The Future Organisation of the Home Help Service
in Ireland
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Foreword

The National Council on Ageing and Older People is pleased to have been involved with this project examining the future organisation of the home help service in Ireland. At the request of the Minister for Health and Children, the Council established a Consultative Committee to oversee the preparation of the report, which was commissioned by the Department of Health and Children and undertaken by the Policy Research Centre of the National College of Industrial Relations, now the National College of Ireland.

The report builds on earlier work completed by the Council which examined home help service provision for older people in Ireland. This work recommended a fundamental redefinition and reorganisation of the service to ensure availability to all older people in the country who need it on the grounds of dependency and social circumstances.

The research literature states conclusively that the vast majority of older people wish to remain living in their own homes for as long as possible. The home help service is a vital part of the continuum of care necessary to facilitate older people in achieving this wish.

The Council's recent publication *The Years Ahead Report: A Review of the Implementation of its Recommendations* identified a number of key problems with the home help service. One of the main issues identified includes the discretionary nature of access to home help services, which has resulted in differences in a number of areas including eligibility for the service, the level of provision of the service, and the costs associated with use of the service. In addition the absence of out-of-hours and weekend provision was identified.

The Council has argued that the home help service should be designated as a 'core' community service underpinned by legislation and appropriate funding. It agrees with the authors of this study that, after a decade of discussion, what is now required is the provision of a service with designated funding and agreed national quality standards. The Council also believes *inter alia* that there is a need for the immediate extension of a weekend and twilight home help service to all areas of the country.

The Council wishes to thank Dr Deirdre Haslett, Dr Helen Ruddle and Ms Geraldine Hennessy from the Policy Research Centre of the National College of Ireland for preparing the report in accordance with the Department of Health and Children’s brief for the study.
It would also like to thank the members of the Consultative Committee for their comments and advice at a number of meetings. In particular it would like to thank Mr Martin Duffy, Director of Corporate Strategy, Mid-Western Health Board, for chairing the committee. The other committee members were Mr Alan Aylward, Mr John Brady, Mr Michael White, Dr Davida de la Harpe, Ms Ann Harris, Ms Una Doherty, Ms Dervilla Doyle, Mrs Kathleen Callaghan, Ms Marie Mates, Ms Margaret Geary, Ms Dolores O’Neill, Mr J Lee, Mr Adrian Charles, Mr Frank Goodwin and Mr Niall Walsh.

The Council would also like to thank its Director, Mr Bob Carroll, its Research Officer, Mr Frank Houghton and its former Research Officer, Mr John Browne for assisting the Consultative Committee in its work and facilitating liaison between the Committee and the authors of the report. It also thanks Ms Catherine Mulvenna for organising publication of the report and Ms Ann Ward for secretarial support throughout the course of the project.
Executive Summary

Introduction

It is widely acknowledged, not only in Ireland but internationally, that home help is one of the key services in the community care of older people. Since its introduction in 1972 the service has changed and developed across and within the different health boards.

Following several reports in recent years a great deal is known about the home help service in Ireland – its scale and intensity, entitlement to the service, modes of delivery, its voluntary sector aspects, its comparisons with several European regions and so on.

It is not the purpose of this study to reiterate the findings of these reports, but rather to explore the many recommendations that have emanated from these various reviews with a focus on finding solutions, which would be acceptable and agreed to all the parties involved, to the numerous problems previously and repeatedly identified. The present study is designed to build upon these reviews in order to radically reform the home help service and, inter alia, achieve the targets referred to in the 1994 Department of Health National Strategy document Shaping a Healthier Future: A Strategy for Effective Healthcare in the 1990s.
The home help service is also available to client groups other than older people, including people with physical and mental disabilities, at-risk families and people suffering from psychiatric illness. This study is centred on home help for older people. This particular focus has been chosen because older people comprise over 80 per cent of the clients of home help and because a research base already exists on the needs and problems of this group in relation to the service.

Problems Identified in the Service

As a result of the studies and reviews referred to above, problems have been identified in the home help service related to:

- policy issues
- practice on the ground
- organisation and administration of the service

In the area of **policy**, the main issues arising relate to:

- the legal basis of the service
- the role and purpose of the service

In the areas of **practice**, the main issues arising relate to:

- nature of the service provided
- assessment of need
- standards of provision

Finally in the area of **organisation and administration**, the primary issues arising relate to:

- diversity in models of organisation and delivery of service
- the role of voluntary organisations
- eligibility criteria for the service
- funding issues
- training of Service Providers

Consultation Process

In the summer of 1997, the Department of Health, commissioned a study designed to:
culminate in recommendations as to how a quality Home Help service might be made available to all who need it, on a statutory basis if necessary’.

With the focus on providing agreed solutions to the problems, a nationwide process of consultation was to be carried out which would involve all the partners concerned with the home help service.

With the co-operation of the health boards and several representative organisations throughout the country, the consultation process took place between November 1997 and April 1998. Consultations, through interviews and structured focus discussion groups, took place with Service Providers, clients (older people and carers) and Managers (both statutory and voluntary) of the home help services throughout all eight health board regions of the country.

Conclusions and Recommendations

(a) Policy Issues

Legal basis of the service
Discussion with the parties produced arguments both in favour of legislation and arguments against. The primary arguments in favour of legislation were:

- it would give recognition to the service
- evolution of the service has been very slow, and legislation could speed it up
- it would copperfasten funding

The major arguments against legislation were:

- lack of flexibility thus preventing a health board from meeting a particular need from a particular client or client group
- inefficient use of the service
- further delay in reforming the service
- funding may get out of control
- legal challenges

However, whether groups were primarily in favour of legislation or not, consultation with all the parties in this study indicated numerous and repeatedly articulated anxieties and concerns about many aspects of the home help service. Some of the major concerns were:
• the service was perceived as lacking recognition
• it was not seen as a real priority and therefore suffered from a lack of funding
• it had suffered from slow development over the years
• there was a lack of standardisation at many levels which resulted in unevenness and inequity
• there was no right of redress
• from the point of view of the voluntary organisations there was a lack of parity

Recommendations
There is a real danger that, because of the complexities surrounding legislation in this area, calling, yet again, for the legalisation of the home help service with only have the effect of further delaying any attempts at reform.

What is vitally important, after a decade of discussion, analysis and synthesis, is the provision of a service with designated funding and agreed quality national standards. The future organisation of the home help service must address and implement these changes:

• clarification of the nature of the service provided by Home Helps
• explicit and agreed criteria for assessment of need
• standardised criteria for entitlement
• contractual service agreements with the voluntary organisations
• national guidelines for level of service provision based on assessed needs
• recognition of the home help service as a service in its own right, within the overall health services
• recognised training for Home Helps and Home Help Organisers
• uniform rates of pay

If these changes are implemented the issue of the legal basis may become secondary. If these changes are not implemented the demand for legislation may become irresistible.

The role and purpose of the service
There were very high levels of agreement between all partners on all aspects of the role and purpose of the home help service. The days of the ‘good neighbour’ basis of the home help service are disappearing – the majority view of all groups was that the home help service should be run as a professional service to which certain categories of people are clearly entitled rather than be regarded as a ‘good neighbour’ service. The older people, who by and large love their Home Helps and see them as caring friends, want them to receive fair treatment from the health boards. Many of them pointed out that
Home Helps often do a great deal more than they are paid for, and the older people felt embarrassed and annoyed at this.

The majority view of all groups consulted in this study was that the home help service should be provided for older people whether they are supported by their families and neighbours or not. Many of the older people, in particular, felt very strongly that even where they had families, they should not have to rely on them for care. Many expressed the view that older people want to keep their independence. They do not want to have to rely on their families or neighbours. To this end Home Helps should be available to all older people, whether they have the help of family and neighbours or not.

Many of the recent policy shifts in Ireland have not been informed by deliberate consultation with older people themselves. There is no doubt from the findings of this study that independence from family and neighbours is emerging as a priority need among older people themselves. They want to stay in their homes but they do not expect or even want their adult children, and much less their neighbours, to have to care for them.

The majority view of all groups was that the home help service should take account of the needs of family carers as well as the older person. The majority of the carers consulted in this study, were of the opinion that what carers need most from home help is respite from care-giving, as opposed, for example, to assistance with household care or with personal care of the older person. Some thought that regular breaks in daytime care-giving would be most welcome, whereas others felt that regular holiday relief would be better. Others chose regular breaks in weekend care-giving whereas relief in times of illness would be more valued by others.

The Health Strategy (Department of Health, 1994) explicitly includes carers as well as older people as the intended targets for strengthened support from home help (among other services).

Implications for Implementation
All of these aspects were agreed on by the Programme Managers in spite of the fact that their implementation would have substantial financial, administrative and staffing implications.

The financial implications of a professional service to which certain categories of people are clearly entitled are considerable. Professionalisation of the service implies increased costs for increased training, leading to increased standards and higher pay rates. The
issue of entitlement has implications and so the criteria for eligibility will need to be very clear.

If the home help service is provided for older people, whether they are supported by their families and neighbours or not, the increased number of Home Helps required would lead to increased costs. This would result in administrative problems in managing the numbers of part-time staff for payroll and staff records.

If the home help service takes account of the needs of family carers as well as the older person, there would be a considerable cost through increased demand for service, but it could not be quantified. An assessment process would be required to take account of the needs of family carers, leading to a need for more Home Helps, and more Assistant Organisers/Supervisors.

**Recommendations**
The introduction of a service with agreed quality standards will transform the home help services into a quality service with standards, available to all older people in need. The call from the National Council on Ageing and Older People (Lundström and McKeown, 1994) that the home help service is redefined to take account of the needs of family and informal carers is reiterated.

(b) **Practice Issues**

**Nature of the service provided**
All of the older people interviewed, with one exception, said that if their needs changed and they required more personal care, they would want their Home Helps to give them this care. Most of the older people were clearly very attached to their Home Helps and were adamant that they did not want personal care from other people. Most would prefer just the one person to give whatever care they might need. There was also enormous support for this direction from the Service Providers, the voluntary organisations and the carers.

Although the Programme Managers were in favour of Home Helps providing personal care they saw considerable cost difficulties in formalising the level of care to be given by Home Helps. There would be the increased costs of training, supervision and assessing suitability of personnel.

Generally speaking the Programme Managers, in keeping with the recommendation of the National Council on Ageing and Older People, saw a need for the functions of both
Home Helps and Care Assistants/Attendants to be more clearly defined. A revamped service should provide for both categories who might complement each other’s skills. Whether all of these skills can reside in one person will depend on the circumstances of each case. Several of them felt that, with appropriate training, both of these functions could be carried out by some Home Helps. Training for all Home Helps in personal care of more dependent and disabled clients is costly and unnecessary in most cases.

Apart from help which can be regarded primarily as task-based (household tasks and personal care tasks) many of the older people emphasised, repeatedly, how lonely they would be without visits from their Home Helps. There is no doubt that to many older people living alone, the Home Help as listener, as friend, as confidant, as companion, was just as important as the Home Help who makes a meal, changes bedding or helps with personal hygiene.

This need was appreciated by the vast majority of Service Providers. That they recognise and have confidence in the listening, befriending and caring services provided by Home Helps – services that are provided despite the absence of a formal job description and recognised training – is indicative of the personal qualities of Home Helps in Ireland and of the qualities sought by those who recruit them.

Recommendations

All Home Helps will continue to provide the necessary level of household and domestic support which is essential to keeping an elderly person at home. This aspect of the service is of vital importance and has to be recognised and respected as valuable and of consequence.

Hand in hand with household care all Home Helps must provide supportive and emotional care. Being able to provide care for the whole person is not simply a matter of being a ‘good woman’, or a ‘good man’ for that matter. The Home Helps and Home Help Organisers recognise this by requesting overwhelmingly that listening and communication skills be one of the core modules in any new training programme. It is essential that any standard training programme for Home Helps acknowledges this aspect of care as essential to the role of home help.

With regard to personal care, all home helps should receive core training in the personal care issues which commonly, if not always, affect older people. More specialised personal care training, such as severe incontinence management, should be delivered through training modules as needed.
Home Helps should not, as a rule, be involved in activities which would be regarded as nursing duties (there are common-sense exceptions to this where a Home Help has a nursing background).

In any consideration of the future organisation of the home help service, and its relationship with the Care Assistant/Attendant service, the wishes of older people, clearly and strongly expressed by them in this study, must be to the forefront.

**Assessment of need**
The majority view among Service Providers and the Programme Managers was that specific criteria for assessing need are necessary.

**Recommendations**
A number of the health boards have needs assessment forms and others are currently devising similar forms. It seems that with the clear unanimity coming from this study for agreed standards on assessment of needs and the essential characteristics of needs, it should not be a difficult exercise to devise a common, standard, national approach to the assessment of the needs of older people for home help. A template, when drawn up, can be discussed among the health boards and a standardised approach agreed upon.

**Standards of service provision**

*Standardisation of number of hours of service in relation to defined criteria of needs and existing available services*
The majority view of Service Providers and of the voluntary organisations was that the number of hours of home help given to older people should be left to the discretion of the Home Help Organiser or equivalent person. The view of Programme Managers was that the number of hours given should be standardised according to defined criteria of needs. Many of the older people complained that a minimum of one hour at a time is of very little use. A visit should last two hours to make it worth while.

Several of the Programme Managers saw standardisation of the number of hours of service as part of the ‘agreed quality standards' process, and suggested a detailed process of standardisation which could be presented to the health boards for discussion and agreement.

**Recommendations**
It is recognised that there are apparent difficulties here. It might be the case that the apparent physical needs of, and resources available to, two elderly people might be almost identical but their emotional needs might be so different that one needs more time from her Home Help than the other. Time is needed for this kind of caring.
While acknowledging these difficulties, equity, and the delivery of a quality service, requires that guidelines for the standardisation of hours, as related to needs and the availability of other services, be drawn up. It is recommended that a Working Group, representative of the health boards, the voluntary organisations, professionals and Service Providers, be established by the Chief Executive Officers of the health boards, in order to draw up these guidelines.

It is recommended that the Working Group, having agreed a common basis for weighting standardised assessment criteria for need and having agreed weights for the availability of other care services will then determine the hours required to implement a quality service. It is recommended that, in order to ensure that, along with equity there is a level of flexibility, that the hours be banded with lower and upper limits.

It is recommended that this Working Group report within two months of being established.

**Hours of service**
The majority view of all groups consulted in this study was that a ‘normal’ home help service as opposed to an ‘emergency’ service should operate after hours on weekdays and at weekends, as well as during office hours.

**Recommendations**
With the increasing emphasis on the location of care to the home, and bearing in mind the targets of the National Strategy (Department of Health, 1994), the demand for a service which operates at the weekend and after hours on weekdays is becoming more evident. It makes sense that if an older person needs support for the everyday tasks of living during the week, this may also apply at the weekends.

(c) Issues of Organisation and Administration

**Models of service provision and organisational structure**
In this study, the Programme Managers were of the view that there should be one, standardised model for the delivery of the home help service throughout the country. The majority view of both the Home Help Organisers and the Home Helps was that Home Help should be recognised as a service within its own right. Many of the Home Help Organisers felt that the home help services should be recognised primarily as a social service with health care dimensions, rather than as a health service with social care dimensions. They want to see it develop parallel to, but independent of, other caring disciplines while at the same time, liaising closely with them.

**Recommendations**
The ability of the home help service to fulfil its purpose of maintaining older people at home depends on it having a specific place on a continuum of care options, with liaison and co-ordination between different stages on the continuum. In the context of the overall provision of a package of care for older people, it is recommended that the home help service should have its own identity and its own organisational structure within the health services, parallel to, but also with strong links to, the public health nursing and other services.

In order to develop as a core service, and to contribute to realising the targets set out in the National Strategy (Department of Health, 1994) the home help service must have parity of esteem with other community care services. It should have its own devolved budget as part of the new general manager structure with a reporting relationship similar to other parts of the health service. The Home Help Organiser would be responsible for recruitment and placement of staff, and for personnel matters such as payment of wages.

The role of voluntary organisations

The findings of this study report that, from the point of view of the voluntary organisations, there were considerable difficulties in their relationships with the health boards. Apart from the often mentioned funding difficulties, repeated references were made to the lack of consultation, the information gap, and the failure of the boards to appoint development officers. There was the need for full and regular consultation between the health board and the voluntary organisations before decisions are made in regard to service provision.

Recommendations

The participation of the voluntary organisations in providing home help services is not only a desirable objective of social policy, but, in some parts of the country, essential to the very existence of the service. Both the statutory and voluntary sectors need to be given the conditions to provide a seamless quality service:

- The voluntary organisations must be further developed
- The issues of service agreements and funding for the voluntary sector must be addressed, including the introduction of an appeals procedure
- The criteria for assessment of need and entitlement must be the same for both sectors
- Standards of provision must be broadly standardised
- Pay rates and training (as they apply to both Home Helps and Home Help Organisers) must be the same for both sectors
Problems relating to the information gap must be addressed. All professionally managed Home Help organisations should be equipped with appropriate software with which to run the service.

These essential reforms will eliminate the contentious variations in service, promote equity, help meet the targets of the National Strategy and enhance the partnership between both sectors.

**Determining financial eligibility including charges for non-medical card holders**

In this study, the Programme Managers were of the view that the possession of a medical card should determine entitlement to the home help service. They saw it as an acceptable, measurable and agreed criteria of eligibility which is standardised across the country. They argued that it ensures equity in the disbursement of resources and eliminates the need for invasive income enquiries. As a result, services would be provided to those who can least afford it.

These arguments did not find favour with the Service Providers, many of whom were of the view that often the ‘wrong people’ ended up with medical cards (one oft-quoted example was that of EU residents who had retired here and were automatically entitled to a medical card regardless of their means) and others were denied one when they were more in need. The anecdotal observation, that often older people who just failed to qualify for a medical card had a burden of costs to carry, was a source of anxiety to many Service Providers.

For these and similar reasons, the majority view of the Home Help Organisers and the Public Health Nurses was that older people should be means tested to determine entitlement to the home help service and many of them would have supported this on equity grounds. The older people themselves, however, made it very clear that they were very adverse to the idea of means testing, regarding it as a terrible invasion of privacy.

The Programme Managers were not enthusiastic about the idea of means testing on the grounds of convenience as well as equity. Means testing would add to the administration involved and would have to be reviewed regularly. More staff would be required for administration leading to greater costs.

The Home Helps, the other Service Providers, the carers and the voluntary organisations were of the view that the home help service should be available to all older people regardless of their means or whether or not they have a medical card.

*Recommendations*
It has been acknowledged over and over again, in this and other studies, that the home help service is critical to permitting older people stay in their own homes. Where need has been established, elderly medical card holders should be entitled to a home help service which is free of charges or contributions. Where voluntary organisations are providing home help services to elderly medical card holders, they must get the funding to do so at the same level of service as that provided by the health board, without having to levy charges or request contributions.

The practice of levying charges or asking for contributions from medical card holders, which still exists in some health boards, should be discontinued on both cost-effectiveness and equity grounds.

Although it is the case that, strictly speaking, health boards are entitled to charge medical card holders for services for which rules governing charges have not been set down in legislation (such as community paramedical services, day care centres and home help) it is, in the words of the National Strategy:

‘inequitable that a person’s entitlement to a service should depend on the area in which he or she happens to live’ (Department of Health, 1994).

There needs to be a very flexible approach in the granting of medical cards to elderly people.

In the case of elderly non-medical card holders many will wish to, and do, make their own private arrangements for help in the home. However, in the case of elderly non-medical card holders who do not wish to, or are unable, to make their own arrangements, and where need has been established, the health board or voluntary organisation must still supply the same quality service as will be given to medical card holders, with an appropriate charge. It is recommended that the drawing up of guidelines for these charges be referred to the Working Group, established by the Chief Executive Officers of the health boards. As stated earlier, it is recommended that this Working Group report within two months of being established.

**Pay for Home Helps**

Although the issue of pay for Home Helps was not within the terms of reference of the study, it was felt that it had to be referred to, given the importance attached to the subject by all of the participants.

It has been acknowledged, both by the participants consulted in this study and by other studies, that the system of remuneration and the rates of pay for Home Helps are not
satisfactory. There was a general agreement among all the groups consulted in this study that the question of pay for Home Helps needs to be addressed.

**Recommendation**
The question of remuneration for Home Helps needs to be addressed urgently. Regard must be given to the recommendations of the National Minimum Wage Commission. Rates of pay must be standardised across all health boards.

**Training of Home Helps**
The results from this study show that there was general agreement in all groups on the need for training for Home Helps and a requirement from Home Help Organisers for training for themselves.

**Recommendations**
It is strongly felt that procedures for the training of Home Helps must be implemented immediately. Not only will training improve the standard of care within the community and prevent institutionalisation, but it will also afford greater protection to provider agencies in the event of litigation.

Training for Home Helps would consist of two elements. The first would be a national standard induction course, which would be a basic requirement for all Home Helps, both part time and full time. The course would consist of a number of core modules, for example, communication skills and health and safety at work.

The second element would consist of appropriate modules which would be added on to allow specific groups of Home Helps to cope with specific situations (for example, modules on conditions such as Alzheimer’s Disease and incontinence). The combination of these elements would ensure that all Home Helps had training appropriate to the level of care they were giving.

All modules must be delivered both with sensitivity to the learning needs of adults and with sensitivity to the other responsibilities which part-time Home Helps, in particular, may have.

Access to bereavement counselling is important for Home Helps where an older person in their care has died.

The training of Home Help Organisers would consist of a national, standard course, which would be a requirement for all Organisers and Assistant Organisers. As with the
induction course for Home Helps it would have standards, would be recognised as a training course, with national accreditation and would be paid for by the employer.

**Summary: A Service with Agreed Quality Standards**

The primary recommendation of this study, in keeping with several previous studies, is that the home help service is regarded, presented and resourced as a core community service, fundamentally vital to the stated national policy which is to maintain older people in dignity and independence at home. In order to produce a core, quality service with agreed quality standards, the future organisation of the home help service must address these issues. It must:

- Clarify the nature of the service provided by Home Helps;
- Reflect this clarification in training programmes for Home Helps and Home Help Organisers;
- Further reflect the core nature of the service in the rates of remuneration and conditions of work for Home Helps;
- Draw up explicit and agreed criteria for assessment of need of client which will apply nationally;
- Standardise criteria for entitlement, including carefully considering obligations to all older people in need regardless of their means;
- Determine national guidelines for the level of service provision based on assessed needs;
- Implement an organisational structure for the home help service within the health services;
- Have regard for the inter-dependence of the voluntary organisations and the health boards, with mutual recognition of each other’s respective role and ethos.

None of these recommendations will be without cost. Between 1994 and 1997 the costs of the home help service increased from £14.18 million to £19.59 million. Implementing the recommendations in this study will cause them to increase a great deal more. Maintaining older people in dignity and independence at home, in accordance with their wishes for a quality service, is not a cheap option. There will be a cost; there will be a price to pay; there is no doubt, however, that everyone involved in this study, managers, providers and beneficiaries strongly believe that our older people deserve nothing less.