systems for families to seek paid assistance and organise suitable home support arrangements, ensuring accessibility and effectiveness⁴⁴⁶.
- Understanding Family Preferences Regarding Paid Providers and Family Caregivers: Encourage efforts to understand and cater to family preferences in terms of selecting paid providers or opting for paid family caregivers, promoting a personalised and adaptable approach⁴⁴⁷.
- Recognising Variances in the Impact of Paid Carers on Family Caregivers: Advocate for acknowledging and addressing differences in the impact of paid carers on family caregivers, considering individual circumstances and providing tailored support⁴⁴⁸⁻⁴⁴⁹.
- Acknowledging Caregiver Experiences with Paid Assistance: Consider acknowledging and learning from caregiver experiences with paid help, fostering an environment that values and integrates their insights into the caregiving process.

This recommendation aims to guide practices related to families and caregivers, ensuring that support systems are responsive to their preferences, adaptable to individual needs, and inclusive of valuable caregiver experiences.

⁴⁴⁴ Malhotra, R., Arambepola, C., Tarun, S., de Silva, V., Kishore, J., & Østbye, T. (2013). Health issues of female foreign domestic workers: a systematic review of the scientific and gray literature. *International journal of occupational and environmental health*, 19(4), 261–277. <https://doi.org/10.1179/2049396713Y.0000000041>

⁴⁴⁵ <https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-topics/Working-with-families/Working-with-families-friends-and-carers-A-framework-for-adult-social-care-employers.pdf>

⁴⁴⁶ Fabius, C. D., & Parker, L. J. (2023). Paid Help and Caregiving Experiences of Black Caregivers of Community-Dwelling Older Adults. *Clinical gerontologist*, 46(1), 91–100. <https://doi.org/10.1080/07317115.2022.2099776>

⁴⁴⁷ Ramaboa, K. K. M., & Fredericks, I. (2019). Demographic Characteristics Associated with the Likelihood to Use Paid Home Care for People with Dementia among South African Muslims. *Dementia and geriatric cognitive disorders*, 48(5-6), 337–348. <https://doi.org/10.1159/000506511>

⁴⁴⁸ Eltaybani, S., Kitamura, S., Fukui, C., Igarashi, A., Sakka, M., Noguchi-Watanabe, M., Takaoka, M., Inagaki, A., Yasaka, T., Kobayashi, H., & Yamamoto-Mitani, N. (2023). Toward developing care outcome quality indicators for home care for older people: A prospective cohort study in Japan. *Geriatrics & gerontology international*, 23(5), 383–394. <https://doi.org/10.1111/ggi.14578>

⁴⁴⁹ Kim, E. Y., & Yeom, H. E. (2016). Influence of home care services on caregivers' burden and satisfaction. *Journal of clinical nursing*, 25(11-12), 1683–1692. <https://doi.org/10.1111/jocn.13188>

7.6 Service economic perspectives

While raising service fees and transparency of fees are significant concerns for the sector⁴⁵⁰, there are some economic issues that have received less attention but important for demonstrating the value and impact of home support services.

Encourage **Research on Service Economic Perspectives to Inform Policy**, focusing on:

- Evaluating the Costs and Benefits of Workforce Training in Long-Term Care: Advocate for in-depth research exploring the costs and benefits associated with workforce training in the provision of long-term care⁴⁵¹.
- Analysing Costs of Home Support for Older People and Comparing Cost Savings to Institutions: Suggest conducting research to analyse the costs of home support for older individuals, comparing these expenses to institutional nursing care homes and long-term care, and identifying implications for projected expenditure in primary, community and long-term care⁴⁵².
- Investigating Economic Benefits of Staff Reablement Training: Recommend research efforts to investigate the economic benefits derived from staff reablement training, exploring its impact on overall service efficiency and client outcomes.
- Examining Costs Associated with the Home Support Worker Role and Levels of Support: Encourage research to examine the costs associated with the home support worker role, considering varying levels of support and care, and identifying factors that influence these costs⁴⁵³.
- Assessing Client Complexity, Higher Support and Care Costs, and Premium Payments: Suggest research focusing on assessing client complexity and its correlation with higher support and care costs, exploring the feasibility and impact of premium payments for enhanced services.

This recommendation aims to guide future research endeavours, contributing to a more comprehensive understanding of the economic dynamics within the realm of home care and support and residential long-term care services.

⁴⁵⁰ Sheehan, A. and O'Sullivan R. (2023). Draft Regulations for Providers of Home Support Services: An Overview of the Findings of the Department of Health's Public Consultation.

⁴⁵¹ McGilton, K. S., Rochon, E., Sidani, S., Shaw, A., Ben-David, B. M., Saragosa, M., Boscart, V. M., Wilson, R., Galimidi-Epstein, K. K., & Pichora-Fuller, M. K. (2017). Can We Help Care Providers Communicate More Effectively With Persons Having Dementia Living in Long-Term Care Homes? *American journal of Alzheimer's disease and other dementias*, 32(1), 41–50. <https://doi.org/10.1177/1533317516680899>

⁴⁵² Walsh, B., C. Keegan, A. Brick, S. Connolly, A. Bergin, M.A. Wren, S. Lyons, L. Hill and S. Smith (2021). Projections of expenditure for primary, community and long-term care Ireland, 2019-2035, based on the Hippocrates Model, Economic and Social Research Institute, Dublin.

⁴⁵³ Franzosa, E., Tsui, E. K., & Baron, S. (2018). Home Health Aides' Perceptions of Quality Care: Goals, Challenges, and Implications for a Rapidly Changing Industry. *New solutions : a journal of environmental and occupational health policy* : NS, 27(4), 629–647. <https://doi.org/10.1177/1048291117740818>

Section 7: Questions to consider



In your response you may wish to consider the following questions:

Section 7:

Q1. Do you agree with taking action to increase Research and Best-practice on the Structural Organisation of Care and Support? Who should lead this action?

Q2. What is your view on the actions to support the Development of Seamless Interfaces with Other Services, Professionals and Providers? Will these actions promote interprofessional and inter-organisational innovation?

Q3. Do you support the Implementation of Effective Service Quality Indicators and Measures? What do you think these indicators and measures should be?

Q4. How can Targeted Support for Migrant Worker's Careers and Better Working Lives be organised and implemented where such support is needed?

Q5. Do you agree with the elements of a Framework for Family Information and Involvement that have been identified?

Q6. Who should commission and undertake Research on Service Economic Perspectives to Inform Policy?

Conclusion

In conclusion, this Green Paper serves as a catalyst for Ireland to lead the way in establishing a world-leading home-based care and support sector. Leveraging the unique characteristics of Ireland's health system and its adaptability to change, the recommendations outlined in this paper offer a roadmap for policymakers, researchers, and practitioners. With approximately 150 home support companies in Ireland, the sector's rapid expansion is crucial to meet the growing demand resulting from demographic changes and the introduction of the statutory home support scheme.

The challenge ahead involves not only expanding the cadre of home support professionals but also transforming the sector into a realm of skills and career development rather than merely a collection of jobs. Addressing this shift is essential not only for short- and long-term population health but also for the social and economic prosperity of the nation. As the sector evolves in the context of digital health, supported self-management, and virtual care, home support workers are poised to become pivotal figures, offering interprofessional wraparound care and support based on individual client needs.

The scoping review underpinning this Green Paper provides a nuanced understanding of global challenges and opportunities in home-based care. By emphasising the importance of policy, research, and planning, the review sheds light on supply and demand challenges worldwide. It identifies avenues for future research and policy development, particularly in areas such as leadership training, turnover impact, and the cost-benefit aspects of advanced training. Additionally, the review details the need for comprehensive best practice policies addressing safety, wellbeing, and retention, highlighting the importance of tailored training, in-service learning and support mechanisms, and collaborative efforts to ensure a resilient and sustainable workforce in the evolving landscape of home support work.

The outcomes of the stakeholder consultation will shape the subsequent phase, guiding the enhancement of the proposals and the creation of a White Paper.