



The National Carers' Strategy
Recognised, Supported, Empowered

Second Progress Report
September 2013 – September 2014



Introduction

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

The National Carers' Strategy, which was published in 2012, sets the strategic direction for future policies, services and supports provided by Government Departments and agencies for carers. It is a Cross-Departmental Strategy that sets out:

- guiding principles;
- goals and objectives addressing priority areas (income support, health, information, respite, housing, transport, training, employment, children and young people with caring responsibilities); and
- a Roadmap for Implementation containing 42 Actions to be achieved on a cost-neutral basis in the short to medium term.

This is the second Progress Report on implementation for the period September 2013 – September 2014.

National Goal 1

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

Objective 1.1

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

| <i>Action</i> | | <i>Progress</i> |
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| 1.1.1 | Promote a better recognition of the role and contribution of carers at a national level | <p>DOH: The Department of Health convened a meeting of relevant Government Departments in May 2014 and stressed the need for Departments to engage directly with the National Carers Strategy Monitoring Group in an open and positive manner, including by designating Departmental lead contacts for the Carers' Strategy.</p> <p>The Departments of :</p> |

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| | | <ul style="list-style-type: none"> - Health (including the HSE); - Social Protection; - Education & Skills; - Environment, Community & Local Government; - Children & Youth Affairs (including TUSLA) ; and - Transport, Tourism & Sport <p>subsequently met bilaterally with the National Carers’ Strategy Monitoring Group to discuss the implementation of the National Carers’ Strategy. A meeting with the Department of Justice was scheduled to take place shortly after the reporting period.</p> <p>With regard to the Scheme to replace the Mobility Allowance and the Motorised Transport Grant, the Department of Health is seeking a solution which will best meet the aim of supporting people who were in receipt of these payments. Work is ongoing on the policy proposals to be brought to Government for the drafting of primary legislation for a new scheme.</p> <p>HSE: The Carers Strategy, carers and carer representative organisations are given recognition through the provision of supports and funding to National and local Carer Groups who advocate on behalf of carers.</p> <p>Additionally the National Centre for the Protection of Older People in UCD conducted research during the annual report period on behalf of the HSE entitled <i>Family Carers of Older People: Results from a National Survey of Stress, Conflict and Coping</i>, the results of which should guide future planning.</p> <p>DSP: The Department continues to provide annual reports on “Statistical Information on Social Welfare Services” including information relating to illness, disability and caring.</p> <p>DES: Under Section 22 of the EPSEN (Education for Persons with Special Educational Needs) Act, the National Council for Special Education (NCSE) was required to establish a formal national Consultative Forum representative of all the stakeholders to consult directly on any matters related to carrying out its functions. This includes parents in a caring role for children with special needs.</p> |
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| | | <p>DECLG: The Department recognises the value of carers and has continued to support carers' organisations through the Scheme to Support National Organisations. It provides multi-annual funding towards core costs associated with the provision of services. Further details are available at: http://www.environ.ie/en/Community/CommunityVoluntarySupports/SchemetoSupportNationalOrganisations/</p> <p>DCYA: Children's Services Committees are established and embedded in the TUSLA Business Plan. (TUSLA)</p> |
| 1.1.2 | <p>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 and the Children and Young People's Policy Framework 2012-2017 (forthcoming))</p> | <p>DOH: A number of Working Groups have been established to support the implementation of a multi-year project to reform disability services, in line with the recommendations in the report of the Value for Money and Policy Review of Disability Services in Ireland. One of these Working Groups, <i>People with Disabilities and Community Involvement</i>, aims to strengthen existing national and local consultative processes to build a Participation Framework. This Framework will be designed to meet the changing needs of service users with the purpose of enabling persons with disabilities, carers, families and the wider community to have a meaningful role and voice in service design and delivery. Carers will be considered in the course of all work undertaken by this Working Group in the coming 2 to 3 years.</p> <p>The Carers Association was among the organisations invited to attend the 'Health Consultation Event 2014' hosted by the Minister for Health in the Aviva Stadium in September.</p> <p>The National Dementia Strategy will emphasise the need to support people with dementia and their carers.</p> <p>HSE: The HSE, through the research undertaken by the National Centre for Protection of Older People, will use the findings from their recent study <i>Family Carers of Older People: Results from a National Survey of Stress, Conflict and Coping</i> to guide future planning.</p> <p>In addition the HSE meets with carer organisations at local, regional and national level to discuss</p> |

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| | | <p>operational and common issues.</p> <p>Towards the end of the first quarter of 2014 the HSE commenced rolling out <i>Meitheal</i>, the new practice model of working with children, young people and their families developed by TUSLA.</p> <p>DSP: Groups representing carers attended the annual DSP pre-budget forum in 2014. DSP engages periodically with members of the community and Voluntary Pillar of Social partnership, including organisations representing the interests of Family Carers. The DSP meets as appropriate with stakeholders to ensure that they are apprised of relevant policy developments within the Department. The Department met with representatives of the NCS Monitoring Group in July to discuss actions proposed by the group.</p> <p>DES: The National Council for Special Education (NCSE) engages with groups of relevant stakeholders in the development of its policy advice. These consultations include stakeholders with knowledge, experience and/or professional expertise in the particular areas of special education under discussion, such as parents, students, education and health professionals, management bodies and so on.</p> <p>DECLG: The requirement for appropriate consultation and input with carers and representative organisations will be underpinned in the context of the future development of policies for vulnerable groups and the implementation of current policies in respect of people with disabilities and older people.</p> <p>DCYA: The Child and Family Agency (TUSLA) Parenting Support Strategy was launched in 2013 and is currently being implemented. This includes the establishment of Meitheal - a national practice model for all agencies working with children, young people and their families. It also promotes the participation of families and children in the development of practice.</p> |
| 1.1.3 | Build on the work begun in Census 2011 to establish a comprehensive statistical profile of | <p>DCYA: It is planned to have another Census of Population in April 2016. This Census will include the same question again using exactly the same wording in order to allow the data from 2011 to be trended forward.</p> |

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| | Family Caring in Ireland | |
| 1.1.4 | Continue to convene an annual carers forum to provide carers with a voice at policy level | DSP: The Department continues to host the Annual Carers' Forum including representation from the Department of Health, the HSE, the Department of Social Protection, the Department of the Environment, the Department of Equality and Law Reform, the Department of Education and Skills, the Department of Children and Youth Affairs, the Department of Finance and the Department of Public Expenditure and Reform. The annual forum took place in December 2013. The Department has engaged with the caring sector organisations in reformulating the annual carers' forum 2014 to revise its format and give organisations the opportunity to feed into themed workshops. The forum will take place in early 2015. |
| 1.1.5 | Support national organisations representing the interests of carers | <p>DOH: Carer organisations have received support through National Lottery grants awarded by the Minister for Health.</p> <p>HSE: The HSE provides grant aid to carer organisations at both national and local level through the following:</p> <ul style="list-style-type: none"> • Section 39 • National Lottery • Carers Week <p>DSP: The Dormant Accounts Plan includes a provision for €1m proposed by DSP under the theme of Personal and Social Development of Persons who are Economocally or Socially Disadvantaged for the provision of Training for Family Carers and the development of support networks. Pobal will be responsible for the administration of the measure and will commence involvement in early 2015.</p> |
| 1.1.6 | Promote more proactive approaches to the identification of carers and to addressing their needs among staff and organisations that | HSE: The HSE has committed to developing a specific Carer Needs Assessment in 2015 as part of the Inter RAI Single Assessment Tool, for use in 2016. Work has begun with Irish members representing carers and voluntary organisations along with international members of Inter RAI Instrument Development to begin developing this Carers Needs Assessment supplement. It is worth noting that the Carers Needs Assessment supplement will be developed in Ireland and then rolled out for international use in over 30 countries currently using interRAI tools. |

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| | <p>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).</p> | <p>HSE staff including Primary Care Teams, home help co-ordinators, home care packages co-ordinators and discharge planners, when preparing home care plans for clients for both home help and home care packages, take into account the family and carers' situation. Carers' needs may be considered during the review process of home care plans and supported subject to resources.</p> <p>Primary care social workers throughout the country run a broad range of carers' support groups such as autism support groups, carers' support groups, etc.</p> <p>Social workers may also participate in the support groups held by other organisations such as the Alzheimers Society. In some areas, HSE staff are involved in the running of the Alzheimers Cafe which identifies and supports carers.</p> <p>Examples of approaches across the country are as follows:</p> <ul style="list-style-type: none"> • In Carlow / Kilkenny and South Tipperary, HSE Primary Care Team meetings provide the forum for information exchange regarding all aspects of patient care and circumstances relevant to that care, including carer supports. The involvement of the Home Help Coordinator at these meetings makes a significant contribution in this regard. • In the Galway Roscommon Area, primary care teams are aware of the need for home support and respite services to support carers in their caring role. Work is ongoing to strengthen links between primary care teams, residential services with short stay beds and acute hospital services in this regard. • In Dublin South Central, post referral by primary care colleagues, primary care social work assessments often identify carer stress as a key issue that requires multiple options to be explored so that the identified client/patient can continue to live at home safely and well supported. Interfamilial supports are explored as well as linking people to other support services such as day care and respite to give the main carer a break. Clinical team discussions and information sharing are used in the development of care plans. <p>- Also in Dublin South Central, primary care team members continue to advance stress</p> |
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| | | <p>management and mindfulness programmes in the community as a supportive measure to carers and their families.</p> <ul style="list-style-type: none"> • The Counselling in Primary Care (CiPC) Service continues to receive referrals for carers who require support. • The Carers Department in Galway continues to provide information and training for carers (refer to action 3.2.1 for further information) • As part of the Long-term Chronic Illness project in Donegal, a six-week Stroke Programme for Family Carers has been developed. Sessions include: effects of stroke, swallow, nutrition, continence, pressure care, cognitive functioning and psychological impact, positioning, exercises post stroke, patient manual handling techniques and CPR. The programme will be delivered twice yearly in the Medical Rehabilitation Unit in Letterkenny. • A Generic Carers Programme has been developed in Donegal and commenced in September 2013 facilitating 8-10 carers on each session. Topics include: Understanding Dementia, Diabetes, Nutrition, Swallow and Feeding, Pressure Care, Continence, What is Elder Abuse, Stress Management, Patient Moving and Handling and CPR. This programme is delivered in Letterkenny. • In Sligo / Leitrim, the Carers Development Officer was utilised to promote Carer Services and also organised a Carers Development Day in conjunction with a local primary care team. • In Mayo, as part of the ongoing collaboration with The Carers Association, the development of five Carers' Support Groups has been supported and there are close working relationships with primary care teams. <p>DES: The engagement of National Educational Psychological Service (NEPS) psychologists with individual Special Educational Needs (SEN) pupils in schools is based on informed consent from parents / guardians and involves their active input into the assessment process. Psychologists</p> |
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| | | <p>provide parents and school with feedback of assessment findings / recommendations and encourage their understanding of and, where appropriate, participation in, the ensuing intervention(s) and in subsequent reviews of progress.</p> <p>An information leaflet is available to parents explaining in clear and straightforward terms the nature of the NEPS psychologist's and school's involvement with individual pupils. The leaflet was updated during 2014.</p> |
| 1.1.7 | <p>Promote carer self-identification initiatives and encourage carers to formally identify themselves to service providers</p> | <p>HSE: The HSE adopts a variety of approaches to encourage carers to formally identify themselves to service providers, which include:</p> <ul style="list-style-type: none"> - Information sharing between members of the Primary Care Team (PCT) and carers; - Information and advice services, which encourage carers to make themselves known to the PCT; - Outreach activities by Carers Co-ordinators (where available); - Statutory funding provided to The Carers Association, who in turn support carers to identify their needs; - Public Health Nurses raise awareness of carer burden with the PCT (in some areas, PHNs conduct formal carer burden assessments). <p>Examples around the country include:</p> <ul style="list-style-type: none"> • In Carlow / Kilkenny and South Tipperary, HSE Home Help Coordinators participate in primary care team meetings. This facilitates identification of carers to the wider primary care team as the Coordinators have a good knowledge of family carers within their area. - The HSE in Cork South is delivering supports to people with dementia and their carers through K-CoRD (Kinsale Community Response to Dementia). This project is funded by the HSE and Atlantic Philanthropies, through the GENIO Trust and is part of COLLAGE (Collaboration on Ageing with University College Cork, Louth County Council and Netwell (Dundalk Institute of Technology)). Supports for Carers within the project include: <ul style="list-style-type: none"> - A part-time Dementia Care Coordinator working alongside the local primary care team to |

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| | | <p>support people with dementia to live well at home. K-CoRD's Family Carer Programme is being developed based on feedback from families. Both formal and informal consultation involving K-CoRD's Dementia Care Coordinator, the Carers' Group and family members has taken place. K-CoRD provides information in a timely fashion to persons with dementia and their families and involves both client and carer in mapping out a pathway and responsive support plan.</p> <ul style="list-style-type: none"> - Family members are invited to register with K-CoRD so they will be notified directly of any training, workshops, activities or events that are taking place. • In Kerry, the HSE is working in partnership with North East Kerry Development, the Carers Association and the Alzheimer's Association to support The Family Carer's Group. Members of the HSE multidisciplinary team in the area (including physiotherapy, occupational therapy, dietician, speech and language therapist, primary care liaison nurse and Public Health Nurses) participate in this initiative. The Carer's Group was established in direct response to the expressed needs of carers. A 'Time for Me' programme for carers, funded by North East Kerry Development, will be delivered by year end 2014. • In Donegal in 2013, primary care areas were invited to design and deliver a carers programme based on an assessment of carer needs in collaboration with the Carers Development Officer, clinicians, community members of the primary care team and other community groups through the local community health forum. Two areas - Lagan and Derryveagh – were successful, and programmes will commence there before year end 2014. - Carer clinics will recommence in Community Hospitals in Donegal by year end 2014 and will continue into 2015. They will include free health checks for carers and individuals aged over 65 years of age. • In Mayo there are a range of initiatives including partnership working with primary care teams, and close liaison between public health nurses and The Carers Association Development Worker. |
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| | | <ul style="list-style-type: none"> • In Galway / Roscommon there is ongoing liaison and information sharing between primary care teams and carers, with some carers attending primary care team meetings specific to the individual they care for. • In Dublin South Central, nursing staff seek to identify carers as a key contact point for the individual. |
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| Objective 1.2 Include carers in care planning and decision making for those that they care for | | |
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| <i>Action</i> | | <i>Progress</i> |
| 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 | <p>HSE: The HSE acknowledges the importance of a partnership approach to care planning and provision. Carer needs are discussed at primary care team clinical meetings, local placement forums or hospital / community MDT meetings (for home care) as part of the overall assessment and care planning processes. Carers may attend such meetings where appropriate. It is important to note that carers' involvement in the care planning and decision making for those they care for must be with permission from the client and where appropriate.</p> <p>The following examples demonstrate the range of initiatives around the country:</p> <ul style="list-style-type: none"> • In Mayo, regional and county meetings for carers have been established to involve them in decision making, to foster the development of Carer Support Groups, to develop close linkages with primary care teams and in particular services such as Public Health Nursing and Home Help Services. • In Dublin South Central, carer stress is a major component of primary care social workers' workload. They work directly with family members to explore options, address changes required, and advocate on behalf of carers for a mix of care support services and placements as required. Care plans include carers, family in direct contact with nursing staff and with home care assistants where there is a home care package in place. This is a vital part of care planning and carers views are often discussed and taken into consideration at the primary care team meetings. The stress involved in caring for a relative whose needs are very high is also acknowledged and respite services address this. |

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| | | <ul style="list-style-type: none"> • In Galway, carers are given the opportunity to relay their caring needs through the Training Service, Carers Support Group Service and the Information and Advice Service provided by the Carers Department, Galway PCCC. A concise Carers Database exists within the Carers Dept, Galway PCCC. Caring needs are identified at this stage and followed up with relevant professionals. <p>In addition, a number of joint HSE / Genio projects supported through Atlantic Philanthropies funding are underway that support the needs of carers of people with dementia. This includes sites in Kinsale, South Tipperary, Blackrock/Stillorgan, and Mayo. The objectives of each of these projects is to provide individualised supports to meet the needs of people with dementia, their families and carers, including the provision of respite and day care.</p> <p>In the home, support is provided through the HSE/Genio initiatives in sites on a regular basis, typically for 2 or 3 hours per week per person, ensuring a family carer can take a break for leisure time or to attend a medical appointment or spend time with other family members.</p> <p>Providing information on dementia to family carers of people with dementia, particularly on the various supports available, including introducing the family to Carer Support Groups, has been a major source of activity in all of the sites.</p> <p>Some examples of site specific supports are:</p> <ul style="list-style-type: none"> • The K-CoRD (Kinsale Coordinated Response to Dementia) programme in Cork South is endeavouring to consult with persons with dementia and their families in a timely way. Following consultation and information provision the pathway is mapped out and a support plan developed which is responsive to needs. • <i>Memory Matters - Community Component</i> developed by the Carlow/Kilkenny Service Providers Forum. The aim of this project is to design and provide supports that are flexible and responsive to the person with dementia and their carer, particularly for those who present with more complex needs related to the advanced stage of their dementia which will enable them to |
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| | | <p>remain in their own home. The project’s focus will be on developing innovative home and community based support, alternative respite models and on maintaining social connectivity by harnessing internet-based social media as a resource and using assistive technology to avoid inappropriate hospital admission.</p> <ul style="list-style-type: none"> • Cork Integrated Dementia Care across Settings (Cork-IDEAS): Mercy University Hospital and Cork Community Partnership to improve dementia care. Mercy University Hospital and key stakeholders in the community will come together to provide integrated care for people with dementia who may need hospital admission, providing suitable alternatives to admission when appropriate, while supporting families/carers to continue to care for the person at home. The project will also facilitate families/carers to continue caring for a person with dementia in hospital if and as they wish; improve the hospital environment and provide enhanced support to facilitate independence; better plan discharge from hospital, and support families at the time of discharge. Training will be provided for acute hospital staff to get to know the person with dementia, enhancing their communication with the person, with family/carers, and with community healthcare professionals, including residential facilities. It is envisioned that MUH will become a truly 'dementia friendly hospital' and that Cork dementia services will be integrated and responsive to the needs of the person with dementia and their family/carer. • The 5 Steps to living well with Dementia in South Tipperary developed by South Tipperary Mental Health Service. This dementia project will transform the life experience of people with dementia and their families by increasing public awareness, dispelling myths, reducing stigma and encouraging people to come forward earlier for diagnosis and treatment. • In Blackrock / Stillorgan, a community-based dementia project (Living Well with Dementia) was developed, building on the foundations of circles of support - family, neighbours, and community groups. The project aim is that people with dementia and their carers can live in a community that accepts, supports and empowers them as they travel the dementia journey, served by a comprehensive set of easily accessible, visible, personalised interlinked supports. |
| 1.2.2 | Identify carers and their involvement in | HSE: Carer involvement in the discharge planning process is identified in the HSE’s <i>Integrated Care Guidance: A Practical Guide to Discharge and Transfer from Hospital</i> published in 2014. |

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| | <p>discharge planning, including their details provided in discharge letters to GPs</p> | <p>This Guidance replaces the previously published HSE Integrated Discharge Planning Code of Practice (2008). Step 6 of the Guidance specifically identifies the need to involve service users and carers so that they make informed decisions and choices</p> <p>In all HSE areas, carers are involved in discharge planning processes subject to the client's permission and mental capacity, but the level of engagement / involvement may vary depending on circumstances.</p> <p>The examples below are indicative of initiatives around the country:</p> <ul style="list-style-type: none"> • Staff in Waterford / Wexford are engaged in ongoing work between primary care teams and University Hospital Waterford in relation to Integrated Discharge Planning, with a strong emphasis on the importance of family and carer involvement in the discharge planning process. • In the Sligo / Leitrim area, as part of the integrated discharge planning process in acute and community hospital services, carers are identified and involved in the development of the discharge plan. • In the Galway Roscommon Area, carers are involved in the discharge planning process, but details are not provided in discharge letters to GPs. • In Dublin South Central, clients / patients and family carers are regularly and routinely involved in family meetings with multi disciplinary team members on an ongoing basis, including, but not exclusively, as part of the discharge planning process. Social worker-led family meetings take place which allow all parties to be heard, lead to the development of realistic care plans taking account of family dynamics and available resources and allow for shared decision-making in an open forum. Carers are involved in the discharge planning processes in many cases, particularly for elderly patients who have family members who will work closely with all services provided as part of the care plan, including HSE services. |
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Objective 1.3**Recognise the needs of carers by the provision of income supports**

| Action | | Progress |
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| 1.3.1 | Provide regular benefits advice sessions and information through the application process | <p>DSP: The Department has a full range of information leaflets on carers' entitlements in respect of its income maintenance schemes. The Department provides information via its website and a full set of operational guidelines is published for each scheme.</p> <p>Applicants who are disallowed on grounds other than medical are now advised that they may have an entitlement to the Respite Care Grant. The award letter has also been changed to include the line about Carer's Allowance being a taxable source of income in the main body of the award letter</p> <p>The specific changes were:</p> <p>Additional paragraph to the Disallowance letter: "If your circumstances have not changed you may have an entitlement to a Respite Care Grant. The grant, which is an annual payment, is paid regardless of means. If you wish to apply for the Respite Care Grant, you may obtain an application form from Respite Care Grant, PO Box 10085, Dublin 2 or at www.welfare.ie (Telephone 01 673 2222). It will not be necessary for you to supply a further medical report with your application for the Grant as the medical aspect is already approved for Carers Allowance."</p> <p>New sentence in the main body of the Award letter: "Carer's Allowance is a taxable source of income and should be advised to your local tax office."</p> <p>Information on Carers' entitlements is available at each Intreo office.</p> <p>The Dormant Accounts Plan for 2014/2015 makes provision for the dissemination of resource information for Carers and to provide supports to reduce social isolation.</p> |
| 1.3.2 | Ensure that carers can access benefits advice as early as possible when their caring role begins | <p>DSP: Themed Meeting with Carers Association took place to discuss information provision. DSP is considering feasibility of Carers proposals.</p> |

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| 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: Themed Meeting with Carers Association took place to discuss information provision. DSP is considering feasibility of Carers proposals. |
| 1.3.4 | Continue to work to reduce waiting periods for processing of Carer's Allowance applications and appeals | DSP: New processes have been introduced following consultation with Carers' Representative Groups around applicants who provide insufficient information in their application forms. |
| 1.3.5 | Review existing transition arrangements for carers at the end of their caring role | DSP: Themed Meeting with Carers Association took place to discuss information provision. DSP is considering feasibility of Carers proposals. |

National Goal 2

Support carers to manage their physical, mental and emotional health and wellbeing

Objective 2.1

Promote the development of supports and services to protect the physical, mental and emotional health and wellbeing of carers

| <i>Action</i> | <i>Progress</i> |
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| 2.1.1 Raise awareness among health and personal social service providers of the physical and emotional health issues that carers may experience | <p>HSE: The HSE is developing a Carers' Needs Assessment as part of the Single Assessment Tool which will identify and raise awareness of carers needs.</p> <p>The HSE adopts a number of mechanisms to raise awareness among staff of the physical and emotional health needs of carers and to respond to these, including:</p> <ul style="list-style-type: none"> Public Health Nurses, Home Help coordinators and other health professionals continue to raise awareness of carer burden with primary care teams. |

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| | | <ul style="list-style-type: none"> • Consideration of carer needs within primary care team clinical meetings. Meetings include updates with regard to carer support systems, coping strategies that are required to sustain the carer role and facilitate the person to remain in his / her home. <p>Some examples include:</p> <ul style="list-style-type: none"> • In Dublin South Central ISA, there are training and education programmes for allied health professionals in place. • There are also carer support groups and family resource centres, where carers have an opportunity to express their needs. Planned respite services help the emotional well being of the carer. • In Dublin West, the HSE Carer Support Group is a source of support for all individuals fulfilling a caring role in this area. Carers are encouraged to share experiences of caring and are provided with information and guidance in a supportive environment. Meetings take place once a month. • Also in Dublin South Central ISA, primary care team members continue to advance stress management and mindfulness programmes in the community as a supportive measure to carers and their families. • Counselling in Primary Care (CiPC) continues to receive referrals for carers who require support. • Provision by the HSE Psychologist in Waterford Primary Care of a stress control group programme three times a year, which is offered to carers. • The K-CoRD programme in Cork South consulted with families and carers as part of an educational needs assessment of health professionals in relation to dementia. This informed the Irish College of General Practitioners and Dublin City University's Elevator Programme, |
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| | | <p>on an online e-learning dementia course.</p> <ul style="list-style-type: none"> • The Director of K-CoRD, herself a former carer, provides support to the Carers' Group which meets monthly. Information sessions are provided on a regular basis. Over the past year these have included: <ul style="list-style-type: none"> - 'Caring for the Carer' delivered by the Director of K-CoRD; - 'The Role of the Occupational Therapist and Assistive Technologies for the Home' delivered by HSE Occupational Therapist; - 'Living, Working and Being Trained in Dementia Care' delivered by HSE RGN; - 'Ambient Assisted Living Technology available through K-CoRD' delivered by Director of K-CoRD and Carezapp; - 'Tips to Help Communication to Flow' delivered by HSE Clinical Psychologist; - 'Mindfulness' delivered by HSE Clinical Psychologist. • In North Cork, the Crystal Project (<i>Creating Clarity and Connections for People with Dementia</i>) is led by Primary Care Occupational Therapy and is a joint initiative between the HSE, Alzheimer's Society of Ireland, University College Cork, General Practitioners, clients affected by dementia and their families/carers. Crystal includes the provision of support and information to people with dementia and their families. This support includes weekly drop-in clinics, access to a memory resource room, six-week block sessions, Café De Mentia and other one-to-one services. This service is free to the dementia population of North Cork. • In Donegal, in June 2014 the HSE in partnership with Donegal Local Development Company (DLDC) and the Carers Association delivered a Caring for Carers free event for 32 unpaid carers in Gweedore. The event was funded by Healthwise and DLDC and provided carers with the opportunity to share their experiences, get to know others, to learn some motivational tips, have lunch, to experience a choice of therapies and to relax and unwind. The HSE together with DLDC funded three further events in June 2014, one in Donegal Town and two in Letterkenny. • The HSE's North Dublin Primary Care Team Social Work Service run carer education, support and stress control programmes and they also run parent plus classes to assist parents. |
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| | | <ul style="list-style-type: none"> • HSE North Dublin also has excellent links with the Carers Association and work collaboratively on the Oprah Project in Skerries which aims to keep older persons at home longer by providing holistic packages of care which are inclusive of carer needs. A key component of the project is assessing the caregiver burden scale with carers and offering support. The Carers Association has set up a local carer support group and provides supports as part of this project in the Skerries area. Crosscare have also commenced a befriending service in order to support the project. • In the Galway Area, there is a liaison nurse in place to support care planning and to provide carer support for children with high level medical/nursing needs in the area. |
| 2.1.2 | Encourage carers to attend their GP for an annual health check | <p>DOH: The HSE restored Medical Card eligibility to 11,383 people in accordance with Government decision S24309 of 17th June 2014.</p> <p>Government policy is to move towards universal GP care free at the point of access. This is being rolled out on a phased basis starting with all under 6s and over 70s.</p> <p>HSE: Approaches taken to encouraging carers to attend their GP for an annual health check include, for example:</p> <ul style="list-style-type: none"> • Members of the PCT discussing carers' needs when providing services to the care recipient; • Carer co-ordinators, carer specific training courses, information and advice services and support groups flagging the importance of carers attending their GP regularly. <p>- Carers Week has been a useful mechanism for raising awareness in relation to the need for carers to look after their own health needs in addition to the needs of the person for whom they are providing care.</p> |
| 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 account | <p>HSE: The HSE is committed to implementing a single assessment tool for older people. The HSE has made progress on the development of the InterRai Single Assessment Tool.</p> <p>An external software development company has been contracted through a procurement process to develop a SAT information system so that the interRAI assessment is IT enabled. A mobile device (a tablet) will be issued to trained staff who currently conduct assessments for older people accessing either the Fair Deal (NHSS) or Home Care Packages scheme.</p> |

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| | | <p>Implementation and Clinical leads have been appointed to each region. Testing of the information system and training of the clinical leads has been ongoing throughout the year. SAT Information sessions were provided and users identified in the selected sites. Due to complexities of the software in the information system, the vendor has experienced some unexpected delays so training of front line staff will commence in 2015.</p> <p>The HSE has committed to the inclusion of a Carer Needs Assessment within the InterRAI suite. Work has begun with the involvement of Carers Organisations, Alzheimer’s Association and advocacy groups along with HSE & InterRAI international members. A draft assessment is now scoped and it is hoped to pilot this in 2015 with both Irish and international carers.</p> <p>The Carers Association are also represented on the HSE Service Users Clinical Advisory Group regarding the implementation of the Inter RAI and the Carer Needs Assessment Advisory Group.</p> |
| 2.1.4 | Continue to implement the recommendations of the Home Solutions Report (13) on telecare | <p>HSE: The HSE has a number of assistive living technology projects in place. e.g. 60 assistive technology packages approved in Inishowen as part of a CAWT project. Resources continue to be a challenge in this area.</p> |
| 2.1.5 | Promote awareness of adult and child protection services that are in place | <p>HSE: The HSE has developed a comprehensive elder abuse protection service, including 32 Senior Case Workers and Dedicated Officers for the Protection of Older People in each of the four HSE regions. There is a comprehensive HSE Elder Abuse Awareness Training Programme and a HSE Open your Eyes to Elder Abuse webpage.</p> <p>Each year the HSE works to raise awareness of elder abuse, including through events around <i>World Elder Abuse Awareness Day</i>. In addition the National Centre for Protection of Older People has a comprehensive website www.ncpop.ie providing information for professionals and the public.</p> <p><i>Children First: National Guidance for the Protection and Welfare of Children</i> (2011) provides national guidance for the protection and welfare of children in Ireland.</p> <p>TUSLA, the Child and Family Agency was established on 1 January 2014. It is the dedicated State agency responsible for improving well-being and outcomes for children.</p> |

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| | | <p>A Health Service Children First Lead has also been appointed whose role is to lead to ensure the health and social care services of the HSE meet their responsibilities under Children First 2011 and Children First legislation (when enacted). The Lead is also responsible to ensure that the national programme of implementation and ongoing compliance with the requirements of Children First policy and legislation are being met at national, regional and local levels.</p> <p>There is a mandatory training programme for all HSE employees in Children First.</p> |
| 2.1.6 | <p>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.</p> | <p>DOH: The Programme for Government 2011-2016 states that “the Fair Deal system of financing nursing home care will be reviewed 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”. In addition, <i>Future Health – A Strategic Framework for Reform of the Health Service 2012 – 2015</i> states that the Department of Health will develop policy in relation to the introduction of financial assessment, contribution and charges for certain social and continuing care services.</p> <p>This process has commenced within the overall review of the Nursing Homes Support Scheme (<i>A Fair Deal</i>) which is considering the long term sustainability of the Scheme as well as looking at related aspects of home and community care. One of the Terms of Reference of the review is: “to consider the extension of the Scheme to community based services...” Work on the Review is at an advanced stage. It is expected to be completed in the coming months, at which time a report will be made publicly available.</p> |
| 2.1.7 | <p>Progress the development and implementation of national standards for home support services, which will be subject to inspection by the Health Information and Quality Authority (HIQA)</p> | <p>DOH: Primary legislation and resources will be required for the introduction of a statutory regulation system for home care services. This is being progressed in the context of overall legislative and resource priorities.</p> <p>HSE: Through the National Tender for Enhanced Home Care Packages launched on the 1st July 2012 the HSE established Quality Standards that all successful tenders had to demonstrate they reached in order to become HSE Approved Providers. These standards were subsequently incorporated within the service agreements for all home care providers. The standards support the HIQA National Standards for Safer Better Healthcare (June 2012).</p> <p>The HSE is also undertaking a review of home care with a view to improving services generally.</p> |

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

| Action | | Progress |
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| 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 | <p>DES: A core aim of DES policy in the school system is to provide a safe, supportive and vigilant environment in which pupil learning and personal development can be nurtured. The core focus in this regard is, on the one hand, the promotion of positive mental health generally and, on the other, the identification and support of those pupils with a broad range of problems relating to their behavioural, emotional and social development. Supports are delivered via curricular programmes (SPHE, PE, etc), whole school policies (anti-bullying, R.S.E., substance misuse, etc.) and by direct intervention through the class teacher, guidance counsellor and pastoral care structure assisted by a range of outside agents, including those within the education community - NEPS, NBSS, SESS and PDST, etc.</p> <p>During 2013 the DES, in conjunction with DoH and HSE, produced the <i>Guidelines for Mental Health Promotion & Suicide Prevention</i> for Post-Primary schools to bring coherence to and build upon the multitude of practices that are already in place in schools to promote well-being. Support of these guidelines is being actively provided by the above- named DES agents. A similar publication is being prepared for Primary schools.</p> <p>This year, the National Educational Psychological Service (NEPS) has produced a booklet- <i>Student Support Teams in Post-Primary School</i> which provides advice to schools on reviewing or establishing student support teams.</p> <p>NEPS also provides advice, assistance and where requested, direct support to school communities in the event of particular critical incidents or traumas.</p> <p>DCYA: TUSLA are developing formal links with the Department of Education and Skills.</p> <p>The Child and Family Agency Act 2013 brings a range of existing services for children and families under one agency. TUSLA's functions include maintaining and developing support services, including support services in local communities in order to support and promote the development, welfare and protection of children and to support effective functioning of families. In so doing</p> |

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| | | <p>TUSLA will promote enhanced interagency cooperation to ensure that services are coordinated on the principle of the best interest of all children and their families.</p> <p>The Educational Welfare Service (EWS) of TUSLA is developing national guidelines as a practical support for schools in the preparation of School Attendance Strategies as outlined in Section 22 of the Education (Welfare) Act, 2000. The guidelines will assist schools to implement effective measures to support children at risk of poor attendance and participation, including those with caring responsibilities. It is anticipated that the guidelines will be completed before the beginning of the 2015/16 academic year. (TUSLA).</p> |
| 2.2.2 | Encourage statutory agencies to review the way that they respond to children and young people with caring responsibilities | <p>DCYA: The Educational Welfare Service (EWS) of TUSLA is in the process of refining and implementing a new strategic approach to service delivery through the integrated working of its three service strands. In working to deliver an integrated model of service it has committed to the principle of “One Child, One Team, One Plan”. This new model of service will provide an enhanced response to the needs of children, families and schools. (TUSLA)</p> |
| 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 | <p>HSE: The HSE supports young carers. In Galway / Roscommon for example, the Family Support Service has been accessed when there are children involved in a caring role.</p> |
| 2.2.4 | Investigate and analyse the situation of children and young people undertaking caring roles | <p>DCYA: The DCYA requested the Central Statistics Office to include a question in the Census of Population 2011 concerning carers. People of all ages were asked whether they provide any unpaid personal help for a friend or family member with a long term illness, health problem or disability (including old age). These census results were published by the CSO in November 2012 and were included in the publication “Our Bill of Health –Health, Disability & Carers in Ireland”. The Department published the “State of the Nation’s Children – Ireland 2012” in March 2013 and it included data on Children as Carers from the 2011 Census of Population.</p> |

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| | | It was planned, under the National Strategy for Research and Data on Children’s Lives published by the Department in November 2011, that an analysis of those children who reported in the 2011 Census that they undertook caring roles, would be carried out. This report is now finalised and will be published shortly. |
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| National Goal 3 | | |
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| Support carers to care with confidence through the provision of adequate information, training, services and supports | | |
| Objective 3.1 | | |
| Promote the availability of user friendly and timely information and advice | | |
| <i>Action</i> | | <i>Progress</i> |
| 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 | <p>DOH: A section on Carers was added to the Department’s website, with links to the Carers’ Strategy and first Annual Report. There is also a link to the Carers Association’s website.</p> <p>HSE: Some examples of how this action is being pursued include:</p> <ul style="list-style-type: none"> • Carer Co-ordinators / Primary Care Social Workers / Carer Organisations and Groups have access to relevant information and sign post carers to other services as appropriate. • Dual Referral process between the HSE community based and hospital based health professionals, voluntary and other statutory organisations and community groups, with the Carers Dept, HSE West, Galway PCCC. Information and Advice Service provided by the Carers Dept, Galway PCCC and new carers continue to be identified via this service. An average of 225 queries are processed by the Carers Dept, Galway PCCC every quarter. <p>Statutory funding is provided to the Carers Association, who provide on-going information and advice on how to access services at a local level.</p> <p>DSP: A themed meeting with Carers Association took place to discuss information provision. DSP</p> |

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| | | <p>is considering feasibility of Carers proposals.</p> <p>DECLG: A key priority in the Department’s Housing Strategy for People with a Disability Implementation Framework is the establishment of dedicated Housing Advice Centres as part of a coordinated approach to provide integrated and accessible advice and information to support all people with their housing and related support needs and other local authority services. The Department issued a circular instructing all Local Authorities to have set up their Housing and Disability steering groups by the end of Q3 2014. One of the items under their remit is the setting up of the Housing Advice Centres. It is hoped that as the Steering Groups are established, each one will examine a different theme and that the information prepared will be collated by the Housing Agency and disseminated to all of the local authorities through the Housing Subgroup. Work is currently being undertaken by the Cork City Council Steering Group in relation to conducting a pilot Housing Advice centre, in conjunction with the Housing Agency.</p> |
| 3.1.2 | <p>Review material (paper and Internet based) available to carers and investigate (in conjunction with carers’ 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</p> | <p>HSE: The HSE disseminates information at a national level for carers as a matter of course. Specific and more local information provision initiatives in this regard include those provided through:</p> <ul style="list-style-type: none"> • Health Centres • HSE Website • Carers Departments • Carer Co-ordinators • Carer Support Groups • Training courses <p>DSP: A themed meeting with the Carers’ Association took place to discuss information provision. DSP is considering the feasibility of their proposals.</p> <p>Carers’ Week was highlighted with a Banner Headline on the DSP Website.</p> <p>A link to the Carers’ Strategy is now included on the DSP website.</p> |

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| 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 | <p>The website information has been reviewed and checked to ensure it is up to date.</p> <p>DOH: A section on Carers was added to the Department’s website with links to the Carers’ Strategy and first Annual Report. There is also a link to the Carers’ Association’s website.</p> <p>HSE: The specific information needs of carers of individuals with dementia, individuals who experienced a stroke event or with other chronic conditions have been met through initiatives including:</p> <ul style="list-style-type: none"> • The HSE in Cork South through the K-CoRD programme and the local Carers’ Group have provided information sessions over the past year on: <ul style="list-style-type: none"> - ‘Caring for the Carer’ delivered by the Director of K-CoRD; - ‘The Role of the Occupational Therapist and Assistive Technologies for the Home’ delivered by HSE Occupational Therapist; - ‘Living, Working and Being Trained in Dementia Care’ delivered by HSE RGN; - ‘Ambient Assisted Living Technology Available through K-CoRD’ delivered by Director of K-CoRD and Carezapp; - ‘Tips to Help Communication to Flow’ delivered by HSE Clinical Psychologist; - ‘Mindfulness’ delivered by HSE Clinical Psychologist. • As part of the Long-term Chronic Illness project in Donegal, a 6-week Stroke Programme for Family Carers has been developed, with sessions provided on: the effects of stroke, swallow, nutrition, continence, pressure care, cognitive functioning and psychological impact, positioning, exercises post stroke, patient manual handling techniques and CPR. • A Generic Carers Programme in Letterkenny Co Donegal has provided sessions on: Understanding Dementia, Diabetes, Nutrition, Swallow and Feeding, Pressure Care, Continence, What is Elder Abuse, Stress Management, Patient Moving and Handling and CPR. • 16 Carers Support Groups established in Galway city and County to date by the Carers Dept, Galway PCCC and new carer members continue to be identified locally by these |
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| | | <p>support groups.</p> <p>DSP: A themed meeting with the Carers Association took place to discuss information provision. DSP is considering the feasibility of Carers proposals.</p> <p>DECLG – As 3.1.1</p> <p>DCYA: The DCYA webpage includes a link to the National Carers’ Strategy, the First Annual Progress Report and a link to the Carers’ Association dedicated Young Carer page (www.youngcarers.ie)</p> |
| 3.1.4 | Proactively collate and disseminate information about services and supports available at a local level for carers | <p>HSE: Information about services and supports that are available to carers at a local level is collated and disseminated by:</p> <ul style="list-style-type: none"> • Primary Care Teams • Carers Departments • Carer Co-ordinators • Carer Support Groups • Carer Training courses provided by the HSE or by Carer Support Groups • Health Centres <p>DSP: Themed Meeting with Carers Association took place to discuss information provision. DSP is considering feasibility of Carers proposals.</p> |

Objective 3.2

Provide relevant and accessible carer training opportunities for carers

| <i>Action</i> | | <i>Progress</i> |
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| 3.2.1 | Identify gaps in the content of current training programmes for carers (in conjunction with carers’ representative organisations) | <p>HSE: Training programmes covering a range of topics have been delivered to carers / carer groups around the country and as some of the following programmes show, the local training needs of the carers were taken into account before training commenced. The Health Service Skills FETAC Level 5 Award remains the benchmark for training for both paid and unpaid carers.</p> <ul style="list-style-type: none"> • In Donegal in 2013, primary care areas were invited to design and deliver a carers programme based on assessment of carers’ needs in collaboration with the Carers Development Officer, |

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| | | <p>clinicians, community members of the primary care team and other community groups through the local community health forum. Two areas were successful, i.e. Lagan and Derryveagh, and programmes will commence there before year end 2014.</p> <ul style="list-style-type: none"> • A broad range of certified Training Courses are provided in various locations of Galway City, County and Islands by the Carers Dept Galway PCCC to address their information and support needs. A needs assessment is conducted in advance of all training programmes being delivered. In 2013 , the Carers Dept , Galway PCCC delivered the following certified training courses to family carers: <ul style="list-style-type: none"> - 5 FETAC Level 5 Practical Home Care Skills modules delivered to 97 carers in four locations. - 16 Heart Saver CPR & AED Courses delivered to 159 carers within Galway City & County - SCCUL Therapeutic Days provided to 14 carers from NW Connemara. • The Long-term Chronic Illness Project in Donegal is a 6-week Stroke Programme for Family Carers delivered in Letterkenny. Sessions include: effects of stroke, swallow, nutrition, continence, pressure care, cognitive functioning and psychological impact, positioning, exercises post stroke, patient manual handling techniques and CPR. • The Generic Carers Programme in Letterkenny Co. Donegal includes topics on: Understanding Dementia, Diabetes, Nutrition, Swallow and Feeding, Pressure Care, Continence, What is Elder Abuse, Stress Management, Patient Moving and Handling and CPR. <p>DES: Education and Training Boards (ETBs) are the main training providers at local level. Funding is provided by SOLAS to ETBs for a range of further education and training programmes. ETBs are expected to respond to a range of local needs including those identified by carer organisations.</p> |
| 3.2.2 | Enhance the accessibility of education and training | HSE: Across the country training courses are delivered in the local community to family carers by the Carers Association and the HSE. Please see response to Action 3.2.1. |

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| | <p>courses through the use of face-to face, on-line and distance learning options</p> | <p>In addition the following example is relevant:</p> <ul style="list-style-type: none"> • The HSE in Cork South through the K-CoRD programme consulted with families and carers as part of an educational needs assessment of health professionals in relation to dementia. This informed the Irish College of General Practitioners and Dublin City University’s Elevator Programme, on an online e-learning dementia course. <p>DES: There are a range of tuition models already available to adult learners including online and blended learning options.</p> <p>ETBs have a role in liaising with local organisations in terms of deciding on how courses are provided, within overall strategic guidelines set by SOLAS.</p> |
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| Objective 3.3 Promote the development of accessible living environments for all | | |
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| Action | | Progress |
| 3.3.1 | <p>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</p> | <p>DECLG: A review of the adaptation grant schemes, co-ordinated by Housing Agency and involving the City and County Managers’ Association (CCMA) and Housing Practitioners was carried out in 2013 and the report is online at: http://www.housing.ie/Housing/media/Media/Publications/Review-of-the-Housing-Grants-for-Older-People-and-People-with-a-Disability.pdf</p> <p>On foot of the recommendations of the review group, principal changes were notified to Local Authorities to be applied to new applications received further to the issuing of the revised guidelines in March 2014.</p> <p>For all three Schemes, all household members’ income should be included in the assessment. There is a disregard included for Carers’ Allowance in calculating the household income. All applicants are required to include proof that they are compliant with the local property tax.</p> <p>There has been no change to the maximum grant available for the Housing Adaptation Grant for People with a Disability (€30,000) or the Mobility Aids Grant (€6,000) – the maximum available under the Housing Aid for Older People has been reduced from €10,500 to €8,000 (in 2013, the average grant paid</p> |

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| | | <p>under this scheme was €3,995). It is worth noting that the average grant payment for extensions and adaptations is less than 30% of the €30,000 grant maximum. Grants for mobility aids and repairs to older people's houses are 40% and 55% respectively of the maximum available.</p> <p>For the <u>Housing Adaptation Grant for People with a Disability</u> the number of income bands has been reduced from 9 to 6 , the amount of earnings over which no grant is payable has been reduced from €65K to €60K.</p> <p>For the <u>Housing Aid for Older People</u> the number of income bands has been reduced from 9 to 6, and the amount of earnings over which no grant is payable has been reduced from €65K to €60K. The age limit for eligibility has increased from 60 to 66 years in line with the majority of supports for older people. This age limit can in certain circumstances be lowered at the discretion of the Local Authority.</p> <p>There are no changes to the Mobility Aids Grant.</p> |
| 3.3.2 | Identify good practice in implementing assistive technology and ambient assistive living technology to support independent living and telehealth opportunities | <p>HSE: The HSE has a number of assistive living technology projects in place e.g. 60 assistive technology packages approved in Inishowen as part of a CAWT project. Resources continue to be a challenge in this area.</p> <p>Primary Care Physiotherapists / Occupational Therapists and Nursing personnel are involved in the assessment and provision of equipment and assistive technologies; however budgetary limitations exist for the provision of such equipment / technologies.</p> <p>The HSE in Cork South through the K-CoRD programme provides support to the Carers' Group which meets once a month. Information sessions are provided on a regular basis. Over the past year these have included:</p> <ul style="list-style-type: none"> • 'The Role of the Occupational Therapist and Assistive Technologies for the Home' delivered by HSE Occupational Therapist • 'Ambient Assisted Living Technology Available Through K-CoRD' delivered by Director of K-CoRD and Carezapp. <p>DECLG: The role of assistive technology in supporting independent living can be examined as part</p> |

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| | | of a pilot programme which will test good practice in sustainable communities for people with disabilities. The programme will be developed by the Housing Agency. Work on the scoping of the project has been delayed and will be undertaken in 2015 with a view to implementation during 2015/2016. The DECLG and HSE previously worked together on the Home Solutions Research Study which was launched in 2011 with the aim of investigating the benefits of telecare systems to assist people to remain at home for longer. The recommendations of the study can be examined in the context of the development of the sustainable communities pilot programme. |
| 3.3.3 | Review and up-date Transport Sectoral Plan under Disability Act 2005 | DTTAS: DTTAS has essentially completed this action and this has already been noted by the Carers' Association. This Plan sets out a series of policy objectives and targets for accessible public transport across all modes and is premised on the principle that through accessibility improvements to the public transport system for people with disabilities, access for all people including carers will be improved. Implementation and monitoring structures are already in place. |

| National Goal 4 | | |
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| Empower carers to participate as fully as possible in economic and social life | | |
| Objective 4.1 | | |
| Enable carers to have respite breaks | | |
| <i>Action</i> | | <i>Progress</i> |
| 4.1.1 | Promote a better awareness of the existence of the Respite Care Grant | DSP: Themed Meeting with Carers Association took place to discuss information provision. DSP is considering feasibility of Carers proposals. |
| 4.1.2 | Promote a range of person-centred and flexible respite options | HSE: The HSE recognises the importance of flexible responsive respite services as part of the overall care package for individuals / carers. Information on respite services is provided through <ul style="list-style-type: none"> • Carers Departments • Carer Co-ordinators • Carer Support Groups • Primary care team / health and social care network personnel. • Carer Organisations |

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| | | <ul style="list-style-type: none"> • Training courses for carers <p>Respite service needs are addressed on an individual case by case basis and can include planned and emergency respite care options in the home, community and residential settings including services provided by non-statutory organisations.</p> |
| 4.1.3 | Identify gaps in existing services and establish performance indicators for the provision of respite services | HSE: This Action was due to be progressed in 2013/2014, however, this action will roll over to 2014/2015. |

| Objective 4.2 | | |
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| Enable carers to remain in touch with the labour market to the greatest extent possible | | |
| Action | | Progress |
| 4.2.1 | Promote existing carer friendly HR policies within Government Departments and Agencies | <p>DOH: Staff in the Department of Health can obtain information on, and apply for, carers leave, through the PeoplePoint shared HR service for the Civil Service.</p> <p>DES - DES facilitates staff who wish to avail of carers leave to allow them to provide full time care and attention for a person who is in need of such care. Staff who find themselves in such situations are advised by HR Unit of the availability of such leave and provided with information and assistance regarding any applications.</p> <p>DECLG: A full range of flexible working arrangements and family friendly policies, including the Carer's Leave Scheme, are available to staff to assist in combining work and caring responsibilities and are promoted on the Department's intranet.</p> <p>DCYA: The DCYA operates family friendly policies such as flexi time (for specific grades), reduced working week, shorter working year, unpaid domestic leave, carers leave and career breaks for staff in order to facilitate carers in so far as possible. Information (and application forms) on all non-annual leave, including carers leave, is available to DCYA staff on the PeoplePoint Portal (the</p> |

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| | | <p>Civil Service HR shared service).</p> <p>Family friendly policies in TUSLA include flexi-time and shorter working time, facilitated where feasible by management. (TUSLA)</p> <p>DJE: All applications for Carer's leave are handled in accordance with the Carers Leave Act 2001 and Department of Finance Circular 39/2005. Since 15 April 2013 applications are processed by PeoplePoint in consultation with this Department's HR Division. Every consideration is given to applications from staff members to allow them to take temporary unpaid leave to provide full time care and attention for a person who is in need of such care.</p> <p>DTTS: This provision is covered under the Haddington Road Agreement.</p> |
| 4.2.2 | Promote awareness of the Carer's Leave Act 2001 | <p>HSE: The HSE operates family friendly policies such as flexi time (for specific grades), reduced working week, shorter working year, unpaid leave and career breaks for staff in order to facilitate carers in so far as possible.</p> <p>DCYA: - DCYA's staff handbook, which is available to all staff on its intranet, provides information on carers leave.</p> |
| 4.2.3 | Encourage work-life balance provisions that are needed to ensure that working arrangements are carer friendly | |
| 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 | <p>DSP: DSP agreed to convene a themed meeting in early 2015 on Activation and Training with DSP stakeholders and Carers Association to discuss possibilities.</p> <p>DES: ETBs currently provide a large range of part-time, full-time and distance (e-learning) further education and training courses, many of which would be suitable for carers.</p> |
| 4.2.5 | Review access by family carers to labour | <p>DSP: Agreed to convene a themed meeting in early 2015 on Activation with DSP stakeholders and Carers Association to discuss possibilities.</p> |

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| | market activation measures | Intreo currently provide advice and information on activation measures. Carers who sign on the live register are included in Group engagement and one to one planning sessions. |
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