

Work Package 2 – Deliverable 1

SOCIO-ECONOMIC LITERATURE REVIEW REPORT ON CARE REGIME AT COUNTRY LEVEL

IRELAND

Caroline Murphy

Funded by DG Employment, Social
Affairs and Inclusion – EMPLA –
Employment and Social Governance
"Improving expertise in the field of
industrial relations –
SOCPL-2022-IND-REL- 01"

Grant Agreement number: 101126007

Care Regime in Ireland

This section outlines the regulatory and funding context for care and domestic work in the Irish context. Notable differences exist in how long-term care (LTC) is ultimately provided across European welfare states; within this, Ireland has been classified as operating a Beveridge-oriented care regime characterised by state responsibility for dependency through social and health services funded from general taxation (Simonazzi, 2009). Other countries in this classification include the UK, Sweden and Finland (Simonazzi, 2009). However, Murphy and Turner (2017) point to differences in the approach to LTC and the care work associated with it that exist within this categorisation whereby the Nordic states closely exemplify Esping-Andersen's universalist model of welfarism; Ireland traditionally has and continues to demonstrate the characteristics associated with a liberal welfare regime. This form of governance is characterised by a minimal level of state provision of welfare, modest benefits, and the enforcement of strict entitlement criteria where welfare recipients are means-tested (Richter et al., 2012; Eikemo and Bambra, 2008). In the provision of LTC in Ireland, this approach is evidenced by the relative reluctance of the state to undertake responsibility for LTC, whereby the Health Act 1970 explicitly specified that the state was to provide home care services only where voluntary organisations, families or neighbours failed to provide support for an older person (Lundström and McKeown, 1994:13). This approach, however, has started to wane, and contemporary developments are outlined below.

1. Funding

In relation to the total amount dedicated to social spending, based on 2020 figures, Ireland ranks above the EU average on per capita spent; however, as a percentage of GDP, Ireland ranks lowest in the EU 27 at just 15% compared with an EU average of over 30% (Domina, 2023). Ireland has traditionally been viewed as having a *laissez-faire* approach to the provision of home care, relying on informal care. However, over the past couple of decades, the state has taken a much more central role as both provider and/or funder of care (Murphy and O'Sullivan, 2021; Daly, 2018). Indeed, this increased role looks likely to continue amid recent emphasis on the development of new regulations for the sector. Unlike residential (nursing home) care, a statutory right to private domestic home-based care is not enshrined in Irish legislation (though such reform is proposed so as to put home care on a statutory footing more similar to residential care). In the absence of that, current support for home- or domiciliary-based care is provided mainly in two ways, as discussed in the next section.

1.1. State funding

The first approach is the Home Support Service (formerly known as the Home Help Service or Home Care Package Scheme). This is managed by the Health Service Executive (HSE), the main provider of public health and social care services in Ireland. For persons with a disability, home support and personal assistance are provided through the HSE Social Care Division's Disabilities programme, which focuses on supporting people with lifelong disability where the onset of a complex disability occurs before age 65 (Walsh and Lyons, 2021). The Home Support Service encompasses a range of personal care services and essential household tasks. The Home Support Service provides support with the activities of daily living, including getting in and out of bed, dressing and undressing, and personal care, such as showering. The level of support provided varies depending on the individual needs of the client. The scheme is designed and administered in such a way as to minimise the number of different individual care workers involved in providing care, thus encouraging regular and sustained relationships between carers and clients. However, this is not always feasible, and there may be times when several different workers are involved in the care delivery, particularly due to leave arrangements and other service demands. While the scheme endeavours to provide care at times preferred, this is not always feasible within the schedule of services due to the number of staff available at any one time and the care needs of clients.

The Home Support Service tasks are carried out either by staff employed by the HSE or by an external provider approved by the HSE, where an agreement to provide such services is in place. If delivered by an external provider, clients will be asked to choose from a list of approved providers in their locality. These providers include both private sector organisations and non-profit/voluntary sector providers; the latter group is commonly referred to as Section 39 organisations. These organisations are funded by the HSE under Section 39 of the Health Act 2004 and mainly operate in the areas of social inclusion and support for people with disabilities, older people, and people with chronic illnesses. Employees of such organisations are not considered public sector employees and are not subject to the same rates of pay and employment terms. Mercille and O'Neill (2021) argue that non-profit providers find it increasingly difficult to compete with for-profit companies and that the marketisation of care has forced non-profit providers to adapt in order to compete successfully in tendering competitions. However, typically, they do not have the same level of resources that larger private providers possess.

The Home Support Service aims to support older people in remaining in their own homes for as long as possible and to support informal carers. Typically, the scheme is aimed at those over the age of 65 who may need support to continue living at home or to return home following a hospital stay. However, some exceptions are made for

people younger than 65 who require similar support (i.e. people with a disability). The Home Support Service is free for those deemed to need it, and it is not means-tested on a financial basis. However, additional supports, over and above the level funded by the HSE, must be paid for by the individual.

Access to the scheme is managed at a local level through home support offices. Typically, the person who needs the service completes the Declaration and Consent confirming the request for support. However, in line with the Assisted Decision-Making (Capacity) Act 2015, those unable to apply in their own right can have a decision supporter (a person appointed as a decision-making assistant/representative or designated healthcare representative) complete the application for support. The type of decision support provided depends on the relevant arrangement in place, and a decision supporter may be a family member or trusted friend (decision-making assistant). The level of care provided is determined by a care needs assessment undertaken by a health professional such as a public health nurse, physiotherapist or occupational therapist. An individual's existing family, social and community supports are taken into consideration as part of this assessment. The HSE policy explicitly states that 'the service does not replace informal care'¹. Under proposed reforms to home care provision, it is expected that a system more similar to that of the 'Fair Deal Scheme,'² which operates in relation to residential care, will be introduced. If modelled on the Fair Deal scheme, this would see assets/income assessed and people expected to pay some of the costs themselves either at the time of care delivery or value realised from an asset after a person's death (O'Regan, 2017). The second approach to funding care is through the Consumer Directed Home Support Scheme (CDHS). This applies where an individual is approved for the Home Support Service, but the HSE does not have resources available to deliver the service (e.g. location of carers). In that case, an external provider, approved by the HSE, can be appointed to deliver home care arranged by the HSE for the care recipient. Alternatively, under this approach, an individual can deal directly with an approved provider of their choice to arrange days and times of service delivery. The HSE policy documentation states that it will consider the CDHS part of an overall care assessment where HSE direct services are unavailable, and individuals indicate a wish to avail of this option. Under this approach, the HSE approves weekly funding to arrange care from an approved provider. The number of hours a person can avail of through that chosen provider then depends on the rates charged by that provider for the days and times that care is required. Payments will not be made to providers not formally approved by

¹ [HSE Home Support Service for Older People Information Booklet, 2023](#)

² This scheme provides provides financial support for those in long-term nursing home care, whereby resident pay part of the nursing home fees with the balance paid by the state.

the HSE. Providers are not permitted to charge rates (or additional fees or charges) higher than that agreed with the HSE.

1.2. Private funding

Based on 2020 figures in Ireland, the vast majority of home care is paid for by government/state funding, with just 0.8% of home care services paid for privately out-of-pocket (Durvy et al., 2023:10)³. A tax relief is available on the costs associated with employing a carer for a family member. Therefore, families can recoup some of the costs of employing a carer provided by an agency. Some stipulations include that the person being cared for must be totally incapacitated throughout the tax year (apart from the first year in which a claim is made). However, the carer does not have to be employed for the full tax year. The provision extends only to care, and no tax relief is available for someone hired who only carries out housekeeper/domestic duties as a form of support.

Private insurance plans providing long-term home care support do not appear to be commonplace in Ireland. However, there are several private health care plans that will provide for the delivery of short-term clinical/medical care in the home upon discharge from acute settings. In relation to insurance, individuals who take on a live-in carer are recommended to contact their insurance company so that this individual is added to the details of the existing household insurance policy.

1.3. Cost of care

In terms of the price of care, it is concerning that a significant black market is believed to exist in the provision of home care (see 2018:161 report by HIOA), thus making it difficult to determine actual prices. However, a claim that private providers have long made is that they can provide care on a more cost-effective basis (in the region of thirty percent cheaper) than direct publicly provided care (Murphy and Turner, 2014; Murphy and O'Sullivan, 2021). Of late, however, a cause for concern for both private and non-profit providers is the 'legacy rates' paid to providers by the HSE with respect to long-standing service users of home support. Providers claim that this financial arrangement results in financial loss for them and is unsustainable, with rates needing upward review. This became particularly prevalent during both Covid 19 and the cost-of-living crisis. However, it was noted in the report of the Strategic Advisory Group on home care that the hourly rate paid by the HSE to providers is significantly higher than the rate paid by those providers to their care workers.

³ It should be noted that it is difficult to estimate the extent to which care may be sourced and paid for informally.

2. Regulatory instruments for home care/cleaning services

As noted earlier, Ireland is moving towards a more regulated system of home care. As it stands, the HSE is ultimately responsible for the delivery of care either directly or by awarding tenders to private or not-for-profit providers. These providers must meet a range of criteria (discussed later in this section) to be successfully awarded a tender to provide care on behalf of the state. However, there is no official licensing system that precludes the establishment of a home care organisation that provides private care. As such, there are few barriers to entry for providers wishing to establish themselves in the home care market. Mercille and O'Neill (2021) claim that private providers can derive a substantial portion of revenue from care paid for out of pocket by families, and a 40% tax relief is available to consumers. A 2018 report by the Institute of Public Health found that the overwhelming view of respondents to their study on the future of home care was that people who receive home care should have more of a voice in the range of services that are provided, as well as a greater choice about who provides care. They found that a perception existed that more information was needed regarding the services available, that common standards need to be applied, and that monitoring reports should be made available to the public to enable people to select the most suitable provider. A report from the Health Information and Quality Authority (HIQA) noted the absence of oversight of providers who do not provide HSE-funded services (HIQA, 2021:161). There are no separate or specific regulations regarding intermediary providers either.

2.1. Provider focus

According to the Minister for Health in October 2023⁴, the Department of Health is currently developing a regulatory framework for providers of home support services. This will comprise three important aspects. These include (i) primary legislation for the licensing of home support providers, (ii) regulations which will set out the minimum requirements that a home support provider must meet to obtain a licence, and (iii) the introduction of HIQA national standards⁵. HIQA has begun the process of developing standards for home care and home support services. A standardised single assessment tool for care needs will determine prioritisation and levels of care required going forward. The HSE has begun the recruitment process for 128 Care Needs

⁴ Dail Eireann Debate October 3rd 2023, <https://www.oireachtas.ie/en/debates/question/2023-10-03/593/>

⁵ HIQA is the independent authority that regulates and inspects health and social care services in Ireland.

Facilitators, and a home support IT system is being developed within the HSE. The establishment of a National Home Support Office is also proposed.

The HSE has implemented an Authorisation Scheme (AS), which sets out the service specifications that exist for Home Support Service providers. Each applicant organisation must demonstrate they can reach the standards set out in order to be successful in the procurement process. All providers will be subject to compliance with any relevant legislation enacted and associated regulations and standards emerging from work currently being undertaken by the Department of Health, HSE and HIQA in relation to home care reforms. As part of the current system, private and not-for-profit/voluntary sector providers must demonstrate their capability to perform services across a number of grounds. These include Principles in Service Delivery, Communication, Complaints, Consent, Care Needs Assessment, Safeguarding and Protection of Service Users, Home Support Care Plan, Medication Management, Financial Procedures, Training and Development, Supervision of Staff, Health and Safety, and Key Performance Indicators. The Contracting Authority reserves the right to review a client and the services being provided as appropriate. The Service Provider must make available appropriate staff to attend/contribute to reviewing Home Support Care Plans as requested by the Contracting Authority and must provide clear contact details to enable the Service User/their family to contact the Service Provider in the event of the Home Support Worker not turning up for work or due to any other unforeseen circumstance. The Service Provider must also provide a statement of all missed calls/visits and the related reasons for these when submitting monthly invoices for payment. A stipulation exists that employees must not be assigned to provide paid care to a member of their immediate family. In terms of how the service is controlled, service providers are required to complete a self-declaration on a quarterly basis to accompany their monthly invoice submitted to the HSE for payment. The HSE has the right to audit and quality assure the self-declaration returns. As stated earlier, the HSE acts as both provider and commissioner of publicly funded home care services and monitors the provision of services it provides or procures. As it currently stands, there is no statutory regulation of private home care or home support services. However, there have been calls for the introduction of a national statutory scheme that would regulate both the publicly and privately funded home care sectors. It is proposed that when introduced, legislation will require all home care providers to hold a license from HIQA before they can operate and will be subject to monitoring and compliance.

2.2. Workforce focus

In terms of the care workforce, several requirements are stipulated by the HSE that providers must demonstrate in relation to the recruitment and retention of staff. The

authorisation scheme stipulates that posts must be filled by open competition, which includes a face-to-face interview and an assessment of the candidate's previous experience. It is expected that carers provide two written references, one of which must come from the most recent employer, and that the potential new employer follows up by a telephone call to check the details of this prior to appointing a candidate to a role. Carers' identity must also be verified through a process known as Garda Vetting, which effectively means that a Police Clearance Certificate is obtained for each carer. Verification of qualifications and training claimed to have been undertaken, and an ability to communicate effectively in the English language are required. Employers must ensure that workers hold a valid work permit. The Service Provider must have contingency plans in place in the event that a worker does not turn up for work they are scheduled to undertake in a client's home. Contingency arrangements should be agreed upon and documented in each Service User's Home Support Care Plan, including Service User priority rating and Service Provider emergency contact details.

It is stipulated in the documentation⁶ that the provider must have in place a formal contract of employment, which includes a probationary period with each of their employees and must furnish each employee with a written job description. Service Providers are granted access to the HSE's national online learning and development portal so that their staff can complete training in aspects such as infection prevention and control, manual handling, and people handling. Home support workers must receive induction training focused on delivering care at the commencement of employment. Additionally, before starting their first assignment, workers are expected to have completed (at a minimum) 20 hours of training, including 5 hours of practical application of theory in a classroom-based setting. A new staff member must be supervised and shadowed during the first 8 hours of directly working with clients before being allowed to work alone.

The HSE recommended level of qualification for those working on HSE contracts is a relevant Quality and Qualifications Ireland (QQI) approved major award (Level 5 or higher) in health service skills, community care, healthcare support or nursing studies. A qualification must include the following mandatory modules on care skills and care of the older person. Providers must develop a training plan (reviewed at least annually) that demonstrates a plan to achieve the full QQI 5 Level Major Award or another relevant (equivalent or higher) award within three years of appointing a new staff member. It is also expected that a plan is in place to ensure that home support workers maintain competencies and skills in order to fulfil their roles in meeting the needs of clients. Staff that do not already hold a qualification are expected to have, at a minimum, received appropriate induction, manual handling, and people handling training,

⁶ Authorisation Scheme Service Specifications, V1 August 2023

including hoist training and certification in infection control. It is expected that a commitment to obtaining at a minimum QQI Level 5 Modules – Care Skills, Care of the Older Person, within 11 months of first working on this HSE contract and National Carer Competency Assessment will be satisfactorily completed. Service Providers must self-declare the percentage of their staff working on HSE contracts who are new entrants to home care work or staff with less than one year's experience, as well as the percentage of unqualified existing home care staff. In working with those with dementia, service providers are expected to ensure that all workers who provide care will have successfully completed a recognised education programme specific to dementia care. These measures demonstrate the extent to which the state is attempting to increase the professionalisation aspect of home care work and ensure quality of service for clients.

3. Migration

Home care workers were not included in the list of jobs eligible for a work permit until very recently. This was despite organisations such as Care Alliance Ireland (a national network of voluntary bodies supporting family carers) calling for changes to the system due to a shortage of carers for many years. In late 2022, the report of the strategic workforce advisory group on home carers and nursing home healthcare assistants called for the roles to be removed from the ineligible occupations list. Subsequently, the government issues one thousand work permits relating to the role of home support workers. Addressing the shortage of care workers in Ireland was identified as an urgent priority for the government during and after the pandemic. A cross-departmental Strategic Workforce Advisory Group was established in March 2022 to examine and formulate recommendations to address the challenges in frontline carer roles in the home support and long-term residential care sectors. The report was published on 15th October 2022. Providing an overview of the group's work and key findings, the report presents a suite of 16 recommendations spanning the areas of recruitment, pay and conditions of employment, barriers to employment, training and professional development and sectoral reform. One such recommendation was the increased use of work permits. The Statutory instrument authorising the issuance of 1,000 employment permits for home care workers was signed on 16th December 2022. The service level agreements which approved providers must meet state that English is the language of choice unless otherwise specified by the Service User/carer; where possible, efforts should be made to facilitate clients to receive a service in their first language. The Department of Enterprise, Trade and Employment guidelines concerning care workers and home carers stipulate that

a minimum annual remuneration of at least €27,000 is required based on a 39-hour working week (hourly rate of €13.31). When applying for an employment permit renewal, care workers should have attained a relevant QQI Level 5 qualification after two years of employment in the state.

3.1. Informal employment

Ireland's scheme for work permits is operated on an 'employer-led' basis. Care Alliance (a body representing family carers) argues that this approach makes it difficult for family carers to employ a home care worker to provide care in the home independently of organisations. They argue that instead, some families are forced into the 'black market' of accessing care workers for their family members⁷. The black market in care is problematic for workers and families needing care. In 2017, the Migrant Rights Centre of Ireland launched the My Fair Home campaign, in collaboration with the International Labour Organisation, to improve home care standards and called for the government to introduce employment permits for migrant carers, regular health and safety checks, compulsory training and greater compliance.

In 2022, the Irish Government opened a regularisation programme for the undocumented, which received over 8000 applications. It was open to anyone who had been undocumented for four years or more on the day the scheme opened. The care sector was one area where workers spoke about the impact of the lack of residency and work permits on their living and working conditions. A fee of approximately 500 euros was attached to an application made to the process, and the success rate was approximately four in five applicants⁸.

4. Outcomes

Policymakers view home care as the preferred alternative to institutional, residential care settings. Ireland has relatively low levels of formal home care compared with several other countries (2.6 percent in 2016) (Privalko et al., 2019). Home and Community Care Ireland stated that the waiting list for people needing a carer was 6,673 in December 2022 (Sherlock, 2023). By contrast, there are approximately 30,000 long-term care beds in Ireland, provided by 581 registered long-term residential centres and less than 130 public facilities (Safeguarding Ireland, 2020). Private and voluntary nursing homes have an estimated 25,000 residents (Nursing

⁷ [https://www.carealliance.ie/userfiles/files/CAI_submission_migrant_workers_policy_2018\(final\).pdf](https://www.carealliance.ie/userfiles/files/CAI_submission_migrant_workers_policy_2018(final).pdf)

⁸ <https://www.irishtimes.com/ireland/social-affairs/2023/08/10/four-in-five-undocumented-people-who-applied-to-regularise-their-status-in-ireland-were-successful/>

Homes Ireland, 2021). Only 3.5 percent of those aged 76–85 use residential care, but this increases dramatically in the 86–90 cohort, with 15 percent of the population in funded residential long-term care (PWC, 2023).

According to OECD data (2022), home-based LTC spending increased from US\$ 301 per capita PPP in 2011 to US\$ 490 per capita PPP in 2020, an average annual growth of 4.9% spending increase. Durvey et al. (2023) point out that based on current financing models, there is likely to be a financing gap as age demographics change. According to Home and Community Care Ireland (HCCI), 20,792,772 hours of home support were delivered in 2022, an increase of 1.6% from 2021. However, this was still 11.35% below the target set. Between 2018 and 2022, direct public delivery increased by 7.6% in overall hours, while the care provided by other providers increased by 32%. Walsh and Lyons (2021) estimate that, across public and private home support, HSE carers provide 33 percent of home support hours, voluntary organisations 8 percent, and for-profit agencies 58 percent. In terms of employment, there are 18,000 home care workers in Ireland. The HSE employs over 5,300, and the remaining 13,000 are in the private and non-profit sectors⁹(Oireachtas Debate 2023). Mercille and O'Neill (2020) found that while private care providers follow two models of operation, franchise or company-owned, the franchise model is the most widespread amongst the most recognisable providers.

The demand for home care services is projected to increase significantly by 2030 (Wren et al., 2017). As a labour-intensive sector, the productivity and sustainability of LTC services highly depend on the existence of an effective and efficient workforce (OECD, 2020). OECD data reveals that Ireland has a low number of long-term care workers relative to the population aged 65+; this compares with an OECD average of 5 and above 10 in some European countries, indicating the severity of labour in the sector. Domestic/care work involving labour intermediaries has been identified as an area of undeclared work (Hastings, 2021); however, no specific data on the care sector was found. Overall, according to the European Labour Authority (2023), which examined the extent of undeclared work based on the Labour Input Method (LIM), in 2019, 7.3 % of total labour in Ireland was undeclared work. They also estimate that bogus self-employment stands at 10%. A hidden economy monitoring group (HEMG) exists, which is a multi-agency group that develops initiatives to combat undeclared work and shadow economic activity in Ireland. The group is chaired by Revenue and consists of representatives from government agencies, including the DSP and the WRC, as well as representatives from business groups and trade unions. It is a forum for participants committed to tackling the shadow economy, particularly those susceptible to undeclared work (including bogus self-employment).

⁹ <https://www.oireachtas.ie/en/debates/debate/dail/2023-11-08/6/>

5. References

- Daly, M. (2018). European Social Policy Network Thematic Report on Challenges in Long-Term Care: Ireland. Brussels: European Commission.
- DOMINA (2023) Available at: <https://www.domesticworkobservatory.com/domestic-work-in-europe-2023/>
- Durvy, B., van Ginneken, E., & Cylus, J. (2023). Improving home care sustainability in Ireland.
- Eikemo, T.A. and Bambra, C. (2008), "The welfare state: a glossary for public health", *Journal of Epidemiology and Community Health*, Vol. 62 No. 1, pp. 3–6.
- European Labour Authority (2022) Tackling undeclared work in the personal and household services sector [UDW_Study_report_on_PHS_2022.pdf \(europa.eu\)](https://ec.europa.eu/eurlaw/index/en/udw-study-report-on-phs-2022)
- Hastings, T. (2021). Coordinating responses to undeclared work: The role and approach of different regulatory agencies. In Peer Review on "Control and prevention of undeclared work in complex chains of economic activity", 4–5 May 2021 ec.europa.eu.
- HIQA (2021) Regulation of Home Care report <https://www.hiqa.ie/sites/default/files/2021-12/Regulation-of-Homecare-Research-Report-Long-version.pdf>
- Home and Community Care Ireland (2023) HCCI Home Care Data Series October 2023
- Institute of Public Health in Ireland (2018). Improving Home Care Services in Ireland: An Overview of the Findings of the Department of Health's Public Consultation. Dublin: Institute of Public Health in Ireland.
- Lundström, F. and McKeown, K. (1994), Home Help Services for Elderly People in Ireland, National Council for the Elderly, Dublin.
- Mercille, J., & O'Neill, N. (2021). The growth of private home care providers in Europe: the case of Ireland. *Social Policy & Administration*, 55(4), 606–621.
- Murphy, C., & Turner, T. (2017). Formal and informal long term care work: policy conflict in a liberal welfare state. *International Journal of Sociology and Social Policy*, 37(3/4), 134–147.
- Murphy, C., & O'Sullivan, M. (2021). Running to stand still? Two decades of trade union activity in the Irish long-term care sector. *Transfer: European Review of Labour and Research*, 27(3), 383–397.
- Nursing Homes Ireland (2021) <https://nhi.ie/>
- OECD (2020) Who Cares? Attracting and Retaining Care Workers for the Elderly. Paris: OECD
- OECD (2022). OECD Health Statistics 2022. Paris, OECD: Health Policies and Data (<https://www.oecd.org/els/health-systems/health-data.htm>)

- O'Regan, E. (2017) Elderly home care scheme is likely to be means-tested, Irish Independent, 11/04/2017. Available at: <https://www.independent.ie/irish-news/ly-home-care-scheme-is-likely-to-be-means-tested/35612470.html> [Last accessed 08/05/24]
- Privalko, I., Maître, B., Watson, and D., Grotti, R. (2019) Access to Care Services Across Europe. Dublin: Department of Employment Affairs and Social Protection and Economic and Social Research Institute
- PWC (2023) Challenges for Nursing Homes in the Provision of Older Persons Care Private and Voluntary Nursing Home Sector. Available at: <https://nhi.ie/wp-content/uploads/2023/05/PWC-Nursing-Home-Industry-Report-Final.pdf> [Last accessed 08/10/24]
- Richter, M., Rathman, K., Gabhainn, S.N., Zambon, A., Boyce, W. and Hurrelmann, K. (2012), "Welfare state regimes, health and health inequalities in adolescence: a multilevel study in 32 countries", *Sociology of Health & Illness*, Vol. 34 No. 6, pp. 858–879.
- Safeguarding Ireland (2020) *Long Term Residential Care for Older People*. Available at: <https://safeguardingireland.org/wp-content/uploads/2020/08/Nursing-Homes-Expert-Panel-Submission-%E2%80%93-June-2020.pdf> [Last accessed 08/05/24]
- Sherlock, C (2023) Age Action 'concerned' with under-delivery on intensive home care. Available at: <https://www.breakingnews.ie/ireland/age-action-concerned-with-under-delivery-on-intensive-home-care-1492321.html> [Last accessed 08/05/24]
- Simonazzi, A. (2009), "Care regimes and national employment models", *Cambridge Journal of Economics*, Vol. 33 No. 2, pp. 211–232.
- Walsh, B. and S. Lyons (2021). "Demand for the Statutory Home Support Scheme." ESRI Research Series Report Number 122. doi.org/10.26504/rs122.
- Wren, M., C. Keegan, B. Walsh, A. Bergin, J. Eighan, A. Brick, S. Connolly, D. Watson and J. Banks, 2017. Projections of Demand for Healthcare in Ireland, 2015–2030: First Report from the HIPPOCRATES Model, Dublin, Ireland: The Economic and Social Research Institute.