



Family Carers Ireland Pre-budget Submission Budget 2018



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Family Carers Ireland Pre-budget Submission Budget 2018: Share the Care

Today one in twenty people in Ireland is a family carer, collectively providing some €10 billion in unpaid care each year¹. By 2030, demographic changes will require one in five of us to take on a caring role. While the economic case for safeguarding family care into the future is clear, it's also significant that the majority of Irish people want to play a role in the care of their loved one; in doing so, however, they need a health and social care system that supports them in this vital role.²

'An average fulltime carer provides €65,500 in unpaid care each year'³

No one should be expected to care alone. And yet, three quarters of carers regard services as inadequate to meet their needs, half receive no extra help, two thirds feel mentally and emotionally drained and many feel overlooked by healthcare professionals.⁴ Family Carers Ireland believes that caring should be a shared responsibility, where the burden of care doesn't fall completely on families. Rather, we believe families who take on significant caring responsibilities should have certainty that basic supports will be provided if required; that services will be in place to help carers maintain their own health and wellbeing; that they will be able to work and have a life of their own alongside their caring responsibilities; and that they will be recognised rather than penalised for their caring role in terms of access to financial supports. Carers can no longer be expected to fill the deficits of a poorly configured health and social care system – the care must be shared between the State and families.

Family Carers Ireland calls on Government to ensure that no carer is left to care alone, and to use Budget 2018 to make three firm commitments to share the care:

1. Invest in homecare now – carers urgently need a right to homecare, and can't continue caring unsupported while waiting for legislation to be enacted.
2. Support all carers to ensure they aren't financially burdened by their caring role.
3. Allocate ring-fenced funding for a refreshed National Carers' Strategy (2018-2022).

1. Invest in homecare now – carers urgently need a right to homecare, and can't continue caring unsupported while waiting for legislation to be enacted.

For too long homecare has been underfunded, inconsistent and inequitable, leaving families with little choice but to choose a 'care home' over 'homecare'. Despite the majority of care being provided in the community, we continue to pump almost 40 percent of the total health budget into hospitals, while spending €11m less on homecare than we did in 2008⁵, despite a 36 percent increase in the older population⁶. During the same period, however, HSE increased spending on residential care for older people from €920m⁷ to €993m⁸.

While the Department of Health's plan to establish a statutory homecare scheme is welcome – and has been one of the major policy asks of Family Carers Ireland for many years – if the scheme is not

¹ CSO Irish Health Survey (2015) shows 10 percent of the population aged over 16 are carers, providing an average of 45 hrs care each week. If extrapolated to the national population, this means Ireland has close to 355,000 carers who save the State some €10 billion p.a. based on a replacement cost of €12 p/h.

² Amárach Public Opinion Survey on Long-term Care conducted between 9th and 13th of May 2016.

³ Census (2016) 41,185 fulltime carers providing 4,345,017 hrs care p/w. Based on €12p/h replacement cost, this is equivalent to €66,500 p.a. for an average fulltime carer.

⁴ College of Psychiatry of Ireland and The Carers Associations 2009 report 'Carers of Ireland, Who cares?'

⁵ In 2008 the HSE spent €331m on homecare compared to €320 in 2015.

⁶ There were 468,000 people aged over 65 years in 2006 compared with 637,567 in 2016 (Census 2011/2016).

⁷ Department of Health (2011) Comprehensive Review of Expenditure.

⁸ Department of Health (2015) Review of the Nursing Homes Support Scheme.

properly planned and adequately funded to meet the total care needs of an individual (including access to regular respite), regardless of age, geography or economic circumstances, then there is a danger that access to homecare could be made worse rather than better, as people find themselves means-tested and needs-tested out of eligibility. It is also of paramount importance that, where a person is supported to remain at home with the help of a family carer, then the carers' own needs must be also be assessed and addressed through a Carer Needs Assessment.

Family Carers Ireland is concerned that even before the public consultation on the statutory homecare scheme was announced, it was already framed as representing a '*formal homecare scheme for older people*' (HRB report page 9). This is problematic, as it excludes people with disabilities and life-limiting conditions who also require long-term care, without any objective rationale for doing so, and will be vulnerable to a legal challenge on the grounds of age discrimination. Family Carers Ireland believes that any statutory homecare scheme should be available to all potential users of homecare, and not limited only to older people. Likewise, should the scheme cover care as narrowly defined as the cited definition from Boerma and Genet in the HRB evidence review (page 17)⁹, i.e. '*care provided behind someone's front door*', it will exclude a variety of other vital supports that should be provided as part of a basket of services including aids and appliances, housing adaptation grants, transport and most importantly respite care. Ironically, while respite care is consistently identified as a key intervention to support the health and wellbeing of carers, and is critical to the sustainability of caregiving efforts, in recent years a perfect storm of events has led to respite becoming almost non-existent. Funding cuts, staff shortages, bed closures as a result of HIQA inspections and the transfer of respite beds to transitional care beds or long stay beds have combined to reduce respite availability and deny carers this vital support.

'Despite the majority of care being provided in the community and a 36 percent increase in the older population, we continue to pump 40 percent of the health budget into hospitals, while spending €11m less on homecare than we did in 2008'.

While Family Carers Ireland will make a full submission to the Department of Health on the development of a Statutory Homecare Scheme, we wish to reiterate a number of important points relevant to the budgetary process.

Priorities for Budget 2018

- There is an urgent need for a dramatic increase in funding for homecare. This cannot wait until a statutory scheme is finalised, but must begin to be addressed in Budget 2018.
- Significantly increase funding towards the provision of flexible respite options, including in-home and emergency respite, for people of all ages, which ensures equity of access irrespective of where a person lives, and is demand rather than resource-led.
- Tackle the respite crisis by announcing a capital respite programme, similar to the ESF model used in the development of childcare centres in the early noughties to create community-based respite facilities across each Community Health Network.
- Ensure the scope of the statutory homecare scheme addresses the totality of a person's care needs, includes access to respite and is available to people regardless of age.
- Introduce the Carer Needs Assessment as part of the HSE's roll-out of the Single Assessment Tool for Older people and extend the assessment to all carers within a five-year timeframe.
- Address the shortage of homecare workers by incentivising employment in the sector: tackling 'if and when' contracts, improving standards and reforming social welfare rules to incentivise people to take on work in the homecare sector.

⁹ HRB (2017) Approaches to the regulation and financing of homecare services in four European countries.

2. Support all carers to ensure they aren't financially burdened by their caring role.

For many families, taking on caring responsibilities results in long-term financial hardship, with the loss of income from employment exacerbated by higher household costs. Moreover, significant life changes are often required to cope with the practical aspects of caring, e.g. moving house, undertaking adaptation to your home, or purchasing an accessible vehicle. The economic impact of caregiving is not only experienced during the active years of caring, but can last a lifetime, as years spent on a low income or out of the workforce mean carers can't repay debt, build savings or contribute to a pension. If caring comes to an end while the carer is of working age, barriers to returning to work often result in carers being 'locked out' of the labour market. While Carer's Allowance is an important income support for some 73,000 carers, those who qualify must provide fulltime care in excess of 35 hours each week, all for just €16 more than Jobseeker's Allowance (if they qualify for the maximum payment of €209). The condition that carers must work fulltime – the only social welfare recipients required to do so – restricts carers' ability to supplement their income through work, and so worsens the financial difficulties they face. It is worth noting that the vast majority of Ireland's carers (75 percent) don't receive Carer's Allowance due to the strict eligibility criteria attached to the payment, and so are forced to meet the additional costs of caring themselves. It is also the case that for 13,000 carers the only recognition of their fulltime caring role is their receipt of the annual Carer Support Grant of €1,700 – some €33 per week.

'Three quarters of all carers don't receive Carer's Allowance'

Even working carers, who manage to remain in employment, are likely to see their working lives adversely affected by having to reduce their hours of work, accept low-paid, precarious work options or sacrifice promotion and career opportunities. There is evidence to show that the current impact of staff turnover, absenteeism and stress as a result of juggling work with caring responsibilities has a significant impact on business. A US study estimated the cost to business of 'eldercare-related work interruptions' to be over \$33.6 billion per year¹⁰. That's 0.24% of the entire US GDP in 2006, the year of the report. This gives some indication of the possible scale of the costs in Ireland – if there is a similar impact of caring on work in this country, it could be costing the Irish businesses over €615 million every year.¹¹ By offering greater flexibility and support to employees juggling work and care, employers could significantly reduce these costs, save money, increase productivity and retain their most valuable asset – their staff.

'Elder-care related work interruptions could be costing Irish employers €615million every year'

With the Sláintecare report reaffirming the longstanding objective to shift to a primary-based model of care, and the impending introduction of a statutory homecare scheme, carers are set to play an even greater role in the delivery of our health system. Expecting them to provide the bulk of care at considerable personal cost, while the State reaps the benefits in terms of service reductions, is wholly untenable since it will ultimately result in two people in crisis instead of one. As a country we must commit to ensuring that carers receive adequate supports to assist them in sustaining their caring role, and that they do not face long-term financial consequences as a result of caring by the loss of pension entitlements, for example.

¹⁰ MetLife Market Institute (2006) referenced by Lero et al. (2012)

¹¹ Based on Ireland's GDP in 2016 of €256,631m.

Priorities for Budget 2018

For all carers

- Carer Support Grant should be increased to €2,000 and payment made on a pro-rata basis¹².
- Reinstate the Bereavement Grant.
- Homes where high-level care is provided should be exempt from the Local Property Tax in line with the exemption given to nursing homes and other centres of care.
- Disregard Carer's Allowance and DCA in the means assessment of the Differential Rent Scheme.
- All fulltime carers should be given a GP Visit Card and have access to the services offered under the National Screening programme regardless of age.
- Reduce prescription charges for all Medical Card holders.
- Introduce the Transport Support Scheme announced in 2014 as a replacement for the Mobility Allowance and Motorised Transport Grant.
- Increase Housing Adaptation Grant Scheme funding to 2010 levels of €95m¹³ and exclude the income of adult children living in the household from the means assessment.
- Revise the Senior Alert Scheme to include basic telecare and assistive technology supports and extend the provisions of the scheme to include vulnerable adults aged under 65 years.
- Ensure carers can access flexible training options to support them in undertaking their caring role.
- Ensure the Cross Border Healthcare Directive and reciprocal arrangements in relation to social security currently in place between Ireland and the UK are protected in Brexit negotiations.

For carers who receive Carer's Allowance

- Increase Carer's Allowance and Carer's Benefit to the rates paid in 2009 (€220.50/€221).
- Increase the hours a carer can study/work while receiving a carer payment from 15 to 18.5 hours.
- Establish an automatic notification system between the Department of Employment and Social Protection and Revenue of a person's receipt of Carer's Allowance or Carer's Benefit¹⁴.
- As a mark of recognition for the contribution carers make, Carer's Allowance should be tax-free.
- Disregard the Half-Rate Carer's Allowance in the assessment of means for Fuel Allowance.
- Restore in full the Household Benefits Package, including the telephone allowance.
- Carers should be treated the same as all other welfare recipients and be notified 3 months prior to their 66th birthday of the need to apply for the State Pension and informed that may have an entitlement to Half-Rate Carer's Allowance¹⁵.

For carers who don't receive Carer's Allowance

- Increase the earnings disregard for Carer's Allowance (currently €665 per couple) so that all those on average industrial incomes (€716) can qualify as committed to in *Towards 2016*.¹⁶
- Review the application processes for Carer's Allowance, Carer's Benefit and the Carer Support Grant which force carers of people with an intellectual disability or a mental health difficulty to supply additional evidence not required of other carers.
- Critically ill children who are long-stay patients in hospital should be eligible for DCA. Likewise, their parents who are required to stay with them should be eligible for Carer's Allowance¹⁷.

¹² Payment of Carer Support Grant is for the retrospective year but under the current system a carer who's loved one passes away in February for example will lose the Carer Support Grant despite having cared for 9 of the previous 12 months.

¹³ Funding for 2017 is €59m.

¹⁴ Notification should also occur at the end of the caring period, when a person ceases to receive a carer payment.

¹⁵ Carers are the only group of social welfare recipients not to receive an automatic notification.

¹⁶ *Towards 2016* contained a commitment that the income disregard for CA would keep pace with avg. industrial earnings.

¹⁷ Critically ill children who are long-term patients at the National Children's Hospital or any hospital are not eligible to apply for DCA because they do not live at home. As a consequence their parents/guardians cannot receive CA.

For lifetime/former carers

- Pension reform proposals brought forward under the National Pensions Framework including a move to a 'total contributions' approach should be carer-proofed and necessary measures put in place to ensure carers are not adversely affected.
- Overhaul the Homemaker's Scheme to offer more practical interventions for carers such as making voluntary contributions on their behalf; offering generous tax reliefs on voluntary contributions paid by partners; abolishing the 2-year rule¹⁸ and awarding carer credits to all carers.

Working Carers

- Review carers' rights within the workplace with a view to extending the Carer's Leave Act 2001 to include the right to request flexible working.
- Further increase the Home Carer Tax Credit and income thresholds where one spouse or civil partner works in the home caring for a dependent person.
- Address the disparity in tax credits available to single carers and those jointly assessed. E.g. Home Carer Tax Credit is €1,100 whereas the Dependent Relative Tax Allowance is €70 p.a.

Parents of children with a disability

- Address the chronic under-resourcing of therapies including Speech and Language and Occupational Therapy, Psychology and Physiotherapy for children with a disability. Interventions should include the extension of the GP Visit Card to include access to these services for children and the creation of a National Treatment Purchase Fund model to address waiting times.
- Increase the number of SNAs in schools and review eligibility which is currently restricted to the child having (a) toileting need and/or (b) a physical need, to include children with anxiety.
- Children in receipt of DCA should have an automatic entitlement to a Free Travel Pass.
- Increase funding for age-appropriate respite care for children with a disability and provide the €7.6 million required annually to provide respite care for children with life-limiting conditions¹⁹.

Parents of adult children with a disability

- Plan for the future care and housing needs of people with disabilities, and invest in a range of independent living and community-based residential centres so people with a disability can live with dignity and independence and their parents have peace of mind knowing that their child will be looked after when they are no longer able to provide care.
- Support young adults as they make the transition from child to adult disability services, and begin planning at least 3 years prior to the child reaching 18.
- Transport should be provided to and from day care services for all adults/children with a disability.
- Restore disability service budgets which have been cut by almost €160 million since 2008 causing the erosion of vital community supports, significant waiting lists and the de facto privatisation of services by forcing families to fund them out-of-pocket.

Carers of a person with a mental health difficulty

- Provide a national roll-out of Home-Based Crisis Intervention Teams, which provide immediate assessment, intervention and multidisciplinary treatment for individuals experiencing a mental health crisis in their own homes, making it available to families in all nine CHOs.
- Address chronic staff shortages within the Child and Adolescence Mental Health Service (CAMHS) which are contributing to significant waiting lists and causing the suspension of essential services for children and young people experiencing mental health difficulties.

¹⁸ Carer Credits are only awarded to carers who receive Carer's Allowance within two years of their last paid contribution.

¹⁹ Respite Services for Children with Life-Limiting Conditions and their Families in Ireland. National Needs Assessment (2013)

Young carers

- Include young carers as an under-represented group to be prioritised in the work of the National Access Policy Office to facilitate their participation in higher education.
- Fund the establishment of a 'Young Carer Development Team' to deliver targeted outreach activities across the country. The team would liaise with schools and community services in each HSE region to identify and support young carers early in their caring journey.
- Deliver on the commitment contained within the National Youth Strategy to establish a cross-departmental Young Carer Working Group.
- Ensure young adult carers are recognised as a vulnerable group and prioritised in the financial support made available to schools, colleges and universities to access and sustain their education.
- Prepare a detailed profile of young carers from Census 2016 as committed to in Census 2011.

3. Publish a refreshed National Carers' Strategy (2018-2022) with ring-fenced funding

Ireland's first National Carers' Strategy (NCS), published in 2012, signalled the State's commitment to respecting carers as key partners in care and responding to their needs across a number of policy areas. At the time of its publication, while the country was in the midst of the financial crisis, Government warned of the limited resources available and emphasised that actions could only be implemented on a cost-neutral basis. This warning was however accompanied by a commitment that as Ireland's economy recovered, Departments would be given the opportunity to revisit the Strategy and propose additional actions (NCS, page 3). The intention to review the Strategy was also agreed in advance of its publication, with a pledge to build in periodic reviews to ensure the Strategy remained relevant and fit for purpose (NCS, page 19). In addition, Family Carers Ireland received a written commitment from each political party in advance of Election 2016 that, if elected, they would publish a refreshed NCS backed by dedicated funding.²⁰

'Implementation of the Strategy will be reviewed on a periodic basis to allow Departments to revisit and propose additional actions when our economic position improves'. NCS, page 3

While carers were willing to accept the cost-neutral Strategy in 2012 as a token of recognition when the country was emerging from the financial crisis, the refreshed NCS must offer carers a more ambitious set of actions, framed by the outcomes that matter most to carers and which are lacking in the current Strategy (i.e. flexible respite, access to quality homecare, financial support, involvement in care planning, transport, support for working carers, housing grants etc.). The refreshed Strategy must also reflect the significant departmental changes that have taken place since 2012, alongside the establishment of new agencies who now also have a role in supporting carers. Likewise existing Departments who were omitted from the current NCS or were assigned a minimal role, including Department of Finance, Department of Public Expenditure and Reform, Department of Jobs, Department of Justice and the Department of Transport should feature to a greater extent (the appendix to this document sets out the range of issues which should be addressed as part of this process).

An important difference between the current, cost-neutral NCS and the refreshed Strategy will be the inclusion of costed actions and the allocation of dedicated funding towards implementation. In order to estimate the funding required it will be necessary to cost each action individually. Family Carers Ireland recommends this task be assigned to the Parliamentary Budget Office, which is charged with preparing independent costings of policy proposals. When the cost of individual actions are known, it will then be possible to determine the total investment required to implement the refreshed NCS.

²⁰ A written commitment was given by Fine Gael, Fianna Fáil, Labour, Sinn Féin, People Before Profit Alliance and the Social Democrats. <http://familycarers.ie/get-involved/join-a-campaign/general-election-2016/election-2016-commitments/>

Priorities for Budget 2018

- Ring-fence funding for phase two of the National Carers' Strategy 2018-2022.
- Remedy the postcode lottery experienced by carers and support the move to primary care by increasing section 39 funding to Family Carers Ireland to allow us to deliver a package of supports, including respite to carers in each of the 9 CHO regions.

Summary of Priorities for Budget 2018 by Department

Department	Summary of Priorities for Budget 2018
Employment & Social Protection	<ul style="list-style-type: none"> • Address the shortage of homecare workers by incentivising employment in the sector: tackling 'if and when' contracts, improving standards and reforming social welfare rules to incentivise people to take on work in the homecare sector (<i>crosscutting DJEI</i>). • Increase the Carer Support Grant to €2,000 and pay on a pro-rata basis. • Reinstate the Bereavement Grant. • Increase Carer's Allowance and Carer's Benefit to the rates paid in 2009 (€220.50/€221). • Increase the hours a carer can study/work while receiving a carer payment from 15 to 18.5 hours. • Establish an automatic notification system between the Department of Employment and Social Protection and Revenue of a person's receipt of Carer's Allowance or Carer's Benefit. • As a mark of recognition for the contribution carers make Carer's Allowance should be tax free. • Disregard the Half-Rate Carer's Allowance in the assessment of means for Fuel Allowance. • Restore in full the Household Benefits Package, including the telephone allowance. • Carers should be treated the same as all other welfare recipients and be notified 3 months prior to their 66th birthday of the need to apply for the State Pension and informed that they may have an entitlement to Half Rate Carer's Allowance. • Increase the earnings disregard for Carer's Allowance (currently €665 per couple) so those on average industrial incomes (€716) can qualify, as committed to in <i>Towards 2016</i>. • Review the application processes for Carer's Allowance, Carer's Benefit and the Carer Support Grant which force carers of people with an intellectual disability or a mental health difficulty to supply additional evidence not required of other carers. • Critically ill children who are long-stay patients in hospital should be eligible for DCA. Likewise, parents required to stay with them should be eligible for Carer's Allowance. • Pension reform proposals brought forward under the National Pensions Framework, including a move to a 'total contributions' approach, should be carer-proofed, and necessary measures put in place to ensure carers are not adversely affected. • Overhaul the Homemaker's Scheme to offer more practical interventions for carers such as making voluntary contributions on their behalf; offering generous tax reliefs on voluntary contributions paid by partners; abolishing the 2-year rule and awarding carer credits to all carers. • Children in receipt of DCA should have an automatic entitlement to a Free Travel Pass. • Ensure the Cross Border Healthcare Directive and reciprocal arrangements in relation to social security currently in place between Ireland and the UK are protected in Brexit negotiations (<i>crosscutting with DoH</i>).

Health/ HSE	<ul style="list-style-type: none"> • There is an urgent need for a dramatic increase in funding for homecare. This cannot wait until a statutory scheme is finalised but must be addressed in Budget 2018. • Significantly increase funding towards the provision of flexible respite options, including in-home and emergency respite, for people of all ages, which ensures equity of access irrespective of where a person lives, and is demand rather than resource-led. • Tackle the respite crisis by announcing a capital respite programme, similar to the ESF model used in the development of childcare centres in the early noughties to create community-based respite facilities across each Community Health Network. • Ensure the scope of the statutory homecare scheme addresses all a person’s care needs, includes access to respite and is available to people regardless of age. • Introduce the Carer Needs Assessment as part of the HSE’s roll-out of the Single Assessment Tool for Older people, and extend the assessment to all carers within a five-year timeframe. • All fulltime carers should be given a GP Visit Card, and have access to the services offered under the National Screening programme regardless of age. • Reduce prescription charges for all Medical Card holders. • Introduce the Transport Support Scheme announced in 2014 as a replacement for the Mobility Allowance and Motorised Transport Grant. • Address the chronic under-resourcing of therapies including Speech and Language and Occupational Therapy, Psychology and Physiotherapy for children with a disability. Interventions should include the extension of the GP Visit Card to include access to these services for children and the creation of a National Treatment Purchase Fund model to address waiting times. • Increase funding for age-appropriate respite care for children with a disability and provide the €7.6 million required annually to provide respite care for children with life-limiting conditions. • Plan for the future care and housing needs of people with disabilities and invest in a range of independent living and community-based residential centres so people with a disability can live with dignity and independence and their parents have peace of mind knowing that their child will be looked after when they are no long able to provide care. • Transport should be provided to and from day care services for all adults/children with a disability. • Restore disability service budgets which have been cut by almost €160 million since 2008 causing the erosion of vital community supports, significant waiting lists and the de facto privatisation of services by forcing families to fund them out-of-pocket. • Provide a national roll-out of Home-Based Crisis Intervention Teams, which provide immediate assessment, intervention and multidisciplinary treatment for individuals experiencing a mental health crisis in their own homes, making it available to families in all nine CHOs. • Address chronic staff shortages within the Child and Adolescence Mental Health Service (CAMHS) which are contributing to significant waiting lists and causing the suspension of essential services for children and young people experiencing mental health difficulties. • Ring-fence funding for phase two of the National Carers’ Strategy 2018-2022. • Remedy the postcode lottery experienced by carers and support the move to primary care by increasing section 39 funding to Family Carers Ireland to allow us to deliver a package of supports, including respite to carers in each of the 9 CHO regions. • Ensure the Cross Border Healthcare Directive and reciprocal arrangements in relation to social security currently in place between Ireland and the UK are protected in Brexit negotiations (<i>crosscutting with DESP</i>).
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Housing, Planning & Local Government	<ul style="list-style-type: none"> • Homes where high-level care is provided should be exempt from the Local Property Tax, in line with the exemption given to nursing homes and other centres of care. • Disregard Carer's Allowance and DCA in the means assessment of the Differential Rent Scheme. • Increase Housing Adaptation Grant Scheme funding to 2010 levels of €95m and exclude the income of adult children living in the household from the means assessment. • Revise the Senior Alert Scheme to include basic telecare and assistive technology supports, and extend the provisions of the scheme to include vulnerable adults aged under 65 years. • Plan for the future care and housing needs of people with disabilities and invest in a range of independent living and community-based residential centres so people with a disability can live with dignity and independence and their parents have peace of mind knowing that their child will be looked after when they are no longer able to provide care.
Education & Skills	<ul style="list-style-type: none"> • Increase the number of SNAs in schools and review eligibility which is currently restricted to the child having (a) toileting need and/or (b) a physical need, to include children with anxiety. • Support young adults as they make the transition from child to adult disability services, and begin planning at least 3 years prior to the child reaching 18. • Include young carers as an under-represented group to be prioritised in the work of the National Access Policy Office to facilitate their participation in higher education. • Ensure young adult carers are recognised as a vulnerable group and prioritised in the financial support made available to schools, colleges and universities to access and sustain their education. • Ensure carers can access flexible training options to support them in their caring role.
Children & Youth Affairs	<ul style="list-style-type: none"> • Fund the establishment of a 'Young Carer Development Team' to deliver targeted outreach activities across the country. The team would liaise with schools and community services in each HSE region to identify and support young carers early in their caring journey. • Deliver on the commitment contained within the National Youth Strategy to establish a cross-departmental Young Carer Working Group. • Prepare a profile of young carers from Census 2016, as committed to in Census 2011.
Justice & Equality	<ul style="list-style-type: none"> • Review carers' rights within the workplace with a view to extending the Carer's Leave Act 2001 to include the right to request flexible working.
Jobs, Enterprise & Innovation	<ul style="list-style-type: none"> • Address the shortage of homecare workers by incentivising employment in the sector: tackling 'if and when' contracts, improving standards and reforming social welfare rules to incentivise people to take on work in the homecare sector (<i>crosscutting DESP</i>).
Expenditure & Reform	<ul style="list-style-type: none"> • Ring-fence funding for phase two of the National Carers' Strategy 2018 – 2022.
Finance	<ul style="list-style-type: none"> • Further increase the Home Carer Tax Credit and income thresholds where one spouse or civil partner works in the home caring for a dependent person. • Address the disparity in tax credits available to single carers and those jointly assessed. E.g. Home Carer Tax Credit is €1,100 but the Dependent Relative Tax Allowance is €70.

Have your say in Budget 2018: For more information on how you can become a member of Family Carers Ireland or have your say in Budget 2018 please visit: www.familycarers.ie