

HOME CARE COALITION

PRE-BUDGET
SUBMISSION
2026



**Delivering on
the right to
care at home**



ABOUT THE HOME CARE COALITION

The Home Care Coalition is a group of 23 charities, not-for-profit organisations and campaigners including organisations who work with older people, people with disabilities and people with long-term illnesses, organisations working directly with family carers, and groups working in the primary care sector. The Coalition was established in 2017 with the aim of ensuring the implementation of an adequately resourced, rights-based, and person-centred, statutory home care scheme, with equality of access and availability to home support services across the country.

Members of the Home Care Coalition:

- ▶ Age Action
- ▶ Age and Opportunity
- ▶ ALONE
- ▶ Alzheimer Society of Ireland
- ▶ Care Alliance Ireland
- ▶ Cheshire Ireland
- ▶ Cystic Fibrosis Ireland
- ▶ Disability Federation of Ireland
- ▶ Family Carers Ireland
- ▶ Irish Heart Foundation
- ▶ Irish Hospice Foundation
- ▶ Irish Motor Neuron Disease Association
- ▶ Irish Wheelchair Association
- ▶ Multiple Sclerosis Society of Ireland
- ▶ Neurological Alliance of Ireland (NAI)
- ▶ National Women's Council of Ireland
- ▶ Northside Homecare
- ▶ Rehab Group
- ▶ Roscommon Support Group
- ▶ Sage Advocacy
- ▶ Senior Citizens' Parliament
- ▶ The Great Care Co-op
- ▶ Third Age

WHY THE HOME CARE COALITION ARE CALLING FOR INCREASED INVESTMENT IN HOME SUPPORT



The Home Care Coalition is urgently calling for increased investment in home support services due to a deepening crisis in workforce recruitment and retention and a growing level of unmet need amongst older people and people with a disability in need of home support.

As Ireland's population ages and the number of individuals with disabling conditions rises, demand for home support continues to outpace supply. This threatens the delivery of person-centred care and undermines the Sláintecare vision, to support people to live healthier lives at home and in their communities and avoiding unnecessary or premature admission to hospital or residential care.

Furthermore, deficiencies in home care and social supports mean that Ireland is falling short of its human rights obligations under Article 19 of the UN Convention on the Rights of Persons with Disabilities (UN CRPD) and the Madrid International Plan of Action on Ageing (MIPAA), both of which affirm the right to live independently with the necessary supports to exercise choice and control.

Without increased and sustained investment, growing numbers of people will be left waiting for essential home support services, leading to greater reliance on already overburdened acute hospital systems. At the same time, organisations, including many represented within the Home Care Coalition, will face mounting challenges in maintaining service delivery, with the very real risk of scaling back operations or closing entirely.

INTRODUCTION



Ireland's newly elected Government has articulated a vision for a more secure, compassionate, and forward-looking society that prioritises inclusion, wellbeing, and dignity for all. It has outlined ambitious plans in the Programme for Government to advance our social care model to support older people and people with disabilities to live full and independent lives, with the necessary wraparound supports. The Programme for Government commits to publish and implement a National Action Plan based on the findings of the Commission on Care that will ensure long-term care is timely, comprehensive and affordable and commits to enhance the mix of care options, including homecare, community-based care and independent living options. Critically, the Programme for Government also commits to design a Statutory Home Support Scheme to allow people to stay at home for as long as possible and increase home support hours. If delivered, these commitments would mark a significant step towards achieving a more person-centred, flexible, and sustainable social care model, supporting autonomy and dignity in ageing and disability.

The Home Care Coalition welcomes the commitments made by government and urges members of the newly elected Oireachtas to use Budget 2026 as an opportunity to deliver on those promises and ensure people are supported to live and be cared for at home. The Coalition is calling for a rebalancing of the state's investment in care which currently sees Government allocate 1.5 times more funding to long-term residential care (€1.23bn allocated to Fair Deal in 2025) than it does to home support services (€838m allocated to home support service in 2025)^{1,2}. This persistent imbalance undermines the principle of person-centred care and limits real choice for individuals and families, many of whom would prefer to receive support at home.

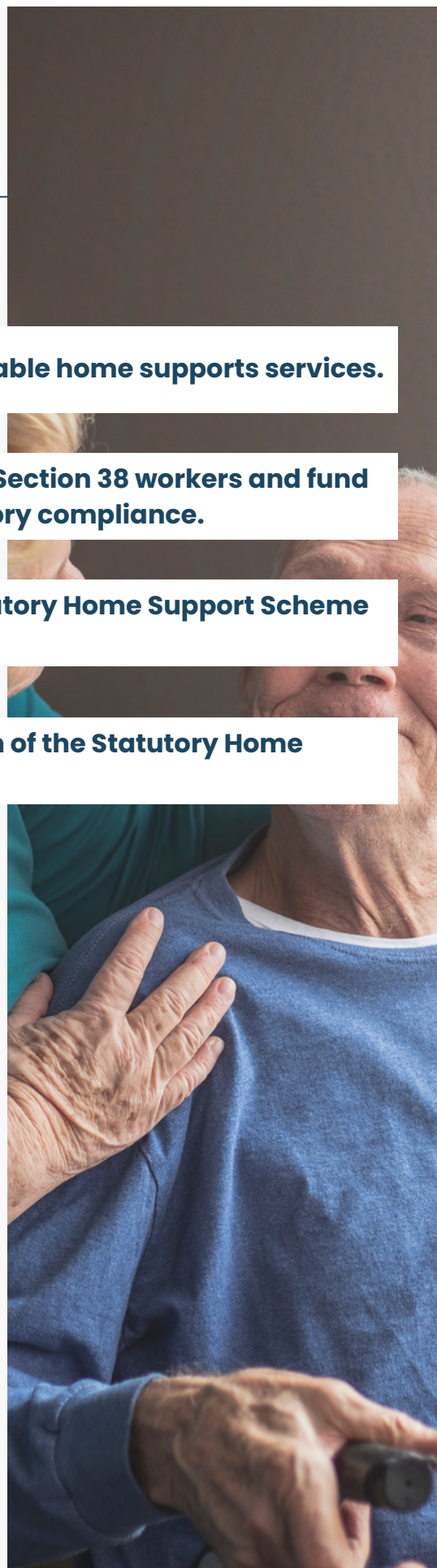
¹ HSE National Service Plan 2025.

² [Dáil Debate, May 21st, 2025.](#)

To align public spending with public preference, the Coalition is calling for the following proposals to be delivered in Budget 2026:

- 01 An increase of €266.5m in funding to provide sustainable home supports services.**
- 02 €110m to address the pay disparity of Section 39 and Section 38 workers and fund the projected increase in costs necessary for regulatory compliance.**
- 03 Funding to research the projected demand for a Statutory Home Support Scheme for adults with a disability.**
- 04 The publication of a timeline towards the introduction of the Statutory Home Support Scheme.**

Such measures are critical to demonstrate Government's commitment to older people and disabled people by investing in the provision of high-quality, timely, and affordable home support services that are responsive to individual needs and preferences and delivered when, where and how they are needed.



01. AN INCREASE OF €266.5M TO PROVIDE SUSTAINABLE HOME SUPPORT SERVICES IN 2026

The Home Care Coalition acknowledges the €112 million increase in the home support allocation between 2024 and 2025, with funding rising from €725.8 million to €838 million. While this progress is important, critical challenges remain:

- ▶ **5,556 older people are on a waiting list** for home support.³
- ▶ There are significant **regional disparities in access**, with rural areas experiencing longer wait times.
- ▶ According to research by the ESRI in 2019, **Ireland has the second highest level of unmet need** for home care out of 11 European countries.⁴
- ▶ Newly published research by the ESRI (June 2025) projects that **long-term residential care and home support requirements will increase by at least 60% by 2040**. Demand for home support hours is forecasted to **increase from 28.7 million hours in 2022 to 44.9–54.9 million hours by 2040**.⁵
- ▶ The Health Service Capacity Review found that capacity requirement for home care is set to experience significant growth to 2031, with an **additional 11,000 (70%) Home Care Packages, 130 (70%) Intensive Home Care Packages, and 7.2 million (69%) Home Help Hours** anticipated.⁶
- ▶ Findings of the Disability Capacity Review to 2032 showed high levels of current and future demographic and unmet need. The subsequent Action Plan for Disability Services 2024–2026 details the **need for 110,000 additional home support** hours per year by the end of 2026 and a policy review of Home Support Services under the lens of the UNCRPD.
- ▶ The ongoing practice of '**care rationing**' where home support is only provided when another client passes away or is admitted to long-term care results in some individuals not receiving the level of care they have been assessed as needing and raises questions about patient safety.

³ HCCI Home Care Data Series.

⁴ <https://www.esri.ie/publications/technical-paper-on-social-inclusion-and-access-to-care-services-in-ireland>

⁵ Walsh, B. and Kakoulidou, T. (n.d.). Projections of national demand and bed capacity requirements for older people's care in Ireland, 2022–2040: Based on the Hippocrates model ESRI RESEARCH SERIES. [online] doi:<https://doi.org/10.26504/rs214>.

⁶ <https://assets.gov.ie/static/documents/health-service-capacity-review-2018-executive-report.pdf>

- ▶ Failure to deliver or cancellation of approved home support hours due to Home Support Workers being unavailable, sick or on leave.
- ▶ Inconsistency in staffing, which undermines continuity of care for clients.
- ▶ The home care sector continues to face severe recruitment and retention issues threatening service sustainability.
- ▶ Rising compliance costs for home care providers.

In 2021, the Economic and Social Research Institute's (ESRI) published figures projecting the increase in home care demand that can be expected under a number of scenarios, following the introduction of a Statutory Home Support Scheme. Using the combined projections from scenario 2 (providing home support to those currently on a waiting list) and scenario 3 (halving the number of people who enter long-term residential care by providing them with adequate intensive home support), shows that an additional 31.8 % in funding would be required to meet demand.⁷

Applying the projected increase in demand to the 2025 home support budget indicates that an additional €266.5 million in funding would be required. This would bring the total home support funding allocation required for 2026 to over €1.1bn.

⁷ [ESRI \(2021\) Demand for a Statutory Home Support Scheme.](#)

02. €110M TO ADDRESS THE PAY DISPARITY OF SECTION 39 AND SECTION 38 WORKERS AND FUND THE PROJECTED INCREASE IN COSTS FOR REGULATORY COMPLIANCE.

Immediate action is required to address the staffing crisis in the home care and disability sectors, which is increasingly threatening the viability and continuity of services. Key issues that must be addressed include:

- ▶ **The long-standing disparity in pay and conditions for Section 39-funded organisations, which hampers recruitment and retention.**
- ▶ **The impact of inflation and rising operational costs.**
- ▶ **The significant resource implications of the new Statutory Home Support Scheme Regulations, particularly in relation to increased compliance costs and workforce planning.**

The Home Care Coalition estimates that addressing these challenges will require a minimum 10% uplift in funding, amounting to an additional €110 million. This investment is essential to stabilise the sector, support workforce capacity, and ensure providers are equipped to deliver high-quality, person-centred care.

03. FUND RESEARCH TO EXAMINE THE PROJECTED DEMAND FOR A STATUTORY HOME SUPPORT SCHEME FROM ADULTS UNDER 65 YEARS WITH A DISABILITY.

Despite Government assurances that the Statutory Home Support Scheme will be available to all adults in need of home support, including those under 65 years of age, there are growing concerns about the extent to which this commitment is being operationalised.

In its 2021 publication projecting demand for the scheme, the Economic and Social Research Institute (ESRI) acknowledged that “data limitations prevented us from extending the analysis to younger groups.” Similarly, the terms of reference of the Commission on Care is restricted exclusively to the care of older people, further reinforcing the risk that the needs of younger adults with disabilities may be under-prioritised in planning and delivery.

These omissions raise serious concerns about equity of access and the rights of disabled people under 65 to receive appropriate and timely home support under the new statutory framework.

Accurate and comprehensive data is essential to ensure that the scheme is designed to meet real levels of need, support equitable access, and plan for future demand in a sustainable way. As such, the Coalition is calling for funding to be designated by the Department of Children, Disability and Equality to examine the projected demand for the Statutory Home Support Scheme that will arise from adults with a disability.



04. PUBLISH A TIMELINE FOR THE INTRODUCTION OF THE STATUTORY HOME SUPPORT SCHEME.

Sixteen years after the introduction of the Nursing Home Support Scheme (Fair Deal) in 2009, families continue to shoulder the burden of an inequitable long-term care system. The current framework incentivises nursing home care through the statutory provisions of Fair Deal, while access to home support remains discretionary, denying many individuals their clear preference to be cared for at home. This imbalance persists despite Article 19 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) which affirms the right to live independently and be included in the community and despite long-standing Government commitments to support care in the home.

In January 2017, the Government pledged to address this disparity by introducing a Statutory Home Support Scheme. Yet today, older people and adults with disabilities continue to be forced into residential care settings, not due to choice, but because the State has failed to deliver the promised legal and structural support for home-based care.

The Home Care Coalition is calling for the urgent introduction of a rights-based, person-centred Statutory Home Support Scheme that is adequately resourced, equitable in access, affordable and high-quality and available to adults of all ages, in all regions. To ensure transparency, accountability, and system-wide readiness, we are calling on Government to publish a clear and time-bound roadmap for the scheme's introduction. This roadmap should include key milestones for:

- ▶ **Legislation**
- ▶ **National and Regional implementation**
- ▶ **Workforce development and planning**
- ▶ **Sustainable funding commitments.**

Only through such a roadmap can Ireland truly shift toward a fairer, community-based model of care, where individuals are empowered to live with dignity and support in the place they call home.

CASE STUDY: CASE STUDY: THE IMPACT OF HOSPITALISATION ON HOME CARE CONTINUITY AND WORKER STABILITY



BACKGROUND

In the home care sector, continuity of care and stable work hours are critical—both for the well-being of service users and the sustainability of care worker roles. This case study highlights the challenges faced when a long-term service user is hospitalised and the implications for home care workers (HCWs), service users, and families.

Service User Details:

AM, a long-term service user based in South West has been receiving regular home care support for over 10 years from a dedicated group of four HCWs. One HCW in particular has developed a strong personal and professional bond with AM, providing approximately 20 hours of care weekly.

Event Timeline:

AM was admitted to hospital on 24th December 2024 and remained hospitalised until 31st January 2025. During this period, all four HCWs assigned to AM were left without those scheduled hours, affecting their income and work continuity.

Key Challenges Identified

1. Loss of Hours and Income for HCWs:

The HCWs, especially the one working 20 hours weekly with AM, experienced a significant drop in hours and pay. Since their schedules revolved around AM's care, temporary reassignment posed emotional and logistical challenges—especially for the HCW who had worked with AM for over a decade.

2. Emotional Bond and Reluctance to Reassign:

Long-standing relationships between HCWs and service users often create a sense of loyalty and emotional attachment. In this case, the primary HCW preferred not to be reassigned, prioritising the relationship with AM over short-term work allocation.

3. HSE Policy and Operational Tensions:

According to HSE guidelines, a six-week waiting period is standard before a HCW can be reassigned following a hospitalisation. While this allows time to determine the service user's future care needs, it also leaves workers underutilised and financially strained. Conversely, reassigning workers after six weeks and then trying to reallocate them back once the user is discharged is disruptive and often impossible.

4. Continuity of Care and Emotional Disruption:

If care hours are reassigned or handed back to the HSE, service users like AM may return home to unfamiliar or no HCWs. This disrupts continuity of care and undermines person-centred care principles. Families may also become distressed and may feel pressure to miscommunicate discharge dates in an effort to retain their trusted HCWs.

5. Communication Strain and Misinformation:

Families, concerned about losing care hours or HCWs, sometimes provide inaccurate discharge timelines, further complicating scheduling and service planning for agencies and HCWs.

Broader Implications

This case is not isolated. Similar situations occur multiple times a year across various regions and service users, indicating a systemic issue that affects care quality, workforce stability, and operational planning.

Recommendations

Review of the Six-Week Reassignment Rule:

Consider advocating with the HSE for more flexible, context-sensitive policies that allow earlier temporary reassignment with guaranteed return to the original user where possible.

Income Stabilisation Measures:

Develop contingency plans or financial buffers for HCWs affected by temporary service interruptions (e.g., a pooled-hours system or internal support fund).

Enhanced Communication Protocols:

Foster open, transparent communication with families about the implications of hospitalisation while offering reassurance around continuity planning.

Continuity of Care Registry:

Maintain a record of long-term HCW-service user pairings to prioritize reinstating familiar staff post-discharge whenever feasible.

Conclusion

This case underscores the delicate balance between operational efficiency, HCW stability, and person-centred care. Strategic adjustments in policy and communication could significantly enhance outcomes for all stakeholders involved in home care delivery.





Thank you for taking the time to read The Home Care Coalition's Pre-Budget Proposals for Budget 2026

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