The National Carers’ Strategy

Recognised, Supported, Empowered

An Roinn Sláinte
DEPARTMENT OF HEALTH

Tús Áite do Shábháilteacht Othar
Patient Safety First

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VISION STATEMENT

Carers will be recognised and respected as key care partners. They will be supported to maintain their own health and well-being and to care with confidence. They will be empowered to participate as fully as possible in economic and social life.

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MINISTER'S FOREWORD

The National Carers' Strategy signals the Government's commitment to recognising and respecting carers as key care partners and to responding to their needs, across a number of policy areas. By setting out a Vision to work towards, and an ambitious set of National Goals and Objectives to guide policy development and service delivery, the Strategy seeks to ensure that carers feel valued and supported to manage their caring responsibilities with confidence and are empowered to have a life of their own outside of caring.

The Strategy also contains a Roadmap for Implementation, which outlines the Actions that will be taken to deliver on the Goals and Objectives of the Strategy. In developing this Roadmap, we have had to be pragmatic and realistic. It is likely that the financial resources available to the Government during the lifetime of the Strategy will reduce. This will mean focusing expenditure on those who need it most and who will benefit most from our services and supports.

Given these constraints, new services cannot be delivered in the short term and the Actions contained in this Strategy are primarily those that can be achieved on a cost neutral basis. The national organisations that represent carers that were consulted during the preparation of this Strategy have also been pragmatic and have acknowledged these constraints. That said the implementation of the Strategy will be reviewed on a periodic basis to provide scope for Departments to revisit and propose additional actions when our economic position improves.

It is also hoped that recent developments with the Irish Census will provide a more accurate picture of carers in Ireland, and, for the first time, of younger people with caring responsibilities. Furthermore, the evidence being generated by the Irish Longitudinal Study on Ageing (TILDA) will allow a more in-depth investigation of the situation older people undertaking caring roles. The availability of more comprehensive and up-to-date data on carers of all ages will facilitate better planning for the provision of future services and supports and will further progress the implementation of this Strategy.

Whether caring for a child or a parent with a disability or illness or an elderly family member, carers, through their selfless hard work, knowledge and compassion enhance the quality of life of thousands on a daily basis. We want to send a strong message to carers that we recognise and value their immense contributions to the well-being of the people that they care for. This requires a strong commitment from Government. This is why we have developed this Strategy, the first of its kind in Ireland.

Ms Kathleen Lynch T.D.
Minister for Disability, Equality, Mental Health and Older People

> *"We will develop a National Carers' Strategy to support carers and to address issues of concern."*
> (Programme for Government, 6th March 2011)

INTRODUCTION

A key objective of Government policy for older people, children and adults with an illness or a disability is to support them to live in dignity and independence in their own homes and communities for as long as possible. Carers are vital to the achievement of this objective and are considered a backbone of care provision in Ireland.

Every day in this country, tens of thousands (1) of family members, friends, partners, parents, children, or neighbours, provide care for someone who, through a variety of circumstances, needs it. These are Ireland's carers and what they do not only makes a profound difference to the health, well-being and quality of life of those that they care for, but makes an important, often unacknowledged contribution to the economy.

The context in which the Strategy has been developed

This Strategy has been developed at a time of significant economic challenges and public financial constraints. The State already faces challenges in maintaining current levels of services from within existing resources. In addition, the significant demographic changes to the Irish population structure, which are expected to occur over the next number of years, will have major implications for publicly provided supports and services.

Furthermore, the Programme for Government commits to key and fundamental reforms of both the structure and delivery model of our health system. In advance of the restructuring of this system, it is difficult at this point to develop longer-term commitments or proposals for the future. The Strategy, therefore, concentrates on Actions for the short to medium term, which can, to the greatest extent possible, be achieved on a cost neutral basis.

That said, there is a wide range of existing Government commitments, which, in tandem with this Strategy, will improve the position of carers within our society. The National Carers' Strategy does not sit in isolation but rather is an integral part of the Government's broader social inclusion agenda. It sits alongside and complements the National Disability Strategy (2004), A Vision for Change (2006), the National Housing Strategy for People with a Disability (2011-2016) and the forthcoming Children and Young People's Policy Framework (2012-2017). It is also envisaged that there will be a high degree of commonality between this Strategy and the vision, principles and goals that will be articulated in the National Positive Ageing Strategy and the National Dementia Strategy when they are published.

It is also important for this Strategy to have regard to the range of supports and services that are already available for carers so that proposals emerging from this Strategy build on, rather than duplicate, existing arrangements. Some supports are specifically targeted at carers but carers can also benefit from the supports aimed at those for whom they are caring. In addition, voluntary and community groups provide a range of supports for carers, much of which is State funded.

Why does Ireland need a National Carers' Strategy?

It is expected that Ireland's ageing population[1] and medical advances in relation to disability and chronic illness will result in more people, of all ages, with longer term and complex care needs requiring care and being cared for in the community in the future. At the same time, it has been proposed that social trends such as greater family mobility, increases in divorce rates and the numbers of people living alone may have implications for the number of people that will be available to assume these caring responsibilities.

While there are positive and rewarding aspects of caring, there are also challenges and demands. Research has shown that carers may experience emotional or psychological difficulties, physical ill health and may have to make adjustments to family life and to work life (2). For some, a lack of recognition of their work can lead to a sense of disconnection from society and from opportunities that others take for granted. In addition, in recent years, increased attention has focussed on children and young people who care for a family member. This role can have adverse impacts on their social, educational, emotional and health needs, and on their future life opportunities.

While it cannot be guaranteed that any additional services or supports will be provided in the short to medium term, the National Carers' Strategy is the first of its kind to be developed in recognition of the role and contribution of carers in Ireland and in acknowledgement that they should be supported to continue to provide care and empowered to have a life outside of caring. It places carers firmly on the national agenda and sets the strategic direction for future policies, services and supports provided by Departments and agencies for Irish carers.

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[1] Census 2011 found that 11.7% of the population was aged 65 years and over. This is projected to increase to 22% in 2060 (http://ec.europa.eu/eurostat (June 2011). Census 2011 found that 2.8% of the Irish population was aged 80 years or over. This is projected to increase to 9% in 2060 (http://ec.europa.eu/eurostat (June 2011).

SCOPE OF THE STRATEGY

A carer's needs depend on their individual circumstances, in addition to the needs of those for whom they are caring. For example, an older person caring for a husband or wife may have his or her own health issues. An adult caring for their parents or children may have difficulties balancing caring and employment responsibilities. Children or young adults with caring responsibilities may have developmental and educational needs.

Traditionally, the focus of Government policy developments and supports has been on the person in need of care, whether due to old age, ill health or disability. However, increasingly, it is recognised that helping carers is one of the most effective ways of helping those in receipt of care. It is also acknowledged that the transition to life after caring, once the need for care has ended, can be difficult for some carers. It is expected that the implementation of this Strategy will assist in this transition process. Therefore, the focus of this Strategy is on specific services and supports for carers.

Caring can affect all aspects of a carer's life. During the preparation of this Strategy, the following issues were highlighted as priority areas for action; income support, health and personal social services, housing, information, respite, transport, training, labour market. In addition, the particular situation of children and young people with caring responsibilities was also highlighted as an area that required specific attention.

Many essential supports available for carers are provided by non-governmental organisations that represent the interests of carers at a local and national level. In addition to providing services (social services, training, information etc.), they advocate on behalf of carers and play a central role in ensuring that their needs are articulated to those with responsibility for the development of policies that directly or indirectly impact on carers. While this Strategy will support the work of these organisations, and while it is envisaged that many of the actions will be delivered in partnership with them, it is a Strategy for the delivery of services and supports provided by the Irish State.

The following Terms of Reference were used to draft this Strategy:

1. Set the context in which the strategy has been developed
2. Set out the Government's vision in relation to carers
3. Establish a set of guiding principles around the support provided to carers and the caring relationship
4. Set out high level goals and objectives to address the following priority areas:
    i. Health and personal social services (including telecare and telehealth)
    ii. Income support
    iii. Training
    iv. Labour market issues
    v. Respite
    vi. Information services
    vii. Housing
    viii. Transport
    ix. Children and Young People with caring Responsibilities
5. Set out how the implementation of the Strategy will be progressed

PROFILE OF IRISH CARERS

Census 2011(3)
Key Findings

187,112 people identified themselves as carers[2] (4.1% of the population)

Of these;
- 80,891 (43%) provide up to 2 hours of care per day
- 29,255 (16%) provide between 2 and 4 hours of care per day
- 39,982 (21%) provide full time care (i.e. 43 or more hours per week)
- 15,175 (8%) provide care for 24 hours per day
- 73,999 are males and 114,113 are female
- The number of male carers has increased by 20% since 2006
- The dominant age cohorts in the caring population are 40-49 years and 50-59 years

QNHS 2009 Special Module on Carers (4)
Key Findings on carers as a group

- 64% of carers are women
- 48% of carers are aged 45-64
- 32% of carers work full-time
- 4 in 10 carers were the sole carer for the person that they looked after
- Half of all carers cared for someone in the same household
- 47% spent more than 15 hours per week providing care, 21% spent more than 57 hours per week
- 4 in 10 carers look after a parent or parent in law
- Overall 7% of carers were looking after a child aged 15 years or under and over half (53%) were looking after someone aged 75 years and over

Census 2011 (5) Children and Young People with Caring Responsibilities
Key Findings

- 4,244 carers are aged between 15 and 19 years
- 4,228 carers are aged under 15 years
- 1,838 carers are aged under 10 years

The Irish Longitudinal Study on Ageing (TILDA) (6)
Key Findings

- 80% of the main caregivers to people over the age of 50 years were themselves aged 50 years and over
- Approximately 1 in 5 of these were aged over 65 years
- They were predominantly the spouse of the person being cared for

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[2] The Census of Population now defines carers as those who *provide regular unpaid personal help for a friend or a family member with a long-term illness, health problem or a disability.*

FOCUS OF THE STRATEGY

Relatives, particularly spouses, parents and children, given the nature of their relationships, provide on-going care and support for each other throughout their lives as part of what they see as a natural caring role. Child-rearing is an example of this natural caring role.

A distinction is sometimes drawn between carers engaged in 'helping' and those engaged in 'heavily involved caring' – a distinction that is based on the extent of the caring provided. For example, in Ireland, the Census of Population now defines carers as those who *provide regular unpaid personal help for a friend or a family member with a long-term illness, health problem or a disability.* The Department of Social Protection requires that a carer must be *providing full time care and attention* to a person in need of such care in order to qualify for a social welfare payment.

This Strategy will address the needs of people who are providing *a significant level of care* to a person (or persons) in need of such care. The following definition has been agreed as it encompasses the voluntary nature and the extent of the care provision and the variety of situations that may be involved:

> A carer is someone who is providing an ongoing significant level of care to a person who is in need of that care in the home due to illness or disability or frailty.

What carers are covered by this Strategy?
This Strategy focuses on carers in the community who can be caring for family members or for neighbours or friends in some cases.

Some aspects of the Strategy will address the needs of carers who do not fit the primary definition. For example, carers who provide care for a limited number of hours or for a short period may still need some support, including information. This category may also include children or young people who are not providing significant levels of care in comparison with levels of care provided by a full-time adult carer, but for whom the impact of care provision may be more significant.

What carers are not covered by this Strategy?
Carers not covered by the National Carers' Strategy include people who are paid to undertake a caring role, such as formal care workers engaged under a contract of service. Other carers that are not covered by this Strategy are those who provide voluntary care work for a charity or community organisation and those who provide care as a requirement of a course for their education and training.

VISION STATEMENT

To advance the implementation of this Strategy and to build on existing supports and services for carers, it is important to articulate a clear Vision of the future for carers. Carers and their representative organisations have informed this Vision. It is the ultimate goal that the Strategy will work to achieve and, therefore, a key foundation for both the Strategy and for any actions taken to progress its implementation both in the short to medium term and in the longer term.

Carers spend a significant proportion of their lives providing support to family and friends. Most will say that the care that they provide is a normal part of being a family member and a responsibility that comes with being a parent, relative or friend. However, caring can be demanding and difficult and the Vision Statement highlights that carers deserve respect, recognition and support for the work that they do.

Carers have an expert knowledge of the person and of the condition of the person for whom they are caring. However, many can feel that this expertise is undervalued and often ignored when decisions relating to the care recipient are being made. The Vision Statement highlights that carers should be considered as key partners in the caring process and should be consulted with when decisions are being made about the care recipient's needs.

Caring can affect all aspects of a person's life and too often carers' opportunities to develop and maintain their personal, community and occupational interests can be limited. The Vision Statement highlights that carers, who choose to care, should be empowered to do so without detriment to their inclusion in society and to their health.

Vision Statement

Carers will be recognised and respected as key care partners. They will be supported to maintain their own health and well-being and to care with confidence. They will be empowered to participate as fully as possible in economic and social life.

GUIDING PRINCIPLES

The following Guiding Principles underpin this Strategy. The application of these principles will bring Ireland closer to the Vision for carers as articulated above and will ensure that the perspectives and preferences of carers are fully considered in any decision-making and service provision that affects them.

Recognition: Carers will be treated with dignity and respect and valued for their contribution.

Support: Carers will be supported in relation to the extent of their involvement at every point on the care continuum.

Empowerment: Carers will feel empowered to make decisions about how they choose to live their lives as individuals in their own right.

NATIONAL GOALS

Carers may have a wide range of needs depending on;

- Their circumstances (age, gender, health status, employment status)
- The kind of care that they are providing
- The availability of services and supports

Four National Goals for Carers

These Goals address the priority areas that have been identified by carers and the organisations that represent them and the priority areas that have been identified in carers' strategies from other jurisdictions.

The Four National Goals for carers are to;

1. Recognise the value and contribution of carers and promote their inclusion in decisions relating to the person that they are caring for

2. Support carers to manage their physical, mental and emotional health and well-being

3. Support carers to care with confidence through the provision of adequate information, training, services and supports

4. Empower carers to participate as fully as possible in economic and social life

GOAL-SPECIFIC OBJECTIVES

Each of the National Goals for carers is underpinned by a number of Objectives for specific policy and service delivery areas. It is important to note that these Goals and Objectives are both important in and of themselves and are also overlapping - addressing any one of them fully will require attention to all of them.

Goal 1: Recognise the value and contribution of carers and promote their inclusion in decisions relating to the person that they are caring for

Objectives

1.1 Strengthen awareness and recognition of the role and contribution of carers at national, regional and local level

1.2 Include carers in care planning and decision making for those that they care for

1.3 Recognise the needs of carers by provision of income supports

Goal 2: Support carers to manage their physical, mental and emotional health and well-being

Objectives

2.1 Promote the development of supports and services to protect the physical, mental and emotional health and well-being of carers

2.2 Support children and young people with caring responsibilities and protect them from adverse impacts of caring

Goal 3: Support carers to care with confidence through the provision of adequate information, training, services and supports

Objectives

3.1 Promote the availability of user friendly and timely information and advice

3.2 Provide relevant and accessible carer training opportunities for carers

3.3 Promote the development of accessible living environments for all

Goal 4: Empower carers to participate as fully as possible in economic and social life

Objectives

4.1 Enable carers to have access to respite breaks

4.2 Enable carers to remain in touch with the labour market to the greatest extent possible

NATIONAL GOAL 1

National Goal 1
Recognise the value and contribution of carers and promote their inclusion in decisions relating to the person that they are caring for

There are many reasons why carers do what they do, despite the personal sacrifices (health, financial, social) that they may have to make to do so. Whatever their reasons for caring, many can feel invisible or undervalued and that their needs and contributions unrecognised.

Objective 1.1
Strengthen awareness and recognition of the role and contribution of carers at national, regional and local level

Recognising the contributions of carers is essential to fostering a climate in which they feel valued and supported to continue in their caring roles.

Promoting a better awareness and understanding of the contribution of carers and, importantly, their needs is also important to ensuring that services necessary to support them within and outside of their caring role will be developed and that they will have better opportunities to participate in social and community life.

Identifying carers as early as possible is of critical importance if they are to be supported to maintain their caring role, particularly given that some do not readily identify themselves as being a carer. Parents caring for a child with a disability may see themselves only as parents and one of an elderly couple may not see themselves as anything other than their spouse's husband or wife when their spouse becomes ill. Men, children and young people with caring responsibilities are considered particularly hidden in this regard. Not identifying oneself as a carer may serve as a barrier to accessing services and supports that they might need to support them in their caring role.

Health and personal social service providers are usually best placed to identify carers through their contact with their patients and families.

Objective 1.2
Include carers in care planning and decision making for those that they care for

It is important to ensure that the design and delivery of services for the care recipient are informed by the views and practical expertise of carers themselves. Involving carers in planning and decision making sends a clear message to them that their role in the provision of care is fully recognised by other service providers. Service providers should see carers as key care partners given that they have expert knowledge of the condition of the person that they are caring for and a close understanding of the care recipients needs and wishes.

Objective 1.3

Recognise the needs of carers by provision of income supports

Caring may adversely affect a carer's financial situation, particularly if they have to give up work to become a full-time carer or if they have additional expenses associated with caring such as fuel, special dietary requirements, transport and medical expenses. In recognition of the financial assistance required by some carers, the Carer's Allowance is a means-tested income support for carers, who look after people in need of full-time care and attention on a full time basis. If a person is providing full-time care to more than one person, the weekly rate payable is increased by 50%. A Half Rate Carer's Allowance is also available for people in receipt of another social welfare entitlement. Carer's Benefit is a payment for people who have made social insurance contributions, who have recently left the workforce and are looking after somebody in need of full-time care and attention.

Social Welfare Statistics (7)

- In March 2012, approximately 50,500 were in receipt of Carer's Allowance (including the Half Rate Carer's Allowance).
- Approx. 22,000 of these receive the Half Rate Carer's Allowance.
- In May 2012, 1,608 carers were in receipt of the Carer's Benefit

NATIONAL GOAL 2

National Goal 2
Support carers to manage their physical, mental and emotional health and well-being

While an Irish study of family carers found that 71% reported their health as 'quite good' or 'very good', it also found that well over half reported being mentally and physically "drained" by their role. Over half reported having a medical problem, the most frequent being back injury, and over half reported a significant mental health problem, the most frequent being anxiety disorder (8). The risks of adverse effects on carers' health and well-being are likely to increase as the level and intensity of care provided increases, and if the carer has other competing responsibilities, such as paid work or childcare.

Objective 2.1
Promote the development of supports and services to protect the physical, mental and emotional health and well-being of carers

A greater emphasis on preventative support for carers is important because they may overlook their own needs and interests. Carers should be reminded and encouraged to look after themselves and to seek advice, services and support when needed. In some instances, carers may develop needs relating to their own health as well as those relating to the person that they care for. Both health and personal social service providers and the carer would each find it difficult to provide care for the care recipient in the absence of each other. Health and personal social service providers, therefore, must not neglect the carer's needs when they are addressing the needs of the person being cared for.

In addressing carers' needs, particular attention should be paid to more vulnerable carers, such as older carers and carers with a disability. For example, recent research has found that 20% of the main carers of people aged 50 years and over were retired. In addition, over 10% of the main carers of people aged 50 years and over were permanently sick or disabled (9).

The positive role of telehealthcare (telehealth, telecare and telemedicine) in supporting carers is being increasingly recognised. It can improve the experience of care for the care recipient and carer by reducing the need to travel to receive care and treatment and by facilitating better prevention, anticipatory care and earlier intervention. This use of such technology is particularly useful in remote and rural areas for both redressing isolation and for alleviating the sense that the carer must assume sole responsibility all of the time for care recipient.

Objective 2.2
Support children and young people with caring responsibilities and protect them from adverse impacts of caring

Children and young people under the age of 18 years with caring responsibilities generally provide care for members of their immediate family such as parents, grandparents or siblings. The scale of caring responsibilities can range from helping around the house to providing personal care for a relative. Young carers have similar needs to carers of any age e.g. the need for a break and support for the person for whom they are caring. However, they may have additional needs, which include support in education to help them to achieve their full potential.

While a child or a young person can learn valuable life skills through caring, in some cases, they may be adversely affected by the extent of the responsibilities placed on them. For example, they may have difficulties attending school or completing homework, they may have little or no time for recreational activities with peers; they may experience problems moving into adulthood, such as finding work. The impact on emotional well-being and development can be profound. Many of these carers can remain 'hidden' from health, social care and education support services. This may be because of embarrassment, worry that the authorities will remove the children or because the children are not aware that their situation is unusual (10). Both the number of children and young people with caring responsibilities, and the extent of the care provided by some, as evidenced by Census 2011, is a cause for concern.

NATIONAL GOAL 3

National Goal 3
Support carers to care with confidence through the provision of adequate information, training, services and supports

Learning new skills or improving existing knowledge can make life as a carer much easier. Knowledge and training empower carers and benefits for carers include increased confidence, improved health and well-being and fewer injuries relating to their caring role.

Objective 3.1
Promote the availability of user friendly and timely information and advice

Caring responsibilities can arise very suddenly and carers may need information and support to enable them to make decisions very quickly. Information should be available and accessible to carers at all stages throughout the caring process, and particularly at the beginning of the caring role and at transition times e.g. when a child is moving from childhood to adulthood.

Carers' information needs can span a wide spectrum and, ideally, information provision for carers should be clear, integrated, and accessible from a single point of contact. This is particularly important at a time of crisis, when they may need to have direct contact with someone who can signpost them quickly to the services and supports that they may require. At a minimum, all available channels should be used to ensure that information is available and accessible to carers wherever and whenever they need it.

Objective 3.2
Provide relevant and accessible carer training opportunities for carers

Where carers have the necessary care skills, the quality of care provided will be better, the physical impact of caring will be lessened and their quality of life enhanced. Depending on the needs of the care recipient, a wide range of skills may be needed, such as practical care skills, personal care, moving and safe use of aids and appliances, first aid and taking blood pressure and medication and/or behavioural management. Carers, themselves, are best placed to identify their training requirements.

Education and training opportunities should be flexible and locally accessible so that they can 'fit around' caring responsibilities in terms of timing and location. Opportunities provided by the mass media and by new technologies (including TV and eLearning) can be exploited in this regard.

Objective 3.3
Promote the development of accessible living environments for all

Accessible housing and the built environment enable carers to support the person that they care for to live independently and safely in their own homes and communities. Having the right equipment, adaptations or telehealthcare in the home can also lessen the physical impacts of caring.

The accessibility and affordability of different modes of transportation are also essential to ensuring that carers and, in turn, those that they care for can access health and personal social services and remain actively engaged in their communities.

NATIONAL GOAL 4

National Goal 4
Empower carers to participate as fully as possible in economic and social life

For many carers, looking after their own health, combining caring with work, accessing training or simply being able to take a break can be a major challenge. Juggling life as a carer often means that they may be unable to do the day to day things that most people take for granted – to relax, to socialise or to work. They can become socially isolated, lose confidence and suffer from stress and ill-health as a result. If carers are to participate as fully as possible in economic and social life, they need to be able to access education and leisure opportunities, and have the chance to work flexibly so as to combine work with their caring roles.

Objective 4.1

Enable carers to have access to respite breaks

Respite care enables carers to take up or maintain work, education, leisure and training opportunties. Very importantly, a break from caring can lessen the psychological and emotional stress experienced by many carers and can help carers to continue to provide the support that they give.

Both full time carers and carers that combine caring with working outside the home need access to a range of flexible (in relation to timing and type) and responsive respite care services, including in-home, residential and emergency respite. The quality of the respite services should also be of a standard that does not deter the carer from using them – carers need to be confident that the person that they are caring for is well cared for in their absence.

The Respite Care Grant is an annual payment for full-time carers who look after certain people in need of full-time care and attention. The payment is made regardless of the carer's means but is subject to certain conditions. Approximately 76,701 carers received the Respite Care Grant in 2011 (11).

Objective 4.2

Enable carers to remain in touch with the labour market to the greatest extent possible

Combining paid work outside of the home with caring responsibilities can be a difficult balancing act. Supports that enable carers to participate in gainful employment outside of the home are, therefore, essential. Opportunities for access to training and skill development and for appropriate re-introduction to employment are important in this regard. More practically, the care recipient's access to home care services and to day care in the community will be equally important in this regard.

A recent survey (12) found that nearly a quarter of carers had to make work adjustments as a result of their caring responsibilities. Family friendly employment policies are traditionally seen as being relevant to the needs of parents of young children. However, flexible working policies such as part time working, flexitime, job-share, tele-working would be of benefit to carers.

ROADMAP FOR IMPLEMENTATION

This Roadmap presents the Actions that will be taken to deliver on the Goals and Objectives of the Strategy. Due to the current economic climate, the Roadmap concentrates on Actions for the short to medium term, which can, to the greatest extent possible, be achieved on a cost neutral basis.

The Roadmap will be reviewed regularly and up-dated as the fiscal situation and other developments allows.

Short to Medium Term Actions

National Goal 1

Recognise the value and contribution of carers and promote their inclusion in decisions relating to the person that they are caring for

Objective 1.1		Actions	Responsibility	Indicative Timeframe
Strengthen awareness and recognition of the role and contribution of carers at national, regional and local level	1.1.1	Promote a better recognition of the role and contribution of carers at a national level	All Departments	2012/2013 and ongoing
	1.1.2	Ensure that carers' needs are considered in the development of any policies that might affect them (such as the Review of Disability Policy (DoH), the National Positive Ageing Strategy (DoH, forthcoming) and the Children and Young People's Policy Framework 2012-2017 (DCYA, forthcoming)	All Departments	2012/2013 and ongoing
	1.1.3	Build on the work begun in Census 2011 to establish a comprehensive statistical profile of Family Caring in Ireland	CSO	2012
	1.1.4	Continue to convene an annual carers forum to provide carers with a voice at policy level	DSP	Annual
	1.1.5	Support national organisations representing the interests of carers	DSP; DoH	Ongoing

Objective 1.1 ***continued***		**Actions**	**Responsibility**	**Indicative Timeframe**
Strengthen awareness and recognition of the role and contribution of carers at national, regional and local level	1.1.6	Promote more proactive approaches to the identification of carers and to addressing their needs among staff and organisations that are likely to encounter individuals in caring situations (e.g. health and personal social service providers, and particularly primary care team members, community and education professionals).	DoH; HSE; DES	2012/2013
	1.1.7	Promote carer self-identification initiatives and encourage carers to formally identify themselves to service providers	HSE	2013

Objective 1.2		**Actions**	**Responsibility**	**Indicative Timeframe**
Include carers in care planning and decision making for those that they care for	1.2.1	Involve carers, as appropriate, as partners in care planning and provision by health and personal social service providers and particularly by the primary care team	HSE	Ongoing
	1.2.2	Identify carers and their involvement in discharge planning, including their details provided in discharge letters to GPs	HSE	2013

Objective 1.3		**Actions**	**Responsibility**	**Indicative Timeframe**
Recognise the needs of carers by the provision of income supports	1.3.1	Provide regular benefits advice sessions and information through the application process	DSP	Ongoing
	1.3.2	Ensure that carers can access benefits advice as early as possible when their caring role begins	DSP	Ongoing
	1.3.3	Publicise more widely that the Carer's Allowance can be shared by two carers providing care on a part time basis	DSP	2012/2013

Objective 1.3 ***continued***		**Actions**	**Responsibility**	**Indicative Timeframe**
Recognise the needs of carers by the provision of income supports	1.3.4	Continue to work to reduce waiting periods for processing of Carer's Allowance applications and appeals	DSP	2012/2013
	1.3.5	Review existing transition arrangements for carers at the end of their caring role	DSP	2013/2014

National Goal 2

Support carers to manage their physical, mental and emotional health and well-being

Objective 2.1		**Actions**	**Responsibility**	**Indicative Timeframe**
Promote the development of supports and services to protect the physical, mental and emotional health and well-being of carers	2.1.1	Raise awareness among health and personal social service providers of the physical and emotional health issues that carers may experience	HSE	2012/2013 and ongoing
	2.1.2	Encourage carers to attend their GP for an annual health check	HSE	2013
	2.1.3	Develop and roll out a single assessment tool for older people and ensure that the views of carers as well as the people they care for are taken into consideration	DoH; HSE	2013
	2.1.4	Continue to implement the recommendations of the Home Solutions Report (13) on telecare	HSE	2012/2013
	2.1.5	Promote awareness of adult and child protection services that are in place	HSE	2012/2013
	2.1.6	Review the Fair Deal system of financing nursing home care with a view to developing a secure and equitable system of financing for community and long-term care which supports older people to stay in their own homes.	DoH	2012/2013

Objective 2.1 ***continued***		**Actions**	**Responsibility**	**Indicative Timeframe**
Promote the development of supports and services to protect the physical, mental and emotional health and well-being of carers	2.1.7	Progress the development and implementation of national standards for home support services, which will be subject to inspection by the Health and Information Quality Authority (HIQA).	DoH; HSE	2014/2015

Objective 2.2		**Actions**	**Responsibility**	**Indicative Timeframe**
Support children and young people with caring responsibilities and protect them from adverse impacts of caring	2.2.1	Raise awareness and understanding among education providers of the signs that children and young people have caring responsibilities and the impact of caring on them	DCYA; DES	2012/2013 and ongoing
	2.2.2	Encourage statutory agencies to review the way that they respond to children and young people with caring responsibilities	DoH; DCYA; DES	2012/2013 and ongoing
	2.2.3	Identify support services needed by children and young people with caring responsibilities and create mechanisms for young carers to contact service providers	HSE	2013
	2.2.4	Investigate and analyse the situation of children and young people undertaking caring roles	CSO	2013

National Goal 3

Support carers to care with confidence through the provision of adequate information, training, services and supports

Objective 3.1		**Actions**	**Responsibility**	**Indicative Timeframe**
Promote the availability of user friendly and timely information and advice	3.1.1	Ensure frontline staff in key 'first contact' agencies such as local authorities, local health offices and health and personal social service providers have the correct information to be able to sign-post carers to other services as appropriate	DSP; DoH; DECLG; HSE	Ongoing
	3.1.2	Review material (paper and Internet based) available to carers and investigate (in conjunction with carer's representative organisations) how more comprehensive information materials dedicated to carers' needs can be developed and distributed to service providers likely to be a carer's first point of contact	HSE; DSP (CIB);	2012/2013 and ongoing
	3.1.3	Ensure that the information needs of sub-groups of carers, such as older carers, children and young people with caring responsibilities, carers in rural areas are addressed	All Departments	2012/2013 and ongoing
	3.1.4	Proactively collate and disseminate information about services and supports available at a local level for carers	DSP (CIB)	Ongoing

Objective 3.2		**Actions**	**Responsibility**	**Indicative Timeframe**
Provide relevant and accessible carer training opportunities for carers	3.2.1	Identify gaps in the content of current training programmes for carers (in conjunction with carer's representative organisations)	HSE; DES	2013
	3.2.2	Enhance the accessibility of education and training courses through the use of face-to face, on-line and distance learning options	HSE; DES	2013

Objective 3.3		**Actions**	**Responsibility**	**Indicative Timeframe**
Promote the development of accessible living environments for all	3.3.1	Prioritise funding for the operation of the suite of housing grants for older people and people with a disability and ensure that they can be accessed by families in a timely way	DECLG	Ongoing
	3.3.2	Identify good practice in implementing assistive technology and ambient assistive living technology to support independent living and telehealth opportunities	HSE; DECLG	2013/2014
	3.3.3	Review and up-date Transport Sectoral Plan under Disability Act 2005	DTTS	2012/2013

National Goal 4

Empower carers to participate as fully as possible in economic and social life

Objective 4.1		**Actions**	**Responsibility**	**Indicative Timeframe**
Enable carers to have access to respite breaks	4.1.1	Promote a better awareness of the existence of the Respite Care Grant	DSP	2012/2013
	4.1.2	Promote a range of person-centred and flexible respite options	HSE	2012/2013
	4.1.3	Identify gaps in existing services and establish performance indicators for the provision of respite services	HSE	2013/2014

Objective 4.2		**Actions**	**Responsibility**	**Indicative Timeframe**
Enable carers to remain in touch with the labour market to the greatest extent possible	4.2.1	Promote existing carer friendly HR policies within Government Departments and Agencies	All Departments/ Agencies	Ongoing
	4.2.2	Promote awareness of the Carer's Leave Act 2001	DJEI (NERA)	Ongoing
	4.2.3	Encourage work-life balance provisions that are needed to ensure that working arrangements are carer friendly	DJEI	2013/2014
	4.2.4	Explore how back-to-work and education training courses can be tailored to the needs of carers who wish to return to the workplace	DES, DSP	2013/2014
	4.2.5	Review access by family carers to labour market activation measures	DSP	2013/2014

IMPLEMENTATION, MONITORING AND REVIEW

Each Department will have responsibility for the implementation of actions for which they have been allocated responsibility. Parliamentary work relating to specific actions will be addressed by the Department with responsibility for specific actions. Each Department will produce an annual report on progress, which will be published on their website.

A progress report on the implementation of the Strategy will be produced on a periodic basis over the lifetime of the Strategy and presented to the Cabinet Committee on Social Policy.

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APPENDIX 1 – ACRONYMS

Central Statistics Office	CSO
Citizen's Information Board	CIB
Department of An Taoiseach	DoT
Department of Children and Youth Affairs	DCYA
Department of Education and Skills	DES
Department of Environment, Community and Local Government	DECYA
Department of Health	DoH
Department of Jobs, Enterprise and Innovation	DJEI
Department of Public Expenditure and Reform	DPER
Department of Social Protection	DSP
Department of Transport, Tourism and Sport	DTTS
Health Information and Quality Authority	HIQA
Health Service Executive	HSE
National Employment Rights Authority	NERA