



Think-tank for action on social change

The Ireland We Want

TASC Policy Brief Series

The home care sector post COVID-19



Nicholas O'Neill

June 2020

Policy Brief

“We won’t go back to normal, because normal was the problem”

The home care sector post COVID-19

Summary of Policy Recommendations

1. Immediate implementation of a regulated statutory home care scheme:
 - In light of COVID-19, it is more urgent than ever that we shift delivery of care to the community and away from institutional settings. The accelerated introduction of a statutory home care scheme must be a priority for the next government.
2. Public sector funding to meet demand:
 - Sustained investment in public provision of care instead of channelling more funds into commercial providers in the private sector.
3. Address precarious employment:
 - Introduce a living wage, guaranteed hours contracts, travel time allowances for private home carers and the regularisation of undocumented migrant workers.
4. Improve quality of care:
 - Address the lack of flexibility in the delivery of care and provision of hours.

Introduction

COVID-19 confirms the need for a radical shift in Ireland’s home care policy and how we treat our care workers. The pandemic has laid bare deep systemic flaws in the home care sector and has exposed the lasting impacts of an undervalued care workforce and policies aimed at cutting costs. These flaws long predate the current crisis and are characteristic of Ireland’s system of home care in ‘normal’ times. However, as with many aspects of how our society operates, COVID-19 has shone a light on home care and how significant it is to the care of older people and our health system. For example, home care is necessary to alleviate pressure on an oversubscribed hospital sector. A key aim of Sláintecare, the ten-year programme to transform Ireland’s health and social care services, involves shifting the delivery of care away from institutions and towards the community.

In the most recent General Election in Ireland (February 2020), exit polls highlighted that 40% of voters said health was the most important issue influencing their vote¹. The pandemic has exacerbated the call for change in our health system, and there is more attention than ever on how much we as a society rely on frontline healthcare workers. The need for new ideas and a rejection of the status quo have never been more apparent. Public attitudes towards care work are shifting. In terms of home care, we must ensure that carers are at the heart of the policy agenda now and post COVID-19. Public displays of clapping and candles are uplifting gestures, but they need to be followed up with practical action for improving working conditions.

In this policy brief, we will illustrate why there is a need to improve quality and access to home care and the particular impact of privatisation and poor working conditions on the sector. We will also offer policy solutions aimed at the new government.

Privatisation

First, it is crucial to underline the centrality of privatisation to any policy discussion about home care. The systemic issues in the sector are multi-faceted, but privatisation is a process which underpins each of these issues. The neoliberal thinking that has dominated Ireland's political economy and policy decision-making over the last few decades has resulted in an expansion of home care in the private sector, and a devaluation of the public.

The main factor which has fuelled the growth of the private sector is lack of capacity in the public sector. Instead of the State investing in public provision of care to address capacity issues, funds have been channelled toward commercial providers. The austerity years that followed the 2008 economic recession served as fertile ground for the growth of private providers. Public expenditure and employment were scaled back, leaving an ideal context for commercial providers to gain a strong foothold in the industry. They were business minded, well organised and greatly resourced (to pay for substantial marketing campaigns for example) and therefore were able to capture far more of the market share than non-profit providers.

Specific policies have been instrumental in supporting the rapid expansion of the private sector, such as the introduction of *competitive tendering* in home care in 2012. This resulted in a "race to the bottom" where private companies compete to win contracts – a system best suited for large commercial providers. This policy shift had two significant impacts. First, it further marketized home care by allowing providers to compete for service provision based on specific criteria – such as price. Second, the tendering system reoriented the State's role away from providing care through public provision and towards funding private providers instead.

Policies such as the implementation of competitive tendering have enabled the conditions necessary for the growth and strength of the private sector in home care, and have directly

¹ For more, see: <https://www.irishtimes.com/news/politics/irish-times-poll-health-and-housing-are-most-important-issues-for-voters-1.4146920>

affected public and non-profit provision. This has had lasting impacts for home care workers and the quality of care in the sector.

Poor Working Conditions

Due to increased outsourcing over the last decade, there are now more care workers in private home care and less in HSE direct services and non-profits. There is a vast disparity between working conditions for carers in the private versus the public sector. Those employed directly by the HSE are paid relatively well and receive guaranteed hours contracts, sick pay and pensions. Conversely, workers in private home care are on lower pay and many are on precarious “if and when” contracts. It is important to note that as with many aspects of home care, there is a lack of data on the differences in pay between HSE and private home care workers. However, anecdotal evidence from numerous sources suggest there is a significant gap². State reliance on private providers to meet increased demand has resulted in a lowering of costs at the expense of workers’ conditions. Private companies can employ cheaper labour with fewer liabilities (e.g. pensions). This allows for greater flexibility in management, cutting back/adding to the private home care workforce when necessary instead of using public sector employees. Relatedly, exploitation is widespread in the home care sector with little regulation and standards. The level of exploitation, including discrimination and racism, is particularly bad for migrant workers who are increasingly being used as a disposable labour force³. The sector relies heavily on these workers who receive little recognition for their crucial role.

Zero-hour contracts and low pay in private home care have resulted in high job turnover in the sector. These zero hour, “if and when” contracts mean that private home carers only get hours when the provider has work for them. In times of unexpected events or budgetary issues, their hours are cut first, illustrating a lack of stability and job security that has wide-ranging implications on the lives and wellbeing of workers. For example, during COVID-19, home support services have seen an estimated 20% reduction in provision due to patients’ fears of contracting the virus and an increase in family members who are available to provide care during lockdown⁴. This fear has been exacerbated by a lack of PPE (personal protective equipment) available to home care workers. The 20% reduction has meant reduced hours for many carers and by default, a loss of income. Importantly, because many of these carers have not been fully laid off, they cannot even access the COVID-19 unemployment payment to make up for the reduced hours. For those who can, the fact that many home care workers may be better off on the COVID-19 payment is a damning indictment of the poor pay in the sector. This underlines how home care, and the care of older people, have been left as an afterthought both before and during the pandemic. This is merely the latest manifestation of deep-rooted flaws in the sector, namely precarity and under-funding. There are a declining

² For more, see: https://www.siptu.ie/media/publications/file_19530_en.pdf;
https://www.tasc.ie/assets/files/pdf/living_with_uncertainty_final.pdf

³ See: <https://www.mrci.ie/app/uploads/2020/01/HomecareReportfinal-1.pdf> ;
<https://www.mrci.ie/app/uploads/2020/01/Migrant-Workers-in-the-Home-Care-Sector-Preparing-for-the-Elder-Boom-in-Ireland.pdf>

⁴ See: <https://www.sageadvocacy.ie/news/2020/april/home-care-coalition-call-for-action-for-all-impacted-by-drop-in-home-care-provision-in-light-of-covid-19-crisis>

number of home carers willing to work under such precarious and unattractive employment conditions.

Another key feature of poor working conditions for carers is unpaid travel time⁵. Typically, private home carers are not paid for their travel between clients. This is because HSE funded home care packages – which are subcontracted out to private providers – do not include travel time pay⁶. If a private home carer has six or seven clients a day, with 20 minutes of travel between each one, this leads to hours of unpaid work. On the other hand, carers directly employed by the HSE receive travel allowances. This underscores the significant variation between working conditions as a privately employed care worker and one employed directly by the HSE. Also, although the HSE’s minimum visit time is 30 minutes, many private providers allow for shorter visit times. Less time with patients can negatively impact the quality of care provided⁷.

Solutions

Although the numbers of COVID cases in the community are decreasing, it is imperative that care workers are continuously supplied with sufficient PPE to help fight against a possible second wave of outbreak. In addition, in the aftermath of COVID-19, it is essential that home care supports are restored to pre-COVID levels and any suspended home care packages are resumed. In terms of policies moving forward, there needs to be a complete restructuring of the sector. The message should be clear: “we won’t go back to normal, because normal was the problem”⁸. Allowing the status quo to continue is not an option.

The cornerstone of the next government’s approach to home care policy must be to ensure care work is a viable career trajectory moving forward. To meet this objective, we recommend the following:

1. Immediate Implementation of a Regulated Statutory Home Care Scheme

There is currently no statutory underpinning of the provision of home care in Ireland. There is no regulation in terms of who can provide home care services or in terms of care quality. Similarly, the absence of a statutory entitlement to home care has impacted access to care for those who need it. Eligibility is determined within each Community Health Organisation (CHO) but there is no standardisation of the assessment process. Therefore, inconsistencies exist and vary by CHO. In the absence of a statutory entitlement to home care, waiting lists worsen and many people end up purchasing home care hours privately.

The need for a statutory scheme for home care has already been recognised in policy, with legislation due to be delivered in 2021 as a key action of Sláintecare. However, we are calling

⁵ For more information, see: https://www.siptu.ie/media/publications/file_19530_en.pdf

⁶ See: <https://www.dublininquirer.com/2019/03/13/a-social-enterprise-plans-to-get-home-care-workers-paid-for-their-travel-time>

⁷ For more, see: <https://www.irishtimes.com/news/social-affairs/ageing-ireland-homecare-workers-vital-as-population-grows-older-1.3999064>

⁸ Full article available at: <https://tribunemag.co.uk/2020/05/how-coronavirus-propped-up-irelands-establishment>

for the immediate implementation of this scheme to ensure a legislative basis for equitable access to home care across the State for some of the most vulnerable members of society. In light of COVID-19, homes are the safest place to be and it is more urgent than ever that we shift delivery of care to the community and away from institutional settings. The accelerated introduction of a statutory home care scheme must be a priority for the next government's health care policy agenda to ensure it is introduced as soon as possible.

2. Public sector investment to meet demand

It is clear that the current system of home care is not meeting needs. Huge waiting lists and Ireland's ageing population are of direct concern to the sector. Latest figures released under FOI in January revealed that the home care waiting list had risen to nearly 8,000⁹. It is absolutely vital that the next government commits to not only funding home care – which the implementation of a statutory home care scheme will facilitate - but to funding the *public* provision of home care.

Since 2006, there have been key moments when the State has favoured private sector outsourcing to meet home care demand: this drove a short-term and cost cutting policy approach that has been 'justified' by a lack of capacity in the public sector. As we move towards the implementation of Sláintecare, it is imperative that the Irish government address this lack of capacity through sustained investment in public provision of care instead of channelling more public funds to commercial providers.

3. End precarity in the sector

The first two policy recommendations above contribute towards decreasing precarious employment in home care. In addition to these policies, it is necessary to support targeted actions to support workers in the sector. First, introduce a living wage of €12.30 (as a minimum) for private home carers to help resolve the low pay issue. Second, implement guaranteed hours in private home care and put an end to the insecurity of zero-hour contracts. Third, ensure a travel time allowance is included in home care package contracts so that private home carers are not unpaid for substantial periods of their working day. Fourth, undocumented migrant workers in the home care sector should be regularised to acknowledge their essential role in the care of our most vulnerable groups, both during the pandemic and in general.

4. Improve quality of care

High-quality home care that is more tailored to the needs of older people is crucial as we move forward. The aforementioned policy recommendations will facilitate this, but additional direct actions are needed. As highlighted recently by social gerontologist Clodagh Whelan, "the uncomfortable truth is that we care more about how older people are dying now than how they were living before COVID-19"¹⁰.

⁹ See: <https://www.newstalk.com/news/waiting-list-hse-homecare-958820>

¹⁰ See: <https://www.broadsheet.ie/2020/04/20/an-uncomfortable-truth-out-of-sight/>

There is a lack of flexibility in the provision of hours and there must be reform to the way home support is delivered. Particularly, it needs to go beyond the narrow definition of tasks such as “dressing and undressing” or “showering” to include social interaction which helps care recipients with loneliness and mental well-being. Older people have the right to a better quality of home care which is based on trust and ensures their dignity. This is difficult to achieve when the current system encourages short visits where carers must stick to a rigid schedule to complete a set of required tasks. We must put an end to the care of our older people being left as an afterthought. Future policy must improve the quality of care in the sector by taking action which has the care recipients’ best interests at heart, instead of cost cutting.

Conclusion

According to research by the ESRI¹¹, Ireland has the second highest level of unmet need for home care out of 11 European countries, second only to Greece. This underscores the sector’s neglect and fragmentation to date. The pressures of an underfunded and privatised sector have been pushed onto care workers. It is clearer than ever that a functioning home care service cannot be run on the back of cheap, precarious labour. The “low skilled” label often serves as a justification for low pay - however, home carers provide an invaluable, frontline service and attend to the needs of Ireland’s most vulnerable groups. Their essential work must be recognised by supporting them with practical, long-term measures.

The four policy recommendations outlined in this brief are mutually reinforcing and would all contribute to better working conditions in the home care sector while simultaneously improving care quality and access. COVID-19 needs to serve as a catalyst for change, as other crises’ have throughout history. It has shone a light on our essential, frontline workers and how important they are to us. It has demonstrated how vulnerable our institutions of support are to unexpected events and negative economic shocks. As soon as possible, there needs to be serious discussion concerning how we move forward and the kind of Ireland we want to build post-pandemic. Our healthcare system, workers and vulnerable groups such as older people must be top of the agenda. This brief proposes actionable solutions that need to be prioritised in current and future policy.

¹¹ For more, see: <https://www.esri.ie/news/irelands-level-of-unmet-need-for-childcare-and-home-care-is-among-the-highest-in-europe>



www.tasc.ie

contact@tasc.ie