



# Standardised Induction for Home Support Workers in Irish Homecare: A Feasibility Study

September 2025

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## Title of Report

Induction for Home Support Workers in Irish Homecare: A Feasibility Study

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Ms Carmel Kelly, Network Director, Leading Healthcare Providers (LHP) Skillnet, co-ordinated this research initiative and contributed to interpreting the evidence. Ms Clodagh Kileen, Learning and Development Project Manager, LHP Skillnet, contributed to interpreting the evidence.

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# Foreword

The Irish healthcare landscape is changing. Ireland has one of the most rapidly ageing demographic profiles across the European Union. Sláintecare 2025+ outlines how the Government's roadmap towards a high-quality, universal healthcare system in Ireland. Within this context, Home Support Workers (HSWs) play a crucial role in supporting people to live at home and in their own communities.

This report explores the current experiences of both Home Support Workers and Home Care Providers with induction training, highlighting the potential of a standardised programme to strengthen foundational skills and support long-term career development within the care sector. This report outlines a series of recommendations for the design and implementation of a standardised induction programme for HSWs. It proposes a blended model, with theoretical training delivered online by an accredited education provider, complemented by locally delivered clinical skills components. The report also highlights the importance of English language proficiency, piloting the programme in one area before wider rollout, and embedding mentorship and supervision supports throughout an HSW's working life.

At Leading Healthcare Providers (LHP) Skillnet, we are committed to supporting workforce development in healthcare and to exploring viable career pathways for HSWs. HSWs make an invaluable contribution to care delivery in homes and communities across Ireland. A proposed induction programme can play an important role in bolstering the skills and confidence of HSWs.

We hope the findings from this report can inform efforts to deliver responsive, person-centred and evidence-based home support care in Ireland. Standardised induction training for HSWs offers benefits. Such training influences their invaluable working contribution from their very first day and throughout their entire career in homecare.

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## Executive Summary



## Background

A variety of factors, including an ageing population, combined with recruitment and retention challenges in nursing & midwifery (\*ICN/WHO, 2020) over the past 20 years or more, has led to the increasing demand for and availability of Home Support Workers (HSWs) in Ireland (and globally). HCAs (Health Care Attendants) have slowly expanded their roles and taken over certain tasks from nurses and midwives, supporting medical staff in providing care in hospital settings (Spilsbury & Meyer, 2004). Irish health policy, Sláintecare emphasises a fundamental shift for care to be provided in the home and in our communities. HSWs are typically expected to have completed two QQI level 5 modules prior to commencing employment (in the HSE only) and complete an additional six in the following twelve months. On commencing employment, HSWs are also offered induction programmes by Homecare Providers locally. However, these induction requirements are not transferable and the majority of the training covered by one provider are often identical to the training covered by another provider. HSWs nonetheless are expected to do a new induction programme each time they commence with a new employer, irrespective of the time between trainings. This repetitious exercise is costly in time and money, and places strain on individual employers and employees.

## Aim

The aim of the research was to scope (a) the feasibility of a standardised induction programme for HSWs (b) the knowledge and skills required by HSWs to carry out their roles (c) the content currently included in induction programme for HSWs in Ireland and d) to propose curricular content for a future standardised induction programme for HSWs, grounded in the findings from the data gathered.



## Method/Design

A mixed methods approach was used with three sub-studies as follows

**Study 1** – We scoped the feasibility of and proposed curricular content for a standardised induction programme for HSWs, through consultation with Key Stakeholders involved/working in the homecare sector in the Republic of Ireland, using an online survey and focus groups or individual semi-structured interviews.

**Study 2** – We explored the content of induction programmes currently offered to HSWs by Educational and Homecare providers to help identify key areas of focus for a future standardised induction programme as well as to identify gaps in provision currently. Their views on the feasibility of a standardised induction programme for HSWs were also captured. An online survey was used for this sub-study.

**Study 3** – We explored the views of HSWs currently working in the homecare sector in Ireland about their roles, and knowledge and skills requirements in addition to the feasibility of and proposed curricular content for a standardised induction programme, via an online anonymous survey. Ethical Approval was obtained from the Research Ethics Committee at the Royal College of Surgeons in Ireland (RCSI).

## Limitations

Despite significant efforts to include a representative sample of HSWs in this study, we had low response rate, with only 18 out of 4,600 HSWs taking part. Thus, the results cannot be considered representativeness of the group. Input from more private providers would have been valuable also.

## Strengths

This research provides novel insights from an extensive consultation with key stakeholders relevant to home support in Ireland including - DOH, HSE, HIQA, a range of private providers, HSWs, a range of induction programme providers, SIPTU, IMNO, NMBI, CORU, healthcare professionals and a range of organisations across the voluntary sector.

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\*World Health Organisation/International Council of Nursing (2020) State of the Worlds Nursing Report, 2020. WHO, Geneva







Research Findings

# Study 1.

## Key Stakeholders Survey

### Main Findings

Thirty-eight key stakeholders representing 42 different organisations took part in the Key Stakeholder survey. This included responses from the Department of Health (DOH), the Health Service Executive (HSE), the Health Information and Quality Authority (HIQA), a range of Private Homecare Providers, Home Support Workers (HSWS), Induction Programme Providers, the Service Industrial Professional and Technical Union (SIPTU), the Nursing and Midwifery Board of Ireland (NMBI), CORU (Health and Social Care Regulator), a number of Healthcare Professionals and a range of organisations across the voluntary sector.

All (100%) of the key stakeholders felt that a standardised induction programme with a standardised content is feasible for HSWs working in the Republic of Ireland. The majority (87%) of the Key Stakeholders felt that a standardised induction programme with a standardised content is feasible for HSWs working across both private and public sector settings. Seventy-four percent of respondents felt that a standardised induction programme with standardised content should be mandatory for all HSWs, including those already working in the homecare system – not just new recruits. In terms of the delivery of a standardised induction programme, 89.47% felt that a standardised induction programme should be a blend of online and in-person content, with all of the respondents agreed that it should be a blend of theory and clinical (practical) skills, with approximately a 50:50 split across these.

To help inform the curriculum for a standardised induction programme, respondents were asked which tasks they feel that HSWs should undertake as part of their roles. The majority of respondents agreed that following tasks should be carried out.

- ▶ Assessing care needs
- ▶ Support with personal care showering/bathing/dress/undress/oral hygiene/toileting/continence care needs
- ▶ Emptying commodes and disposing of incontinence wear/products
- ▶ Assisting with meal preparation/assisting clients to feed themselves/ monitoring diet and nutrition intakes
- ▶ Household cleaning tasks and making beds
- ▶ Assisting with walking and exercise
- ▶ Lighting fires, disposal of ashes, bringing in fuel
- ▶ Caring for the physical, emotional, and social needs of clients and their carers
- ▶ Professional communication when interacting with clients and family
- ▶ Support for relatives
- ▶ Maintaining client confidentiality
- ▶ Reminders for medication (but not administering medication)
- ▶ Preventive care and first aid
- ▶ Recognising deterioration in the client/patient health and notification of relevant nursing/medical personal
- ▶ Supporting client transfer to hospitals appointments
- ▶ Supporting clients with swallowing difficulties
- ▶ Recording care plans/documentation of care/ medication records
- ▶ Education/mentoring/supervision of more junior HSW colleagues

The majority of respondents agreed that the following policies, legislation and guidelines should be included in the curriculum of a standardised induction programme:

- ▶ Regulations and National Standards for Home Support Services
- ▶ The Safety, Health, and Welfare at Work Act 2005
- ▶ The Safety, Health and Welfare at Work (General Application) Regulations 2007 Guidance on the SHWW (Reporting of Accidents and Dangerous Occurrence) Regulations 2016
- ▶ Lone Workers Policy
- ▶ Non-violent crisis intervention training
- ▶ National Standards for Adult Safeguarding

- ▶ Professional communication and interaction with co-workers
- ▶ Basic First Aid
- ▶ Patient confidentiality and consent
- ▶ Inter-professional healthcare teamwork
- ▶ Principles of Infection Control & Prevention
- ▶ Pharmacology/medication support
- ▶ Safe practice environment - Health & safety, falls prevention, etc.
- ▶ Clerical/administrative/planning tasks
- ▶ Recording and Reporting of client care

A high percentage of respondents agreed that HSWs should provide supports to service users in the following areas and that these areas should be included in the curricular content when designing a standardised induction programme:

- ▶ Principles of Person-Centred Care
- ▶ Support in activities of daily living (ADLs) (e.g. bathing/showering, toilet hygiene, incontinence management, getting dressed, eating, drinking (hydration), walking, getting into/out of bed or chair)
- ▶ Support in activities repeated of daily living (IADLs) (e.g. cooking, cleaning, transportation, laundry, shopping, using a telephone)
- ▶ Repositioning, handling and transfer of clients (assisting and moving people)
- ▶ Skin integrity and wound care
- ▶ Moving and handling objects
- ▶ Professional communication and interaction with clients /and family members

53% of respondents agreed that a standardised induction programme should be academically accredited.

- ▶ Of these, 65% of respondents felt that Quality and Qualification Ireland (QQI) should accredit the programme, implying that 34% (13/38 people) of the total sample felt that QQI accreditation is the appropriate authority to accredit the standardised induction programme.
- ▶ Of those, 25% felt that CORU are the appropriate accrediting authority implying that 13.25% (5/38 people) of the total sample felt that CORU are the appropriate authority.

The majority (92.11%) of respondents felt that HSWs from non-native English-speaking countries should be assessed for their English language proficiency similar to other health professions, as part of a standardised induction programme using the International English language Testing System (IELTS) or Test of English as a Foreign language (TOEFL).

All of the respondents agreed that there are advantages to implementing a standardised induction programme. The advantages reported by respondents are listed as below:

- ▶ To improve the consistency, quality, safety and standard of care available to people in receipt of services.
- ▶ It would protect workers themselves if they are clear as regards to their scope of practice, and their roles and responsibilities.
- ▶ It will ensure that the training received by HSWs is in line with best practice, research, and evidence base.
- ▶ It will lead to higher quality care and outcomes for clients and families.
- ▶ It will give HSW recognition for their role.
- ▶ It will bring accountability to the role, and support the ongoing audit/measurement needed for continuous improvement.
- ▶ Standardised information will be available about the role and the expectations.
- ▶ More recognisable accreditation and legitimise a vital role within our society which can be viewed as less skilled
- ▶ Will speed up the recruitment process as new employees with the standardised induction will only need short local induction.
- ▶ Reduction in the number of people inappropriately accommodated in hospitals and nursing homes.
- ▶ Better communication with other health care professionals to co-ordinate support.
- ▶ Provide the building blocks for career recognition and development.
- ▶ All would have the same mandatory basic training
- ▶ Reduces the necessity to repeat induction programme with multiple providers
- ▶ A more professional team, would save the health system money
- ▶ Ensuring continuity of education standards, every HSWs will all have the same induction
- ▶ Staff can more easily transfer between organisations
- ▶ Remove overlap in syllabus between induction training and QQI training.

The following, barriers were cited in relation to implementing a standardised induction programme for HSWs:

- ▶ The challenging recruitment environment
- ▶ The time required to onboard, train, and support new HSWs
- ▶ Some organisations may still want to provide their own induction
- ▶ Standardised assessment by qualified personnel.
- ▶ Multiple organisations to consider.
- ▶ An absence of existing infrastructure, staffing, and materials to support implementation
- ▶ Agreement on format, structure and course content.
- ▶ Individual operating processes and timeliness

## Study 1. Key Stakeholders - one-to-one & focus groups Main Findings

A total of 8 participants took part in one-to-one interviews/focus groups as follows:

### One-to-one interviews

Senior Manager Home Instead (n=1)

Regional Education and Training Board (ETB)

Provider (n=1)

Home Support Worker/Advocacy role (n=1)

Former NMBI Director of Professional Standards and Education (Nursing) (n=1)



## Focus – group

SIPTU – Health Division (n=2)

HIQA (n=2)

The main themes emerging from the one-to-one interviews/focus groups included:

- ▶ **Feasibility:** the majority of participants agreed that a standardised induction programme is feasible for all HSWs working across public and private sector settings.
- ▶ **Necessary:** the majority of participants agreed that a standardised induction programme is necessary for all HSWs working across public and private sector settings.
- ▶ **Benefits:** the majority of participants felt that a standardised induction programme would be beneficial as it would standardise knowledge and skills amongst HSWs.
- ▶ **Care Provision:** the majority felt a standardised induction programme would improve the standard and consistency of care provided to service users.
- ▶ **Accreditation:** the majority of participants in the qualitative interviews felt that a standardised induction programme should be accredited by QQI. A number of the participants thought that the short induction programme could be taken as a 5-credit module, added on to the two level 5 modules currently taken by HSW before they commence working in homecare as a HSW.
- ▶ **Delivery:** the majority felt the theoretical elements of the programme should be delivered online to improve standardisation, access and reach but that the clinical elements be delivered in-person regionally, in the Colleges of Further Education, currently delivering QQI modules to HSWs.
- ▶ **Duration:** Participants felt that the programme should be in the region of 5 days and delivered by appropriately trained instructors.
- ▶ **Assessment:** The majority of participants felt that learning outcomes on a standardised induction programme should be assessed.

- ▶ **Frequency of delivery:** The majority of participants agreed for the need for the induction programme to be offered very frequently to meet the increasing demand created by the pace of recruitment of HSWs nationally, possibly every 2 months.
- ▶ **Curricular content:** In the qualitative interviews the participants agreed with the areas identified by the survey respondents in terms of the appropriate curricular content for a standardised induction programme in terms of policies, legislation and guidelines as well as the appropriate areas of support to be included.
- ▶ **Clarity around the scope and expectation of HSW role:** participants felt that agreement on and alignment across the different private organisations and the public sector in terms of the scope of the role, and expectations of the role in addition to the tasks to be undertaken would be needed, otherwise a single standardised induction programme will not be of value if some HSW were undertaking different roles or expected to operate at different levels
- ▶ **Resistance:** Participants expressed confidence that, once a fair and sustainable model is agreed upon, there would be strong support across the sector for the introduction of a standardised induction programme.
- ▶ **Raising the profile of the profession:** it was highlighted that this is one of the most rapidly increasing workforces in the country, but that they are a hidden workforce and that more needs to be done to communicate/socialise to the population at large the important role they have in health care, supporting older people to live at home for longer and reducing demands on the acute healthcare system.

## Main Findings

- ▶ **Continuous Professional Development (CPD):** participants felt that a standardised induction programme should be regarded as a component of ongoing CPD, where the basic skills and knowledge required are taught but that if their role becomes more complex, that ongoing training would be available to them as the need arises (e.g. if they have to provide stoma care) or if client acuity increases.
- ▶ **Specific knowledge:** the majority of participants indicated that all HSWs should have a good knowledge about the needs of patients/service users with dementia as this is a common presentation in their role. It was also felt that some knowledge of intellectual disabilities would be important.
- ▶ **Medication Support:** there was good agreement amongst participants about the role of HSWs in supporting medication use. There was a clear view that the extent of the role of HSWs was in providing reminders to their patients/service users which did not extend to dispensing medications.
- ▶ **Being Present:** A number of participants spoke of the importance of HSWs knowing how important their visit might be as “service users may not have seen anyone else that whole day” and that the focus of the visit should be as much as company and having a chat as much as getting tasks done.
- ▶ **Professional boundaries:** the importance of HSWs knowing the professional boundaries of the role was highlighted a number of times, particularly if the service user and HSW know each other in a personal capacity (as often happens particularly in more rural settings).
- ▶ **Safety Considerations:** Safety of service users and HSWs were raised by several of the participants. It was noted that service users are vulnerable individuals and that HSWs should have an awareness of this and be alert to potential abuses such as financial, emotional, physical, coercive control from any sources.

- ▶ **Deterioration of clients:** This issue was discussed by participants and there was agreement that HSWs should be alert to this and know the appropriate authority and procedures to report any decline in service users' condition.
- ▶ **Mentorship and Supervision:** The importance of mentorship and supervision was highlighted, mentorship is particularly needed for HSWs during times of transition (e.g. new role) and supervision from more senior colleague should be available as an ongoing support feature during the careers of HSWs.



## Study 2. Induction Programme Providers Survey

### Main Findings

Eleven induction programme providers from 14 organizations responded to the survey. This included responses from Home and Community Care Ireland (HCCI), Private Home Care Providers, QQI training providers (health care support certificate), Voluntary /Charitable home care providers, Voluntary organisation, Cork CIL Section 39, Donegal ETB, Drogheda Institute of Further Education and Comfort Keepers. A representative from the Nursing and Midwifery Board of Ireland (NMBI) also completed this survey. Ninety-one percent of them felt that a standardised induction programme with standardised content is feasible for all HSWs working in the homecare sector. The majority agreed that a standardised induction programme with standardised content is feasible for HSWs working across both private and public sector setting. The curricular content relating to legislation, policies and guidelines which are typically covered in induction programmes currently offered to HSWs included the following:

- ▶ Regulations and National Standards for Home Support Services
- ▶ The Safety, Health, and Welfare at Work Act 2005
- ▶ The Safety, Health and Welfare at Work (General Application) Regulations 2007
- ▶ Guidance on the SHWW (Reporting of Accidents and Dangerous Occurrence) Regulations 2016
- ▶ Fire Services Act (1981 and 2003)
- ▶ Lone Worker's Policy
- ▶ EU GDPR
- ▶ Fundamentals of Advocacy in Health and Social Care
- ▶ National Standards for Adult Safeguarding
- ▶ Mental Capacity and Safeguarding
- ▶ Human rights-based approach in health and social care
- ▶ Equality, Diversity and Inclusion

Current content related to support typically covered in induction programmes are:

- ▶ Principles of Person-Centred Care
- ▶ Support in activities of daily living (ADLs) (e.g. bathing/showering, toilet hygiene, incontinence management, getting dressed, eating, drinking (hydration), walking, getting into/ out of bed or chair, etc.) but marginally more respondents felt it should be covered in the QQI modules prior to the standardised induction programme.
- ▶ Support in activities of instrumental activities of daily living (IADLs) (e.g. cooking, cleaning, transportation, laundry, shopping, using a telephone, etc.)
- ▶ Repositioning, handling, and transfer of clients (assisting and moving people)
- ▶ Moving and handling objects
- ▶ Professional communication and interaction with clients/family members/co-workers
- ▶ Roles, responsibilities, and scope of practice of HSW
- ▶ Basic Life Support/Basic First Aid
- ▶ Patient confidentiality and consent
- ▶ Principles of Infection Control & Prevention
- ▶ Pharmacology/medication support
- ▶ Non-pharmacological treatments e.g. massage, heat packs, meditation
- ▶ Safe practice environment - Health & safety, falls prevention, etc.
- ▶ Clerical/administrative/planning tasks
- ▶ Recording and Reporting of client care
- ▶ Specialist areas of care e.g. stoma care, catheter care, etc.
- ▶ Care of specific client groups (e.g. Intellectual, Disability, Autism, Dementia)

Eighty-two percent of HSWs attending local induction training programme paid fees to their organization. The majority of the respondents agreed that a standardised induction programme with standardised content should be mandatory for all HSWs including those already working in the homecare system – not just new recruits. 45% of the respondents felt that there should be a blend of online and in-person content delivery on a standardised induction programme while 82% respondents agreed that there should be a blend of theory and clinical (practical) skills. In addition, the majority of the respondents (73%) agree/strongly agreed that the programme should be academically accredited. Within those respondents, the majority (75%) noted the merits of accrediting a standardised induction programme. This means that 55% of the total sample (6/11 people) agreed that the programme should be accredited.

In terms of teaching methodologies, a combination of methodologies was considered useful for a standardised induction programme for HSWs. Also, the majority (64%) of respondents felt that HSWs from non-native English-speaking countries should be assessed for their English language proficiency similar to other health professions as part of a standardised induction programme (e.g. International English Language Testing System (IELTS) or Test of English as a Foreign Language (TOEFL)).



## Study 3. Home Support Worker Survey

### Main Findings

Eighteen HSWs out of a total of 4500 completed the HSW survey exploring the Feasibility of a standardised induction programme. Due to the low response rate and associated lack of representativeness of the sample we have not included data from their surveys except for responses provided in the open text boxes included in the survey, as these can be considered as qualitative data and provide a snapshot of opinions from this important group of respondents. All 18 respondents (100%) stated that there are advantages to implementing a standardised induction programme for HSWs. The advantages cited are categorized as follows:

- ▶ Support for the increasing numbers of the ageing population in Ireland
- ▶ Increasing medical needs of the population having the option to receive care in the comfort of their homes
- ▶ HSW competence improvement to work more confidently at home
- ▶ Everyone receives the same training and induction they can take to any hospital, nursing home or home in which they work
- ▶ To improve quality and remove differences between companies and carers about the role
- ▶ Every carer has the same understanding for delivering the best quality of care to their client
- ▶ There will be a more standardised mode of care, with a clear set of rules and regulations regularly enforced and understood, to keep both HSWs & clients safe
- ▶ More professional care offered in client's homes
- ▶ All carers working on the same page across the board



- ▶ Knowing that HSWs are accountable for any mistakes and may have a licence withdrawn
- ▶ If the training is the same across all employers, then the opportunities to learn, grow and succeed are all the same. It levels the playing field where carers can take their training with them rather than keep having to do them over again as they change employers
- ▶ All will be trained and assessed
- ▶ Appropriate training and upskilling allow the HSW provide excellent care for the client.

Eighty-eight percent of the respondents stated that there are disadvantages to implementing a standardised induction programme for HSWs:

- ▶ Time consuming and financial burden
- ▶ With passing of time and long hours carers may be reluctant to up-skill and re-train
- ▶ Different people have different needs
- ▶ More training
- ▶ Delaying start time
- ▶ This will take time to implement but it will provide a better balance of training required for carers

Over half of respondents (52%) indicated that there are barriers to the implementation of a standardised induction programme for Home Support Workers (HSWs). The following is a summary of the barriers outlined:

- ▶ It may take time to adequately prepare both new and existing staff to successfully complete the induction programme
- ▶ The cost implications and the willingness of both carers and organisations to participate in the programme
- ▶ Training may hamper levels of interest among potential care workers
- ▶ Potential language barriers
- ▶ Additional training may be necessary to align current practices with the proposed standards





Conclusions



## Conclusions

This research provides novel insights from an extensive consultation with key stakeholders relevant to home support in Ireland including – the DOH, the HSE, HIQA, a range of private providers, HSWs, induction programme providers, SIPTU, IMNO, NMBI, CORU, healthcare professionals and a range of organisations across the voluntary sector. This research demonstrates that key stakeholders working/involved in homecare in Ireland believe that a single standardised induction programme is feasible and important for all HSWs across private and public sector settings. A standardised induction programme they believe would raise the standard and consistency of care delivered to service users by HSWs and raise the profile and the level professionalism of HSWs.

A standardised induction programme with theoretical components should be delivered online to all HSWs in Ireland (with live lecturer sessions) to enhance the reach

and accessibility while the in-person clinical/practical elements should be delivered locally in Colleges of Further Education and Homecare Provider organisation who have personnel available with the appropriate training and facilities to provide the training.

Delivery by one education provider may reduce the potential for variability in content delivery across the different sites. A brief local induction programme for new recruits at each site would also be needed in order to familiarise new recruits with local policies and procedures. The national and regional elements would need to be resourced with the appropriate numbers of appropriately skilled personnel and resources in place. The standardised induction programme would need to be run frequently to meet the demands of this rapidly increasing workforce – the exact numbers would need to be worked out based on recruitment projections from the private and public sectors but potentially every 6-8 weeks in order to meet the current demand. Grounded in the findings of this research we have made a series of recommendations as follow.





**TABLE 5** ▶ Key Findings and Recommendations

	Design and develop an induction programme in collaboration with key stakeholders that supports HSWs and is aligned to best practice policies and guidelines
	The induction programme should consider the role of English language proficiency within its application processes
	The theoretical aspects of the standardised induction programme should be centrally coordinated and delivered online by an accredited education provider, selected through an open process to ensure quality and transparency
	A national framework for clinical skills acquisition should be developed collaboratively and delivered locally through approved providers
	The programme should be piloted in one area prior to implementation
	This standardized programme should be made mandatory for all HSW new to the sector in the first instance and ultimately rolled out to those already in the sector to serve as a refresher or bring HSWs up to date with new policies, legislation, standards etc.
	There should also be a short local induction at all sites prior to commencing employment to cover local policies, procedures and processes
	The new standardised induction programme should be progressed as soon as possible and implemented once the necessary plans/processes and agreements are in place to ensure that it operates smoothly and is accessible to all HSWs
	The induction programme should be considered as only a starting point for HSWs to providing care in people's homes and should be complementary to on-going CPDs as they move forward in their careers and/or look after clients with greater clinical acuity
	The profile of the HSW can benefit from renewed promotion as they play a crucial role to the delivery of homecare across Ireland
	The sector should implement formal processes for mentorship and supervision for HSWs throughout their careers. Mentorship is needed during times of transition (e.g. new role) and supervision from more senior colleagues should be available as an ongoing support feature during the careers of HSW

## Proposed curriculum areas for a standardised induction programme

Day 1, 2 & 3-Delivered nationally online with live lectures (synchronous sessions): **Theoretical elements**

Day 4 & 5-Delivered regionally in Colleges of Further Education: **Clinical elements** linked to theory (areas of support, policies, legislation and guidelines) covered on Day 1, 2 & 3.

**Formal assessment:** online but conducted in situ at centers regionally where it can be supervised

**English Language Skills:** competency should be a pre-requisite to coming onto the induction programme

DAY 1	DAY 3
Roles and Responsibilities, Scope of Practice, Patient rights: such as choice, consent, finances, advocacy, importance of trust and honesty	Activities of Daily Living (ADLs)
Building the client/HSW relationships (person-centered care, connecting, being present, providing company, giving time/ not rushing around, respect, compassionate care)	Instrumental Activities of Daily Living (IADL)
Values, positive culture & attitudes, rights-based approach, autonomy, dignity & empathy	Infection Prevention and Control (IPC)
Professional behaviours and knowing limits of professional boundaries	Maintaining skin integrity/pressure sore prevention
Principles of Diversity & Inclusion	Mobilization
	Basic First Aid
	Care planning and handovers
	Recognising deteriorating client and getting appropriate care /escalating to the appropriate authority
	Common presentations in practice such as dementia, responsive behaviours, Intellectual Disabilities
DAY 2	DAY 4 - PRACTICAL SKILLS
Update on GDPR – confidentiality, data protection (as a recap as already covered in QQI modules)	ADLs & IADLs
<b>Relevant policies, regulation and legislation -</b> Lone Worker Policy, Trust and Care Policy, Regulations and National Standards for Home Support Services, The Safety, Health, and Welfare at Work Act 2005, The Safety, Health and Welfare at Work (General Application) Regulations 2007, Guidance on the SHWW (Reporting of Accidents and Dangerous Occurrence) Regulations 2016, Non- violent crisis intervention training, National Standards for Adult Safeguarding	Nutrition and Hydration
	Manual Handling - hoists, moving from chair to bed/ commode etc. up and down stairs
	Mobilization /gentle exercises
	DAY 5- PRACTICAL SKILLS
	Infection Prevention and Control - (PPE, hand washing)
	Skin integrity/Pressure Sore Prevention – basic dressings
	Basic First Aid – burns, cuts, bruises, choking
	Care planning and handovers





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