



**Health
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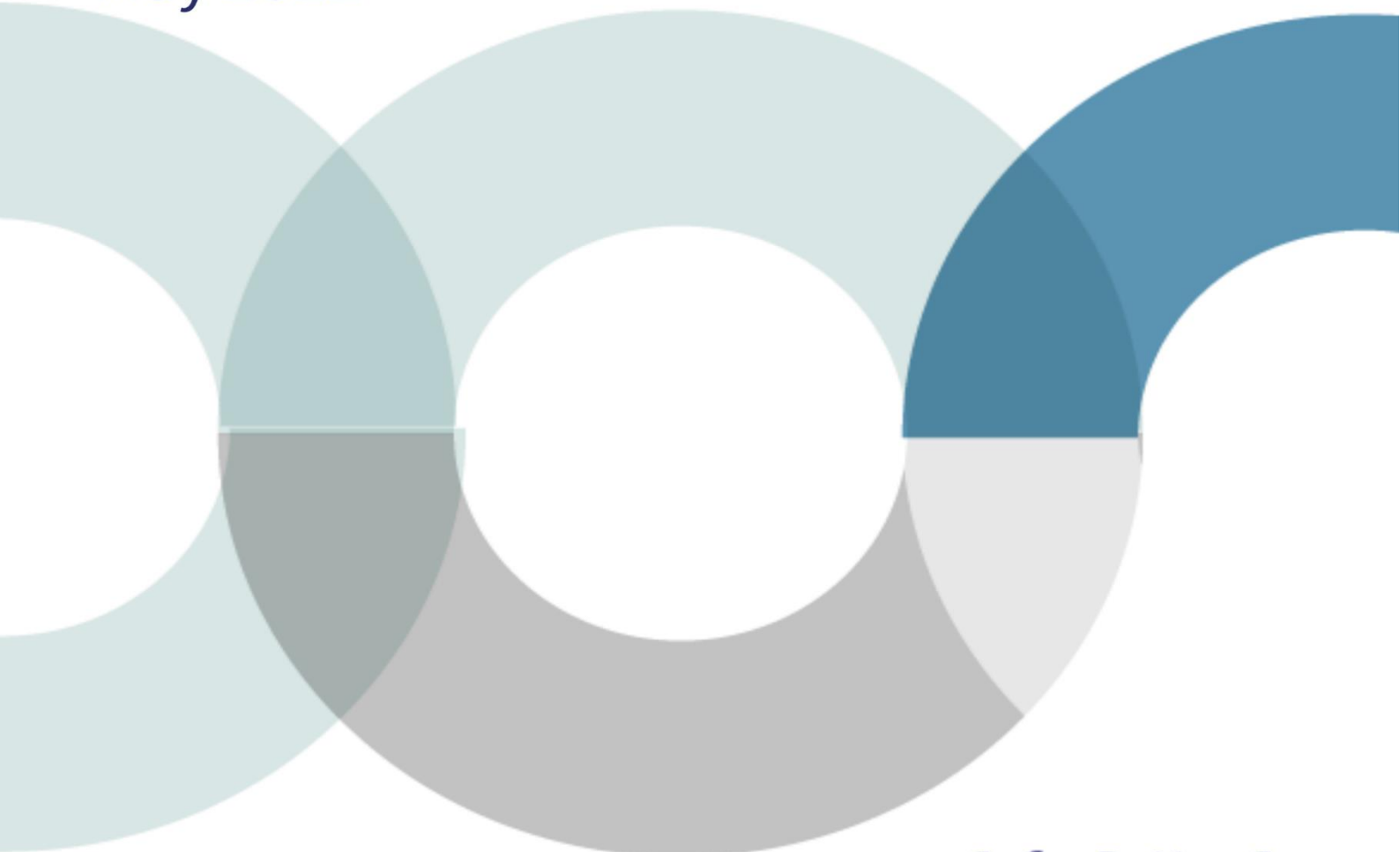
An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

EVIDENCE REVIEW

**To inform the development of National
Standards for Homecare and Support
Services in Ireland**

Executive Summary

May 2022



Safer Better Care

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the Health Service Executive (HSE).

Executive Summary

Introduction

The Health Information and Quality Authority (HIQA) is the statutory body established under the Health Act 2007 to drive high-quality and safe care for people using our health and social care services. One of HIQA's many functions is to set standards for health and social care services.

It is well accepted that the preferred place of care for many people is in their own homes, for as long as is possible.⁽¹⁾ Care and treatment of complex medical conditions that traditionally occurred in hospital is increasingly being provided at home. In addition, research in current services for older persons suggests an over-reliance on long-term residential care and a lack of intermediate models of care. The future demographic challenges, trends towards increasingly complex care being provided in the home, and the need to focus on a human rights-based approach that facilitates autonomy and choice, underline the need to develop alternatives to meet the needs of the population, including homecare, assisted living and day care. These choices have the potential to allow people to remain in their own homes for longer and also have added protections in the context of prevention of infection.

Homecare and support services were traditionally referred to as 'home help' and 'homecare packages' in Ireland, but in 2018 these services were combined by the Health Service Executive (HSE) to become known as 'home support services.' In addition, the terms 'homecare' and 'home support' are used interchangeably throughout the literature, both nationally and internationally. For the purpose of this review, these terms will be used according to their use in the published literature under discussion.

HIQA recognises the importance of the quality and safety of homecare and support services to support people to remain in their own homes for longer and therefore is developing National Standards for Homecare and Support Services in Ireland, underpinned by this evidence review. These standards will form part of a regulatory framework for homecare and support services in Ireland, currently being developed by the Department of Health. HIQA will work closely with the Department of Health to support this regulatory process, as well as engaging more widely with stakeholders in the development of the National Standards.

The Programme for Government (2020) commits to the introduction of a statutory scheme to support people to live in their own homes by providing access to high-quality, regulated homecare.

At the time of writing this review, the Government is in the process of developing a comprehensive regulatory framework to regulate home support services in Ireland.

In 2021, the Government gave approval to draft a General Scheme and Heads of a Bill to establish a licensing framework for home support providers.

A regulatory framework underpinned by legislation will offer assurance that people using homecare and support services will receive safe, quality, and person-centred care and help address concerns relating to quality-assurance, accountability, training and skills.

It is intended that the scheme will provide equitable access to high-quality services, based on a person's assessed care needs. The importance of integrated care pathways, communication and coordination of care between services to enable people to get the right care, at the right time and in the right place is fundamental to person-centred care. Strong and effective governance arrangements are required at national, regional and local service-delivery level to ensure that people using homecare and support services receive consistent coordinated care. Systems and structures to support collaborative working and communication between homecare and support services and other health and social care services are required, to ensure that people get the integrated care and support they need. The Draft National Standards for Homecare and Support Services will complement and support such arrangements to be implemented in practice. The proposed statutory scheme, together with national standards, will provide a system-wide approach to addressing homecare and support in Ireland.

The expectation is that all services will work to achieve compliance with a set of national standards that provide a framework for best practice in providing person-centred homecare and support, with a focus on achieving the best outcomes for the person using these services.

Alignment of national legislation, policy and standards is required for the protection of all people using homecare and support services. A dynamic service which recognises the value of the workforce and the opportunities of assistive technology will ensure a responsive service, focused on the outcomes of those receiving care and support at home.

The Draft National Standards for Homecare and Support Services will be set out according to the principles outlined in the Standards Development Framework, which was published in September 2021.⁽²⁾ These principles are:

- a human rights-based approach
- safety and wellbeing
- responsiveness
- accountability.

The aim of this review is to provide the evidence base to inform the development of the National Standards for Homecare and Support Services. This evidence is drawn from:

- an overview of homecare and support services in Ireland
- an international review of homecare and support services in seven jurisdictions
- an evidence synthesis of national and international literature which sought to identify characteristics of good person-centred practices in homecare and support services, where people experience safe, high-quality outcomes from the care and support they receive in their home.

The findings are presented in the above order.

Overview of the Irish context

This section sets out a review of homecare and support services in Ireland at present; this includes a description of the current model for homecare in Ireland, an overview of legislation and policy, and a review of outcome data. This review of homecare and support in Ireland was informed by academic papers, authoritative national websites, annual reports and statistical reports from key organisations, alongside collaboration with experts in this area.

The main findings from this review of services in Ireland are summarised as follows:

Legislative context

- There is currently no legislation or statutory regulations underpinning the homecare and support sector in Ireland. There is a need for regulatory reform to ensure delivery of care that meets the needs of the Irish population.

Drivers for improvement

- The current homecare and support sector is largely reliant on informal carers providing care to people to live in their own homes.
- The Sláintecare (2017) report outlines recommendations related to social care expansion, including universal access to homecare.
- HIQA published a position paper on the regulation of homecare in 2021. In it HIQA advocated that homecare services need to be needs led, integrated,

and inclusive of complex care. Age or disability status should not be a barrier or gatekeeper to access homecare and support services.

- Homecare and support services should support enablement and independence, ensuring the dignity and human rights of people are protected.
- Homecare and support services should be person centred, focused on quality and on the outcomes important to those receiving the service.

Models of care and integration

- While homecare and support services are allocated based on need and availability of resources, rather than the individual's ability to pay, there is high demand for services and waiting lists remain.
- National HSE guidelines and service specifications for tenders to provide home support services are already in place for older persons.
- Despite this, inconsistencies remain in home support services for adults (including older persons and people with disabilities), including funding arrangements, assessment of need, eligibility criteria and allocation of resources.
- Variation is also evident in homecare and support services for children with complex needs in our communities.
- Information and Communications Technology (ICT) has a critical role to play in ensuring that information to drive quality and safety in health and social care settings is available when and where it is required.

Workforce

- Home support in Ireland is provided by staff employed by the HSE, voluntary organisations and for-profit organisations.
- There is limited information about the total number of carers employed in Ireland.
- It is widely acknowledged that the sector is challenged by staff recruitment and retention.

The primary goal of homecare and support services in Ireland is to facilitate people to live in their own homes as independently as possible, for as long as possible, if they wish to do so. There is currently no legislation or statutory regulations underpinning the homecare and support sector in Ireland. There have been long-standing calls for the introduction of legislation to support and safeguard people using homecare and support services in Ireland from successive governments, researchers and advocacy groups. In addition, the current homecare and support sector is largely reliant on informal carers providing care to people to live in their own homes.⁽³⁾

Models of care and integration

Publicly-funded homecare and support in Ireland is available free of charge, is not means tested and no contributions are required by the person using the service. However, as homecare and support services are allocated based on need and availability of resources rather than ability to pay, the provision of homecare and support by the state is subject to available funding and hence waiting lists are evident.

Publicly-funded home support services are funded by the State through budgets allocated annually to the Health Service Executive (HSE). These home support services are then either provided by staff directly employed by the HSE or by voluntary (not-for-profit) or private (for-profit) providers who are funded by the HSE to provide services through a tendering process. Individuals may also purchase home support services directly from private providers operating independently in the open market. The HSE has no oversight of these privately-funded services.

Access to publicly-funded homecare and support in Ireland is based on assessed need. An assessment of need is conducted to explore the needs of the person and appropriate supports required. National guidelines and service specifications for tenders to provide home support services are already in place for older persons. Notwithstanding this, the literature highlights inconsistencies which remain in home support services for adults (including older persons and people with disabilities), including funding arrangements, assessment of need, eligibility criteria and allocation of resources.

Inconsistencies are also evident in homecare and support services for children with complex needs in our communities. Reform of homecare and support services in Ireland presents an opportunity to establish a framework for best practice in providing person-centred homecare and support, without age restrictions, with a focus on achieving the best outcomes for all people using these services.

Workforce

Home support in Ireland is provided by staff employed by the HSE, voluntary organisations and for-profit organisations. Currently, outside of the HSE, little is known about home support workers in Ireland, including the total number of carers employed.⁽⁴⁾ Home support workers in Ireland are not required to register with a professional health and social care registration body. It is widely acknowledged that the sector is challenged by staff recruitment and retention.⁽⁴⁾ There have been calls to the Irish government for a comprehensive workforce review in social care in order

to address the current recruitment and retention challenges and the increase in demand for homecare and support.

Information and Communications Technology (ICT)

Information and Communications Technology (ICT) has a critical role to play in ensuring that information to drive quality and safety in health and social care settings is available when and where it is required. However, a review by HIQA of ICT enablement of older persons services in Ireland⁽⁵⁾ shows that the current ICT infrastructure in Ireland's health and social care sector is highly fragmented, with major gaps and silos of information which prevents the safe, effective transfer of information. This review demonstrates a clear and pressing need to develop a coherent and integrated approach to health information, based on standards and international best practice.

Drivers for improvement

It is evident from the array of published literature and reports that Ireland is deeply committed to improving homecare and support services. Research has been conducted by subject matter experts from government departments, State bodies, Irish universities, advocacy groups and public, private and voluntary homecare and support providers, all of whom share common recommendations that Ireland needs legislation to underpin the provision of quality homecare and support. The ten-year strategic framework set out in Sláintecare aims to "make it possible for people to stay healthy in their homes and communities for as long as possible, receiving the Right care, in the Right place, at the Right time, delivered by the Right team"⁽⁶⁾ The Sláintecare (2017) report outlines Sláintecare's recommendations related to social care expansion, including universal access to homecare.⁽⁷⁾

Proposals for a regulatory framework

HIQA published a report on *The Need for Regulatory Reform* in 2021⁽⁸⁾ that summarises HIQA's experience of regulating social care services and outlines why change is needed to make regulation fit-for-purpose into the future. The report outlines the challenges currently faced by the homecare sector; for example, the lack of statutory entitlement to formal homecare and the current variation in access to homecare services. Emphasis is placed on the need for investment in regulatory reform to ensure the capacity and capability to deliver care that meets the needs of the Irish population.⁽⁸⁾ The report also states that the provision of good quality homecare should be a key component of any future social care system. HIQA subsequently published a report on *Regulation of Homecare: A Position Paper* that sets out HIQA's position on the future of regulating homecare services in Ireland.⁽⁹⁾

This report was published in conjunction with a review of the current homecare landscape both nationally and internationally entitled *Regulation of Homecare: Research Report*.⁽¹⁾ Based on the evidence, HIQA recommended priority areas for the regulation of homecare services in Ireland in the position paper as follows:

- be inclusive to all who are in receipt of formal homecare
- improve the performance and quality of homecare
- provide assurance to people receiving homecare and the public that minimally acceptable standards are achieved
- provide accountability on both performance and value for money.⁽⁹⁾

HIQA has strongly advocated for a complete review and, where necessary, an overhaul of the homecare sector. HIQA also strongly advocated that homecare services need to be integrated and needs led, removal of any barrier to access (such as age), and services that support enablement and independence to be accounted for, ensuring the human rights of people in receipt of homecare are protected. HIQA highlighted that while it is up to the Government to decide if more complex aspects of care will be included in the regulation of homecare, it should consider that health and social care services intersect frequently and are often integrated, and there is a strong argument that this will increase over the coming years with the move to more care in the community at the heart of the Sláintecare ethos.⁽⁹⁾

A statutory entitlement to homecare and support services would help to address the current inequities in service delivery. It is envisaged that the implementation of national standards underpinned by legislation and regulations will also reduce variation in practice and promote quality person-centred care.

International Review of homecare and support services in seven countries

This section describes the international models and arrangements for homecare and support services, relevant legislation, policy, standards and available outcome data. The international context and lessons to inform the development of draft standards in Ireland are outlined. In addition, as part of its international review, HIQA engaged with key stakeholders in international jurisdictions.

The core messages from the international review can be summarised as follows:

Legislation and policy

- There is a need for a standardised definition of what is meant by homecare and home support and what it constitutes to ensure clarity of scope, so that it can be adopted consistently across all Irish health and social care services.
- Standards should be aligned with legislation and regulations, but standards can also offer 'stretch goals' for quality improvement over-and-above the regulations.
- Clear governance structures are required to ensure corporate and clinical oversight and accountability.

Standards and regulations for homecare and support services

- The scope of the standards should be clear and all relevant services should be included within the scope.
- The standards and the system of regulation need to be attainable, in order not to exclude smaller providers.

Outcomes

- Homecare standards should be outcome based, person centred and make sense to both provider organisations and individual service users.
- In addition to being outcomes focused and person centred, standards should be holistic in approach and consider the social and emotional wellbeing as well as the physical wellbeing of the service user.

Eligibility

- The service provided should be based on assessed needs, rather than the person's diagnosed condition(s).
- A focus on equity and accessibility (for example, minority groups) within the standards is recommended.
- Eligibility criteria for services should be clear and transparent, with a standardised, transparent assessment process, which is easy to navigate.

- All the jurisdictions reviewed noted that homecare and support services have fragmented into three key areas of delivery: older people; adults with disability; and children.

Partnership

- Service users, their families and providers are equal and key partners in the development and implementation phases of standards and should also be included in assessment of organisational performance against those standards.

Facilitation of implementation

- There is a need to incorporate lead-in time for implementation of standards.
- Provider organisations require significant levels of support to implement standards and provide appropriate evidence of attainment of those standards.

Workforce

- The workforce is central to the delivery of high quality, person-centred homecare and support services. Any standards for this service must include consideration of the need to grow and develop this workforce.
- A number of countries have introduced registration of care workers, training and pathways for career progression, facilitating professionalisation and delivery of increasingly complex care.

An international review of homecare and support services in the following seven countries was conducted to inform the standards:

- Scotland
- England
- Northern Ireland
- Wales
- The Netherlands
- New Zealand
- Australia.

These seven jurisdictions were chosen following feedback from the scoping consultation, findings from the evidence synthesis and input from key stakeholders. A further desktop review, involving web-based searches of relevant literature and websites, identified a number of key organisations and experts to contact and engage with. The international review includes a review of information from authoritative international websites, national reviews, annual reports and statistical

reports from key organisations, academic papers and videoconferences with international experts in this area from Ministries of Health, standards development teams and health and social care regulators.

All of the countries reviewed are exploring how to move from a regulatory environment that focuses primarily on organisational processes to one that focuses instead on user-led outcomes, placing the service user at the centre of all aspects of homecare services. The evidence shows that each jurisdiction has legislation, strategy, policy, and service delivery systems in place for homecare and support services. The main findings and learning from the international jurisdictions are as follows.

Legislation and policy for home support services and increasing complexity and need

In all of the countries included, there was clear government policy, through strategy and framework documents, to support people to remain cared for in their own homes for as long as possible. Like Ireland, there was also a reliance on informal carers in all countries studied. The majority of this legislation includes, either in primary legislation or associated statutory guidance, clearly-defined boundaries for homecare and support or provides examples of what tasks are included in these services. A key message from other jurisdictions is to streamline the legislative context for homecare wherever possible and to ensure that the rationale for any standards are made explicit, in order to assist providers to demonstrate compliance with legislation and associated regulations.

Home support services were referred to by a variety of terms in the seven countries included in this review. For example, the following terms were used: home support, care at home, domiciliary care, homecare and home help. Even within some countries, more than one term is used. This lack of a standardised definition and interpretation can lead to challenges in what is meant by home support services at a local delivery level, for example between trusts or local authorities. Therefore there is a need to develop a standardised definition and ensure clarity of scope of what is meant by homecare and home support and what it constitutes, so that it can be adopted consistently across all Irish health and social care services.

Standards and regulations for home support services

Northern Ireland was the only country out of the seven countries studied that had a dedicated mandatory set of standards specifically for homecare. These standards form an integral part of activities to regulate, inspect and monitor domiciliary care services. The National Institute for Health and Care Excellence (NICE) *Home care for*

older people quality standard applies to England and Wales, but these standards are not mandatory or enforceable. The remaining countries had overarching standards that apply either to all health and social care services (Scotland and New Zealand) or all older person's services (Aged care Australia) or all disability services (National Disability Insurance Scheme Australia).

All countries reviewed, with the exception of New Zealand, have regulations related to homecare in place. All countries include personal care (activities of daily living) within these regulations. Personal support activities or instrumental activities of daily living (IADL) are included under regulations in Scotland, Australia and the Netherlands. In England and Wales, services that provide personal support activities (IADL) only are not regulated. However, if a service is regulated to provide personal care, personal support services will be reviewed during inspection. At interview with the Care Quality Commission in England and the Care Inspectorate in Wales, both recommended that both personal care and personal support should be included within regulations, in order to ensure services are more person centred and focused on the needs of the person and to eliminate any grey areas in regulation.

Interviewees also recommended that nursing care should be included in the scope of standards and regulations for homecare, especially as homecare becomes increasingly complex, and that it may be restrictive to exclude this aspect of care and support. In addition, interviewees recommended that while standards should align with regulations, they should also offer 'stretch goals' for quality improvement over-and-above the regulations.

Age related services and eligibility

While homecare and support is generally associated primarily with services designed to support older people, in all seven jurisdictions reviewed, homecare and support services also provided support to adults aged 18 to 65 years and to children and young adults. There is, however, significant variation within each jurisdiction reviewed in respect of how services to support children are regulated and quality assured.

All the jurisdictions reviewed noted that homecare and support services have fragmented into three key areas of delivery: older people; adults with disability; and children. This fragmentation is reflected in complex regulatory and monitoring arrangements.

It must be noted that increased specialisation of this nature is often considered a powerful driver for improvement in the quality of care delivered. However, for service users, this categorisation is often perceived as an organisational or

administrative convenience that does not always make sense to the person using the service and their family. Additionally, significant resources are required to assist service users to transition from one service area to another, such as children moving from Children's Services to Adult Services and to manage risks associated with moving out of one support system and into another.

It may be important to consider whether having very defined age limits or brackets for homecare and support services could actually present barriers to access, or contribute to increased risk of service failure at points of transition from one category to another.

A focus on service user outcomes in monitoring home support services

A number of countries included in this review had a strong focus on service-user outcomes in their monitoring and regulation of homecare and support services. A good example of this can be seen in Wales, where in the past, regulations, standards and inspection methodologies brought in under the Care Standards Act 2000 were criticised for a focus on the various operational and governance processes characteristic of a well-run organisation, rather than user-based outcome measures. Domiciliary care is now regulated by the Care Inspectorate Wales against a regulatory framework put in place under the Regulation and Inspection of Social Care (Wales) Act 2016. This has changed the way that services are registered and inspected, with a focus on wellbeing outcomes for people using services and improving quality of care and support. This transition provides valuable learning to Ireland in terms of its development of regulations and associated standards for homecare and support services, which focus on the outcomes important to people using the service.

Additionally, in Scotland, the Quality Frameworks against which the Care Inspectorate monitors and inspects home support services adopts an outcomes-focused approach, where a holistic view of the person receiving care and support is emphasised.

In Wales, New Zealand, Australia, the Netherlands and England, approaches to person-centred, outcome-focused assessment of need, care planning and evaluation are enshrined in legislation, for example the Care Act 2014 (England); Social Services and Wellbeing (Wales) Act 2014; and the Health and Disability Services (Safety) Act in 2001 in New Zealand.

Other jurisdictions include a strong focus on individual as well as clinical outcomes for users, for example the Dutch Institute for Accreditation. In Australia, the Home

Care Common Standards (2018) have been effective in driving change towards an outcomes-based system of accountability.

Having such a focus may ensure that inspections of homecare and support services are not restricted to a compliance versus non-compliance approach, which may result in some aspects of care and support delivery, such as the person's wellbeing and quality of life, being overlooked as indicators of how well the service is performing. Furthermore, an outcomes-focused approach may highlight the importance of the person's voice in the inspection process and establishing what outcomes are most important to them. As a result, it would be useful for the development of inspection frameworks to involve consultation with people experienced in delivering and receiving care at home.

A focus on outcomes reflects a more general move towards citizen participation, empowerment and personalisation of service design and delivery, and therefore of new standards for the service. It also provides opportunities to involve the service user and or their families in the assessment of the quality of the service they are receiving. A number of countries such as the Netherlands, Australia and New Zealand already include the service user and or their families in the monitoring and evaluation process, with other jurisdictions for example, Scotland and Northern Ireland actively seeking ways to do so.

Models are emerging of how this shift can be achieved, including in Wales, New Zealand, Australia and the Netherlands. However, it should be noted that each of these jurisdictions also noted the considerable challenges in translating broad principles of independence, participation and customisation into practice.

Eligibility for home support services and assessment of need

In all of the countries studied, eligibility for home support services was primarily based on the care and support needs of the person. All countries, except the Netherlands, include an assessment of the person's finances when determining their eligibility for free or part-subsidised care and support.

It is important that all potential recipients of homecare can be assessed using the same criteria. The adoption and full implementation of a standardised tool for assessment offers a consistent and comprehensive approach to assessment and thus will reduce the likelihood of variation and risks in care delivery. Assessments of care needs should place the care recipient at the centre of the process and should also incorporate the views of their family or representatives, as well as their community and primary caregivers. These assessments should be subject to regular review, to identify and respond to people's changing care needs as they emerge.

Commissioning and funding models

All jurisdictions reviewed reported that funding structures to deliver homecare and support services appear complex and piecemeal. Elements making up the funding streams range from central government allocations, general taxation, mandatory social insurance (for example, in the Netherlands), local government funding and personal contributions. This complex web of funding can be confusing, not only for prospective service users, but also for provider organisations who must meet contractual reporting and monitoring requirements for a range of funders, in relation to activity and various quality indicators.

A single standard or suite of standards for care and support at home has the potential significant benefit of delivering a single, coherent, comprehensive governance structure, agreed management data returns and quality measures that meet the requirements of all funders, in addition to the needs of the population.

Partnership Working

All countries interviewed noted that not only are they moving to a more outcomes-based, personalised approach to the development and application of standards, they are also considering how provider organisations are included in the process of developing and monitoring the standards themselves. Mechanisms for this vary, with the Home and Community Health Association in New Zealand, which engages with the New Zealand government to establish, promote and recognise high standards of practice, perhaps the most well established.

Across jurisdictions, interviewees also commented on the importance of co-working with provider organisations through the standards development process and in the provision of tools to support providers to implement the final standards in their own organisations.

Integration, Accessibility and Proportionality

Interviewees noted that as services move to a more outcomes and person-centred model of delivery, there are significant opportunities through the design and development of standards to promote closer integration between different aspects of support to people in their own homes: for example, general practitioner (GP) services; acute care; and community care.

All interviewees reported working in complex systems, with every jurisdiction reporting significant variation, not only in the characteristics of those using the service, but also in the composition of provider organisations seeking to deliver high-quality care and support. These organisations can range from one or two people

coming together to support an individual, to large multinational companies. Interviewees noted that the standards must be easy to apply to organisations of any size or complexity.

Interviewees also emphasised the importance, not only of clarity and consistency in the application of standards, but of adopting a proportionate approach to the level and nature of management data and user feedback required to demonstrate compliance with the standard. Similarly, if standards are to provide assurance and inspire confidence in users and their families, they should be designed and written in ways that make sense to individuals and families, not just providers, commissioning bodies and or regulators.

Alongside that, many interviewees noted the importance of reducing unnecessary demands on providers, while maintaining high levels of compliance and quality assurance, as a challenging but necessary task.

Communication

Interviewees noted that homecare and support providers are uniquely placed to identify potential deterioration or changes in respect of a person's health and wellbeing at an early stage. Appropriate communication with the user and or their family, the GP or lead health and social care professional and the commissioning organisation is central in promoting and maintaining levels of wellbeing, and standards should reflect the importance of timely communication.

There was some variation across the countries interviewed in how and when core information about the service-user, their needs, aspirations, preferences and desired outcomes are communicated with provider organisations: for example, in the UK providers are given a list of tasks to be carried out, whereas in the Netherlands providers have access to a full comprehensive assessment, enabling full participation by the user in the design of the plan for delivery of their care and support.

Communication is therefore recognised by all countries interviewed as a key element of any standard, whether with the user, provider, healthcare professional or commissioner of the care.

Barriers to implementation

All seven respondents noted that there are some key challenges that arise in the introduction of standards for homecare and support services.

All interviewees noted that the 'market' of homecare and support providers is perceived as fragile, with different levels of provider-maturity posing risks that any

additional reporting requirements may either be unachievable or too onerous for providers to complete. There was a sense that, if regulation and standards are fragmented across user-categories, then some providers may choose to restrict their activity to the sector that is not yet regulated, or where it is perceived that the standards are 'easier' to attain, thereby creating a risk of unintended consequences.

As noted elsewhere, homecare and support services are delivered in a complex network of funding and commissioning arrangements. It is important that there is consistency of approach by all parties involved so that providers have, wherever possible, a single set of quality standards and monitoring returns.

Finally, interviewees all reported that implementation of new or revised standards is resource intensive for regulators and providers alike and that realistic levels of support for providers and users need to be built-in to any implementation schedule.

Factors that facilitate implementation

Interviewees advised that there were a number of factors that can assist and expedite successful implementation of standards. System leadership by the regulator or inspecting authority was seen as perhaps the most important factor. This can manifest in many different ways, including: consistency of approach; clarity of expectations; design and delivery of implementation support tools and worked examples; and flexibility in assessing and validating evidence of compliance.

All interviewees noted the importance of working with providers and users to both co-produce the standards and to develop innovative ways of assessing evidence. For example, the Netherlands regularly audits user experiences and also requires providers to submit core performance and activity data on an annual basis.

Colleagues in Australia strongly advocated a phased approach to introduction of standards, and are moving forward on a state-by-state or geographical basis. While acknowledging that this could mean a significant delay for some providers and service users, their experience suggested that implementation is very resource intensive and a modular approach was ultimately more effective.

Workforce

Respondents were unanimous in noting that homecare is a human service, delivered to people by people. The imperative of moving away from a process-focused to person-focused approach to standards is recognised as placing increasing emphasis on ensuring that the workforce is properly equipped to deliver high-quality care and support services to people in their own homes.

Every jurisdiction noted similar challenges in relation to recruitment, retention and remuneration of the workforce. All noted the importance of developing not only the status of homecare and support work, but of upskilling the workforce to deliver increasingly complex care at home, with Northern Ireland perhaps the most advanced jurisdiction in respect of both regulation and mandatory training arrangements.

In four of the countries studied (Scotland, Wales, Northern Ireland and the Netherlands), it is compulsory for home support workers to register with a professional body.

In England there are currently no formal requirements for registration of staff working in home support services but there are minimum qualification requirements for general domiciliary care staff. Similarly, home support workers are unregulated in New Zealand but are accountable under the Health and Disability Commissioner Act 1994 and must adhere to the Code of Health and Disability Services Consumers' Rights. In addition, the New Zealand government has enacted legislation to address challenges and has placed duties on the sector to value workers as a central part of the health system.

A lesson that can be drawn from these countries is the emphasis that is placed on the role of the social care workforce, recognising their contribution to society, and seeking to improve retention through improved working conditions and wages. The need to develop the social care workforce, providing ongoing education and training was also supported internationally.

Findings from the evidence synthesis

The aim of the evidence synthesis was to assess and appraise available evidence to identify characteristics of good person-centred practices in homecare and support services, where people experience safe, high-quality care and support at home. To achieve this, a systematic search of academic databases and grey literature repositories was conducted. All articles were screened for inclusion and a quality appraisal conducted of all included articles. Articles were then described and critically evaluated to identify emerging themes.

As previously stated, the Draft National Standards for Homecare and Support Services will be set out according to the following principles:

- a human rights-based approach
- safety and wellbeing
- responsiveness
- accountability.

Accordingly, the findings from the evidence synthesis are structured under these principles and are summarised below.

Human Rights-based approach

- Dignity and respect are central to providing person-centred care.
- A client's involvement is at the core of a successful homecare service.
- Providers should maintain effective communications and relationships with people using services and their families or informal carers to contribute to improvements in practice.

Safety and wellbeing

- The *National Standards for Adult Safeguarding* and the National Guidance on Guidance on a Human Rights-based Approach in Health and Social Care Services should underpin all health and social care services, including those provided in a person's home.
- Person-centred homecare services should meet the needs of the person in a holistic way, and not be overly restricted by task-oriented care plans or issues with timing.
- The safety of the person in their home can be supported by being aware of signs of decline in a person's mental wellbeing and focusing on preventative measures to reduce risk of acute illness or injury.

Responsiveness

- Homecare services should include competent health and social care staff, who are skilled and who collaborate and communicate openly with families and people receiving care, to bring about the best possible outcomes.

- Health and social care staff should have enough time to carry out holistic, person-centred visits and should be able to time their visits around the schedule of the person and their families.

Accountability

- For people using services, an effective, high-quality service ensures consistency and continuity of care and support to individual service users.

Implementation

- There is a need to develop tools to support implementation of homecare standards, for example, webinars, podcasts, case studies and learning materials.

Economics of homecare

- Multiple national and international reports predict a significant increase in the demand for home support in the coming years, largely due to an ageing population. These reports recommend investment in strategies for early intervention of homecare and support services.

Telehealth

- In homecare and support services, telehealth may facilitate everyday tasks, improve service-users' safety, and decrease the informal caregiver burden.
- Telehealth may offer an opportunity to help address issues and challenges in the homecare and support sector.

Human rights-based approach

Applying the principle of a human rights-based approach (HRBA) in a homecare and support setting means that services respect, protect and promote the human rights of the person receiving care and support at all times. Human rights are rights that all people should enjoy and are protected by a legal framework and human rights treaties, which Ireland has agreed to uphold. These include the European Convention on Human Rights Act 2003, the United Nations Convention on the Rights of Disabled People 2006 and the Charter of Fundamental Rights of the European Union 2000.

The *National Standards for Adult Safeguarding* and the National Guidance on Guidance on a Human Rights-based Approach in Health and Social Care Services should underpin all health and social care services, including those provided in a person's home.

The majority of studies reviewed as part of the evidence synthesis considered different aspects of the experience of users, rather than providers of homecare and support services. The studies provide important insights for organisations and for regulators who seek to provide a human rights-based approach to care and support at home.

A human rights-based approach in homecare and support services emerged from the literature under the themes of 'Dignity and Respect', 'Autonomy', 'Participation', 'Equality' and 'Communication'. The key insights for the development of standards for homecare and support services are:

- Dignity and respect are central to providing person-centred care. Homecare and support providers need to accept and acknowledge the values and preferences of a person.
- A person's life story, knowledge and experiences need to be acknowledged and respected in the design and delivery of care and support services.
- A client's involvement is at the core of a successful homecare service. Supporting a person to make choices and decisions should form an integral component of the service delivery. Homecare and support providers should demonstrate how they will determine the extent to which a person wishes to be involved as a partner in their own care and to make their own care choices. The culture of homecare and support needs to reflect this partnership approach and ensure that the client's knowledge, values, skills and cultures are included in their care and support plans.
- Providers should maintain effective communications and relationships with people using services and their families or informal carers to contribute to improvements in practice.
- Strategies that have worked well for family carers include conflict resolution, organising care by family, friends and neighbours and establishing support groups.
- Homecare and support providers should promote equity for all people using homecare services regardless of: age; civil status; disability; family status; gender; membership of the Traveller community; sexual orientation or religion; race, colour or nationality.
- Providers should provide training to staff in effective communication skills to foster an increased sense of security and wellbeing for service users.

Safety and wellbeing

The principle of safety and wellbeing examines how homecare and support services work to protect and enhance the safety and wellbeing of people who use their

services. Safety and wellbeing as a principle relates to safeguarding, the prevention of harm, and the comfort of a person while they are accessing health and social care services. It emphasises the importance of the experience of a person using services, and encourages health and social care staff to see the whole person, rather than focusing solely on their identified medical or social care needs.

Safety and wellbeing in homecare and support services emerged from the literature under the themes of 'quality of life and experiences' and 'safety.' Further examination of the theme 'quality of life and experiences' revealed the sub-themes 'maintaining the home environment,' 'social connectedness' and 'meeting people's needs in a holistic way.' The key insights for the development of standards for homecare and support services are:

- Characteristics of good person-centred care delivered in the home emerged as respecting the home of the person and ensuring minimal disruption to this environment, where good memories and experiences are not replaced by memories of being unwell, or feeling unsafe.
- The ability to remain connected to neighbours, friends and family has a positive impact on both a person's safety in their home and their overall wellbeing, and people should be supported to remain active in their communities where this is possible.
- Good, person-centred homecare services should meet the needs of the person in a holistic way, and not be overly restricted by task-oriented care plans or issues with timing.
- Lastly, it emerged that the safety of the person in their home can be supported by preventing loneliness, being aware of signs of decline in a person's mental wellbeing, and focusing on preventative measures to reduce risk of acute illness or injury.

Responsiveness

The principle of responsiveness includes both how homecare and support services are organised to deliver coordinated care and support that meets the needs of people using their service, and how people working in these services identify, assess and respond to a person's needs in day-to-day practice.

The principle of responsiveness emerged from the literature under the key themes of 'professional duty and competence', 'communication' and 'collaboration'. The key insights for the development of standards for homecare and support services are:

- Characteristics of responsive homecare services include competent health and social care staff, who are skilled and who collaborate and communicate

openly with families and people receiving care, to bring about the best possible outcomes.

- Responsive health and social care staff should have enough time to carry out holistic, person-centred visits and should be able to time their visits around the schedule of the person and their families.
- Collaboration and good communication emerged as important characteristics of responsive homecare and support services, where these can support continuity of care and homecare worker job satisfaction when the appropriate processes are in place.
- The expectations of the person receiving care and their families should be respected, where both parties have an awareness of what a responsive homecare service can and cannot do. Homecare workers should be supported by their organisation to safely meet the expectations of service-users and families.

Accountability

The principle of accountability is the foundation for homecare and support services to ensure that people receive high-quality safe care and support that is consistent, coordinated and focused on achieving good outcomes for them. Accountable organisations have a clear vision for their work, support their staff to deliver this vision, are focused on the service user and work well with other relevant services, as well as family members or unpaid carers.

The principle of accountability emerged from the literature under the key themes of 'leadership and governance', 'collaboration' and 'integration' between homecare, and health and social care services, 'quality of care' provided and 'sustainability'.

The key insights for the development of standards for homecare and support services are:

- A client's involvement is at the core of a successful homecare service. An accountable provider of homecare services involves users in decision-making, supports service user autonomy and dignity, and facilitates users and their families or carers to exert control over their own care and support.
- For service users, an effective, high-quality and therefore accountable homecare service ensures consistency and continuity of care and support to individual service users. This requires accountable providers to plan and organise resources, including their workforce and financial resources, to take account of the needs of service users. Accountable providers will also implement work schedules and models of care that facilitate flexibility of care delivery and also improve workforce retention.

- Homecare and support services are delivered by individual workers to individual service users. An accountable provider will seek to develop a culture of delivery of high quality care, through motivating, supporting and developing their workforce. This includes ensuring that staff have the necessary knowledge and skills to deliver the care and support required by an individual service user.
- Homecare and support services do not operate in isolation. Accountable providers seek to achieve integrated, coordinated and seamless care and support by communicating and collaborating effectively with a range of other services. These include hospitals, primary care providers and other health and social care services, as well as the service user and their families and carers.
- Effective collaboration requires clear and timely communication of key information, both within the organisation and with external partners in the delivery of care. Accountable organisations should put information management systems in place in line with a clear governance framework which are reliable, secure and shared in a timely and appropriate manner.

Other findings from academic and grey literature

As part of the evidence synthesis, additional targeted searching was conducted to look at the areas of implementation, economics of homecare, and telehealth and to present a high level overview of these areas. In-depth systematic literature searching was not conducted for these areas, as this was outside of the scope of this evidence review.

Implementation

In terms of implementation, this targeted review found a scarcity of research pertaining to tailoring implementation strategies. Moreover, there is a lack of research specific to implementing standards for homecare and support. Nonetheless, Ireland can learn from experiences from international standard-setting bodies in developing tools to support implementation of homecare and support standards. For example, the National Institute for Health and Care Excellence (NICE) in the United Kingdom developed and published guidelines on *Home care: delivering personal care and practical support to older people living in their own homes* in 2015. Alongside key stakeholders, NICE identified areas that may pose challenges to the implementation of the guidelines and subsequently suggested changes to overcome these challenges. For example, perceived challenges included providing person-centred care to deliver better quality of life for the person using services and greater job satisfaction for the workforce.^(10, 11) To overcome these challenges, NICE

developed a suite of tools to help services adopt person-centred resources, entitled *Tools to help you put the guidance into practice* and are categorised according to 'education,' 'audit and service improvement' and 'shared learning' and include webinars, podcast, case studies and shared learning.⁽¹²⁾

Economics of Homecare

While a review of cost-effectiveness was outside the scope of this evidence review, this section highlights evidence from reviews on national and international financing in homecare. According to the Economic and Social Research Institute (ESRI), Ireland has one of the highest levels of unmet homecare and support needs in Europe.⁽⁴⁾

An ESRI report entitled 'Demand for the Statutory Home Support Scheme'⁽⁴⁾ is the first of three research projects funded by the Department of Health to inform the cost implications of the development of a statutory home support scheme in Ireland. The report estimates the potential demand for home support if a statutory scheme were to be introduced, under various policy scenarios.

According to multiple reports, the success of any statutory homecare and support scheme can be determined by its ability to meet demand for services. Multiple national and international reports predict a significant increase in the demand for home support in the coming years, largely due to an ageing population.^(4, 13-16) These reports recommend investment in strategies for early intervention of homecare and support services, to reduce costs relating to hospital admissions and the need for longer-term, and more intensive care packages to allow for more complex care to be delivered in the home setting.

Telehealth

The increased demand for homecare and support services call for health reform and cost-saving mechanisms to promote independence and provide complex care for people who need support to live at home.⁽¹⁷⁾ In homecare and support services, telehealth may facilitate everyday tasks, improve service users' safety, and decrease the informal caregiver burden. Telehealth may offer an opportunity to help address issues and challenges in the homecare and support sector, such as shortage of skilled staff and increased demand for long-term care.

According to the World Health Organization (WHO), the terms telehealth and telemedicine are synonymous. Telehealth includes interventions that use information communication technologies (ICT), tele monitoring (for example, telemetry devices to capture a specific vital sign, such as blood pressure, glucose, weight or heart

rhythm), sensors, electronic health records, assistive devices, e-learning, educational technology, decision support, tracking (to locate people or objects such as GPS trackers) and personal medical records and so on.⁽¹⁸⁾

As outlined, telehealth is used by homecare and support services for a variety of reasons. However, a detailed, in-depth review of the use, effectiveness and cost effectiveness of specific technologies was outside the scope of this evidence review. Nevertheless, it is recognised that the current use of telehealth, along with the potential increased use and demand in the future, will impact on the structure and delivery of homecare services in the future.⁽¹⁹⁾ As recommended by HIQA in 2021⁽⁸⁾ there is a need to undertake an assessment of the effectiveness and cost-effectiveness of health technologies in homecare and support in the Irish context.

Conclusions and next steps

Strong and effective governance arrangements are required at national, regional and local service-delivery level, to ensure that people using homecare and support services receive consistent coordinated care. Systems and structures to support collaborative working and communication between homecare services and other health and social care services are needed, to ensure that people get the integrated care and support they need and that the information required to drive quality and safety is available when and where it is required. Service provision should be based on a standardised assessment of needs.

The learning from the COVID-19 pandemic and best practice internationally will inform the development of evidence-based person-centred standards for homecare and support services in Ireland, which focus on the safety, dignity and wellbeing of the person using the service, enabling them to live in their own homes for as long as possible. Regulations and standards should apply to all homecare and home support services, without restrictions, such as age.

The findings from this evidence review, along with extensive stakeholder engagement and consultation, will inform the development of Draft National Standards for Homecare and Support Services. These standards will promote quality improvement within services by setting out what high-quality and safe homecare and support services for people should look like, and will support and assist service providers to ensure best practice and a quality person-centred service. Following approval by the Board of HIQA, the standards will be submitted to the Minister for Health for approval. The approved standards will be made publicly available on the HIQA website.

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