

Statement of Priorities

2027 Pre-Budget Submission to the Department of Health

June 2026

There are an estimated 624,190¹ family carers in Ireland, providing millions of hours of care and support each day to friends, family members and neighbours across the country. Many of these carers have removed themselves from the paid workforce as their caring responsibilities make it almost impossible to balance work and care. Many others are having to manage that balancing act, working in the paid labour force while also providing significant levels of care in the evenings, at weekends and whenever necessary. The contribution that these family carers provide to Irish society, not to mention the economic savings to the Exchequer in terms of replacement care costs, is significant. The annual Budget is a core opportunity to address some of the inequalities experienced by family carers. These include health impacts such as poor mental health², poor physical health³, increased isolation and loneliness⁴, and financial impacts⁵.

This submission should not be seen as the collective views of all Care Alliance Ireland members. We have consulted with our member organisations in preparation for this

¹ This figure reflects the latest (April 2025, published August 2025) ESRI estimated population figures, aged 15 and over <https://www.cso.ie/en/releasesandpublications/ep/p-pme/populationandmigrationestimatesapril2025/> and is based on the 2025 Healthy Ireland carer prevalence rate of 14%:

https://assets.gov.ie/static/documents/2b9f909b/Healthy_Ireland_Summary_Report_2025_Web_07.11.2025.pdf

² Stephen Gallagher and Mark Wetherell, “Risk of Depression in Family Caregivers: Unintended Consequence of COVID-19,” preprint (Psychiatry and Clinical Psychology, June 17, 2020), <https://doi.org/10.1101/2020.06.15.20131532>; Family Carers Ireland, College of Psychiatrists of Ireland, and UCD, “Paying the Price: The Physical, Mental and Psychological Impact of Caring” (Family Carers Ireland, 2019); Jacqui O’Riordan and Carol Kelleher, “A Fine Balance: Mental Health and Family Caring” (2016).

³ Family Carers Ireland, “The State of Caring 2024” (Family Carers Ireland, 2024).

⁴ Ramon Hinojosa, Melanie Sberna Hinojosa, and Toni Chiara, “Rural Caregivers and Social Isolation: Some Properties and Dimensions,” *Journal of Rural Social Sciences* 29, no. 2 (2014): 27–47.

⁵ Family Carers Ireland, “The State of Caring 2024”; Alzheimer Society of Ireland and Family Carers Ireland, “The Cost of Living While Caring: A Brief Report on the Financial Situation of Family Carers of People with Dementia in Ireland,” 2023.

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submission; however, we do expect that many of them will make, or have already made, their own submissions. We asked our member organisations to identify and rank their key concerns for Budget 2027 and the results are outlined below in ranked order, most important first. The percentage of respondents who identified the issue within their top 3 priorities is shown in column three.

Note, we have already made a submission to the Department of Social Protection for Budget 2027⁶, and for the purposes of this document, we have shaded out those 'income focussed' priorities. We also intend to make a submission to the Department of Children, Disability and Equality (with a focus on respite, disability supports and carer awareness). The focus of the narrative in this submission is on Health and Social Care matters that specifically pertain to funding by the Department of Health.

Priority rank	Item	% of respondents who identified issue within their top 3
=1	Additional investment in respite services to increase availability of alternative, short-term and emergency respite places (committed to in Programme for Government (PFG) 2025).	54.5
=1	Increases in rates of weekly payments to full-time family carers and those they care for and support (committed to in Programme for Government 2025).	54.5

⁶ See https://www.carealliance.ie/userfiles/files/CAI_PBS_DSP_Final.pdf

=3	Introduction of funding to address gaps in service provision where individuals experience 'comorbidities' and therefore can effectively slip between the cracks (e.g. older people with intellectual disabilities and/or mental health concerns).	45.5
=3	Improvement to the availability of home care support (committed to in Programme for Government 2025).	45.5
=5	A new, updated National Carers' Strategy with associated ringfenced funding.	36.4
=5	Increases to the annual Carer's Support Grant (committed to in Programme for Government 2025).	36.4
=7	Extension of GP Card eligibility to those in receipt of the Carer's Support Grant.	18.2
=7	Specific additional funding for organisations to deliver family carer support interventions (committed to in Programme for Government 2025 – via Carers' Guarantee).	18.2

Assessment of Current Provisions

We welcome the commitment to providing additional resourcing for various forms of respite care provision and acknowledge the Department's work on progressing a more evidence-informed approach to service review and development. Timely

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respite, be it in-home or out-of-home, can make a significantly positive difference to family carer wellbeing.

We welcome the significant progress made in recent years in the rollout of Enhanced Community Care and the identification of relevant KPIs by the HSE in this regard. These have the potential to have meaningful positive impacts for both the patient and the family carer.

The progress made in additional resourcing for dementia assessment, awareness and dementia advisors is also significant.

We also welcome the significant progress made in recent years in the sizeable additional resourcing of home care support, noting the HSE commitment in its 2026 Service Plan to deliver 26.7m home care hours. We remain concerned however at the limited pace of increased home care delivery, noting the ongoing demographic pressures and levels of unmet need, as well as the accuracy of reporting on hours delivered.

We also are concerned about the continued delay in meaningful rollout of the InterRAI assessment tool. Delivery appears to be only about one-fifth of the planned level over the 2022–2025 period, with a cumulative shortfall of about 57,500 assessments.

Focus on Home Care

In late 2025, we commissioned Indecon to independently assess home care provision and their findings include the following⁷:

- Home support hours have expanded substantially, but growth in the number of recipients has not kept pace with demographic pressures. This indicates that increased provision has primarily intensified care for existing recipients rather than expanding access to new ones.

⁷ This report has not been formally published but is available on request. A formal publication is anticipated in Q3 2026.

- Administrative waiting lists capture only part of overall demand, with TILDA and stakeholder evidence indicating unmet need among older people that is not reflected in waiting list data.
- Workforce capacity constraints are the primary driver of current access pressures. The composition of waiting lists has shifted over time, with delays increasingly driven by limitations in care staff availability rather than funding constraints.
- Demographic pressures will increase demand in the coming decades. Based on CSO population projections, Ireland's over-65 population is projected to progressively increase its share of the total population by 2057.
- Scenario-based modelling suggests that clearing existing waiting lists alone would require an increase in annual home support hours. Benchmarking against regions with low waiting lists implies that current delivery meets only around 70% of potential underlying demand.

Indecon identified five implications for policy:

Projected demographic trends There has been a significant increase in funding allocated to home support in Ireland in recent years. However, based on the CSO population projection that Ireland's over-65 population is expected to nearly double its population share by 2057, delivery levels will face significant additional demands, indicating the requirement to continue to increase long-term funding.

Shift in waiting list composition The lack of timely services is increasingly due to constraints on the recruitment of health care workers rather than funding constraints. This indicates that policy levers related to workforce supply and retention are increasingly central to addressing access pressures.

Waiting lists understate true unmet need Administrative waiting lists should not be treated as a comprehensive measure of unmet need, as this risks underestimating the scale of demand. TILDA evidence illustrates another measure of unmet need, with

stakeholders in this study suggesting that potential service users are not engaging with the system.

Significant geographic variation in waiting lists HSE West & Northwest account for approximately 25% of those on the waiting list, compared to comparatively lower levels in Dublin CHOs. This indicates that the distribution of provision across the system is uneven, and broader national-level policy should be complemented by more targeted initiatives.

Current gaps in data recording – including how home support hours are measured, how staff leave is accounted for, and the absence of comprehensive waiting time information – limit the evidence base available to policymakers. The HSE's planned procurement of a digital case-management and e-rostering platform, alongside expanded use of the InterRAI, has the potential to standardise data collection across the service user pathway and reduce these gaps over time.

Our Specific Asks in Home Care Provision

- A commitment to deliver an additional 2.5 million hours of home care support annually – reaching 34.2 million by the end of 2029. This will largely eliminate most objective reports of estimated levels of unmet need.
- A commitment to ensure that the HSE provide comprehensive data on HSE-delivered home care – to provide clarity on the actual number of hours delivered. Our own analysis suggests that upwards of 2 million hours are in fact phantom hours – reporting of HSE ‘hours’ currently includes all types of leave – while other home care providers are only reimbursed on delivery of each hour. Policy planning requires accurate data.

Our Specific Asks in Carer Support Provision

- Provide €1m additional and recurring family carer-specific resourcing in 2027, through a transparent invitation to apply for funding to family carer, condition-specific, disability and other NGOs active in the family carer support space. This

will make progress toward ensuring a national, timely and accessible service for all family carers who seek it.

- Include in any additional funding a commitment to provide additional resourcing to online carer support interventions, informed by the growing evidence base of their high efficacy, low unit cost and extensive reach, and noting the inclusion of this medium of service delivery in the recently published *Roadmap for Social Inclusion 2026–2030*⁸. This model of service delivery can support with ensuring that family carers can access a level of moderated peer-to-peer support in their own home at any time.

Background Information on Care Alliance Ireland

Our vision is an Ireland in which the role of family carers is fully recognised and where family carers are adequately supported.

Care Alliance Ireland works to enhance the wellbeing of family carers so that they are better able to care for their loved ones. We provide direct support to family carers as well as indirectly supporting them by working with researchers, statutory actors and other not-for-profits.

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⁸ See https://assets.gov.ie/static/documents/5d2f5151/20260526_26.05.25_Department_of_Social_Protection_-_Roadmap_for_Social_Inclusion_2026-2030.pdf Page 69