

# Home Care in Ireland: A cautionary tale of Policy-making in the absence of implementation strategies

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# Introduction

- What are the main reforms that have taken place in home care services in Ireland over the last ten years?
- What are the outcomes of these reforms?
- What are the drivers of change?

# Home care services in 2000

- Funding and policies for older people prioritised residential care
- State expenditure on home care (2000): 0.19% of GDP; residential care: 0.33% GDP (OECD, 2005)
- Approx. 3.7% older people received home help in 2000.
- Reliance on informal carers who remained largely unsupported by State and 'objective' demographic factors.

# The seeds for a new beginning? Reforms in the new millennium

- National Health Strategy (2001:18):  
*Access to health care should be fair. The system must respond to people's needs rather than have access dependent on geographic location or ability to pay.*
- Annual expenditure for homecare increased: €102.3 mn in 2001 to €331 mn in 2008
- National Development Plan (NDP) 2007-2013: €4.7 billion allocated to older people's services.
- Establishment of the Home Care Support Scheme in 2006 (individually tailored packages of domestic and personal care).

# Health and social services administration

- Centralisation of regional health authorities; decentralisation of primary and community based services (32 local health offices).
- System still in flux:
  - Separate budgets for primary and acute care.
  - Insufficient clarity about the division of responsibilities between the Minister for Health, the Department of Health and the HSE
- Inadequate funding exacerbated by recent cut-backs.



# Systemic context and its impact on home care policy

- Preference for:
  - co-payments rather than universal entitlements
  - discretionary system rather than formal means-based assessments
- Driven by:
  - low-tax, low-spend system in Ireland
  - “clientelistic” nature of Irish politics
- However, legislation governing statutory contributions for residential care (‘Fair Deal’ Scheme) may be extended to home care.

# Outcomes

- Shifting balance between providers led to growth of private sector
- Unevenness of provision across country
- LHOs not legally obliged to provide home care services, no national eligibility criteria.
- Sector currently unregulated, (though suggestion has been mooted).

# Conclusion

- The process of home care formalisation has highlighted serious deficiencies in the State's ability to translate policy into practice
- State is still struggling to shed its subsidiary role and adopt a stranger more directive role in financing, co-ordinating and regulating home care
- Policy documents merely administrative guidelines.
- Policy not a sufficient condition for achieving key outcomes such as fairness and quality. In the Irish context, legislation and clarification of lines of responsibility required.



# References

- OECD (2005). Long-Term Care for Older People. Paris, OECD.
- Department of Health and Children (2001). Quality and Fairness - A Health System for You, Department of Health and Children.