

## CARERS' STRATEGY CONSULTATION GROUP

To: Mary Doyle, Chairperson: Inter-Departmental Working Group,

To: Orlaigh Quinn

DSFA, Secretariat to Inter-Departmental Working Group

Date: 18<sup>th</sup> April 2008.

The Carers' Strategy Consultation Group welcomes the opportunity to present our views on the proposed Carers Strategy. We have given thoughtful consideration to our detailed proposals and the societal context within which the strategy is being formulated.

As the strategy will cover the timeframe of the Partnership Agreement "Towards 2016" we believe the development of the strategy should not be circumscribed by the interim economic situation. We share the Government's perspective that the present economic slowdown is occurring within the context of a sound economy and a wealthy society.

Our proposals are drafted within the overall perspective of the NESC document *The Developmental Welfare State* which is articulated in the introduction to the Social Partnership Agreement *Towards 2016*:

The Social Partners subscribe to the NESC vision of Ireland in the future, the key foundations of which are, a dynamic, internationalised, and participatory society and economy, with a strong commitment to social justice, where economic development is environmentally sustainable, and internationally competitive.

In addition we are cognisant of the relevance of Article 45 of Bunreacht na hÉireann "Directive Principles of Social Policy" to the issues of justice and equality for Family Carers.

We believe that the Carers Strategy can define and give leadership direction to a new relationship between Family Carers and the State, based on a true partnership and it is within that context that we present our proposals.

With best wishes,

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Frank Goodwin on behalf of the members of  
the Carers' Strategy Consultation Group.

**CARERS' STRATEGY CONSULTATION GROUP**  
**Member Organisations**

Age Action

Alzheimer Society of Ireland

Care Alliance Ireland

Carers Association

Caring for Carers

Crosscare

Cúram Parent and Carer NGO

Eirí Corca Baiscinn

Disability Federation of Ireland

Irish Farmers Association

Inclusion Ireland

Irish Senior Citizens Parliament

PWDI

# Carers' Strategy Consultation Group

## Submission to the National Carers' Strategy Process

### INTRODUCTION

The need for a comprehensive strategy which addresses the rights and needs of Family Carers in Ireland has long been recognised by all stakeholders in the caring, older peoples', and disability sectors. This submission sets out key recommendations for the strategy which have been agreed unanimously by the Carers' Strategy Consultation Group (CSCG).

It is difficult exactly to quantify the number of Family Carers in Ireland. Whilst the 2006 Census indicates that there are in the region of 161,000 Family Carers, other sources suggest that the figure is considerably higher.<sup>1</sup> The 2006 Census reports there to be almost 41,000 full time Family Carers. This means that the cared-for person requires full-time care and attention. In addition, many Family Carers cannot leave the home unless another person is present to take over their caring duties. The issue of Family Care knows no ethnic, social, geographic, financial or gender boundaries and occurs throughout the life cycle. Caring is driven by necessity rather than choice. Frequently random life events force people to forego other life opportunities to care for someone they love.

The opportunity cost of caring is *independent of* loss of time/status in the job market. Adult individuals have the responsibility to maintain their own lives and quality of life (QOL). The Family Carer takes on double duty, i.e., additionally being responsible for maintaining the life and QOL of another. Doing so takes time that is unavailable to the Family Carer for his/her own concerns/interests. By considering opportunity cost only in the context of the paid work environment, we unjustly deny Family Carers their basic right to use their precious, finite, time on this earth for their own purposes. Justice demands that those not involved in providing Family Care, while not giving of their time and resources directly, must still contribute by ensuring that adequate funds are available to support Family Carers' efforts on the front line.

As articulated in a nationwide survey of Family Carers, "[a]n effective and fair strategy for Family Carers must be based on a shared model of state and family contribution to care, not a simplistic 'one-or-the-other' approach." *Listening to Family Carers: Report on a Nationwide Carer Consultation, The Carers Association (2008)*. The availability and willingness of Family Carers to provide care cannot be relied upon without fair and

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<sup>1</sup> Very recently a senior manager within the HSE has voiced a widespread view that the census figures underestimate the true numbers of Family Carers in the Republic of Ireland. (Ref; Laverne McGuinness, National Director, Primary, Community and Continuing Care, HSE in her address to Caring for Carers Ireland National Respite weekend and Conference, Ennis, March 8<sup>th</sup> 2008.)

The figures from the Northern Ireland Census (2001), which uses similar wording as that of the ROI census question, are even more illuminating. It found that 11% of the population reported providing unpaid care. This compares to the roughly 3.8% of the ROI population. In the UK 5.2 million carers were reported in their 2001 Census, or roughly 1 in 10 of the population. <http://www.statistics.gov.uk/census2001/profiles/commentaries/health.asp>

adequate State partnership. To deliver an effective strategy, as committed to in the Social Partnership Agreement *Towards 2016*, the responsibilities of the State and the family in caring for vulnerable members of society must be defined and effectively rebalanced. Under a shared model, families will continue to provide the bulk of care, as they do in all countries, but without an automatic presumption of availability to care and within a much more transparent and equitable framework.

Ireland's current economic position must not dictate the content of the Family Carers' Strategy, the lifespan of which stretches to 2016. The strategy should have built-in mechanisms for evaluation and review. Only a robust and comprehensive strategy, which creates a new relationship between Family Carers and the State can deliver real effective change, and provide a new paradigm for the design and delivery of public services in the 21<sup>st</sup> century:

The profound demographic, economic and social changes Ireland is experiencing are demanding a major reappraisal of how care is provided to vulnerable members of the population – young children, children with special needs, persons with disabilities and older people (*NESC Strategy: People, Productivity and Purpose, December 2005*).

With reference to the current government's thinking in relation to maintaining the means testing of the Carer's Allowance, the CSCG considers that proper recognition for the valuable role of Family Carers demands fair and adequate recompense which precludes the use of means testing. The value and contribution of Family Carers to the State is enormous and the awarding of a universal payment to full-time Family Carers would place a value on their role and contribution.

The next section of this submission sets out the context of the current situation of Family Carers in Ireland, and how Family Carers currently interface with state service provision. It also references social inclusion issues that need to be addressed if the Family Carers' Strategy is to be effective and highlights the case for Family Carers to be treated equitably and fairly in our society.

## **2. CONTEXT**

The role of the family as a caring unit has been the subject of much discussion and debate in recent years. As an expression of the familial, societal and intergenerational bonds that knit a society together, caring is one of the fundamental tenets of social capital. However, the role of the family as a caring unit is now in flux due to changes in demographics, work patterns, the role of women in society and emerging government policy and practice.

### **2.1 Changing Demographics**

The challenges posed by changing demographics in Ireland are many. Women, who have traditionally performed most of the caring roles in Irish society, are now more likely to be working outside the home and their incomes are often vital to the financial viability of the family unit.

The ageing population intensifies the relationship between disability and ageing, which means that families are increasingly providing care for people with complex health and social needs. Just as recipients of care span the lifecycle, so too do Family Carers. With an ageing population, it is clear that many older people are providing essential caring tasks for spouses and adult children with special needs, and without adequate supports.

In addition there are an unquantified number of children performing inappropriate caring roles in the State. Research by Barnardos & Trinity College, based on the Census of 2002, found that the number of Carers aged 15-17 was 3,000<sup>2</sup>. As the age range of young Carers is wider than the finding in this research, it is reasonable to predict that there are significantly higher numbers of Family Carers under the age of eighteen.

We welcome the Government's commitment in *Towards 2016* to conduct research into this area.. Resources will need to be ring-fenced to provide the necessary supports to these young Family Carers and the people receiving their care.

## **2.2 Changing Policy Context**

The Family Carers' Strategy will need to circumnavigate the current fragmentation of service delivery between different government departments, and as such, the CSCG welcomes the fact that this Strategy is being formulated by an Inter-Departmental Working Group. Income supports need to be linked to employment and training opportunities, transport and housing. The provision of information is of vital importance to Family Carers who may find themselves navigating their way through complex systems in order to ensure that not only their needs are taken care of, but that the person in receipt of care is adequately provided for.

The aim of the primary care model will be to decrease the present considerable reliance on hospital care and to move care, where appropriate, from secondary to primary level, from primary to self care (by empowering people) and from self-care to no care requirement (through illness prevention and health promotion).

*Primary Care Strategy – A New Direction 2001*

The Government's Primary Care Strategy, with its shifting emphasis away from hospital to community-based care simply will not work without the labour of the 41,000 full-time Family Carers in Ireland. While home-based care is desirable for many reasons and is the preference of most people, Family Carers can not be expected to carry the future burden of supplying the majority of care services. The reality is that enabling people with high level needs to remain in their own homes requires the transfer and redirection of resources through further investment in homecare packages, respite provision and training for Family Carers.

Traditionally, services for older people have been structured around the medical model of provision of care, whilst the National Disability Strategy emphasises a social model of care. As the link between ageing and disability increases, so too do the pressures on Family Carers, as these sectors have traditionally operated independently with the result that provision of supports and services do not span all circumstances. For example,

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<sup>2</sup> ref <http://www.barnardos.ie/news15.htm>

someone under 65 with a diagnosis of dementia may not be able to access appropriate services. This creates unnecessary strains on Family Carers as well as the recipient of care. There exist similar anomalies in transition from accessing children's services to adult services. It is clear that the strategy needs to complement existing strategies and exert its influence on the roll-out of the National Disability Strategy, the Primary Care Strategy, recommendations in *A Vision for Change*, to name some. It must also inter-link with the proposed National Positive Ageing Strategy, which the Government has promised in the Programme for Government.

### **2.2.1 Social Inclusion Issues for Family Carers**

There can be no doubt that Family Carers too often find themselves socially excluded, through financial or educational disadvantage, and that their health suffers as a result of their role as a Family Carer.

A Population Health approach needs to be taken in order to address the health and information requirements of Family Carers. These issues link directly to the National Anti-Poverty Strategy on Social Inclusion which describes people as living in poverty:

...if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living which is regarded as acceptable by Irish society generally. As a result of inadequate income and resources people may be excluded and marginalised from participating in activities which are considered the norm for other people in society.

*The Developmental Welfare State* (NESC 2005) recommends that there be innovative development, Government-guaranteed services and income support packages to facilitate participation in society by disadvantaged and marginalised groups and citizens. Only an integrated strategy that delivers on the holistic needs of Family Carers can address these social inclusion issues.

### **2.2.2 Equity for Family Carers**

It is imperative that people are given a choice of whether they wish to take on caring for another family member or member of their community and that if they choose to do so, that they are supported in that role. Where expectations placed on Family Carers are reasonable and adequate supports are provided, caring can be enriching and rewarding work. Where, however, Family Carers are forced through circumstance into providing 24/7 care for another due to inadequate healthcare services, it is clear that their rights are being compromised. The joint Committee on the Position of Fulltime Family Carers (2003) states that it

...should be the aim of all statutory and voluntary support services to move the carer away from the negative experience of caring, which has a harmful effect on the carer, the care recipient and their families and friends, and towards a more positive experience.

This can only be achieved with a Family Carers' Strategy that adequately addresses the rights of Family Carers and recognises that the roles that they take on come at a cost to

the individual in terms of missed opportunity, economic disadvantage and increased health risks.

### **2.2.3 Income and Employment**

While the expansion of supports for Family Carers in recent years is a welcome and necessary development, the support system continues to be rooted in a residualist model of social welfare provision. However, such developments do not deal with the issue of payment for caring. In other words, marginally improved (means-tested) social welfare payments are presented as adequate financial support for people to stay at home and perform care work.

Carer support in terms of service provision also continues to be inadequate to meet needs. These matters need to be addressed as a matter of urgency.

It remains to be seen whether the call of duty and social pressure to provide care at home will prove stronger than the personal and financial necessity of work outside the home. So far policy reform in Ireland has done little to enable people to combine the two.

Given the preference of most people for care in their own home, and the budgetary limitations on service funding, there is a strong argument for investment in support services for Family Carers. Such support services should be geared towards ensuring that Family Carers are in a position to make choices regarding the extent to which they are involved in care work and in employment outside their care-giving role. In practice, this would mean that Family Carers could combine care work and paid work outside the home with the help of support services that they could rely on. In terms of actual policies, this would require significant expansion of flexible, mostly home-based services, especially respite and home help and in addition occupational therapy, physiotherapy, chiropody, social work and counselling services

## **3. THE CASE FOR LEGISLATION**

There can be no doubt that the act of caring for others is an expression of social capital upon which a civilised nation depends. Within the context of a national strategy, legislation is required as part of a broader process of shaping a new social model in Ireland.

The development of the National Disability Strategy (2004), with its strategic elements: legislation (the Disability Act 2005), six Sectoral Plans and the commitment to a multi-annual funding package, laid out for the first time a new way of working that recognises the interconnectedness of those services that facilitate the life process. The NDS provides a powerful precedent which clearly signifies the need to twin strategy and legislation for the benefit of those who have traditionally been excluded from mainstream society.

For these reasons, the CSCG believe that the introduction of a Family Carers Bill is vital and will represent an important shift in thinking about the role that Family Carers provide in our society and the attendant caring responsibilities of the State. A key issue is that legislation will position the Family Carers at the centre of service provision, and through an independent assessment of need and service co-ordination, resources will be attached to the Family Carer as well as the person receiving care.

### **3.1 Proposals for Legislation**

(a) We propose the enactment of the:

(1) Eligibility for Health and Personal Social Services Bill in order to clarify entitlement to health and personal social services. This should also include putting Home Care Packages on a statutory basis with specific provisions for such packages to be used to support family carers.

(2) Guardianship Bill as proposed by the Law Reform Commission

(b) We propose the amendment of the Family Support Agency Act to give it a remit to support Family Carers and respite care. This could be based on the Australian National Respite for Carers Programme.

(c) The Social Welfare Acts should be amended to provide for a Carer's Payment<sup>3</sup>. This would be a payment to all carers who meet the caring requirements for a Respite Care Grant in recognition of their caring role. It would not be means tested or contingent on any other circumstances.

The Social Welfare Acts should also be amended to provide for credits for the years spent caring without having to meet the current requirements for credits. This should apply to carers as defined in the proposed Carers Act.

The current tax allowances and credits should be converted to direct payments and integrated into the social welfare support system.

(d) We propose the enactment of a specific Carers Act to recognise and confer rights on carers.

Carers Act:

The main purposes of the proposed Carers Act are

- to provide recognition for carers
- to provide for assessment of the needs of carers and
- to provide resources to meet those needs

### **3.2 Definition of Carers**

The Act would cover people who are caring for older people and people with disabilities in a family context. This would not include people caring for healthy children. It would cover part time as well as full time carers. The definition could be broadly similar to that used for the Carer's Allowance with the removal of the full time requirement.

### **3.3 Assessment of Need**

The Act would provide for the assessment of the needs of Family Carers in relation to their income, support in terms of health and social services, respite care, training for their role as carers and training for their lives after care. The precise standards to be used should be set by HIQA.

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<sup>3</sup> This is comparable to the Australian Carer's Allowance which is a non-means tested payment for all carers.

The assessment of need would be available, at the request of the carer,

- when the carer is applying for any carer related benefit
- when the person being cared for is being assessed under the Disability Act or
- when the person being care for is being assessed under the Nursing Homes legislation or the proposed new long term care legislation or for a community care service
- when the person being cared for is being released form an acute hospital

There should be a statutory duty on service providers to inform carers of the right to an assessment in all the above situations.

### **3.4 Grants and other resources**

The Carers Act should provide for the allocation of resources to the Family Support Agency for the support of carers. This would support respite care, training for carers and counselling services.

The Act should require FAS to provide specific training courses for people who have been carers. It should also amend the Equality Acts to provide that preferential treatment for cares in access to training services would not be in breach of the Acts.

## **4. VALUE OF FAMILY CARERS' WORK**

Family Carers are registered in relevant statistics as economically inactive while they are providing care. This is in conflict with the requirements for eligibility for the Carers' Allowance, whereby a Carer must provide full-time care. The value to the economy of Family Carers' "unremunerated work" should be quantified and included in the collating of relevant national statistics, as agreed by government in 1995 and 2005 in the Beijing Platform for Action.

## **5. CONCLUDING STATEMENT**

The current care in the home situation is marked by a lack of clarity and consistency regarding entitlements to support services and the respective responsibilities of the State and individuals. This makes it very difficult for individuals and families to plan care in a rational manner. The time is ripe for clearly articulating the respective responsibilities of the family and the State in respect of care provision for dependent people. It is only when this task is completed that the needs of Family Carers can be adequately identified and addressed.

# Income Supports

## Background and Context

Whilst the concept of family care remains strong in Ireland, the State needs to focus its attention on enabling this to continue in line with stated policy objectives. A shift towards enhanced financial support for Family Carers will increase the capacity and inclination of this pool of people to remain as Family Carers. In the absence of enhanced financial supports, fewer and fewer people will choose either to remain as Family Carers or to make themselves available to provide such care, with significant unmet social care demand implications for the State.

The funding of long-term institutional care is and will continue to be a significant public resources issue. All policies that maximise the availability of Family Carers over the long term need to be actively considered, and the removal of the means test is one measure that can contribute to delivering on this policy objective.

Means testing as a concept has been shown to be expensive to administer as well as a crude method of allocating limited resources. There is also a longstanding and continued stigma associated with applying for and accepting means-tested payments. The removal of the means test would send a strong message to all Family Carers that the contribution they make to their community is valued and supported.

The State has argued to date that the Carers' Allowance payment is primarily an income maintenance payment. Whilst this may have some merit in other situations, Family Carers who choose to support a family member, rather than look for the State to provide such care, are often penalised financially for making such a choice. Often, they give up work and a good salary. These are the opportunity costs of caring. There is a widespread acceptance that Family Carers save the exchequer considerable amounts of monies, and as such, a true cost-benefit analysis should be undertaken fully to inform any consideration of a change to the existing means test.<sup>4</sup>

The cost of employing a full-time care worker, based on a 39-hour week on the bottom point of the HSE Home Help salary scale, (before any calculation of Pension, Employers PRSI, and associated costs of employment) is currently in the region of €75 per week. Whilst it may be argued that a comparison between these costs with the cost of the current Carers' Allowance is not entirely appropriate, the current situation whereby many full-time Family Carers are denied even the basic Carers' Allowance nonetheless undermines the governments' own stated policy of supporting the maintenance of vulnerable people in their own homes. The estimated cost of nursing home care is in the region of €800-€1000 per week, whilst the cost of acute hospital care is in the region of

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<sup>4</sup> Carers Association pre Budget Submission to the Government of Ireland. 2007. The Carers Association estimate that every Week 3.5 million hours are worked by 161,000 Family Carers.

€7,000 per week<sup>5</sup>. Both of these care options often become the default provision as opposed to the appropriate provision due to lack of capacity within community care. Enhancing the capacity of family care, with adequate supports for such care can directly contribute to a reduction in demand for expensive and inappropriate institutional care. As John O'Shea stated in his *Review of the Nursing Home Subvention Scheme*:

The nursing home subvention scheme succeeded in drawing more people into residential care in contravention of stated policy objectives and preferences for home care...The reality is that family provision, already under pressure, will require significantly more support in the future if it is to be maintained at anywhere near its present level. (2002, p. 100)

There is little evidence that the removal of the means test will open the floodgates of applicants for the Carer's Allowance. Indeed, the recent experience with respect to the removal of the means test for the respite grant and the introduction of the half-rate payment for those eligible carers in receipt of, or entitled to, another social welfare payment is significant in this regard. The official estimates at the time of both announcements in respect of the extra number of carers who would benefit from these new measures have turned out to be overestimates.<sup>6</sup> We estimate the numbers who might benefit from the removal of the means testing of the Carers' Allowance to be less than 11,000<sup>7</sup>.

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<sup>5</sup> 'A Fair Deal on Long-Term Nursing Home Care' - Speech by Mary Harney, T.D., Minister for Health. 12 December 2006 <http://www.dohc.ie/press/speeches/2006/20061211.html> Also Nursing Home Ireland, Radio Comment, April 2008.

<sup>6</sup> The announcement in Dec 2004 of the removal of the means testing of the respite grant was estimated at the time to benefit an additional 10,000 Family Carers' in the following year. <http://www.welfare.ie/press/pr04/pr011204.pdf> However, the figures for those in receipt of the respite grant between 2005 and 2006 only increased by an estimated 9,378 (Source ; DSFA Annual Statistics Report. Based on expenditure in 2005 of €34,302,000 divided by €35 per recipient = 41,080. 2006 estimated expenditure of €50,458,000 divided by €1,000 per recipient = 50,458 . Awaiting exact figures from DSFA, Respite Grant Section. In addition the introduction in September 2007 of a new payment of up to half the rate of Carers' Allowance (CA) to certain persons in receipt of, or entitled to, another social welfare payment was estimated at the time to benefit 18,000 additional people (split equally between those who would transfer onto another social welfare payment but keep the ½ rate CA payment, and those who would stay on their existing social welfare payment but now get an additional ½ rate CA payment.) However, to date, after 7 months of the scheme's full operations, only 9,374 Family Carers have received this ½ payment, of which 5,696 had previously been in receipt of the full CA but who decided to transfer to another social welfare payment to enable them to keep ½ the CA. So it would seem that only a net additional 3,678 full-time Family Carers are now in receipt of the CA payment. Even allowing for the 6,000 claims yet to be processed, these figures would point to a figure well below the 18,000 estimated at budget time. Source : <http://www.welfare.ie/press/pr06/pr061206.html> Also, Pers Comm Helen Bannon, AP, Londford DSFA April 3<sup>rd</sup> 2008.

<sup>7</sup> The removal of the means test in recent years for the respite care grant has helped quantify the numbers of full time Family Carers who are likely to benefit from the removal of the means tests for eligibility for the Carers' Allowance. (CA) Presently approximately 8,000 full time Family Carers' are paid this respite care grant, but do not receive the carers' allowance or the domiciliary care allowance. This figure is the closest estimate of the likely number of Family Carers who would benefit directly from the removal of the means test. It is claimed by some that a number of Family Carers who satisfy all the non-income based criteria for eligibility for the CA don't bother applying for the payment because they know they will not be eligible due to their income; but with the abolition of the means test would now apply. The numbers in this regard are difficult to quantify. However, with the recent removal of the means test for the respite care grant, it is likely that many of these people are now receiving this payment. We estimate that there may be an additional 5,000 full-time Family Carers who presently do not receive any care related social welfare payment of whom ½ may transfer over from an existing social welfare payment. Therefore we estimate that in total an additional 10,500 Family Carers would benefit directly from the removal of the means test. (Source (Source. HSE Annual Report

In the medium term the full-time Family Carer’s work should be acknowledged in terms of labour with an economic value within our society and economy. In particular, Family Carer’s work should be recognised within our health and social services policies, strategic plans and services and the market rate for the work should be paid, similar to Home Respite Worker in the public and private sectors, based on a thirty-nine hour week. Family Carers have the right to have their work recognised in satellite accounts of the Gross Domestic Product. Ireland has already committed to measuring unpaid work on two occasions: the *Beijing Platform for Action* (passed by Ireland at General Assembly of the UN in 1995, and reaffirmed 2005) states, in Strategic Objective H3 g. (ii):

Measure, in quantitative terms, unremunerated work that is outside national accounts and work to improve methods to accurately reflect its value in satellite or other official accounts that are separate from but consistent with core national accounts.

The case for the removal of the habitual residency clause is also strong. This blanket restriction acts as a deterrent to a small number of potential Family Carers whom it seems are being punished for having lived abroad, yet are willing to come home to care for a family member, often at great cost to themselves in terms of employment and personal life.

Restrictions on employment and residency rights for carers will be increasingly subject to equality legislation. There has been a recent judgment in the European Court of Human Rights on discrimination, flexible work practices and the carer<sup>8</sup>

### Specific Recommendations<sup>9</sup>

Issue	Implementation Period			Key Management Dept.	Key Implementation Agency
	2008	2009	2010		
Abolish or disregard Means Test for Carers’ Allowance	Plan for Budget ‘09	Implement & Plan for Budget ‘10	Implement	Dept. of Taoiseach	Department of Finance

2006; p30 Pers Comm. Helen Bannon, AP, Longford DSFA April 3<sup>rd</sup> 2008. DSFA Annual Statistical Report 2006. published Dec 20<sup>th</sup> 2007 Pers Comm Des Conaghty, DSFA Respite Grant Section, April 9<sup>th</sup> 2008.

<sup>8</sup> Case C-303/06, S. Coleman v Attridge Law and Steve Law, full judgement available on [http://curia.europa.eu/jurisp/cgi-bin/form.pl?lang=EN&Submit=Rechercher\\$docrequire=alldocs&numaff=C-303/06&datefs=&datefe=&nomusuel=&domaine=&mots=&resmax=100](http://curia.europa.eu/jurisp/cgi-bin/form.pl?lang=EN&Submit=Rechercher$docrequire=alldocs&numaff=C-303/06&datefs=&datefe=&nomusuel=&domaine=&mots=&resmax=100)). It is opportune for the working group to review this judgment for its potential impact on policy towards carers in Ireland, as is currently taking place in the UK.

<sup>9</sup> Note that large numbers of the recommendations made throughout this submission mirror those made already in the 2005 Equality Authority Report, *Implementing Equality for Carers*. Such recommendations have immediately after them in brackets a number indicating their location in the Equality Authority report and the relevant departments which the Equality Authority report recommended should be responsible for implementing same eg 3.6 DHC etc..

The Carers' Allowance should be brought to parity to the minimum wage (MW) by 2010	Plan for Budget '09 increase to €300	Plan for Budget '10 to Minimum wage equivalent	MW Equivalent	Dept. Of Social & Family Affairs	Dept. Of Social & Family Affairs
Examine the model in other countries where the Family Carer can take up a home help position with local health authority and provide the service to their own relative	Plan for Budget '09	Research Jan – June	Implement 2010+	Dept. Of Health & Children	HSE
Examine the options to recompense Family Carers more adequately to reflect the value of the work they do and the employment-related income they may forego (3.1 DSFA, DF, DHC)	Plan and Budget for 2009 - 2011	Implement	Implement	Dept. of the Taoiseach	Department of Health & Children
Remove the potential for inequity and increase the flexibility of the Carer's Allowance and Carer's Benefit payments (3.3 DSFA)	Plan and Budget for 2009	Implement programme	ongoing	Department of Finance	Dept. of Social & Family Affairs
Remove inequities in financial supports due to marital status and gender (3.6)	Plan & Budget for 2009	Plan Implement programme	ongoing	Dept. of Finance	Appropriate departments
Exempt carers from the Habitual Residency Clause in relation to returning from abroad to provide home care.	Plan legislation change	Implement change from Jan	Ongoing	Dept. Of Justice, Equality & Law Reform Social & Family Affairs	Dept. Of Social & Family Affairs
Increased disregards for the social housing and housing supports to level of double income families	Plan and Budget for 2009	Implement	Implement	Dept. of Finance	Dept. of the Environment & Local Government
Ensure that the proposed introduction of a cost of care benefit is based on a full consideration of the equality dimensions that arise (3.2 DSFA)	Plan and Budget for 2009	Implement	Implement	Department of Health & Children	Department of Health & Children
Ensure that Carers do not suffer social insurance or state pension disadvantages because of periods of caring (3.4 DSFA)	Plan & Budget for 2009	Implement programme	ongoing	Department of Finance	Dept. of Social & Family Affairs
Detailed economic study to identify the actual cost of care to carers (3.5)	Plan & Budget for 2009	Implement programme	ongoing	Dept. of the Taoiseach	Dept. of Enterprise Trade & Employment
Unpaid family care to be included in satellite accounts of the Gross Domestic Product; Carers to be included under 'active' statistical headings	Plan in 2009	Implement in 2010	ongoing	Dept. of the Taoiseach	Department of Finance

# Health Care and Services

## Background and Context

There is a clear case for enhancing the support and health-care services available for Family Carers and their dependents. Family Carers tend to meet the needs of their dependents before considering their own needs. Family Carers under stress have been shown both internationally and here in Ireland to be at high risk of specific health related conditions.<sup>10</sup> Ill health contributes to social exclusion and undermines the capacity of Family Carers to continue in their caring role.

Feedback from various consultation processes in recent years involving Family Carers strongly supports the case for enhanced health and social care supports.<sup>11</sup>

Family Carers have identified more comprehensive in-home and residential respite care as being high on their list of priorities. They have also identified the support from various carer organisations as being helpful.

Full-time Family Carers, like anyone who works long continuous hours, are vulnerable due to the stress and strain of the work conditions. These conditions constrict the Carer's other life interests, which are essential to maintaining a healthy lifestyle.

A significant determinant of quality of life is an individual's physical and emotional health. According to a report by the Equality Authority (2004)<sup>12</sup>, 'caring responsibilities may preclude the fulfilment of a full social life'. A number of studies in Ireland have shown that caring can take a toll on the Family Carer's mental, emotional and physical health<sup>13</sup>. The international evidence is also compelling, pointing to Family Carers being up to three times as likely as the non-carer population to report ill health.<sup>14</sup>

The provision of an assessment of the needs of the family carer gives expression to valuing Family Carers in their own right. Internationally there is a growing acceptance of the importance of addressing the needs of Family Carers in their own right alongside an

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<sup>10</sup> Moylineux, G., Cryan, M., McNiff, S., McCarthy, G.M., (2005) *Prevalence and Predictors of Carer burden in Carers referred to an Old Age Psychiatric Service*. HSE North West. Unpublished paper. Accepted for the International Journal of Geriatric Psychiatry 2008

*The Health Status of Family Carers' in Receipt of the Carers' Allowance*. Care Alliance Ireland, (2008) Unpublished.

Glaser R. *The Journal of Immunology*, 2007, 179: 4249-4254. Copyright © 2007 by The American Association of Immunologists, Inc.

<sup>11</sup> *Listening to Carers Report on a Nationwide Carer Consultation*. (2008). p 2 *Report on the Carers Register*, Care Alliance Ireland (2005) p22.

<sup>12</sup> Equality Authority (2004). *Caring, Working and Public Policy*.

<sup>13</sup> Blackwell, J., O'Shea, E., Moane, G. and Murray, P. (1992). *Care Provision and Cost Measurement: dependent elderly people at home and in geriatric hospitals*. Dublin: Economic and Social Research Institute. O'Donoghue, (2003) (Unpublished) *Research project on Carers*. Supported by Eiri Corca Baiscinn. Care Alliance Ireland (2008) (Unpublished) *The Health Status of Family Carers' in Receipt of the Carers' allowance*.

<sup>14</sup> Singleton, N Maung, A Cowie, J Sparks, R Bumpstead and H Meltzer, *Mental Health of Carers*, The Stationery Office, 2002 UK

assessment of needs for people with disabilities and older people.<sup>15</sup> The argument for such assessments is also made from an equality perspective.<sup>16</sup> The UK has developed what is considered a comprehensive model of carer assessment. The case is that in assessing the needs of the carer, the State is supporting the capacity of that Family Carer to provide care for a vulnerable person.

Independent research has found that ‘most practitioners considered an outcomes-focused approach (to assessments), including a more detailed exploration of the carer’s perspective, enhanced their understanding of carers’ circumstances and aspirations. In their view, this led to improved care planning and more creative care packages.’<sup>17</sup>

### Specific Recommendations

Issue	Implementation Period			Key Management Dept.	Key Implementation Agency
	2008	2009	2010		
Introduce legislation to establish Family Carer's right to Needs Assessment & Care Plan (See details page 7 – 9)	May-Dec. Draw-up legislation	Legislation passed into Law & implemented	ongoing	Department of Health & Children	HSE
Carers needs assessment should include an examination of the extended family role	Develop protocol	Implement	ongoing	Department of Health & Children	HSE
Carers needs assessment should incorporate a family impact statement.	Develop protocol	Implement	ongoing	Department of Health & Children	HSE
Carers Needs Assessment & Care Plan Protocol: Preparation in consultation with social partners	June - Dec Protocol completed	Implement protocol	Review	HSE	HSE
Designate staff/Agencies to carry out Carers Needs Assessments & Care Plan	Plan Budget and roll out	Begin priority assessments	ongoing	Department of Health and Children	HSE
Provide a key worker to implement needs assessment plan and act as mediator	Plan & Budget for 2009	Begin priority assessments	ongoing	Department of Health and Children	HSE
Address the needs of young carers as a matter of urgency (5.2 HSE, DES)	Plan & Budget for 2009	Implement & monitor		Department of Health and Children	HSE
Develop services and supports that directly address Family Carers' own needs (4.4 DHC, HSE)	Plan & Budget for 2009	Implement & monitor	ongoing	Department of Health and Children	HSE

<sup>15</sup> ‘Collaboration or Confusion. The Carers Perspective’ S. Douek, in *Collaboration in Social Work Practice*. J. Weinstein, et al (eds) (2003) p135 Jessica Kingsley.

<sup>16</sup> *Implementing Equality for Carers*, (2005) Equality Authority.p82

<sup>17</sup> *Implementing an outcomes approach to carer assessment and review* SRPU University of York. 2000 p1.

Resource respite services for all full-time Family Carers as a priority and all carers arising from the Needs Assessment and Care Plan. Provide further increases in the amount and flexibility of respite care. (4.5 DSFA, DHC)	Plan for Budget '09. Minimum of 10 hours per week for Fulltime carers	Implement 10 hours per week. Budget for 14 Hours per week in 2010	Implement 14 hours per week	Dept. of Health & Children	HSE
Resource Home Care & Community Day Care Packages to support Family Carers including those in the paid employment sector		Assess Needs Jan-July Implement Jul-Dec	Ongoing	Dept. of Health & Children	HSE
Increase the availability and flexibility of home and community care services to meet the needs of people with disabilities and older people who need care and of carers. (4.1 DHC, HSE)	Plan & Budget for 2009-2011	Implement & monitor	ongoing	Department of Health and Children	HSE
Introduce a specific counselling service for family Carer's nation wide.	Plan and Budget for 2009	Implement & assess.	Ongoing	Dept. Of Health & Children	HSE
To provide health promotion programme for family carer	Plan and Budget for 2009	Implement & assess.	Ongoing	Dept. Of Health & Children	HSE & HPU
Provide the necessary resource to establish an adequate level of carer support groups nationally.	Plan & Budget for 2009	Implement	ongoing	Dept. Of Health & Children	HSE
Designate financial package to provide a Family Carer Resources centre in each HSE area	Plan & Budget for 2009	Implement	ongoing	Dept. Of Health & Children	HSE
Provide all Full Time Family Carers with full Medical Card & annual comprehensive medical check-up throughout caring work period as a priority and all Family Carers based on Needs Assessment.	Plan and Budget for 2009	ongoing	ongoing	Dept. of Health & Children	HSE
Remove the current inequalities in access to key publicly provided home and community health care services (4.2 DHC, HSE)	Plan & Budget for 2009-2011	Implement & monitor	ongoing	Department of Health and Children	HSE
Ensure that Family Carers , Family Carers organisations and organisations representing older people and people with disabilities participate in shaping the overall health care agenda and the ongoing reform process (4.3 DHC, HSE)	Plan & Budget for 2009	Implement & monitor	ongoing	Department of Health and Children	HSE
Increase the level of support for Family Carers organisations (4.8 DHC, HSE)	Plan & Budget for 2009	Implement & monitor	ongoing	Department of Health and Children	HSE
Give enhanced priority and resources to services supporting independence (4.9 DEHLG, HSE)	Plan & Budget for 2009	Implement & monitor	ongoing	Dept. of the Environment, Heritage & Local Government	DEHLG / LAs & HSE

Establish, regulate and monitor quality standards in home and community care services (4.10 HIQA, DHC, HSE)	Plan & Budget for 2009	Implement & monitor	ongoing	Department of Health and Children	HIQA
Develop carer participation in health service consumer fora (7.1, HSE)	Plan & implement March - Dec.	Implement & monitor	ongoing	Department of Health & Children	HSE
Develop carer participation in local governance structures (7.2 DEHLG)	Plan & implement March - Dec.	Implement & monitor	ongoing	Dept. of the Environment & Local Government	Dept. of the Environment & Local Government
Mainstream services proved through CE Schemes (moved from Labour market issues)	Plan & implement March - Dec.	Implement & monitor	ongoing	Dept. of Enterprise Trade & Employment	Dept. of Enterprise Trade & Employment

## Programme of Training (during and post-caring)

### Background and Context

Family Carers may often benefit from access to carer-specific training. The recent commitment towards specific funding for this is to be welcomed.

After their period or periods of caring have ended, many Family Carers may feel that they now wish to pursue other careers. In this regard, the benefits of the State in taking a proactive approach in supporting such people is clear in terms of social inclusion and economic return.

### Specific Recommendations

Issue	Implementation Period			Key Management Dept.	Key Implementation Agency
	2008	2009	2010		
Annualise the current once-off dormant accounts provision for training for Family Carers.	Planning & Budget	Implement	Ongoing & Evaluate?	Dept. of Finance	Dept. of Rural, Community & Gaeltacht Affairs
Campaign to promote awareness among Family Carers about their health needs & promote research in this area	Planning & Budget	Implement	Ongoing & Evaluate	Dept. of Health & Children	Health Promotion Unit
Awareness campaign aimed at families, Carers & Communities	Planning & Budget	Implement	Ongoing & Evaluate	Dept. of Health & Children	Health Promotion Unit
Each HSE area to implement a Family Carer education and training plan for key staff	Planning & Budget	Implement Jan---Dec	Ongoing & Evaluate	Dept. Of Health & Children	HSE

All relevant statutory agencies to implement education & training programmes for their staff on the role and practice of Family Carers & partnership engagement	Planning & Budget	Implement Jan---Dec	Ongoing & Evaluate	Dept. of the Taoiseach	each Department & Stat. agency
Develop an initiative to encourage Family Carer participation in training and employment programs – National Framework of Qualifications Certificate (2.7 Fás)	Develop work programme	Implement programme	Ongoing & Evaluate	Dept. of Enterprise Trade & Employment	Fás
Ensure Family Carers needs are addressed in access to all levels of education and life long learning (5.3)(5.4)	Plan & Budget for 2009	Implement & monitor	Ongoing & Evaluate	Dept. of Education & Science	Dept. of Education & Science
Ensure that the full range of financial incentives to participation in training are available to Family Carers (5.5)	Plan & Budget for 2009	Implement & monitor	Ongoing & Evaluate	Dept. of Education & Science	FÁS
Recognise the role played by carer organisations in providing education and training for Family Carers and resource them appropriately (5.6 Fas, VEC, ADM.)	Plan & Budget	Implement & monitor	Ongoing & Evaluate	Dept. Community, Rural & Gaeltacht Affairs	DAB

## Labour Market Issues

### Background and Context

Government policy aims to maximise labour market participation. Supporting Family Carers to remain in the labour market if they so wish is in keeping with this stated policy objective. By making the eligibility criteria for receipt of the Carers' Allowance more flexible, this policy objective can be supported.

For those Family Carers who are unable to remain in the official labour market due to their caring responsibilities, it is important to support such Family Carers to return to the labour market when their periods of caring have concluded.

### Specific Recommendations

Issue	Implementation Period			Key Management Dept.	Key Implementation Agency
	2008	2009	2010		

Develop paid work part-time options to maintain Carers in paid employment (2.6) Depts. ET&E and SFA	Develop work programme	Implement programme	ongoing	Dept. Enterprise, Trade & Employment	Dept. of Social & Family Affairs
Increase to 20 the number of hours Family Carers are permitted to work and remain eligible for the carers' allowance. This will enable more Family Carers to take up part time employment as well as support some to partake in Community Employment Schemes.	Plan & Budget	Implement & monitor	Ongoing & Evaluate	Dept. of Finance	Dept. of Social & Family Affairs
Increase the individual (not joint) income disregard for eligibility for the Carers' allowance, to the average industrial wage	Plan & Budget	Implement & monitor	Ongoing & Evaluate	Dept. of Finance	Dept. of Social & Family Affairs
Introduce a comprehensive back-to-work training programme for Family Carers, including access to counselling, to enable Family Carers to engage effectively with the employment sector, both part- and full-time	Plan & Budget	Implement & monitor	Ongoing & Evaluate	Dept. of Enterprise Trade & Employment	Fás
Integration of employment policies and practices by the Dept. of Enterprise Trade & Employment. Dept. Social & Family Affairs & Dept. Health & Children. (Implementing Equality for Carers 2.1)	Develop work programme	Implement programme	Ongoing & Evaluate	Dept. of Enterprise Trade & Employment	Dept. of Enterprise Trade & Employment
Identify & name Carers as a specific focus within Irish development & employment policy (Implementing Equality for Carers 2.3) Depts. of Finance & ET&E	Develop work programme	Implement programme	Ongoing & Evaluate	Dept. of Enterprise Trade & Employment	Dept. of Enterprise Trade & Employment
Specific Initiative to identify effective work/life balance solutions for Carers in paid employment (2.4)	Develop work programme	Implement programme	Ongoing & Evaluate	Dept. of the Taoiseach	National Framework Committee
Develop an information campaign in support of working carers (Equality Authority. 2.5)	Develop work programme	Implement programme	Ongoing & Evaluate	Dept. of Enterprise Trade & Employment	Dept. of Enterprise Trade & Employment

## Transport

### Background and Context

Many Family Carers experience difficulties in accessing public transport due to their caring roles.

Whilst improvements have been made in recent times in terms of accessibility of existing public transport, there still remains a relatively poorly developed public transport system in Ireland as compared with other European states.

## Specific Recommendations

Issue	Implementation Period			Key Management Dept.	Key Implementation Agency
	2008	2009	2010		
Where public transport is unavailable funds should be provided for specific alternative transport services including taxis, mini buses and community transport schemes.	Plan & Budget	Implement & monitor	Ongoing & Evaluate	Dept. of Finance	Dept. of Social & Family Affairs
Free Bus and Rail Pass for all those in receipt of the Respite Grant.	Plan & Budget	Implement & monitor	Ongoing & Evaluate	Dept. of Finance	Dept. of Social & Family Affairs
Introduce a voucher system to enable use of all transport models by Family carers and by those they care for.	Plan & Budget	Implement & monitor	Ongoing & Evaluate	Dept. of Finance	Dept. of Social & Family Affairs

## Housing

### Background and Context

Those in need of care tend to prefer to stay either in their own home or in a relative's, as opposed to being in institutions. There is also considerable evidence that remaining in one's own home is a strongly protective factor in longevity and quality of life.

For care to be delivered at home, homes need to be suitably and safely equipped for purpose. Even if the family carer is not considered by the State to be an employee, this should not mean that their safety is not equally important as that of a paid care worker.

Many Family Carers' experience of applying for home adaptations through the Mobility Aids Grant Scheme/ Housing Adaptation Grant, and more extensively through previous schemes, is poor. Lengthy waiting times for an occupational therapy assessment are reported, together with very limited resources being available for the provision of adaptations. This can often result in delays of several years.

### Specific Recommendations

Issue	Implementation Period			Key Management Dept.	Key Implementation Agency
	2008	2009	2010		

Provide appropriate equipment and house adaptations, in a timely fashion, based on the carer's & cared-for-person's needs assessment	Plan and Budget	implement	implement	Dept. Of Health & Children & Dept. of the Environment, Heritage & Local Government	HSE & Local Authorities
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## Information Services

### Background and Context

The need for appropriate and comprehensive information for Family Carers is clear.<sup>18</sup> There is strong evidence that indicates that Family Carers would like more information on the various supports and services available to them.<sup>19</sup> In a recent national consultation process with Family Carers, many reported considerable problems with information provision by the health and social services.<sup>20</sup>

### Specific Recommendations

Issue	Implementation Period			Key Management Dept.	Key Implementation Agency
	2008	2009	2010		
National Register of Family Carers: Develop and compile in consultation with Social Partners	Planning July - Dec	Implement	ongoing	Dept. of Social & Family Affairs	Dept. of Social & Family Affairs
Resource National Family Care Line	Planning July - Dec	Implement	Ongoing	HSE	Carers Association
Resourcing the provision of a national interactive web site for Family Carers	Planning & Budget	Implement	Ongoing	Dept. of Health & Children	HSE
Information Packs for Family Carers.	Planning & Budget	Implement	Ongoing	Dept. of Health & Children	DSFA & Health Promotion Unit
Information campaign, aimed at employers, unions and employees to create a culture that is positive to carers work/caring responsibilities & entitlements (2.5)	Planning & Budget	Implement programme	ongoing	Dept. of the Taoiseach	Equal Opportunities Framework Committee

<sup>18</sup> *Implementing Equality for Carers*. Equality Authority (2005)p84

<sup>19</sup> *Report on the Carers Register*, Care Alliance Ireland (2005) p22. *Caring Without Limits? Sufferers of Dementia/Alzheimer's Disease: a study of their carers* Ruddle, H and O'Connor, J (1993). O'Shea, E. and Hughes, J. (1994) *The Economics and Financing of Long-term Care in Ireland*, Dublin: National Council on Ageing and Older People.

<sup>20</sup> *Listening to Carers Report on a Nationwide carer Consultation*. (2008)

Provide awareness-raising, information and training on carers and their needs for all relevant health and social professionals (4.7 HSE-HPU)	Plan & Budget for 2009	Implement & monitor	ongoing	Department of Health and Children	HSE - HPU
Develop and include a focus on Carers within admin. data and equality and social stats (5.1)	Plan & Budget for 2009	Implement & monitor	ongoing	Dept. of the Taoiseach	Appropriate departments & CSO
An annual press and media campaign to encourage the take up of The Respite Grant, and The Carers' allowance/Benefit to coincide with the annual Carers Week.(DSFA)	Plan & Budget for 2009	Implement & monitor	ongoing	Dept. of Social & Family Affairs	Dept. of Social & Family Affairs
The development of a ring-fenced budget for carer support services in each LHO Area.	Plan & Budget for 2009	Implement & monitor	ongoing	Department of Health and Children	HSE
Promotion to all service providers of the national protocol <sup>21</sup> in working with Family Carers.	Plan & Budget for 2009	Implement & monitor	ongoing	Department of Health and Children	HSE – Health Promotion Unit

## Social inclusion

### Background and Context

Family Carers represent a key part of social capital in our society. Family Carers are recognised in the government's description of Active Citizenship<sup>22</sup> for the enormous contribution they make to public welfare. The definition now recognises that some family members make an "enormous, sometimes heroic, and difficult to measure contribution as 'active citizens' to public welfare by caring for the elderly, the young or persons with disabilities".<sup>23</sup>

In addition, due to the restrictions placed on the Family Carer by the need for them to be available at all times for their dependant, this can result in social and cultural disadvantage and isolation. For example, it can be very difficult for Family Carers to find the time to go out to socialise. In essence many Family Carers are marginalised from participating in activities, which are considered the norm for other people in society.<sup>24</sup> International research has also highlighted that social isolation is a

<sup>21</sup> As recommended by *Listening to Carers* Report on a Nationwide carer Consultation. (2008).p7

<sup>22</sup> *Active Citizenship. Concept of Active Citizenship*, Taskforce on Active Citizenship (2007). [http://www.activecitizen.ie/UPLOADEDFILES/Mar07/Concept%20of%20Active%20Citizenship%20paper%20\(Mar%2007\).pdf](http://www.activecitizen.ie/UPLOADEDFILES/Mar07/Concept%20of%20Active%20Citizenship%20paper%20(Mar%2007).pdf).

<sup>23</sup> *Active Citizenship Background Working Paper*.p3 (2006)

<sup>24</sup> [www.socialinclusion.ie/poverty.html](http://www.socialinclusion.ie/poverty.html) (Website accessed April 7<sup>th</sup> 2008).

disadvantage faced by Family Carers. A 2003 study<sup>25</sup> found that Family Carers reported being unable to participate in social and health-type activities, due to their burden of care.

### Specific Recommendations

Issue	Implementation Period			Key Management Dept.	Key Implementation Agency
	2008	2009	2010		
Government Departments & state agencies should ensure equality proofing of policies & programmes with a special focus on Carers (6.4)	Plan & implement March - Dec.	Implement & monitor	ongoing	Dept. of the Taoiseach	Dept. Of Justice, Equality & Law Reform
Modify definition of Carers in the Equality legislation and further develop the equality legislation to ensure adequate attention to carers needs in employment and access to services(6.6) (6.7)(DJELR)	Plan & implement March - Dec.	Implement & monitor	ongoing	Dept. Of Justice, Equality & Law Reform	Dept. Of Justice, Equality & Law Reform
Develop the focus on nurturing and caring within the school curriculum (6.2 DES, NCCA)	Plan & Budget for 2009	Implement & monitor	ongoing	Dept. of Education & Science	Dept. of Education & Science
The media to contribute to a new visibility for carers and a new valuing of caring and caring roles through the media (6.3)	Plan & Budget for 2009	Implement & monitor	ongoing	Department of Health & Children	HSE – Health Promotion Unit
Ensure that carer organisations are included in the National Networks Program and in the Community Development Program (7.3 DCRGA)	Plan & implement March - Dec.	Implement & monitor	ongoing	Dept. of Community, Rural & Gaeltacht Affairs	Dept. of Community, Rural & Gaeltacht Affairs
Ensure a focus on carers in all local development activities (7.4 DCRGA)	Plan & implement March - Dec.	Implement & monitor	ongoing	Dept. of Community, Rural & Gaeltacht Affairs	Dept. of Community, Rural & Gaeltacht Affairs
Develop a focus on carers in advocacy supports (7.5 Comhairle)	Plan & implement March - Dec.	Implement & monitor	ongoing	Comhairle	Comhairle
Address carers and their needs in the NAP/inclusion and in its implementation and further development (7.6 OSI, DSFA)	Plan & implement March - Dec.	Implement & monitor	ongoing	Office for Social Inclusion	Office for Social Inclusion

<sup>25</sup>O'Connell, B, Bailey, S. and Walker A. (2003). Promoting the health and well being of older carers: A proactive strategy Aust Health Rev 2003; 26 (2): 7886.

Provide financial support to a National Carers Week each year	Plan & Budget	Implement & monitor	ongoing	Department of Health & Children	HSE
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## Research & Technology Development

### Background and Context

#### Researching Family Carers

There is a compelling need for quality research to inform the current and future policy direction of carer support. However without access to funding to undertake both qualitative as well as quantitative research this is difficult. Support for research that looks at various aspects of family caring will enhance the capacity of the State and NGOs to deliver services that make a difference to the lives of Family Carers and the ones they care for.

#### Technology to benefit Family Carers

The rapid development of Information and Communications Technologies (ICT) has created a new means of supporting Family Carers, Older People and People with disabilities to promote independent living and quality of life by providing increased safety, reassurance, communication and remote health monitoring. New technologies have the potential to revolutionise health care and health systems and to contribute to their future sustainability<sup>26</sup>

...their [telecare's] potential to support patients as well as those who care for them in a variety of areas should be actively explored in terms of their potential contribution towards quality of life<sup>27</sup>

Telecare offers preventative care services that maintain vulnerable people in the community with increased independence and at lower overall service cost. In Ireland, there is currently no mainstream funding available for the implementation of telecare services.

Historically there has been only limited funding for personal pendants and care phones i.e. social alarms...This funding has not been extended to cover the growing number of telecare sensors that are currently available to provide environmental monitoring, personal security and emergency response through the social alarm infrastructure.<sup>28</sup>

<sup>26</sup> *Together for Health A Strategic Approach for the EU 2008 – 2013 White Paper*

<sup>27</sup> Neis, H. (2008) *Centre of Expertise for Informal Care* (NL).

<sup>28</sup> O'Neill, D (2007) 'Promoting safety, reassurance and dignity through telecare in Ireland', *Journal of Assistive Technologies*, Volume 1 issue 2, pp 18-21

As labour costs continue to rise, there is a strong case for the more extensive use of technology in supporting Family Carers and their dependents. The existing pilot projects being delivered by both the HSE and NGOs that focus on the use of technology to support vulnerable people and their carers are to be welcomed. Such projects need to be evaluated comprehensively, with a view to widening their use as appropriate.

### Specific Recommendations

Issue	Implementation Period			Key Management Dept.	Key Implementation Agency
	2008	2009	2010		
Ring-fence an annual budget to support researching the area of Family Carers. (DHC)	Plan & Budget for 2009	Implement	ongoing	Dept. of the Taoiseach	Department of Health and Children
Assess the impact of caring on carers' health (4.6 DHC,HSE- HPU)	Plan & Budget for 2009	Implement & monitor	ongoing	Department of Health and Children	HSE - HPU
Resource the use of appropriate technology to support Family Carers continue to care at home.	Plan & Budget for 2009	Implement & monitor	ongoing	Department of Health and Children	HSE
Commission Young Carers Research Project & schedule implementation plan, arising from finding.	May-Dec Plan & Budget	Implement & Monitor	Implement & Monitor	Dept. of Health & Children	Dept. of Health & Children and HSE
Examine the model in other countries where the Carer can take up a home help position with local health authority and provide the service to their own relative.	* repeated in Income Supports Section	Research Jan - June	Implement 2010+	Dept. Of Health & Children	HSE