# Women Ageing in Place

## A Rights-Based Approach to Reform in Ireland's Home Support System

**Combining national policy analysis with qualitative research findings from expert interviews and the lived experiences of older women in Ireland.**

National Women's Council

Coimisiún na hÉireann um Chearta an Duine agus Comhionannas
Irish Human Rights and Equality Commission

Deontas-mhaoinithe
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### How to read this document

*This report integrates a national policy and data review, and original qualitative research conducted with sector experts and older women. The FREDA human rights framework (Fairness, Respect, Equality, Dignity, Autonomy) – which is a practical tool to explore the IHREC Public Sector Duty - structures the research findings. Voices throughout are presented as follows:*

**- Purple, bold quotes:** *Words of older women from qualitative research*
**- Shaded yellow quotes:** *Expert interview insights*



## Executive Summary

Ireland stands at an inflection point for Home Support[1] policy. Demographic projections, the introduction of a new legislative framework and quality standards, and a deepening cost of living and poverty crisis among older people have converged to make this the most consequential moment for home support reform in a generation.

This report argues that within this broader policy reform debate, the specific situation of older women – who are simultaneously the majority of home support recipients, the largest component of the informal care workforce, and among the most economically vulnerable older adults – must be placed at the centre of analysis and advocacy.

Failure to apply a gendered lens risks designing a statutory scheme that does not adequately account for the compounding disadvantages older women face. Qualitative research conducted for this report with both sector experts and older women confirms that these disadvantages are not peripheral concerns but central to how the system is experienced and how it falls short of supporting all older people to 'age in place' in their homes and communities. As one older woman put it with stark clarity:

> **"It's well known with the ageing population that some provision should be made. We filled in the census over the years. The schools have been full. Eventually people grow older. This is not a surprise."** - Woman, 70s

This analysis is anchored in the Public Sector Duty – the statutory obligation, set out in Section 42 of the Irish Human Rights and Equality Commission Act 2014, requiring public bodies to have regard to the need to eliminate discrimination, promote equality of opportunity, and protect human rights in the performance of their functions. Public bodies responsible for home support are bound by this Duty, yet there have been few mechanisms to practically enforce it or ensure compliance, as this report goes on to argue.

To give practical effect to the Public Sector Duty, the report adopts the FREDA human rights framework – Fairness, Respect, Equality, Dignity and Autonomy – as the organising framework for its analysis. This enables the report to examine what such a system would look like, and what currently prevents that approach from being realised. The Duty and the FREDA human rights framework are complementary rather than separate: the Public Sector Duty supplies the legal obligation that public bodies must meet, while FREDA supplies the practical, person-level lens through which compliance with that obligation can be assessed

1 'Home Support' refers to HSE's publicly-funded Home Support Service – formerly the Home Help Service or Home Care Package Scheme – which provides personal care and assistance with everyday tasks (such as washing, dressing and mobility) to people aged 65 and over, with limited exceptions (e.g. early-onset dementia or disability), to help them remain in, or return to, their own home, including following a hospital stay. Eligibility is determined through a Care Needs Assessment rather than a means test; the service is free and does not require a medical card. Support is delivered either directly by HSE staff or by an HSE-approved external provider, including, where available, through the Consumer Directed Home Support (CDHS) model. Crucially, the Home Support Service is a discretionary, demand-led service administered within an annually capped budget rather than a statutory entitlement – a distinction this report returns to throughout. The report's scope is the HSE Home Support Service specifically, rather than privately-arranged homecare, informal family caregiving, or residential and nursing home care, which are referenced only where relevant for context. See https://www2.hse.ie/services/home-support-service

and designed for. Read together, they make it possible to move from a broad statutory requirement to concrete questions about whether a specific home support interaction or system design choice is fair, respectful, equal, dignified, and autonomy-preserving.

**Core argument**

*Gender is not a niche consideration in home support policy. Older women are the majority of recipients, the backbone of informal care provision, and the dominant cohort of the paid care workforce. Any statutory scheme that does not explicitly address gendered need will reproduce the structural inequalities it purports to overcome.*

A note on language: This report analyses the current HSE Home Support system and uses the term home support in line with HSE terminology. We recognise that many disabled people prefer the term support rather than care, as it better reflects autonomy, self-determination and independent living.

The report also recognises that care, particularly when it is unpaid, is sometimes framed in public discourse as a burden. This is not the position taken here. Unpaid care and support can be valuable, meaningful and rewarding for both those who provide it and those who receive it, and caring relationships are an important part of family and community life. At the same time, care should not be assumed to be limitless or available at no cost to those who provide it. Public policy and services should support people to find the right balance between informal and formal care and support, recognising its value while ensuring that individuals are not left without the choice, resources or support they may need to fulfil their right to health, autonomy and participation.



# 1. The Policy Context: Why This Matters

## 1.1. Legislation is actively moving

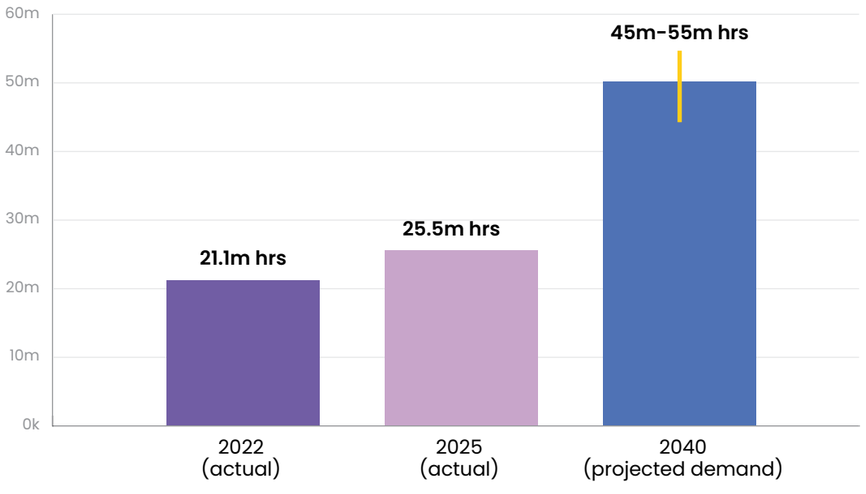
After years of unregulated provision, Ireland is finally legislating for home support. The Programme for Government commitment to develop a Statutory Homecare Scheme, together with the introduction of a regulatory framework for home support providers, reflects a clear policy direction towards a more consistent, accountable and person-centred system. The recent enactment of the Health (Amendment) (Home Support Providers) Act 2026 establishes, for the first time, a national framework for the registration and inspection of providers, creating an essential foundation for the wider statutory home support scheme that Government has committed to deliver. Furthermore, regulations for providers of Home Support Services are in the final stages of the legal drafting process.

The next phase of reform is equally important. Design choices being made now — about eligibility criteria, needs assessment, and funding models — will shape who benefits from a statutory scheme for decades to come. This report argues that embedding equality, human rights and gender analysis at this stage is essential if the new statutory scheme is to reduce, rather than inadvertently reproduce, existing structural inequalities.

## 1.2. Demand is accelerating faster than supply

The Economic and Social Research Institute's (ESRI) projections estimated total home support demand (based on a combination of public and private home support trajectories) could reach 45-55 million hours annually by 2040 — a 57- 91% increase on 2022 levels, with the median age of recipients projected to rise to 87. Actual provision of public HSE home support reached 25.5 million hours in 2025, representing a 22.7% increase since 2022, alongside a 71% rise in the home support budget since 2020.

*Figure 1. Home support demand is projected to far outpace current supply, 2022-2040*




2022 and 2040 are derived from stated percentage changes in the source text (22.7% rise to 2025; 57-91% projected rise to 2040). Source: ESRI (2022) Home Support Services in Ireland. HSE provisional data.

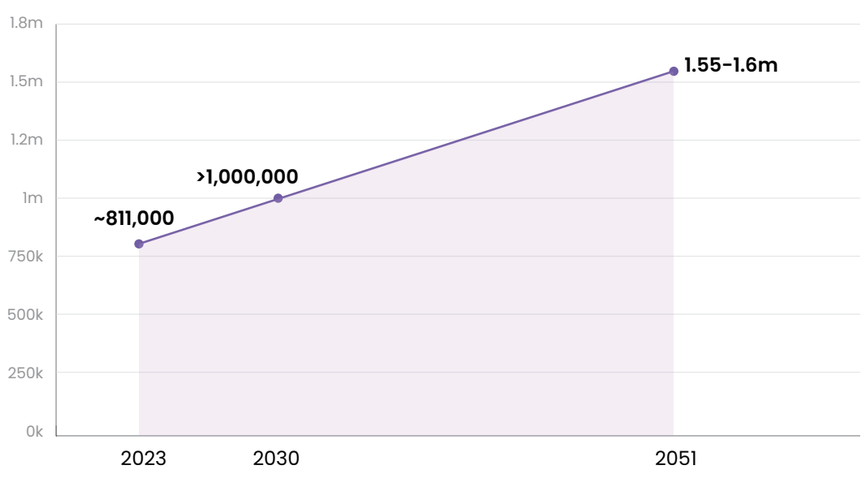
Yet supply still falls significantly short. Ireland has 2.9 acute hospital beds per 1,000 population against an OECD average of 4.3, with an acute occupancy rate of approximately 90% compared to an OECD average of around 70%. Providing more home support services at a preventative level could take the pressure off the requirement for acute hospital beds. As of mid-2025, the waiting list for home support stood at 4,945 people and this shortfall will increasingly need to be addressed. There is a need to deeply connect the home support system to a broader preventative age-friendly health system.

> **"Everything has been stripped to the bone, where physical care is the priority in a system that's under stress, underfunded, and overwhelmed."**
> - Expert Interview

## 1.3. Women make up the majority of our ageing population

Ireland's 65+ population is projected to exceed one million by 2030 and reach 1.55-1.60 million by 2051. The 85+ age group – those with highest care needs – will grow by 150% over twenty years. The oldest are disproportionately women: women live longer, are more likely to be widowed, and more likely to live alone. Census 2022 identified almost 190,000 people aged over 65 living alone in Ireland, the majority of them women.

*Figure 2. Ireland's population aged 65 and over, projected 2023-2051.*




The 85+ age group – those with the highest care needs – is projected to grow by 150% over the same period. Source: CSO population estimates 2023; Department of Health, Older Persons Population Projections (2024).

> **"In the 1990s, life expectancy in Ireland was still one of the worst in the world. Now it is one of the best in the world — which means we need to rethink our approach. People of 100 years old can still be living incredible lives. We need to change our view of ageing from 'Burden' to 'Bounty'."**- Expert Interview

# 2. The Gendered Landscape of Home Support

## 2.1. Older women as recipients

Home support recipients are predominantly older and predominantly women. Compounding effects of longer life expectancy, higher rates of widowhood, greater rates of living alone, and higher rates of chronic conditions in very old age mean women make up the majority of those who need formal home support. Yet the system they access currently operates without a statutory entitlement or guaranteed continuity of care, while national quality standards are still being developed and due to be published in late 2026.

The Irish Longitudinal Study on Ageing's (TILDA) Wave 6 findings (September 2025) document high rates of undetected hypertension, chronic pain, and depression among older adults — conditions disproportionately prevalent among older women. The study emphasised that these are largely modifiable with the right health and social care support. The study emphasised that many of these conditions are amenable to earlier identification and appropriate health and social care support. While HSE home support alone cannot address these issues, participants in this research consistently argued that better integration between home support, health services and community support is essential if people are to age well in place.

## 2.2. Older women as informal carers

The Irish data on the gendered distribution of care is unambiguous. The Central Statistics Office (CSO) data in 2022 shows 299,128 people provided regular unpaid care in 2022: 181,592 (61%) were female and 117,536 (39%) were male. Among those aged 60 and over, TILDA research shows that while only 5% of women report being carers, many provide more than 50 hours of care per week. This links to poorer mental health, higher rates of depression, and increased stress particularly among women.

> **"I'm effectively employed - me, in my 70s - to care for my husband whose next zero birthday will have a nine in it. And my daughter also lives with us - and I care for her - she has multiple sclerosis."**– Woman, 70s

> **"Nobody came to the house when my husband got cancer and I was his full-time carer. There was no respite. Nobody was saying, let's give her some support."**- Woman, 72

> **"The 2020 TILDA report showed that of older people receiving support, 70% was coming from family. We need to support these families so that they do not burn out and damage their own wellbeing - the whole support system needs to prioritise the health of every member of the system."**
> – Expert Interview

When formal provision is inadequate or inaccessible, it is overwhelmingly women who absorb the gap — at significant cost to their own health, employment, and financial security.

## 2.3. Women also make up the majority of our formal care workforce

At least 85% of home support workers in Ireland are women, according to the HSE 2023 annual report. This formal care sector is characterised by precarity and low pay. This reflects the systematic undervaluation of care work, which has historically been feminised and consequently underpaid, casualised, and lacking in career progression. Workforce shortages remain a significant challenge to system expansion; the predominantly female workforce face structural barriers to retention, development, and fair compensation.

> **"Carers are invisible. Live-in carers are invisible. Migrant care workers are invisible. We don't even know how many people currently work as carers. There are multiple blind spots in the data."** - Expert Interview

Because the home support workforce is predominantly made up of women, its workforce policy is also a gender equality issue. A statutory scheme that does not address workforce sustainability, ensure fair employment practices and career development risks perpetuating existing gender inequalities within the care workforce.



# 3. Economic Vulnerability: The Structural Legacy

## 3.1. The gender pension gap

Older women in Ireland arrive at the home support system already economically disadvantaged. Ireland's gender pension gap currently stands at 35%. Irish Life's 2024 data show that women would need to work eight years longer to retire with the same pension as men. The primary driver is not investment behaviour but time out of the labour market: Eurostat data shows women in Ireland take an average of six years out of the workforce, primarily for maternity leave and caring responsibilities.

The National Women's Council's December 2024 report 'Still Stuck in the Gap' found that the recently-established pension auto-enrolment scheme will not address this structural inequality and may make it worse. Women who spent decades in caring roles will carry a smaller pension into old age regardless of expanded coverage. The legacy of the Marriage Bar — abolished in 1973 — directly affects women now aged 70 and over, many of whom are structurally over-represented among those with the lowest fixed incomes. The age limit of auto-enrolment prevents those who are already at retirement age from benefiting from the scheme – the government is paying into a private pension scheme that only really benefits people who have not yet retired.

> **"My rent is over a thousand euros a month. For one person. And I don't put on the heating because I had an electricity bill for €590."** - Woman, 78

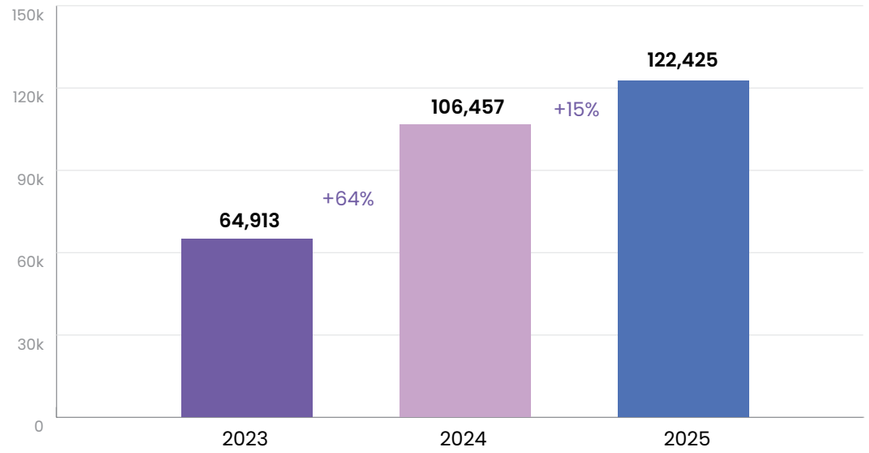
> **"Exercise classes are €50 a month. You're only getting €230 or whatever a week on the pension."** - Woman, 72

## 3.2. Poverty among older women living alone

Age Action reported in early 2026 that older people living alone have the highest income poverty rate of any group in Ireland at 30.3% - almost two and a half times the national rate, and up 4.4 percentage points from 2024. One in ten older people living alone is in consistent poverty (simultaneously income-poor and experiencing enforced deprivation).

Social Justice Ireland's 2026 analysis shows 122,425 older people living in poverty in 2025, up 15% on 2024, itself up 64% on 2023. Because women outlive men and are more likely to live alone in later life, these poverty statistics have a disproportionately female face.

*Figure 3. Older people living in poverty in Ireland, 2023-2025.*




2025 figure as stated: 2023 and 2024 figures are derived by working back from the reported year-on-year increases. Source: Social Justice Ireland (2026 analysis of CSO SILC data.)

**Key Statistic**

*30.3% income poverty rate among older people living alone (CSO SILC 2025) - the highest of any group in Ireland. Older women are over-represented in this cohort.*

> **"Women who have lived in poverty all of their lives — the concept of self-care does not come into their heads. Many of these are widowed women who didn't end up with a pension because they didn't work outside the home."**
> - Expert Interview

# 4. Research Design and Methodology



The qualitative findings presented in Section 5 were generated through a research design developed specifically to discover how formal HSE Home Support is currently experienced by older women, and where it falls short of a rights-based standard. This section sets out the research questions, conceptual framework, sample, and process behind that evidence.

## 4.1. Research Questions and Methodology

The research set out to explore how Ireland's HSE Home Support System currently works — and could work better — for older women, and to identify implications for the Public Sector Duty. The research team and the Expert Advisory Group decided to focus the research on formal HSE Home Support service, while acknowledging that care and home support may include broader factors, family dynamics and wider social and community services.

We decided to use the FREDA human rights framework to guide the research inquiry because it is strongly linked to the ethos of the Public Sector Duty.

Three research questions structured the enquiry with experts and older women:

- What is helping or hindering people in ACCESSING Home Support?
- What is helping or hindering a NON-DISCRIMINATORY experience of Home Support?
- What is helping or hindering the upholding of HUMAN RIGHTS through Home Support?

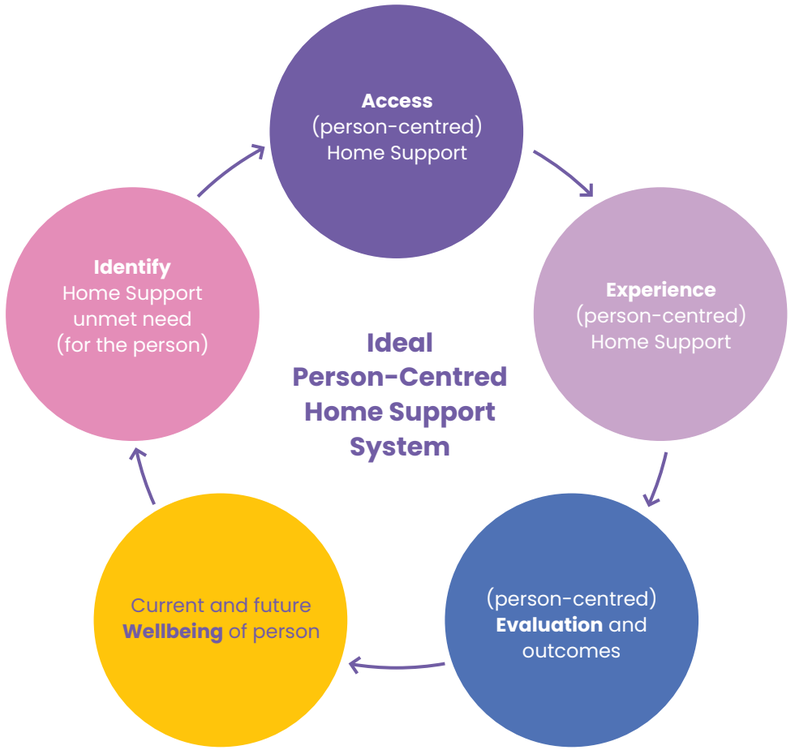
These questions were investigated using a qualitative methodology: six expert interviews and four mini focus groups with older women who were either receiving or might need Home Support.

## 4.2. Conceptual Framework: An Ideal Person-Centred Home Support System

The research design and analysis were anchored to a conceptual model of an ideal person-centred Home Support System, developed for this project on the basis of Sláintecare's Age-Friendly Blueprint and the Public Sector Duty, including its human rights and gender equality dimensions. The model frames Home Support not as a single transaction but as a continuous cycle:

- **Identify** Home Support unmet need, for the person
- **Access** to (person-centred) Home Support
- **Experience** of (person-centred) Home Support
- **Evaluation** (person-centred) and outcomes
- **Wellbeing of the person** - which reshapes ongoing unmet need

*Figure 4. The Ideal Person-Centred Home Support System as a continuous cycle.*




Based on the Sláintecare Age-Friendly blueprint and the Public Sector Duty – including a Human Rights Approach & Gender Equality

## 4.3. Research Sample

The sample comprised of two complementary qualitative strands.

**Expert interviews (six)**

- Age Friendly Ireland
- Department of Health
- The Irish Longitudinal Study on Ageing (TILDA)
- ALONE Policy & Home Care Coalition
- Age Friendly Ireland
- Health Information and Quality Authority (HIQA)

**Mini focus groups (four) with older women receiving or who might need Home Support**

- Conducted two online and two in person
- One-hour discussion per group
- Total Respondents = 14 people
- Women aged over 65 – aged between 67 and 80
- Urban and rural mix – 10 were in city/suburbs, 4 were in rural areas
- Currently/previously receiving Home Support – 4 with 10 others potentially needing in future
- Included women with existing or a history of long-term health conditions – 6 with mobility, cancer or COPD issues
- Women living alone – 8 of the women lived alone, 6 with others
- Included unpaid carers – 3 of the women were caring for other family members
- Women with income restrictions - 6 women had pressure with utility bills

## 4.4. Expert Advisory Group

An Expert Advisory Group was convened by the National Women's Council to help shape the research design and discussion guide, and to give input to the analysis and report. Membership included government agencies, care experts, and civil society organisations. The group met three times over the course of the project.

## 4.5. Project Timeline

The research was carried out in five phases over approximately ten months:

- Initiate project (November-January): IHREC briefing, meetings with experts, literature review.
- Research design (January-February): finalising the research design, drafting recruitment survey, drafting discussion guides, confirming expert participants.
- Research fieldwork (March-May): expert interviews, focus groups, initial analysis and findings.
- Analysis and report (June-July): drafting the report, incorporating input from experts, finalising the report.
- Finalise and launch (August-September): report design, agreeing proofs, and launch with IHREC.

## 4.6. Recruitment

All of the older women who participated in this research in person and on-line gave their time, their insight and their ideas with courage, honesty and generosity and we are very appreciative of this.

It was difficult to recruit older women to participate in the on-line discussions- despite widely sharing the invitation to participate with National Women's Council member organisations and other organisations. We got feedback that older women would prefer to participate in person and might not have access to technology on-line. We contacted Yvonne Anderson from the Kilnamanagh Family Resource Centre and she helped to recruit and host the two in person discussion groups.

## 4.7. Research Limitations

While this report focuses specifically on older women as a group, NWC and the research team recognised throughout that older women are not a homogeneous population. Experiences of ageing, poverty, health, disability, care, and access to support are shaped by multiple and intersecting factors, including ethnicity, disability, migration status, sexual orientation, geographic location, and socio-economic status. (For instance, the All- Ireland Traveller Health Study in 2010 found that Traveller women had a life expectancy of 70.1 years, 11.5 years lower than women in the general population. This low life expectancy redefines ageing and therefore the necessary policy responses for this community, and many other minority ethnic groups.)

Despite the relatively small scope of the project, an intersectional understanding of inequality informed the research design and analysis. Attention was paid to the experiences of women living on low incomes, disabled women, women living alone, and women providing unpaid care.

The project team was also conscious of the significant role migrant women play within Ireland's care system. Migrant women make up an important proportion of the formal care workforce and often experience distinct challenges relating to employment conditions, visibility, recognition, and access to rights. While these issues emerged in literature and throughout discussions during the design phase, the scope of the qualitative research could not deeply explore the lived experience of migrant care workers.

**Future research should explore these intersections in greater depth, including the experiences of migrant care workers, Traveller and Roma women, disabled women, LGBTQ+ older people, and other groups whose experiences of ageing and care may be shaped by multiple forms of inequality.**



# 5. Research Findings: What Older Women and Experts Say

The following findings are drawn from qualitative research with sector experts and with older women. They are structured using the FREDA human rights framework — Fairness, Respect, Equality, Dignity, Autonomy — which has already been recommended within HIQA's proposed framework for person-centred home support care in Ireland (Bassul et al., 2024) and complements the Public Sector Duty. This framework allows the experiences of those receiving and providing care to be placed alongside expert system-level perspectives within a coherent rights-based analysis.

## F. FAIRNESS

### What is the overall fair and socially just outcome we want to achieve? What is blocking this systemically - culturally, structurally, financially, practically?

A fair home support system, in the view of both experts and older women, would be universally accessible, sufficiently resourced, and free at the point of need. Both groups are clear that this does not currently exist. Experts point to structural underfunding, HSE fragility, and the absence of ring-fenced home support posts. Older women speak to the daily reality of that shortfall: being expected to be grateful for inadequate services and not being seen as deserving of support in the same way as people at other stages of life.

> **"There is really an attitude towards older people - first, that we should be grateful. Lucky to get help? And if it's not quite right, well, sure, isn't it better than nothing? And frankly, no, actually, that's not good enough."** - Woman, 79

> **"Having more help that will enable you to stay in the home, rather than shipping you off to a home somewhere. I refuse to be warehoused."** - Woman, 69

> **"Social care and older people are always at the bottom of the pile when it comes to priorities. In availing of services, older people are seen as leaning too heavily on the rest of the state. We would never apply that ethos to young children or families."** - Expert Interview

> **"The strength of our system is that it is free for anyone who needs it. The threat is that there is no ring-fencing of these posts within the whole HSE, which is under massive strain."** - Expert Interview

Fairness also requires that the gendered dimensions of care need — and of care labour — are made visible rather than taken for granted. While many men also provide unpaid care, women continue to undertake the majority of unpaid caring responsibilities and make up the overwhelming majority of the paid home support workforce. A system that relies disproportionately on women's care labour, while failing to recognise or adequately value that contribution, cannot be considered fully fair. This has implications not only for unpaid carers but also for the predominantly female paid workforce, reinforcing the importance of fair pay, secure employment and sustainable workforce planning as part of home support reform.

## R. RESPECT

### What would a respectful system need to include? How could older people's preferences be embedded in design and delivery?

Respect in home support means continuity of relationship, not just continuity of task. Both experts and older women emphasise that what the system currently delivers is a fragmented, transactional series of contacts — different workers, truncated time to deliver individual care, no communication between settings. Importantly, there may be more need for **proactive** check ins for older people with public health nurses and primary care clinicians, which might mean that there is less need for **reactive** home support hours later on in people's lives.

> **"We got home support when my husband was sick - they were nice people but different ones came all the time - hard for him to build a relationship. I felt like we were constantly 'training them in' - no sense of building trust. You're afraid to complain because they will put a note in your chart and then there will be nobody available to help."** - Woman, 68

> **"There's no communication between the hospitals and the public health system. They say, oh yeah, we'll get you home help when you go home. But you will still be talking about it and trying to get it sorted two months down the road."** - Woman, 73

> **"Human rights cuts both ways: both carers and the cared-for need to be treated with respect and humanity. There is value in caring as well as being cared for - but this cannot be pushed to the point where the carer is burned out."** - Expert Interview

> **"Just as first-time mothers get a health visit, that should be there for older people. A monthly check. It could be done online or on the phone. It would also take away that sense of loneliness."** - Woman, 79

> **"People can become less frail when given the right support, at the right time, from the right person."** - Expert Interview

Respect also requires that unpaid carers — predominantly older women caring for spouses or adult children — are visible to the system as people with their own needs, not simply delivery mechanisms for informal care.

## E. EQUALITY

### How can we ensure all older people in Ireland have equal access to home support, irrespective of gender, geography, disability, ethnicity, or socioeconomic status?

Equality in home support is currently aspirational rather than achieved. Geographic variation in access is significant. The inconsistency of standardised needs assessment in practice means that a person's access to support depends heavily on where they live, who assesses them, and whether they can effectively advocate for themselves.

The assessment mechanism itself is not without structure. In practice, however, the existence of a common assessment instrument has not delivered standardised outcomes across all locations. Because home support has been a discretionary model of service provision, the same assessed level of need can translate into different levels of support depending on local resource allocation within a person's Integrated Healthcare Area (IHA). This has been a challenge for HSE Home Support on the ground because there has been a lack of statutory framework to help ensure people receive a standardised service.

Although the rollout of interRAI has been slow to progress, the completion of a single evidence-based assessment is now being prioritised for new home support applications. The Department of Health and HSE are committed to improving on the 4,000 interRAI assessments completed last year. It should be acknowledged that a care banding system was also successfully piloted by the HSE last year and this will inform decisions regarding home support hours.

HIQA's 2021 research on the regulation of homecare found that providers identified the assessment process as not working well in practice, and called for greater consistency, equity and person-centred application of assessment outcomes. The proposed Statutory Homecare Scheme offers an important opportunity to close this gap — not simply by creating a statutory entitlement, but by embedding that entitlement within a system that is adequately resourced, consistently implemented and subject to appropriate oversight.

A legal right alone cannot guarantee equitable access. Realising that right in practice requires the infrastructure, workforce capacity, funding and accountability mechanisms necessary to ensure that assessed need is met fairly and consistently across the country. The Public Sector Duty provides an important framework for this next phase of reform, requiring public bodies not only to acknowledge rights but also to have due regard for equality and human rights in the design and delivery of services through which those rights are realised.

> **"The system as it currently stands risks a 'postcode lottery'. We need a system which delivers the right care, in the right place, at the right time."**
> - Expert Interview

> **"I don't have anybody who drops in for a coffee or anything. My son went away yesterday and there won't be another 'non-me' crossing my doorstep now for weeks on end."** - Woman, 78



Older women who have spent lifetimes as carers rather than care recipients often have difficulty positioning themselves as deserving of support. This self-effacement — the internalised reluctance to ask — is itself a gendered phenomenon. A genuinely equal system would be proactive and outreach-based, not solely demand-led.

> **"I remember a TILDA researcher saying that three things influence positive health outcomes as you grow older - first, you can be rich, second, you can be connected to the community, and third you can have daughters. It exposes the inequality across the system of care."** - Expert Interview

> **"We (women) are not used to asking for help. You think you're pressuring somebody or putting something on someone."** - Woman, late 60s

> **"There can be a caregiver burden onto women, because men are more uncomfortable allowing somebody into their home to help them personally."**
> - Expert Interview

## D. DIGNITY

### How can we ensure the system makes older people feel like valuable human beings with purpose? How do we ensure home support is not experienced as a 'depersonalised task list'?

Dignity starts with a responsibility to the people who need support within our communities, providing investment in care and opportunities for the 'recipient' to shape the service. Poor quality care is often a consequence of a lack of investment. Dignity is consistently identified by older women as what the current system fails to deliver. The experience described is one of invisibility, tokenism, and being 'managed' rather than cared for. Workers arrive late, leave early, change constantly. Older people are afraid to complain for fear of losing even the inadequate support they have. Home support is only one piece of the jigsaw in terms of the overall support that older people need to age in place – ideally there is a strong ecosystem of health, social and community services which together acknowledge the dignity of everyone as they age.

> **"Sometimes the carer doesn't show. Sometimes they are scheduled to leave your house at 9am and be at their next client instantaneously. Who is monitoring this? Where is the supervision? The targets are unrealistic."**
> - Woman, 70s

> **"On one side - they're wanting us as older women to take this role, then on the other - they don't want to talk to us."** - Woman, 69

> **"I saw elderly people treated in a terrible way - just put on hideous hard chairs and left there, not knowing what was going on, with nobody to help them."**
> - Woman, 69

**"Nobody wants to be pitied or patronised. They want to be agents of their own lives. Not one person wants to be lying on a trolley or wants to go into residential care. It should only be the last resort."** - Expert Interview

**"The vast majority of the limited home support budget is spent on 'personal care'. We need a more preventative aspect to our budget. One of the biggest travesties is when somebody independent who is 73 years old ends up in residential care because they broke their hip and the system couldn't support them back to independence at home."** - Expert Interview

**System design implication**

*Home support designed around dignity would invest in continuity of relationship, give workers time to relate as well as complete tasks, and treat older people as social participants and agents rather than passive individuals in need of care or support. This requires adequate workforce investment and scheduling reform.*

## A. AUTONOMY

How can we ensure older people retain authority and choice over their own care and support? How does the system cultivate independence rather than 'learned helplessness'?

The strongest single message from both older women and experts is the desire to remain in control of their own lives and homes, for as long as possible. The fear is not of frailty itself but of a system that responds to frailty by removing options rather than building supports. Again, HSE formal home support is only one aspect of the ecosystem that would keep older people empowered, connected and contributing to their communities.

> **"I need a government commitment to develop a strategy which focuses on support for independent living. And that needs investment over the next decade - very urgently."**
> - Woman, 79

> **"I had to fight for different things - I had to call them again and again for each service we needed. He would say, will you please ring them and tell them I'm in pain? And I'd ring from here."** - Woman, 70

> **"Sometimes the local link won't go up the hill to the hospital because it's too much of an incline. But all the older people are now expected to walk up - with their bad lungs or their bad mobility."** - Multiple women, 60s-70s

**"There is a risk that the whole system contributes to learned helplessness versus empowerment and agency. We do not want to create dependency - we want to support independence as long as possible."** - Expert Interview

Autonomy also requires transport, adapted housing, accessible exercise, and community connection — not just personal care visits. A woman who cannot afford the €50 monthly exercise class, cannot get transport to her hospital appointment, and has not seen another person for weeks is not living autonomously regardless of what her care plan says. These are broader challenges than the provision of formal home support hours and will require an interconnected approach across services and life-spans.

> **"A comprehensive, connected cradle-to-grave care plan - seamless, and properly resourced."** - Woman, 71

# 6. Implications For Policy Design



## Harness the Public Sector Duty as a lever for change

The Public Sector Duty, which requires public bodies to have regard for equality and human rights in their functions, is directly relevant to home support reform and yet remains largely unapplied in this context. The FREDA analysis demonstrates that current home support provision fails older women on all five dimensions — fairness, respect, equality, dignity, and autonomy. This is not a peripheral concern but a systemic failure that the Public Sector Duty can and should be used to address.

> **"The Department of Health ends up picking up the pieces of all of us not supporting people correctly. The Public Sector Duty needs to apply across every department, not just Health."** - Expert Interview

This is a whole-of-government challenge, not a health system challenge alone. Housing, transport, income support, community infrastructure, and social protection all shape whether an older woman can age and thrive in place. Within the health system, it is important to make prevention an investment priority from cradle to grave. The economic and social value of prevention and early intervention have been argued by economists like Andrew Scott in 'The Longevity Imperative' in 2024. Research and longitudinal evidence from TILDA continually demonstrate the value of health behaviours, social relationships and early intervention in contributing to long term health and flourishing.

The Commission on Care for Older People — established in March 2024 and chaired by Professor Alan Barrett and tasked with examining health and social care services and supports for older people across the continuum of care — offers a real opportunity to embed this thinking at source. The Public Sector Duty can serve the Commission as both a lever and a lens: a lever, because it places a positive legal obligation on public bodies to have regard for equality and human rights in their core functions, and a lens, because it provides a ready-made standard against which the Commission's eventual recommendations can be tested.

This domestic opportunity now sits alongside a significant international one. On 3 April 2025, the UN Human Rights Council adopted a resolution establishing an intergovernmental working group to draft a legally binding UN Convention on the human rights of older persons — the first formal step toward closing gaps in international protection that fourteen years of work by the UN Open-Ended Working Group on Ageing had identified (Harper, 2025). Ireland was among the resolution's co-sponsors. Once drafted, such a Convention would give Ireland's home support reform a clear international human rights benchmark to design towards, alongside the domestic benchmark the Public Sector Duty already provides, backed by a statutory legal framework. None of these levers should be left to operate in parallel with the Commission's work; they should be built into its frame of reference from the outset.

Ireland has already made significant progress in measuring national wellbeing through initiatives such as the Government's Well-being Framework, the Healthy Ireland Survey and the Central Statistics Office's Well-being Information Hub. Together, these provide an important foundation for understanding how people experience health, wellbeing and quality of life. The next step is to ensure that

the Statutory Homecare Scheme is accompanied by an outcomes framework that captures not only service activity, but whether home support enables people to live well, independently, and with dignity in their own homes. Building on learning from existing national wellbeing measures, this framework should include indicators that reflect the specific outcomes that home support is intended to achieve.

In line with the Public Sector Duty, the framework should measure equality and human rights outcomes alongside operational performance. In addition to indicators such as waiting times and hours of support delivered, it should include measures of autonomy, social connection, continuity of care, quality of life and people's experience of being treated with fairness, respect, equality, dignity and autonomy. Where possible, outcomes should be reported using disaggregated data so that differences by gender, age, disability, ethnicity, socioeconomic status and geography remain visible rather than being obscured within population averages.

The Public Sector Duty provides an important rationale for this approach. Public bodies are required not only to deliver services, but also to have due regard to the need to eliminate discrimination, promote equality of opportunity and protect human rights in carrying out their functions. Measuring outcomes through this lens would help ensure that the Statutory Homecare Scheme is evaluated not only on efficiency, but also on whether it delivers equitable, rights-based support for those who rely on it.



# 7. Recommendations

Several of the recommendations below extend beyond the operational remit of the HSE Home Support Service. This reflects the findings of the research, which consistently highlighted that the ability to age well in place depends on coordinated action across health, housing, transport and community services. In keeping with the Public Sector Duty, a rights-based approach requires public bodies to work across organisational boundaries to promote equality and protect human rights in practice.

## 7.1. Design: Apply the Public Sector Duty to HSE Home Support, ensuring that non-discrimination and gender-sensitivity are central to a rights-based approach

- Apply the Public Sector Duty systematically throughout the design, implementation and evaluation of the Statutory Homecare Scheme, including equality and human rights impact assessment of key policy decisions, ongoing monitoring of outcomes, and meaningful engagement with those most affected by the scheme.
- Ensure the implementation of the national assessment 'interRAI' and associated care-banding incorporates equality, human rights and gender-sensitive considerations, including social context, caring responsibilities and the cumulative effects of disadvantage across the life course.
- Apply gender proofing to all eligibility criteria, co-payment structures, and funding models before they are legislated. Fixed low incomes – disproportionately held by older women – must not exclude people from the scheme.
- Embed equality data collection from the outset within the Statutory Homecare Scheme, including the HIQA registration and inspection regime, in line with the National Equality Data Strategy (2026-2031). Disaggregated data is essential to meeting the Public Sector Duty, enabling public bodies to identify where inequalities exist and to monitor whether the scheme is promoting equality and protecting human rights in practice.
- Continue to do qualitative research to incorporate the voices and lived experiences of older women in an intersectional way that ensures the HSE Home Support system is supporting their ability to age successfully in place. Some of this qualitative research is already in train with Royal College of Surgeons Ireland 'Attune Project' in partnership with the Department of Health and the Health Research Board.
- Ensure the Commission on Care for Older People final report explicitly applies the Public Sector Duty, including gender and equality analysis, in developing recommendations for the statutory home support scheme.

## 7.2. Delivery: Prioritise relationship, continuity, and prevention across the whole health, social and community ecosystem, including HSE Home Support

- Ensure home support services adopt a person centred, enabling approach which underpins Department of Health draft regulations and Health Information Quality Authority quality standards.
- Strengthen integration between home support, primary care, hospitals and community services so that people experience coordinated support rather than fragmented services, particularly at key transition points such as hospital discharge.
- Develop integrated discharge protocols between hospitals and community home support services to eliminate the communication gap identified by older women and experts.
- Ensure that disabled women have continuity of support throughout different life stages rather than separate home support service applications before and after 65.
- Extend the Healthy Age Friendly Homes Programme and Age Friendly networks, Family Resource Centres and ALONE Support & Befriending services as community antennae for unmet need, particularly for those living alone without family support.
- Invest in a preventative health model alongside personal care: nutrition monitoring, social connection, falls prevention, and mental health support can all reduce long-term dependency and institutional care admissions. This has been demonstrated in multiple studies by TILDA in collaboration with the Department of Health.
- There is a requirement for broader health system policy and design from the Department of Health, in combination with a whole -of-government approach.

## 7.3. Workforce: Invest as a gender equality measure

- Reform home support scheduling to enable continuity of care worker, adequate time per visit, and worker supervision – addressing the dignity and respect failures identified consistently by older women.
- Progress recommendations of the Strategic Workforce Advisory Group (SWAG) in relation to recruitment, retention, career pathways and workforce sustainability.
- Establish a national register of home support workers and live-in carers, addressing the multiple data blind spots identified by experts and making the care workforce visible to policy.
- Develop specific supports for migrant care workers, who are currently among the most invisible and most vulnerable members of the care system.

### 7.4. Data and Accountability: Measure the outcomes that matter

- Build on existing national wellbeing frameworks by developing a home support outcomes framework that measures wellbeing, autonomy, social connection, continuity of care and equality outcomes alongside service activity.
- Embed equality and human rights indicators within the framework, with routine publication of disaggregated data to support transparency, accountability and continuous improvement.
- Commission further longitudinal research to monitor the long-term impact of HSE Home Support on people's wellbeing, independence and ability to age well in place, with particular attention to gender, poverty and other intersecting inequalities. This should be inclusive of women in all their diversity – including migrant women, disabled women, carers, Traveller and Roma women, and LGBTQ+ older women – to ensure that lived experience continues to inform the design, implementation and evaluation of the statutory scheme.
- Develop and evaluate proactive approaches to identifying unmet need among older people, with a greater emphasis on prevention and early intervention rather than crisis response. Participants in this research highlighted options such as an annual wellbeing census as a means of identifying emerging needs before they escalate.



# 8. Conclusions

Reform of home support in Ireland is already underway, with the standardisation of a national evidence-based assessment, the establishment of a regulatory framework, the implementation of HIQA quality standards, and the procurement of a new Information and Communications Technology (ICT) system. The next phase must consider what kind of society Ireland wants to be as it ages and whether we want to live up to the human rights' ambition of the IHREC Public Sector Duty.

Older women who spoke for this research were articulate, clear-sighted, and unimpressed with the gap between policy aspiration and lived reality. This is not a criticism of the hard-working people in formal HSE Home Support who are doing their best to support older people to flourish in their homes – rather it is a concern that the overall system needs to be better designed, resourced and delivered to help all older people to successfully 'age in place'.

They were unequivocal about what they want: not warehousing, not pity, not a postcode lottery of support. They want a comprehensive, connected system that sees them as human beings - with rights, agency, with still something to contribute and they ideally want to remain in their own home and community as long as possible.

> **"I've never heard anybody say, 'I can't wait to get into a nursing home."**
> - Expert Interview

Ireland has a narrow window in which to get the design of a statutory home support scheme right. The 2026 Health (Amendment) Home Support Providers Act is an important first step; the Statutory Homecare Scheme commitment in the Programme for Government is the destination. The journey between them will be determined by the choices made now about whose needs are placed at the centre of the analysis.

**The answer this report gives is clear: older women's needs must be at that centre – not because they are a special case, but because they are the majority of those the system must serve, and because the structural forces that have shaped their lives – unpaid care, pension gaps, lower incomes, isolation – are precisely what a rights-based, equitable home support system exists to address. The Public Sector Duty can be a lever and lens to ensure that we keep older women's needs central to our national discussions, debates and decisions.**

This focus on need should not be mistaken for a deficit view of older people. Academic research consistently affirms the value, contribution, and what the economist Andrew Scott calls the 'evergreen' potential of longer lives - to society, to families, and to older people themselves. The WHO's Decade of Healthy Ageing, Rose Anne Kenny's TILDA-based research in Age Proof, the Harvard Study of Adult Development, and Scott's own work on the economics of longevity all converge on this point: extra years, properly supported, are a source of contribution and continued growth, not simply a burden to be managed.

But this potential does not mean that older people do not need support. As the legal scholar Martha Fineman has argued, vulnerability is part of the universal human condition - present at every age and across every gender - not a marker reserved for old age. The task, then, is not to choose between recognising older people's capacity and recognising their needs - it is to design social and health support systems that enable flourishing wellbeing for each and every person, from cradle to grave.



> **"When it comes to growing old, we ALL have skin in the game. Each and every one of us will get older. The question is: how do we want to look after ourselves and each other as this happens?"** - Expert Interview

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This report was prepared in July 2026 by Dr. Karen Hand and the National Women's Council. It combines a national policy and data review with original qualitative research findings. All legislative and statistical references are current as of the date of preparation.