

Family Carer Scorecard 2025

Assessing the implementation of
the Programme for Government
'Securing Ireland's Future' from
the perspective of family carers.





CONTENTS

CEO Foreword	4
Family Carer Scorecard 2025	7
Methodology	8
Scorecard Framework	10
Summary of Scorecard 2025	12
Financial Support for Family Carers	15
Respite Availability and Choice	24
Housing, Transport and Independent Living	30
Practical Supports for Family Carers	40
Home Support for Older People and People with Disabilities	45
Support for Children with Additional Needs	53
Appendix 1:	71



CEO FOREWORD – SCORECARD YEAR ONE OF THE PROGRAMME FOR GOVERNMENT

The Family Carer Scorecard 2026 is the fourth scorecard produced by Family Carers Ireland, and the first under the current coalition government of Fianna Fáil, Fine Gael and independent representatives. Together, they are working to deliver the Programme for Government Securing Ireland’s Future. The Programme for Government includes 34 commitments that directly affect family carers and if delivered have the potential to significantly improve the quality of life of family carers and the people they support.

Based on Healthy Ireland estimates, 14% of people aged 15 and older provide regular unpaid personal help to a friend or family member with a long-term illness, health problem or disability. When extrapolated to the national population, this equates to 624,190 family carers.

Family carers contribute enormously, yet many are struggling. Of the 2,127 family carers who completed our *State of Caring 2024* survey:

78%
provide 90 or more hours of unpaid care each week

39%
have a total household income below €30,000

74%
say the person they care for does not receive enough formal support

72%
have never received respite

49%
have paid privately for support that should be publicly provided

Census data show that Ireland’s family carers provide more than 19 million hours of unpaid care each week, which we estimate saves the State over €20 billion annually.

The evidence behind this scorecard comes from a wide range of authoritative sources, including national policy documents, parliamentary questions, HSE National Service Plans, the Department of Health's Disability Capacity Review to 2032, the Action Plan for Disability Services 2024-2026, and the National Human Rights Strategy for Disabled People 2025-2030. We also draw on the Public Service Performance Reports from the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation, annual reports, and insights from family carers, stakeholders, other Government departments, and statutory agencies.

A key strength of this year's scorecard is the involvement of the new National Council of Family Carers (NCFC). The NCFC brings together representatives from 17 local family carer assemblies, facilitated by Family Carers Ireland, and meets nationally several times a year. Its creation marks a step change in how family carers' voices influence national policy. For the first time, carers have a structured, continuous way to shape decisions and ensure that lived experience informs national action.

The experiences shared by NCFC members have directly shaped our scoring, building on Family Carers Ireland's research and ensuring that carers' voices are carried to policymakers. As Angela Briggs, Vice President NCFC, said: 'Our time and input means our voices go all the way up to the policymakers driving decisions for carers in Ireland.' This democratic, experience-led approach grounds the scorecard firmly in the reality of caring.

The review period for the scorecard is 24 January 2025 (date of the ratification of the new Programme for Government) to 31 December 2025, so this scorecard marks the first year of this Government's term in office. As this is the first year of a five-year programme, it is understandable that some of the commitments made are at an early stage of development or have not yet been commenced. However, this initial assessment provides an essential baseline, a clear and honest picture of where progress is happening, where it is slow, and where urgent action is needed.

Our analysis shows that Government is making genuine efforts in several areas. Intent is clear, and early progress is visible in some commitments. But intent alone is not enough. What matters is whether family carers feel a real difference in their daily lives. For many, that daily reality still involves constant juggling, financial strain and limited access to respite and other essential supports. For this reason, more than half of the commitments receive low scores, with no progress or regression being the reality felt by carers.

Many of the commitments relate to health and disability services and depend on effective implementation by the HSE. Significant organisational changes within the HSE, combined with ongoing shortages of therapists and home care workers, will inevitably affect delivery. Focused monitoring is essential to ensure that promised improvements translate into meaningful change for family carers.

Next year's scorecard will show more clearly where implementation is on track, and where commitments are at risk of being missed. Our goal remains constant, to ensure that every commitment made to family carers results in real, measurable improvements in their lives.

WHAT THE SCORES TELL US:

Good Progress (2 commitments):

We welcome the progress made in increasing the income disregards for Carer's Allowance, bringing us closer to our long-held goal of abolishing the means test entirely during the lifetime of the Government. Achieving this would mark a milestone in carer policy in Ireland. Removal of the means test will be a game changer for family carers – they consistently tell us in every local assembly of their anger and frustration with the means test and the fear they have of inadvertently breaching the income threshold and the repercussions they could face.

We also acknowledge the positive developments in special education, particularly the move toward mandatory, assessed teacher training and placements in special schools. We expect future scorecards to reflect further progress as these reforms take hold.

Limited Progress (15 commitments):

The majority of commitments fall into this category, reflecting the early stage of the Programme for Government's rollout and again, the limited impact at this stage for family carers. There are promising first steps in respite provision, including audits that will provide a baseline for future planning, and investment of recurring funding of €700,000 for the Emergency Respite Scheme.

Carers felt there was limited progress for the Carer Guarantee which is a Government commitment to give family carers a consistent minimum set of supports regardless of where they live. No additional funding was allocated to the Carer Guarantee in Budget 2026, leaving its annual funding at €2.6m. Family Carers Ireland estimates that €5.6m is required annually to fully fund the guarantee, a small investment given the number of family carers. This is an important commitment that requires sustained focus to ensure it delivers meaningful improvements for family carers.

No Progress (13 commitments):

These scores reflect the frustration of family carers at delays or lack of movement in key areas. This includes the continuation of the Disabled Drivers and Disabled Passengers Scheme, which Government itself has acknowledged is not fit for purpose; the slow pace of introducing the statutory home support scheme, which continues to incentivise nursing home care over care at home; and delays in publishing the EPSEN Act review implementation plan, which is essential for inclusive education.

Regressive (4 commitments):

These scores relate primarily to disability services, where waiting lists for Assessments of Need and specialist therapies continue to grow. The failure to increase Personal Assistance hours or introduce personalised budgets represents a step backwards in delivering on the rights of disabled people under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

LOOKING AHEAD – BUDGET PRIORITIES

Family Carers Ireland is urging the Government to allocate additional funding to fully implement the Carer Guarantee. This investment would allow the organisation to deliver consistent access to information, training and support for family carers nationwide.

As we look toward Budget 2027, one message is clear: investment must translate into real, felt improvements in the lives of family carers. Our pre-budget priorities reflect what carers consistently tell us they need – adequate income support, access to meaningful breaks, and services that allow them to care safely and sustainably. Funding must be targeted, impactful, and aligned with the commitments Government has already made.

The recommendations outlined in the Family Carer Scorecard 2025 should be considered as a roadmap to deliver better outcomes for family carers throughout Ireland.



CEO

FAMILY CARER SCORECARD 2025

The Family Carer Scorecard 2025 is the first analysis of the Fianna Fáil, Fine Gael and the Regional Independent Group's joint Programme for Government Securing Ireland's Future, ratified on 24 January 2025 and how it has performed for Ireland's family carers. In it, the Government parties have set out a vision to create a more secure, caring and progressive society. The Programme for Government outlines ambitious plans to better support family carers by abolishing the Carer's Allowance means test, increasing financial support, improving access to respite, funding the Carer Guarantee, abolishing waiting lists and delivering greater investment in disability services and supports for adults and children. If delivered, these commitments would mark a significant step towards alleviating the challenges faced by Ireland's family carers by providing them with the resources and supports they need, when, how and where they are needed.

Family Carers Ireland has carefully selected 34 commitments made to family carers in the Programme for Government and has scored the Government's progress in implementing them since its formation in January 2025. The scores have been assigned after careful assessment by the National Council of Family Carers - a body made up of elected delegates from local carer assemblies across the country ensuring a strong collective voice and direct carer representation.

Family Carers Ireland recognises the significant challenges, competing demands and difficult decisions facing Government. However, the Programme for Government sets out a clear roadmap for the actions required to build a more inclusive, secure and caring society. By delivering on these commitments, Government can ensure that family carers and the people they support are placed at the heart of national policy and social progress.

WHO CARES?

Across Ireland, approximately 624,190 people provide regular unpaid care to children and adults with additional needs, physical or intellectual disabilities, frail older people, those with palliative care needs or those living with chronic illnesses, mental health challenges or addiction.¹ Many people take on new caring responsibilities every day. Caring can happen unexpectedly, or increase gradually over time, however most of us will provide care or receive care at some point in our lives.

Over the past decade, there has been a significant rise in both the number of family carers and the volume of unpaid care they provide. Since 2016, Census data show a 53% increase in the number of people who provide care, while the number of those caring for over 43 hours per week has more than doubled. The estimated value of this unpaid care is in excess of €20bn annually - close to the annual budget of the HSE. Recent statistics on caring show:



14%

OF RESPONDENTS TO THE HEALTHY IRELAND SURVEY 2025 STATE THEY PROVIDE REGULAR CARE. IF EXTRAPOLATED TO THE NATIONAL POPULATION AGED 15 AND OVER, THAT AMOUNTS TO **624,190 FAMILY CARERS**.



FAMILY CARERS PROVIDE **AN AVERAGE OF 51.4 HOURS**

OF CARE EACH WEEK.²



10.1%

OF CHILDREN AGED 10-17 YEARS PROVIDE CARE - THAT IS **61,559 YOUNG CARERS** IN THIS AGE COHORT.³

¹ Healthy Ireland Survey 2025 which shows that 14% of respondents provide regular, unpaid care.

² Central Statistics Office (CSO) Census of Population 2022.

³ WHO Health Behaviour in School-Aged Children Survey 2022.

FAMILY CARERS IN RECEIPT OF SOCIAL WELFARE:⁴



104,767

RECEIVE CARER'S ALLOWANCE, INC. 49,664
ON HALF-RATE CARER'S ALLOWANCE
(78% ARE WOMEN).



5,474

RECEIVE CARER'S BENEFIT
(83% ARE WOMEN).



61,753

FAMILIES RECEIVE DOMICILIARY CARE
ALLOWANCE IN RESPECT OF 70,131 CHILDREN.



143,695

RECEIVED THE CARER'S
SUPPORT GRANT IN 2025.

SCORECARD METHODOLOGY

A team within Family Carers Ireland examined the Programme for Government and, after detailed discussion, selected 34 commitments for inclusion in the scorecard, based on several agreed criteria:

- The commitment directly impacts family carers, defined as someone who is providing an ongoing significant level of care to a person in need of that care in the home due to illness, disability or frailty.
- The commitment is clear and measurable.
- If achieved, the commitment has the potential to significantly improve the quality of life of family carers and those for whom they care.

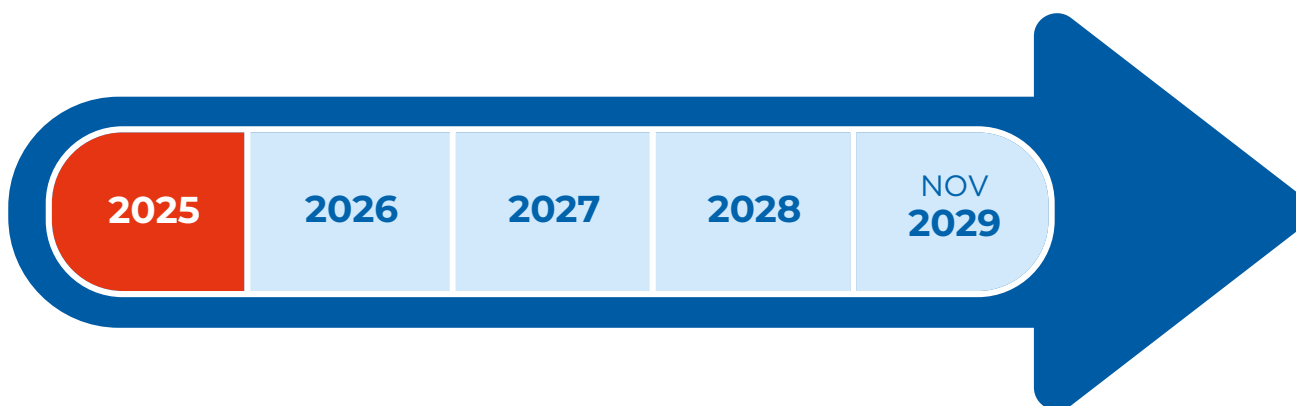
The 34 commitments cover the needs of all family carers, including those caring for a child, adult or older person; those receiving social welfare support and those not; and include a range of policy areas to reflect the many issues that can affect family carers' lives.

Family Carers Ireland strongly welcomes the significant expansion in the number of commitments to family carers contained in the Programme for Government. This increase - from 18 commitments assessed in previous scorecards to 34 - represents a clear acknowledgment of the vital role played by family carers. The real measure of progress, however, will be the timely and meaningful delivery of these commitments to ensure tangible improvements in the lives of family carers and the people they support.

⁴ Department of Social Protection Quarterly Statistical Report, Q3 2025 and information provided by the Carer's Section of the Department in December 2025.

REVIEW PERIOD

The period under review in the Family Carer Scorecard 2025 is from 24 January 2025, when the new Programme for Government was ratified, until 31 December 2025, i.e. Government's first year in office.



Evidence used to assess the Government's progress in implementing the Programme for Government came from multiple sources:

- An analysis of policy documents, responses to parliamentary questions, HSE National Service Plans, Department of Health's Disability Capacity Review to 2032, Action Plan for Disability Services 2024-2026, the National Human Rights Strategy for Disabled People 2025-2030, Public Service Performance Reports from the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation, and relevant annual reports.
- Evidence from family carers and stakeholders working within the caring sector.
- Engagement with relevant Government departments and statutory agencies.



SCORECARD FRAMEWORK



The scorecard framework consists of five colour-coded ‘scores’ assigned to each commitment to reflect the level of progress that has been made during the review period.

Commitment Achieved	Making a real difference for family carers
Good Progress	Positive results for family carers
Limited Progress	Some progress but slow pace/delayed start
No Progress	Nothing has been achieved
Regressive	Things have gotten worse

HOW SCORES ARE ASSIGNED

The scorecard framework and its five colour-coded scores remain unchanged from previous scorecards. However, because the number of commitments included has almost doubled, the 34 commitments have been grouped under six categories:

- Financial support for family carers
- Respite availability and choice
- Housing, transport and independent living
- Practical support for family carers
- Home support for older people and people with disabilities
- Support for children with additional needs.

THE APPROACH TO ASSIGNING SCORES INVOLVED:

Identification and Categorisation of Programme for Government Commitments:

Detailed analysis of the new Programme for Government to identify the commitments to be included in the Family Carer Scorecard and how each commitment should be categorised.

Evidence Collection:

Family Carers Ireland systematically gathered evidence on the implementation of each of the 34 commitments and prepared a dedicated evidence review for every commitment.

Review by the Research and Policy Committee:

A draft of the Family Carer Scorecard, including complete evidence reviews, was shared with Family Carers Ireland's Research and Policy Committee for methodological oversight and quality checking.⁵

Assessment by the National Council of Family Carers and Allocation of Scores:

The Family Carer Scorecard, including the evidence reviews for each of the 34 commitments, was circulated to all members of the National Council for Family Carers one week prior to their quarterly meeting on 7 March 2026. During this in-person meeting, Family Carers Ireland staff presented the evidence relating to each of the 34 commitments. The council then discussed the evidence, and each of the 22 members present assigned their individual score to that commitment using Slido, an interactive platform that enables participants to respond to polls in real time.

Scorecard Summary:

The score most frequently given to each commitment is the rating that is recorded (modal score).
Replace with: A summary table is provided in Appendix 1 to show the distribution of scores assigned to each commitment by the National Council of Family Carers.

Family Carers Ireland extends its thanks to the members of the National Council of Family Carers for assessing the evidence and adding their considerable experience to this report. The scores allocated represent the collective views of the council rather than the views of any individual.

LIMITATIONS OF METHODOLOGY

Family Carers Ireland acknowledges a number of methodological limitations that should be noted when considering the ratings assigned in the Family Carer Scorecard 2025.

- The scorecard provides an initial assessment of the Government's first year in office. As the Programme for Government is a five-year plan, it is understandable that many of its commitments would not be significantly progressed or delivered at this early stage.
- The scores were assigned by the National Council of Family Carers, members of which are elected through local carer assemblies in each county. While the council is made up of family carers across a range of caring situations, its membership may not be representative of the broader carer population.
- The availability of data relating to some commitments was limited due to full year statistics not being available for 2025 at the time of the evidence review.

SUMMARY OF FAMILY CARER SCORECARD 2025

Of the 34 Programme for Government commitments assessed, none received a score of 'Commitment Achieved'. Two commitments received a 'Good Progress' score, showing positive results for family carers. Most commitments - 15 - received a score of 'Limited Progress', meaning that there have been steps in the right direction but progress is slow; thirteen commitments received a 'No Progress' score, meaning that there was no evidence that any change has taken place that would have an impact on family carers' lives. Finally, four commitments received a 'Regressive' score, meaning that the situation has worsened for family carers during the review period.



⁵The Research and Policy Committee is a sub-committee of the board of Family Carers Ireland responsible for guiding and overseeing the organisation's research and policy work.

PROGRAMME FOR GOVERNMENT COMMITMENTS AND ASSIGNED SCORES

Category	Programme for Government Commitment	Score
Financial support for family carers	1. Continue to significantly increase the income disregard for Carer's Allowance in each Budget with a view to phasing out the means test entirely over the lifetime of the Government.	Good Progress
	2. Progressively increase weekly Carer's Payments.	Limited Progress
	3. Continue to increase the annual Carer's Support Grant.	No Progress
	4. Ensure parents aged 66+ who care for children with lifelong disabilities can retain Carer's Allowance while concurrently receiving the State Pension.	No Progress
	5. Examine how we can better support carers who are providing full-time care and attention to more than one person.	No Progress
	6. Examine the introduction of a Pay-Related Carer's Benefit for individuals who have to give up work suddenly in order to provide full-time care.	No Progress
	7. Protect the Free Travel Pass and examine extending it to children in receipt of Domiciliary Care Allowance.	No Progress
	8. Introduce a permanent Annual Cost of Disability Support Payment with a view to incrementally increasing this payment.	No Progress
Respite availability and choice	9. Progressively increase funding for respite services, including through the Home Support Emergency Respite Scheme.	Limited Progress
	10. Continue to support and expand the network of respite houses for both children and adults.	Limited Progress
	11. Continue to support and offer alternative respite.	No Progress
Housing, transport and independent living	12. Increase the Housing Adaptation Grant.	Limited Progress
	13. Increase investment in adult day services.	Limited Progress
	14. Increase personal assistance hours.	Regressive
	15. Continue to support the rollout of personalised budgets nationally.	Regressive
	16. Progress the review of the Disabled Drivers Scheme.	No Progress
	17. Work to end the practice of placing young people with disabilities in nursing homes.	Limited Progress

Category	Programme for Government Commitment	Score
	18. Develop a multi-year capital plan for investment in residential and independent living options for both adults and children.	Limited Progress
Respite availability and choice	19. Fully fund the Carer Guarantee.	Limited Progress
	20. Increase support for carers – providing training, establishing clearer pathways to services, and improving access to respite.	Limited Progress
	21. Review the operation of the Assisted Decision-Making (Capacity) Act 2015.	No Progress
Home support for older people and people with disabilities	22. Design a Statutory Homecare Scheme to allow people to stay in their own home for as long as possible.	No Progress
	23. Increase home care hours for older people.	Limited Progress
	24. Increase Disability Home Support hours and work towards aligning Disability Home Support pay with rates for Older Persons Services.	Limited Progress
	25. Increase ringfenced home care hours and funding for Dementia Intensive Home Care Packages.	Limited Progress
Support for children with additional needs	26. Support families who are waiting too long for an Assessment of Need to procure assessments privately.	Regressive
	27. Create a National Therapy Service in Education, beginning with special schools.	Limited Progress
	28. Complete the review of the EPSEN Act and ensure it meets the needs of children with additional needs.	No Progress
	29. Increase the number of Regional Assessment Hubs.	No Progress
Support for children with additional needs	30. Tackle waiting lists for specialist disability services by delivering the targets in the Action Plan for Disability Services 2024- 2026.	Regressive
	31. Double the number of college places for SLT, physios, OTs, dieticians, psychologists and social workers and recruit more Special Education Teachers and SNAs.	Limited Progress
	32. Increase the number of special schools and special classes.	Limited Progress
	33. Introduce a Common Application System for children applying to special schools and classes.	No Progress
	34. Make special education modules and placements in special schools or classes a universal part of initial teacher training, which will be subject to assessment.	Good Progress

FAMILY CARERS IRELAND'S PERSPECTIVE OF HIGHS AND LOWS DURING THE REVIEW PERIOD:

HIGHS

- Programme for Government ratified: Securing Ireland's Future includes 34 commitments for family carers, including phasing out the Carer's Allowance means test.
- Carer's Allowance income disregard rising (July 2025): €900 → €1,250 pw (couples); €450 → €625 pw (singles).
- Further increase committed to (July 2026): €1,250 → €2,000 pw (couples); €625 → €1,000 pw (singles).
- Online applications launched for Domiciliary Care Allowance, Carer's Allowance, and Carer's Benefit.
- Carer's Benefit extended to include self-employed family carers.
- Carer's Allowance added as eligible payment for the Fuel Allowance scheme.
- €700,000 annual funding secured for the Emergency Respite Scheme.
- €250,000 Dormant Accounts funding for Family Carers Ireland's Carer Pathways Programme, helping family carers upskill and re-enter or remain in work.

LOWS

- Failure to fully fund the Carer Guarantee.
- Chronic workforce shortages – Home support staff, therapists, and healthcare professionals are insufficient to meet demand.
- Inaccessible or irregular respite care – Many children and adults cannot access regular respite services.
- Delayed Assessments of Need – Thousands of children wait excessively for assessments guaranteed under the Disability Act 2005.
- Educational placement failures – Children with disabilities often denied their constitutional right to appropriate school places.
- Inadequate mental health services for children – Long waits and quality issues persist in CAMHS.
- Restricted eligibility for Disabled Drivers and Disabled Passengers scheme – The scheme continues to include only people who satisfy the narrow criteria for a Primary Medical Certificate.
- Housing crisis and cost-of-living pressures – People with disabilities and family carers face barriers to affordable, accessible housing, and rising living costs.
- Failure to deliver statutory and promised schemes – Key commitments, including home support and comprehensive care pathways, remain incomplete or delayed.

Financial Support for Family Carers



1. The Programme for Government commits to ‘continue to significantly increase the income disregard for Carer’s Allowance in each Budget with a view to phasing out the means test during the lifetime of the Government’.

Responsibility: Department of Social Protection.

Why this is important to family carers:

Abolishing the Carer’s Allowance means test would ensure all family carers are recognised and supported for the essential work they do, regardless of their own or their partner’s income. It would reduce financial stress and administrative complexity, prevent family carers from losing support as household income changes, and promote fairness by recognising caring responsibilities rather than assessing financial need.



Evidence Review:

- In Budget 2026, the income disregard for Carer’s Allowance increased by 60%, from €625 to €1,000 per week (single carer) and from €1,250 to €2,000 per week (couples). The increase will come into effect in July 2026.
- By comparison, during the five-year term of the previous government (2020 – 2025), the income disregard increased by a total of 88%.
- The increase in the income disregard exceeds the targets set out in Family Carers Ireland’s *Roadmap for the Reform of Carer’s Allowance (2023)* and its Budget 2026 submission, which sought a 20% increase in the income disregard with the full abolition of the means test by 2028.
- The 2024 CSO Survey on Income and Living Conditions (SILC) shows that 32% of Irish households have a gross income over €100,000. When the new income disregards take effect in July 2026, approximately 68% of households will satisfy the means test for Carer’s Allowance and will be eligible to receive the maximum rate of Carer’s Allowance, as long as they satisfy all other conditionality attached to the payment.⁶

What’s needed to progress this commitment:

Family Carers Ireland acknowledges the significant progress made in increasing the income disregards for Carer’s Allowance. With 68% of Irish households now falling within the financial eligibility criteria, and department figures showing that the scheme has not been overwhelmed as a result, we encourage the department to use Budget 2027 to announce the full abolition of the means test. In the interim, we call on Government to establish a Family Carer Payment Implementation Group to oversee the transition from Carer’s Allowance to the new Family Carer Payment.⁷



⁶ Conditions include (i) provision of full-time care (ii) proximity to cared-for person (iii) work or study less than 18.5 hours per week (iv) satisfy the Habitual Residence Condition (HRC) and (v) care for someone medically assessed as needing full-time care.

⁷ Carer’s Allowance will cease to be categorised as a Social Assistance payment when the means test is abolished. This will require oversight regarding the classification of a future replacement scheme.

2. The Programme for Government commits to ‘progressively increase weekly Carer’s Payments’.

Responsibility: Department of Social Protection.

Why this is important to family carers:

Taking on full-time caring responsibilities can result in long-term financial hardship, with the loss of income from employment exacerbated by higher household costs. Increasing social welfare rates to mitigate the rising costs of living, as well as valuing the immense contribution of family carers, is critical to ensuring they are protected from financial hardship and have a decent standard of living.



Evidence Review:

- In Budget 2026, the weekly rate of core social welfare payments increased by €10 effective from 1 January 2026. This brought the maximum rate of Carer’s Allowance to €270 per week and Carer’s Benefit to €271 per week. There was a proportionate increase in the half-rate Carer’s Allowance, reduced rate Carer’s Allowance and Increase for Qualified Adult payments.
- In recognition of increasing child poverty rates, the department increased the Child Support Payment by €8 to €58 per week for children under 12 and by €16 to €78 per week for children aged 12 and over, effective January 2026. This came alongside other supports like increased Working Family Payment thresholds and making more children eligible for the Back to School Allowance.
- Domiciliary Care Allowance, a monthly payment to children with additional needs, increased by €20 per month to €380, effective from 1 January 2026.
- Budget 2026 discontinued the temporary, one-off financial supports that have been a feature of previous budgets. This means one-off lump sum payments, such as energy credits, were not included. Government instead shifted to more permanent measures such as expanding eligibility for Fuel Allowance, increasing Child Support Payments and tax relief measures. Disability organisations and activists have claimed that people with disabilities will be €1,400 worse off per year due to the removal of these one-off, temporary cost-of-living supports without a permanent replacement.
- In its Budget 2026 submission, Family Carers Ireland called for Carer’s Allowance to increase to €325 to restore payment values lost to inflation, ensure caring households can meet the additional and unavoidable costs of caring, and in alignment with Government’s Basic Income for the Arts.
- Basic social welfare payments (i.e. Jobseeker’s Allowance, Disability Allowance, etc.) remain at a rate of €16 per week below the rate of Carer’s Allowance.
- In November, the taxation of Carer’s Allowance and Carer’s Benefit came under scrutiny after more than 34,000 family carers received correspondence from Revenue informing them that, from 1 January 2026, they will be automatically notified by the Department of Social Protection when a person is in receipt of either payment. While this automatic data-sharing arrangement will improve tax compliance and reduce the administrative burden on family carers, who previously had to self-declare receipt of either payment (something that Family Carers Ireland has lobbied to change), the communication from Revenue caused anxiety among family carers. The issue has since attracted media attention and reignited debate about what many view as the inequitable taxation of carer payments, particularly given several other comparable social welfare supports are not subject to income tax.

What’s needed to progress this commitment:

Family Carers Ireland believes the Government should increase the rate of carer payments by raising Carer’s Allowance and Carer’s Benefit to €325 per week, in line with the Basic Income for the Arts and to reflect the additional costs of caring, while also considering making carer payments tax-exempt and introducing a Cost of Disability payment.

3. The Programme for Government commits to ‘continue to increase the annual Carer’s Support Grant’.

Responsibility: Department of Social Protection.

Why this is important to family carers:

Increasing the Carer’s Support Grant strengthens the financial, emotional, and practical resilience of family carers, ensuring they can continue providing essential care while maintaining their own wellbeing. Crucially, until the Carer’s Allowance means test is abolished, the Annual Carer’s Support Grant remains the sole financial support for approximately 5,500 full-time family carers.



Evidence Review:

- The Carer’s Support Grant is an annual, tax-free payment made to full-time family carers, typically on the first Thursday in June. 143,695 family carers received the Carer’s Support Grant in 2025. The grant is not means-tested, meaning that for around 5,500 family carers, it represents the only recognition from the State of their full-time caring role because while they satisfy all other eligibility criteria attached to Carer’s Allowance, they don’t satisfy the Carer’s Allowance means test.
- The grant is paid at a rate of €2,000 per person cared for, having increased from a rate of €1,850 in 2024 - a change announced by the previous government in Budget 2025.
- Family Carers Ireland called for the grant to be increased by €150 to €2,150 in Budget 2026 however this did not happen.

What’s needed to progress this commitment:

As long as Carer’s Allowance continues to be means tested, the only financial recognition by the State to approximately 5,500 full-time carers is the annual Carer’s Support Grant. Family Carers Ireland is calling for the Carer’s Support Grant to be increased to better reflect the cost of caring, the rate of inflation and to recognise the full-time unpaid care provided by all carers, including those who do not qualify for Carer’s Allowance.



4. The Programme for Government commits to ‘ensure parents aged 66+ who care for children with lifelong disabilities can retain Carer’s Allowance while concurrently receiving the State Pension’.

Responsibility: Department of Social Protection.

Why this is important to family carers:

Family carers receiving Carer’s Allowance who reach age 66 and continue to provide care are moved from the full-rate allowance to a half-rate Carer’s Allowance once they are awarded a State Pension, which is treated as their primary payment. Many older family carers are frustrated by this feeling that it penalises them and diminishes the value of their caring role. These older family carers believe they should retain their full-rate Carer’s Allowance while also receiving a State Pension, reflecting the ongoing value and demands of their caring role.



Evidence Review:

- No change in relation to this commitment has been announced during the review period - the situation remains that when a family carer reaches age 66 and claims the State Pension, they will move from a full-rate Carer’s Allowance to a half-rate Carer’s Allowance.
- This commitment is narrowly targeted, benefiting only parents over 66 who care for adult children. In doing so, it risks excluding older family carers who care for a spouse, parent or sibling, as well as younger carers who also receive a half-rate Carer’s Allowance in addition to their primary payment, e.g. One Parent Family Payment or Disability Allowance.
- Currently, when a family carer reaches age 66 and claims the State Pension alongside a half-rate Carer’s Allowance, the weekly amount they receive will increase because (i) the rate of Carer’s Allowance for people over 66 years is €38 per week higher than those under 66 with a proportionate increase for the half-rate and (ii) when a family carer reaches 66, they can claim 1.5 social welfare payments - the State Pension and the half-rate Carer’s Allowance.

What’s needed to progress this commitment:

While Family Carers Ireland supports the principle of this Programme for Government commitment, we believe that any effort to allow parents of adult children to retain full Carer’s Allowance while claiming the State Pension should be extended to include all full-time carers, aged over 66 regardless of who they care for.

5. The Programme for Government commits to ‘examine how we can better support carers who are providing full-time care and attention to more than one person’.

Responsibility: Department of Social Protection.

Why this is important to family carers:

Those who support more than one person face significantly higher risks of burnout, stress, social isolation, and financial strain. These cumulative pressures can lead to serious health consequences for family carers and disrupt the continuity and quality of care for those who depend on them. Ensuring access to respite services, specialised training, adequate financial assistance, and flexible work-life balance arrangements - including gender-responsive supports that recognise dual or multiple caring roles - is essential to sustaining family carers' wellbeing and enabling them to continue providing care.



Evidence Review:

- The Healthy Ireland Survey 2025 showed that 18% of respondents care for two or more people.
- Currently, where a person cares for two or more people, the maximum rate of Carer's Allowance or Carer's Benefit that will be paid is an additional 50% on top of the full rate of payment for the first cared-for person, e.g. Carer's Allowance €270 per week (first person) plus €135 per week (second person). There is no financial recognition for third or subsequent people being cared for.
- A full Carer's Support Grant is payable annually in respect of each person being cared for. For example, a person caring full time for three people can receive three grants totalling €6,000.
- A full DCA payment of €380 per month is payable in respect of each child who meets the eligibility criteria. For example, if three children in the household are eligible, each will receive €380 per month.
- Currently, no special arrangements exist to provide additional respite for those caring for multiple individuals. In practice, these family carers are often unable to experience the full benefit of a break if support is only provided for one caree at a time, as their caregiving responsibilities simply shift rather than cease.
- Budget 2026 made no provision for additional supports for people caring for more than one person, and Family Carers Ireland is not aware of any ongoing work within Government to introduce such measures.

What's needed to progress this commitment:

While some social protection schemes recognise carers caring for two or more people and pay a full-rate payment in respect of each cared-for person, this is not the case with Carer's Allowance or Carer's Benefit. Family Carers Ireland believes that a full-rate Carer's Allowance and Carer's Benefit should be paid in respect of each person cared for on a full-time basis. Research shows the significant impact that caring for multiple people can have on a family carer. We call on the Department of Health, the Department of Children, Disability and Equality and the HSE to progress the rollout of a Family Carer Needs Assessment, following its pilot in CHO West in 2023.

6. The Programme for Government commits to ‘examine the introduction of a Pay Related Carer’s Benefit for individuals who have to give up work suddenly in order to provide full-time care’.

Responsibility: Department of Social Protection.

Why this is important to family carers:

A pay-related Carer’s Benefit payment will protect people from severe income loss when they must leave work to provide essential care. It recognises the economic value of caring, reduces poverty and financial stress in caring households, and helps family carers stay connected to the labour market so they can return to work when their caring role ends. By aligning with modern social protection principles and acknowledging that caring is not a voluntary choice but a necessary responsibility, a pay-related model provides fairer, more sustainable support for families.



Evidence Review:

- Carer’s Benefit supports family carers who need to give up work or reduce their hours of work temporarily to provide full-time care. It is not means-tested but is based on the person’s PRSI contributions. Carer’s Benefit, often aligned to Carer’s Leave, allows a person to take up to 104 weeks away from work to provide care.
- Despite having one of the most generous Carer’s Leave arrangements across Europe, the take-up of Carer’s Benefit (the proxy measure of those on Carer’s Leave) is relatively low with just 5,474 recipients. Family Carers Ireland believes that one of the reasons for the low take-up is that the rate of Carer’s Benefit, fixed at €271 per week, is inadequate to meet the financial demands of a household that heretofore had an income from employment.
- 83% of Carer’s Benefit claimants are female.
- Family Carers Ireland believes that to make the Carer’s Benefit scheme more accessible to all family carers, male and female, including those on mid or higher incomes, the rate of payment should be set at a level aligned to the recipient’s previous earnings, i.e. pay-related.
- In March 2025, the department introduced a new Jobseeker’s Pay-Related Benefit. Responding to a parliamentary question in November 2025, the Minister for Social Protection stated: ‘With regard to pay-related carer’s benefit, we introduced a pay-related jobseeker’s benefit earlier this year. I am waiting to do a full 12-month evaluation of the

impact of this scheme. It will give me guidance on introducing it for carers and for parental leave.’⁸

- The minister’s statement clarifies that it is the department’s intention to complete a 12-month evaluation of the Jobseeker’s Pay-Related Benefit before considering the introduction of a similar scheme for Carer’s Benefit. A pay-related Carer’s Benefit was not introduced during the review period.

What’s needed to progress this commitment:

An immediate evaluation of the Jobseeker’s Pay-Related Benefit scheme should be undertaken following the completion of its first 12 months in March 2026, with a view to applying the lessons learned to the new Pay-Related Carer’s Benefit scheme to be announced in Budget 2027.

⁸ [Parliamentary Question \(62283/25\)](#) 15 November 2025.

7. The Programme for Government commits to ‘protect the Free Travel Pass and examine extending it to children in receipt of Domiciliary Care Allowance’.

Responsibility: Department of Social Protection.

Why this is important to family carers:

The Free Travel Scheme promotes social inclusion, independence, and wellbeing for family carers, older people and people with disabilities by providing crucial access to public transport, healthcare, work, and social activities, reducing isolation and easing cost-of-living burdens. While adults with a disability in receipt of Disability Allowance are entitled to a Free Travel Pass, children under 16 receiving the Domiciliary Care Allowance (DCA) are not eligible.



Evidence Review:

- The previous government significantly expanded the Free Travel Scheme by introducing a Companion Pass for all over-70s starting September 2025, allowing them to bring someone with them for free on public transport, extending student/young adult travel and introducing free public transport for children aged 5-8. These changes mean:
 - Children aged 0-4: Travel free on all TFI services without a card.
 - Children aged 5-8: Need a specific Child (5-8) TFI Leap Card for free travel on all TFI services (Dublin Bus, Bus Éireann, LUAS, etc.).
 - Children aged 9+: Eligible for discounted fares on a standard Child Leap Card.
- Approximately 25,000 Leap Cards have been issued for children since the scheme was launched in September 2025.⁹
- Acknowledging these changes were introduced by the previous government under the National Transport Authority Strategy, the current Government have made provision in Budget 2026 for the continuation of free child fares for children under 4 on public transport services.
- The Programme for Government commits only to ‘examining the extension’ of the Free Travel Scheme to children in receipt of DCA, rather than making a definitive commitment to implement it.
- While noting improvements in the Free Travel Scheme, the 70,131 children who receive DCA continue to have no automatic entitlement to free travel.

What’s needed to progress this commitment:

It remains unacceptable that carers of children with additional needs receiving Carer’s Allowance can travel for free on public transport, while the child they care for must pay. The Free Travel Scheme should be extended to include children in receipt of DCA in Budget 2027.



⁹ [Parliamentary Question \(63434/25\)](#). 18 November 2025.

8. The Programme for Government commits to 'introduce a permanent Annual Cost of Disability Support Payment with a view to incrementally increasing this payment'.

Responsibility: Department of Social Protection.

Why this is important to family carers:

A Cost of Disability Payment would recognise the real, unavoidable extra costs that come with living with a disability and ensure that people with disabilities and their families can live with dignity, independence, and equal opportunity.



Evidence Review:

- The Indecon Cost of Disability in Ireland report (2021) found that disabled individuals face significant extra annual costs, estimated between €9,482 and €11,734, varying by age, severity, and disability type.¹⁰ Adjusted for inflation, these costs are now €11,342 - €14,046 annually.
- Even before the onset of the cost-of-living crisis, research by the Vincentian Partnership on behalf of Family Carers Ireland in 2022 found that households caring for a child with a profound disability faced significant financial strain, with additional weekly costs averaging €244 - a figure closely aligned to the Indecon Cost of Disability in Ireland findings.¹¹
- In 2025, the Department of Social Protection created a Strategic Focus Network on the Cost of Disability. In December, the Minister for Social Protection stated: 'The work of this network, which will include disabled people and their advocates, will inform the approach to be taken in delivering on the Programme for Government commitment. I have asked my officials to expedite this work with a view to bringing a proposal to Government in the first half of next year. My officials have held meetings with a number of organisations to discuss the possible structure and content of the Strategic Focus Network on the Cost of Disability.'¹²
- On 11 December 2025, the Disability Federation of Ireland, along with the Irish Wheelchair Association and Access for All, held a protest to highlight the inadequacy of support to disabled people, citing a loss of income to people with disabilities of €1,400 in Budget 2026 as one-off supports have been removed.¹³ The organisations have called for a tailored Cost of Disability Payment and a €400 Emergency Winter Payment. To date, no Cost of Disability Payment or Emergency Winter Payment has been introduced.
- According to the minister's statement, a consultation and proposal on a Cost of Disability Payment is expected in the first half of 2026.

What's needed to progress this commitment:

Family Carers Ireland is calling for the introduction of a Cost of Disability Payment, paid at an appropriate rate to be announced in Budget 2027. Pending this, we support the disability sector's calls for an urgent emergency payment of €400.

¹⁰ Indecon International Research Economists (2021). The Cost of Disability in Ireland, Department of Social Protection at <https://www.gov.ie/en/department-of-social-protection/publications/the-cost-of-disability-in-ireland-research-report/>

¹¹ MacMahon B., Boylan, H., Thornton R. (2022) Care at Home: Costs of Care Arising from Disability. Dublin: The Vincentian Partnership for Social Justice and Family Carers Ireland.

¹² Parliamentary Question (69593/25) 9 December 2025.

¹³ <https://www.disability-federation.ie/news/latest/2025/10/21/oireachtas-disability-group-memo-budget-2026-and-t/>

Respite Availability and Choice



9. The Programme for Government commits to ‘progressively increase funding for respite services, including through the Home Support Emergency Respite Scheme’.

Responsibility: Department of Health / Department of Children, Disability and Equality / HSE.

Why this is important to family carers:

Regular and appropriate respite is a crucial component of sustainable caregiving. It offers family carers essential, temporary relief from the demands of caring, helping prevent burnout and safeguarding their long-term physical and mental health. Respite is not a luxury, but a critical support that sustains both the family carer and the person receiving care. Providing a flexible array of respite options such as in-home support, short-term residential placements, or day programmes ensures that respite can be tailored to individual schedules and preferences. Furthermore, family carers need the peace of mind of knowing they can access emergency respite during unforeseen crises.



Evidence Review:

- The HSE National Service Plan 2026 recognises the deficits in respite provision and commits to:
 - Invest €25m in respite services, prioritising overnight and alternative respite options.
 - Provide 10,000 additional respite bed nights, including high support placements.
 - Provide respite to 500 more children and adults with a disability in both centre based and alternative respite options within their community (7% increase).
 - Provide 91,000 day-only respite sessions for people with a disability (38% increase).
 - Deliver new and enhanced respite facilities and increase capacity in existing centres to reduce waiting times and improve access for people requiring high levels of support.
 - Introduce after-school hubs, weekend day respite, and holiday programmes and expand community-based programmes such as equine therapy and outreach clubs.
 - Launch National Guidelines for Home Sharing, invest in collaborative models, and develop governance and monitoring frameworks to ensure quality and safeguarding; expand home sharing coverage to all regions.
- Implement strengthened data collection to track bed nights, day sessions and staffing per region; integrate respite capacity data with Service Arrangement documentation; report monthly KPIs including the number of respite overnights delivered, the number of alternative respite sessions provided (2026 target – 25,000 additional), and regional distribution and utilisation rates.
- In 2025, the HSE allocated a total budget of €3.2bn for disability services, of which approximately 4% (€134.4m) was allocated specifically to respite services. For 2026, a record allocation of €3.83bn was allocated for the delivery of disability services, an increase of almost 20% over 2025 funding.
- While the HSE National Service Plan does not state the total funding that will be allocated for respite, if its stated commitment to invest €25m in respite services is in addition to the €134.4m, then total funding for 2026 will be €159.4m, an increase of almost 19%.
- The HSE responded to a parliamentary question raised in January 2026 confirming that they could not provide information on how much funding will be allocated to respite for older persons until March 2026. This information could therefore not be included in the scorecard.¹⁴
- In 2025, both the Department of Health and the

¹⁴ Parliamentary Question (PQ: 8327/26) by written reply. 4 February 2026.

Department of Children, Disability and Equality commenced separate audits of respite provision for children, adults, and older people. These audits will provide critical information on current respite provision, geographic distribution and service gaps. Their findings should inform future policy and funding decisions and service planning.

- The Minister for Health also confirmed that the Health Research Board has been commissioned to prepare an evidence brief on the policy and practice underpinning respite care services for older people and their family carers in France, Germany and Finland. The findings will help inform a paper on respite policy being developed by her department.

Emergency Respite

- Family Carers Ireland has been delivering an Emergency Respite Scheme on a year-to-year pilot basis since 2021. The scheme provides temporary care for a person when their primary caregiver is suddenly unavailable due to an unexpected event such as an illness, accident, or family crisis. The scheme allows for the substitution of a family carer either through the placement of an in-home care worker or the temporary relocation of the care recipient outside the home. To date, the largest cohort of emergency situations, 61%, relates to carer burnout.
- Up to October 2025, the total funding received for the Emergency Respite Scheme since 2021 was €1.74m. However, following a meeting with the Minister for Health in October, funding for the scheme was increased to €700,000 per year and placed on a recurring annual basis.

What's needed to progress this commitment:

Family Carers Ireland acknowledges recent Government efforts to expand respite services and fund emergency respite, however, for the majority of caring families, access to regular and appropriate respite remains unavailable. The Disability Capacity Review to 2032 estimates that between €16m and €20m is required annually to meet the currently identified unmet need for respite; however, when latent demand is considered, the true level of need is likely to be significantly higher.

We welcome the HSE's commitments to strengthen data collection regarding respite provision, and these separate audits of respite that are currently underway in both departments. In addition to these efforts, Family Carers Ireland recommends the co-development of a National Respite Strategy, alongside a respite register to allow family carers to record their need for respite, along with the age and details of the person for whom they care. This would create a geographical inventory of respite needs by age group and condition type, enabling better planning and

allocation of services. Funding would then be allocated to Regional Health Areas to reflect the number and type of respite places required for older people, children with additional needs and people with a disability.



10. The Programme for Government commits to ‘continue to support and expand the network of respite houses for both children and adults’.

Responsibility: Department of Children, Disability and Equality / HSE.

Why this is important to family carers:

Expanding the network of respite houses for children and adults will help to increase respite availability, improve geographic coverage, ensure equitable access to quality, planned, and emergency respite services that meet diverse needs of all people who need respite care.



Evidence Review:

- A Government plan to expand the network of respite houses for children and adults with disabilities through funding increases, infrastructure development, and strategic planning is set out in the Action Plan for Disability Services 2024-2026 and includes:
 - Opening new and refurbished residential respite houses for children and adults in multiple regions.
 - Increasing the provision of day and overnight respite.
 - Planning for further capacity and service improvements through multi-year strategies.

New Respite Houses

Three new respite centres opened during 2025 - Hazeldene in Ennis (children), Sunville in Limerick (adults) and Starry Skies in Palmerstown (children). Two respite centres re-opened in 2025 — Riverwalk House in Donegal (children and adults) and Cooleens House in North Cork (children). By comparison, in 2024 three new respite centres were opened for children; none for adults.

Provision of Respite

- Budget 2026 included a commitment to provide over 10,000 extra nights of respite and 15,000 additional day respite sessions, as well as expand home-sharing respite alternatives.
- The provision of respite for people with a disability is recorded by the HSE and included in its annual National Service Plan using three metrics: (i) recipients of respite (ii) number of day-only respite sessions (ii) number of respite nights.
- According to a parliamentary question responded to by the HSE in February 2026 (see table below):
 - The number of disabled people receiving day respite sessions rose from 6,640 in 2024 to 7,460 in 2025 - an increase of 12.3%.
 - The number of day-only respite sessions went from 64,162 in 2024 to 65,999 in 2025 (+ 2.8%).
 - The number of respite overnights for people with a disability rose from 160,952 nights in 2024 to 164,059 in 2025, an increase of 1.9%.

Respite Services activity levels from 2024 – 2025¹⁵

	2024	2025	% change
Respite Overnights	160,952	164,059	+ 1.9%
Day-Only Respite	64,162	65,999	+2.8%
People in Receipt of Respite	6,640	7,460	+12.3%

Planning for Future Capacity

As noted under commitment 9, the HSE National Service Plan 2026 makes several commitments relating to the expansion of the network of respite houses for children and adults:

- Invest €25m in respite services, prioritising overnight and alternative respite options.
 - 10,000 additional respite bed nights, including high support placements.
 - 500 more children and adults will receive respite both centre based and alternative respite within their community (7% increase).
 - 91,000 day-only respite sessions accessed by people with a disability (38% increase).
 - New and enhanced respite facilities and increase capacity in existing centres.
 - Introduction of after-school hubs, weekend day respite, and holiday programmes and expansion of community-based programmes such as equine therapy and outreach clubs.
 - Launch National Guidelines for Home Sharing, invest in collaborative models, and develop governance and monitoring frameworks to ensure quality and safeguarding; expand home sharing coverage to all regions.
 - Implement strengthened data collection to track bed nights, day sessions and staffing per region; including the number of respite overnights delivered, the number of alternative respite sessions provided (2026 target – 25,000 additional), and regional distribution and utilisation rates.
- As noted, during 2025, both the Department of Health and the Department of Children, Disability and Equality commenced separate audits of respite provision for children, adults, and older people. These audits will provide critical information on current respite provision, geographic distribution and service gaps. Their findings should inform future policy and funding decisions and service planning.

What’s needed to progress this commitment:

The intention to improve and expand the network of respite houses for adults and children is set out in the HSE National Service Plan 2026. However, currently available data indicate slow progress in how these commitments are being experienced by carers, with limited evidence of meaningful increases in the number of respite houses or in the delivery of respite day and overnight sessions. If the level of need identified in the *Disability Capacity Review to 2032* is to be met, significantly more must be done to understand what type of respite family carers need, where it is required, and how frequently it is needed.

As noted under the previous commitment, Family Carers Ireland is calling for the co-development of a National Respite Strategy and the establishment of a register of respite needs.

¹⁵ Parliamentary Question (PQ: 8326/26) by written reply to Deputy Mark Wall 4 February 2026.

11. The Programme for Government commits to ‘continue to support and offer alternative respite’.

Responsibility: Department of Children, Disability and Equality / HSE.

Why this is important to family carers:

It is important that family carers and the people they care for have access to a range of respite options, as caring situations vary widely and needs can change over time. A variety of respite supports allows carers to choose options that best suit their circumstances while respecting the preferences and needs of the person receiving care.



Evidence Review:

- The Disability Capacity Review to 2032 showed that up to €10m in additional respite provision per year is required to meet demand (20% additional quantum – 26,200 approx. additional overnights per year).¹⁶ The Action Plan for Disability Services 2024-2026 is based on Government’s commitment to implement the recommendations of the Disability Capacity Review to 2032. Workstream 7 of the action plan focuses specifically on respite and commits to (A7.1) build the capacity for overnight and alternative respite and (A7.2) prepare a working paper on respite provision.
- The most recent progress report available on the action plan was for Q1 and Q2 2024, which is outside of the review period for the scorecard. For this reason, progress in relation to action A7.1, build the capacity for overnight and alternative respite, can be measured using information from the previous commitment.
- Additionally, scoring action A7.1 can be informed by an examination of HIQA registered respite centres.¹⁷ In mid-2022, there were 146 residential disability respite centres registered with HIQA, with a total of 721 respite beds.¹⁸ Three years later in July 2025, this had increased to 164 HIQA registered centres (+ 12%) with a total of 798 beds (+11%).¹⁹
- In relation to the action A7.2, prepare a working paper on respite provision, which was given a delivery target of 2024, Family Carers Ireland has been informed by the Department of Children, Disability and Equality that this paper will be available in early 2026.

What’s needed to progress this commitment:

While there is a clear ambition by the Department and the HSE to increase the alternative respite options available to children and adults, work is at an early stage, and the data are not yet available to measure progress. The audit of respite underway in the department and the HSE should help provide this data into the future. We also note the HSE National Service Plan 2026 commitment to strengthen its data collection methods and metrics in relation to all forms of respite.

¹⁶ Department of Health. (2021). Disability Capacity Review to 2032: A Review of Social Care Demand and Capacity Requirements up to 2032. Government of Ireland.

¹⁷ Please note, the number of HIQA registered centres does not include the increasing emphasis on alternative forms of respite including home stays with a host family, in-home respite, and summer camps.

¹⁸ Department of Children, Disability & Equality (2023) Action Plan for Disability Services 2024-2026. Retrieved from <https://www.gov.ie/en/department-of-children-disability-and-equality/publications/action-plan-for-disability-services-2024-2026/>

¹⁹ Parliamentary Question (56718/25). 23 October 2025, by written reply.

Housing, Transport and Independent Living



12. The Programme for Government commits to ‘increase the Housing Adaptation Grant Scheme’.

Responsibility: Department of Housing, Local Government and Heritage.

Why this is important to family carers:

The Housing Adaptation Grant Scheme (HAGS) provides a suite of supports to older and disabled people to assist them in carrying out works, repairs and accessibility upgrades to their homes. The scheme is an important element of the Government’s ageing in place and housing for people with disability policy statements.



Evidence Review:

- The Department of Housing provides funding under the suite of Housing Adaptation Grants for Older People and Disabled People to assist those in private houses to make their accommodation more suitable for their needs. The suite of grants, which include the Housing Adaptation Grant for Disabled People, the Mobility Aids Grant and the Housing Aid for Older People Grant, is funded by the department with a contribution from the local authority. The administration of the scheme, including assessment, approval, prioritisation, and apportionment, is the responsibility of local authorities.
- Significant changes were made to the Housing Adaptation Grant Scheme by the previous government and introduced on 1 December 2024. The key changes include:
 - Housing Adaptation Grant for Disabled People max rate increased to €40,000 (up €10,000);
 - Housing Aid for Older People Grant max rate increased to €10,700 (up €2,700);
 - Mobility Aid Grant increased to €8,000 (up €2,000);
 - Exclusion of Child Benefit and the income of adult children living at home from the means test;²⁰
 - Increase in allowable deductions - children (up from €5,000 to €6,250), deduction for full-time family carers (up from €5,000 to €6,250);
 - New deductions - Housing Mortgage/Rent Expenses (up to €6,250), Residential Care fees (up to €12,500), Cost of Care in the Home (up to €12,500 or €6,250 if full-time carer deduction claimed);
 - Reduction in the local authority contribution from 20% to 15%.
- In November 2025, the Minister for Housing confirmed €5.7m in underspent funds by some local authorities has been redistributed to 11 others who had requested additional grant funding.²¹
- Funding for the Housing Adaptation Grant Scheme has increased by 34% between 2024 and 2026, and by 30% in the one-year period this Government has been in office (2025 - 2026).

Funding for the Housing Adaptation Grant Scheme 2024 - 2026²²

	2024	2025	2026	% change
Funding	€74.5m	€99.5m	€129.5m	+34%

What’s needed to progress this commitment:

While funding for the grant scheme has increased by 34%, families continue to face long waiting times, insufficient maximum grant amounts to cover full building costs, and inconsistent access across local authorities. Greater efforts are needed to simplify the application and administration process.

²⁰ Carer’s Allowance and Carer’s Benefit continue to be excluded when paid in respect of the person receiving the housing grant.

²¹ Ibid.

²² [Parliamentary Questions \(65541/25\) \(65664/25\) \(66549/25\)](#) 25 November 2025.

13. The Programme for Government commits to ‘increase investment in adult day services’.

Responsibility: Department Children, Disability and Equality / HSE.

Why this is important to family carers:

Adult day services are important for adults with disabilities because they provide a safe, structured environment where individuals can build skills, socialise, and receive support while maintaining independence and dignity. For family carers, these services offer reliable respite during the day, reducing stress and burnout while allowing them to work or attend to personal needs. Together, adult day services strengthen wellbeing for both adults with disabilities and their family carers, helping families sustain long-term care at home.



Evidence Review:

- New Directions is the HSE’s approach to supporting adults with disabilities who use day services.²³ It sets out 12 supports that should be available to people with disabilities using day services and proposes that day services should take the form of individualised outcome-focused supports to allow adults using those services to live a life of their choosing in accordance with their own wishes, needs and aspirations.
- The Action Plan for Disability Services 2024-2026 states that on average, around 1,200 additional day service places are required each year to ensure places for school leavers who require them. The HSE estimates that the cost of 1,200 additional places in 2026 would be €38,297,600. This excludes the cost of setting up new locations, transport, multi-disciplinary team support costs, or inflation.²⁴
- Workstream 3 in the action plan commits to provide 3,650 additional day service places by 2026.
- The HSE National Service Plan 2026 commits to:
 - (i) Provide 1,390 new day service placements for school leavers and rehabilitative training graduates, plus 53 placements for adults who require a day service later in life;
 - (ii) Implement the revised New Directions five-year plan, focusing on quality improvement and compliance with the UNCRPD.

Adult Day Service 2024 - 2026 ²⁵

	2024	2025	2026 (Target)	Add. places 2024- 2025
People in receipt of day services	19,524	20,400	21,700	876 (+4.4%)
Day services inc. school leavers & rehab. training	2,100	2,200	2,290	100 (+4.7%)
Total	21,624	22,600	23,990	976 (+4.5%)

What’s needed to progress this commitment:

Adequate resources must be provided to meet the demand for person-centered adult day services. While progress has been made in delivering an additional 976 places during the review period, this does not meet the level of need identified in the Disability Capacity Review to 2032.

²³ Health Service Executive (HSE) (2012) New Directions: Personal support services for adults with disabilities. Dublin: HSE. Available at: <https://www.hse.ie>

²⁴ [Parliamentary Question \(47568/25\)](#) 17 September 2025.

²⁵ HSE National Service Plans.

14. The Programme for Government commits to ‘increase Personal Assistance hours’.

Responsibility: Department of Children, Disability and Equality / HSE.

Why this is important to family carers:

The right to live independently and be included in the community is set out in Article 19 of the UNCRPD. State Parties, including Ireland, are obliged to facilitate the full enjoyment of this right by ensuring disabled people have ‘access to a range of in-home, residential and other community support, including personal assistance necessary to support independent living.’



Evidence Review:

- The National Human Rights Strategy for Disabled People 2025-2030 was published in September 2025. This strategy is Ireland’s plan to advance the realisation of the UNCRPD. It sets out a whole of Government approach to disability over the next five years. In relation to personal assistance (PA), the strategy commits to:
 - Deliver one million additional PA hours by 2030 to support greater access to Personal Assistance services and help maximise the independence of disabled people in Ireland.
 - Develop a National Policy on PA that ensures a focus on the ethos of self-directed care and promotes a coordinated approach to PA service provision across the sectors. Appoint HSE staff dedicated to PA at national level to drive the development of the new policy and ensure its effective implementation.
 - Ensure that essential personal support services are deliverable for disabled people who need them by progressively aligning the PA and Home Support pay rates with the rates paid in other sectors, to help address staffing challenges.
- The Action Plan for Disability Services 2024-2026 commits to delivering 800,000 additional PA hours over that three-year period.
- A total of €3.88bn has been allocated for Specialist Disability Services in Budget 2026. This represents a 20% increase on 2025 and is the largest ever single year increase in funding.²⁶
- The HSE National Service Plan 2026 commits to (i) Increase PA hours by 48,943 additional hours (8% increase); (ii) Establish a Home Support Authorisation Scheme to provide quality home support to persons with disabilities; (iii) Align service rates with other sectors; (iv) Target increased hours for those currently receiving less than five hours per week; (v) Engage with and support the Department of Children, Disability and Equality in an evaluation of PA and Home Support Services.
- According to a comparison of HSE National Service Plans 2024 -2026, the number of PA hours delivered decreased by 0.5% between 2024 and 2025 while the number of recipients of PA hours increased modestly by 3 people (+0.1%).

Personal Assistance 2024 - 2026²⁷

		2024	2025	2026 (target)	% change 2024-2025
Personal Assistance	Hours	1.85m	1.84m	1.99m	- 0.5%
	Recipients	2,865	2,868	2,940	+0.1%

²⁶ Specialist disability services include residential services, adult day services, respite, PA and Home Support.

²⁷ HSE National Service Plans 2024, 2025 and 2026.

What is needed to progress this commitment:

If the Government is to achieve the targets set out in the National Human Rights Strategy for Disabled People 2025-2030 —specifically the delivery of one million additional PA hours by 2030—significantly greater investment and resources must be allocated to the service. While recognising the importance of developing a national policy on PA that promotes a coordinated and consistent approach, Family Carers Ireland supports the calls from disability organisations for the introduction of legislation that would establish a legal right to PA.



15. The Programme for Government commits to ‘continue to support the roll-out of personalised budgets nationally’.

Responsibility: Department of Children, Disability and Equality / HSE.

Why this is important to family carers:

Personalised budgets are important because they give people with disabilities and their families choice and control over supports, allowing them to be tailored to individual needs rather than fixed services. This flexibility supports independence, community participation, and improved quality of life, while reducing stress for families by making supports more reliable and responsive. Personalised budgets also align with rights-based disability policy by promoting person-centred planning and more effective use of public resources.



Evidence Review:

- A personalised budget is an amount of funding allocated to an eligible person with a disability to enable them to make their own arrangements to meet specified support needs. A key strength of the personalised budget model is the enhanced autonomy and flexibility it offers. Individuals can select services that are most relevant and meaningful to them, defining the quality, scope, and delivery of their supports. Notwithstanding these benefits, personalised budgets can be administratively burdensome and are not suitable for all people with a disability.
- On foot of the recommendation of the Task Force on Personalised Budgets, a Personalised Budget Demonstrator Pilot was established in 2019 to assess the impact and understand what is required for the sustainability of the personalised budget approach within the Irish context. As part of the pilot, eligible adults were able to utilise a personalised budget to purchase HSE-funded specialist disability services such as home support, personal assistance, and respite.
- In February 2025, there were 130 active participants in the pilot, however replying to a parliamentary question in July 2021, the then minister confirmed that it was hoped the pilot would have 180 participants and confirmed that it received an extension until June 2022 – three years ago.²⁸
- In May 2025, the National Disability Authority commenced an evaluation of the pilot which was expected to be completed by the end of 2025.²⁹ However, responding to a parliamentary question in December, the Minister confirmed the evaluation would not be completed until 2026 and stated that ‘the evaluation will provide critical insights into the barriers and facilitators to rolling out personalised budgets on a larger scale and will inform next steps towards the development of an effective model of personalised budgets model in Ireland’.³⁰

What’s needed to progress this commitment:

Progressing personalised budgets requires a clear national model outlining eligibility, funding and the supports budgets can be used for. Legislative backing would help ensure a rights-based approach and establish entitlement to self-directed supports. Additional investment in disability services, along with administrative supports to help individuals manage budgets, will also be necessary. Expanding the disability sector workforce and using the findings from the demonstrator pilot will be important to supporting a successful national rollout.

²⁸ [Parliamentary Question \(36083/25\)](#) 27 July 2021.

²⁹ [Parliamentary Question \(31667/25\)](#) 12 June 2025.

³⁰ [Parliamentary Question \[62155/25\]](#) 18 December 2025.

16. The Programme for Government commits to ‘progress the review of the Disabled Drivers Scheme’.

Responsibility: Department of Finance / Department of Transport.

Why this is important to family carers:

Reviewing the Disabled Drivers and Disabled Passengers Scheme is essential because the current system is accepted by Government and people with disabilities and their families as outdated, overly restrictive, and no longer ‘fit-for-purpose’.



Evidence Review:

- Government has confirmed that that Disabled Drivers and Disabled Passengers Scheme (DDS) is outdated and no longer fit for purpose. The current ‘in-or-out’ medically based system using the Primary Medical Certificate is seen as too narrow and not aligned with the UNCRPD and excludes those with non-physical disabilities and those living in rural areas without public transport.
- In response to a parliamentary question in December 2025, the Tánaiste confirmed that a sub-group was convened during 2024 to progress proposals under the National Disability Inclusion Strategy for a needs-based, grant-aided, modern vehicle adaptation support to replace the DDS. The sub-group’s proposals were submitted to the Department of Finance in 2024. They proposed that a new grant-based scheme be developed and led by the Department of Transport. The Tánaiste confirmed that work has commenced in the Department of Transport to develop this new scheme. In the interim, the existing DDS remains the responsibility of the Department of Finance and will continue to be kept under review in the context of the development of the new scheme.³¹

What’s needed to progress this commitment:

Government has already conceded that the DDS is not fit for purpose and must be updated. Given this admission, it is important that Government take urgent action to introduce a replacement scheme - including revising eligibility criteria to reflect the needs of all people with disabilities, expanding the range of supports available and simplifying the application process to improve accessibility. The scheme should also be aligned with modern standards of mobility and independence, ensuring it effectively enables people with disabilities to participate fully in work, education, and community life.

³¹ [Parliamentary Question \(69531/25\)](#) 18 December 2025.

17. The Programme for Government commits to ‘work to end the practice of placing young people with disabilities in nursing homes’.³²

Responsibility: Department Children, Disability and Equality / HSE.

Why this is important to family carers:

The placement of younger adults in nursing homes due to a lack of suitable alternatives is widely recognised as inappropriate and discriminatory. It represents a systemic failure that undermines dignity, equality, and fundamental human rights. Preventing the placement of adults under 65 in nursing homes is essential to safeguarding these rights, promoting independence, and enabling individuals to live meaningful, age-appropriate lives within their communities.



Evidence Review:

- Wasted Lives, a report published by the Ombudsman in 2021, showed that 1,320 young and middle-aged disabled people were being forced to live in nursing homes because of a lack of State support to enable them to live independently.³³
- Following the publication of the Ombudsman’s report, the HSE created the National Implementation Programme for people under the age of 65 living in nursing homes to implement the report’s recommendations. The recommendations include to transition those within this cohort out of nursing homes and into homes within the community, and to enhance the lives of those under the age of 65 currently in nursing homes. Between 2021 and 2025, Government provided funding of €21.4m to the HSE’s implementation programme. This includes €1m provided in 2025.³⁴
- A parliamentary question raised in January 2026 showed that the most up-to-date HSE Nursing Home Support Scheme (NHSS) data reveal that in November 2025, there were 1,209 people under the age of 65 residing in nursing homes - 670 are male and 539 are female. Based on yearly averages, between 2021 (average 1,330) and 2023 (average 1,230) there was a drop in total number by approximately 100 under 65s. 2024 saw an increase to an average of 1,240, however data to date for 2025 show an average of 1,224, with November showing the lowest number recorded of 1,209, following a decreasing trend from July onwards.³⁵ This means that since the Wasted Lives report was published, the number of younger adults living in nursing homes has reduced from 1,320 to 1,209 – 111 people.
- An important component of the HSE’s Under 65s Programme is to prevent the inappropriate admission to a nursing home of persons aged under 65. The table below shows a small upward trend in the average number of monthly admissions since 2021. However, there is a small reduction in the admissions rate during the review period 2024 – 2025 (Nov).

Admissions to Nursing Homes (people under 65 years of age) Based on NHSS* data.

Year	2021	2022	2023	2024	2025 (Nov)
Ave. monthly admissions	26	27	29	31	29

³² The term ‘younger people’ used in the Programme for Government refers to adults under the age of 65.

³³ Wasted Lives: Time for a better future for younger people in nursing homes. (n.d.). Available at: <https://www.ombudsman.ie/publications/reports/wasted-lives/OMBWastedLives2021.pdf>.

³⁴ Parliamentary Question (72530/25) 18 December 2025.

³⁵ Parliamentary Question (75280/25) by written reply to Deputy Liam Quaide 21 January 2026.

- Part of the role of the Under 65s Programme is to enhance the daily lives of individuals who remain in nursing home placements and, where appropriate, to support pre-transition work that prepares individuals for a return to the community. Between 2021 and 2024, 154 people received Enhanced Quality of Life Supports (EQLS) funded through the programme. In 2025, a further 136 individuals have been provided with EQLS. These supports include personal devices such as iPads and laptops, motorised wheelchairs, exercise bikes, PA hours, transport, and access to specialist and therapeutic supports.
- In addition to the €10m secured for the Under 65s Programme in Budget 2026, additional one-off funding of just over €736,000 was also secured by the Department of Children, Disability and Equality from the Dormant Accounts Fund to provide EQLS to people under the age of 65 living in nursing homes.

What's needed to progress this commitment:

Stopping the placement of younger adults in nursing homes requires urgent investment in age-appropriate housing and community supports, including supported living, personal assistance and home-based services. The introduction of the statutory home support scheme will give people choice and control over where they will be cared for, alongside robust care planning to support transitions from care settings. Expanding the workforce of trained home and community care staff, and implementing monitoring mechanisms, will ensure that young adults can live independently with choice and dignity.



18. The Programme for Government commits to ‘develop a multi-year capital plan for investment in residential and independent living options for both adults and children’.

Responsibility: Department Children, Disability and Equality / HSE.

Why this is important to family carers:

A capital plan for disability housing is crucial because it shifts the focus from institutional care to community living, promoting independence, choice, inclusion, and better quality of life.



Evidence Review:

- In November 2025, the minister announced the department’s Sectoral Capital Plan for 2026-2030 as part of the Government’s National Development Plan (NDP). An allocation of €278m has been made to disability services to develop specialist disability infrastructure, support new residential homes, respite facilities, day services, multi-disciplinary team units, and other services. If delivered, this investment will double current capital levels.
- The table below sets out the annual allocation for disability services up to 2030. The allocation for 2026 of €43m represents a 59% increase in the 2025 capital allocation which was €27m.
- Responding to a parliamentary question in December 2025, the minister confirmed that she has asked the HSE to develop a multi-annual strategy for specialist services which will provide more detail on the anticipated allocation of the NDP funding in the coming years. The annual capital plans for the HSE will then list the specific projects to be funded and progressed within the relevant year.³⁶

Capital allocation for disability services 2026 - 2030

Total	2026	2027	2028	2029	2030
€278m	€43m	€48m	€55m	€58m	€74m

What’s needed to progress this commitment:

The multi-year capital plan for disability specialist services must align capital funding allocation with demographic trends and geographic need. This means using population data, disability prevalence rates, and service demand forecasts to identify where services and housing will be most needed in the future. Funding should then be allocated strategically across regions to address gaps in provision, particularly in areas with growing populations or limited existing services. The plan should also involve collaboration with service providers, local authorities, and community organisations to ensure developments are accessible, sustainable, and responsive to the needs of people with disabilities over the long term.

³⁶ [Parliamentary Question \(69761/25\)](#) 9 December 2025.

Practical Supports for Family Carers



19. The Programme for Government commits to ‘fully fund the Carer Guarantee’.

Responsibility: Department of Health / Department of Children, Disability and Equality.

Why this is important to family carers:

Years of inconsistent and inadequate funding for the caring sector created a postcode lottery, where access to essential supports such as respite, training, and advocacy depended on where a family carer lives rather than their actual needs. The Carer Guarantee is a Government commitment to fund carer organisations to eliminate this postcode lottery, ensuring the consistent delivery of a core set of services to all family carers, regardless of their location.



Evidence Review:

- The Carer Guarantee is a Government policy commitment to give family carers a consistent minimum set of supports regardless of where they live. It was first proposed by Family Carers Ireland in 2018 and aims to:
 - Reduce the inequity of services and supports for family carers by increasing Family Carers Ireland’s geographic reach and extending the scope and scale of the programmes it delivers.
 - Increase the number of family carers identified and supported across the country with supports aligned to identified needs to maximise outcomes for the carer and the person they support.
 - Improve carer wellbeing across seven key areas: (1) health; (2) emotional wellbeing; (3) finances; (4) work/education; (5) the caring role; (6) life at home; and (7) time for themselves.
 - Enhance working relationships and further develop direct referral pathways with the HSE by leveraging and building upon the work in the community and voluntary sector.
- The initial Carer Guarantee proposal sought additional annual funding of €3.2m. However, due to a significant increase in the number of carers seeking support, combined with inflationary pressures, it is now estimated that a minimum of €5.6m is required annually to fully fund the guarantee.
- In 2022, €2m in recurring annual funding was allocated to the Carer Guarantee. This was increased to €2.6m in Budget 2025. The significant majority of funding (€2.44m) is allocated to Family Carers Ireland, with Care Alliance Ireland receiving €166,000. No additional funding was allocated to the Carer Guarantee in Budget 2026, leaving its annual funding at €2.6m. This amount is in addition to €700,000 allocated to Family Carers Ireland to deliver the Emergency Respite Scheme.
- The funding received to date has allowed Family Carers Ireland to make significant progress in reducing gaps in carer support nationwide and to provide additional in-person and online supports and programmes. However, substantial gaps remain and the organisation cannot achieve the full rollout of the Carer Guarantee unless the €3m funding shortfall is addressed.

What’s needed to progress this commitment:

Family Carers Ireland is calling on the Government to commit the additional €3 million in annual funding needed to complete the rollout of the Carer Guarantee and to fulfil its ambition of providing carers with uniform access to information, training and support, regardless of where they live. In September 2025, Family Carers Ireland met with the Minister for Health and agreed to co-develop a three-year implementation plan for the Carer Guarantee. This collaborative roadmap, created in partnership with the Department of Health and the HSE, will form the basis of Family Carers Ireland’s funding submission for Budget 2027 and future years.

20. The Programme for Government commits to ‘increase support for carers - providing training, establishing clearer pathways to services, and improving access to respite’.

Responsibility: Department of Health / Department of Children, Disability and Equality.

Why this is important to family carers:

Family carers play a vital role in caring for children, older people, and those with disabilities, saving the State billions of euros in avoided healthcare costs. Caring can be physically, emotionally, and financially demanding and without support, carers are at higher risk of stress, poor health, and poverty. Government assistance such as financial help, respite services, and training helps family carers maintain their wellbeing, provide better quality care, and remain socially and economically included, making the care system more sustainable overall.



Evidence Review:

- Responding to a parliamentary question in July 2025 regarding support for family carers, the Minister for Health noted Government’s investment in the following supports for carers:³⁷
 - **Carer Guarantee:** annual funding of €2.6m to deliver a mix of community and individual support across five areas of activity: psychosocial supports community carer supports; intensive and emergency support; education and training; and Family Carers Ireland’s Freephone Careline.
 - **Emergency Respite:** funding allocated by the HSE to Family Carers Ireland in 2023, 2024 and 2025 to deliver the scheme and provide 27,000 hours of respite per year.
 - **Family Carer Needs Assessment Pilot:** From 2021-2023, a Family Carer Needs Assessment was piloted in Community Healthcare West to test the implementation of the interRAI Family Needs Assessment (FCNA). This pilot is part of a larger ongoing international study of the interRAI FCNA. The project’s final evaluation report was published in March 2024. While awaiting the results of the international study, the HSE and the Department of Health are considering what next steps may be required to further support family carers.
 - **National Carer’s Strategy:** National Goal 2 of the strategy is to ‘support carers to manage their physical, mental and emotional health and well-being’. A number of actions have been implemented to deliver on this goal.
- **Extension of the GP Visit Card:** Since September 2018, individuals in receipt of either a full or half-rate Carer’s Allowance or Carer’s Benefit are eligible for a GP Visit Card.
- **Funding the Woman’s Health Fund project:** Funding of €250,000 has been approved under the Women’s Health Fund for a project to support midlife and older women family carers. The project aims to research the impact of the gendered nature of family caring on midlife and older women’s health and wellbeing, and to develop effective responses to support women carers. The project will be undertaken by Family Carers Ireland with oversight by the Department of Health.
- Much of the progress reported in the reply to the parliamentary question (above) relates to actions taken by previous governments and is not related to the review period January – December 2025.
- The minister’s reply includes reference to the National Carers’ Strategy published in 2012 as an active policy document. The Department of Health agreed in 2017 that the cost neutral strategy had run its course and no further progress reports would be published.
- In November 2025, Minister Jerry Buttimer announced €47m in funding under the Dormant Accounts Action Plan 2026. The plan includes a Family Carer Measure, which provides €1m to support family carers, including young carers and former carers, to access employment, training, and education supports.

³⁷ [Parliamentary Question \(36747/25\)](#) 3 July 2025.

- Family Carers Ireland receives funding from Government to provide a range of courses and educational opportunities to support family carers' skills, wellbeing and transition into further education or employment. These include:
 - **Caring with Confidence:** Introductory courses covering care skills, communication, self-care and safety basics.
 - **Parents Plus Special Needs Programme:** Support and strategies for parents/carers of children and young adults with additional needs.
 - **eLearning Courses:** Flexible online modules on topics such as self-care, nutrition, coping with grief, dementia care and first aid, which carers can complete at their own pace.
 - **Workshops and Short Courses:** Covering communication with healthcare professionals, Last Aid planning, patient moving and handling, and wellbeing sessions.
 - **Former Carer Workshops:** Tailored sessions for people transitioning from caring roles.
 - **SETU (South East Technological University) Supporting Family Carers Family Carers Across Ireland Project:** Offers accredited certificates (e.g. Level 6 Certificate in Advocacy) and pathways into higher education designed for family carers, including Deaf and Hard-of-Hearing family carers. These programmes help recognise family carers' experience and support engagement in third-level learning and advocacy skills.

What's needed to progress this commitment:

Family Carers Ireland acknowledges the Government's investment in supports for family carers. However, some of the measures referenced in the minister's reply relate to supports that are no longer active, such as the National Carers' Strategy, or to initiatives that have not progressed in recent years, including the Family Carer Needs Assessment. Other measures referenced, such as the introduction of the Carer GP Visit Card, were introduced several years ago and do not reflect new developments in supporting carers.

It is essential that we continue to innovate and develop new ways to support family carers, providing assistance that is responsive to how, when, and where carers need it most. In particular, we are calling for the interRAI Family Carer Needs Assessment, which was piloted in Community Healthcare West in 2023, to be amended in line with the pilot's recommendations and incorporated into the interRAI Single Assessment Tool. This would ensure that the needs of family carers are systematically identified and addressed as part of routine health and social care assessments.



21. The Programme for Government commits to ‘review the operation of the Assisted Decision-Making (Capacity) Act 2015’.

Responsibility: Department of Children, Disability and Equality.

Why this is important to family carers: The Assisted Decision-Making (Capacity) Act 2015 protects people whose capacity is in question to make their own decisions and ensures they are supported to do so where needed. It is important to review the operation of the act to ensure it is working as intended and effectively protecting people’s rights in practice. A robust review of the operation of the act will help identify gaps, unintended consequences, or barriers to accessing decision-making supports, and ensures that safeguards are functioning properly.



Evidence Review:

- The Decision Support Service (DSS) is responsible for operating many of the provisions of the Assisted Decision-Making (Capacity) Act 2015, including establishing a register of decision support arrangements, promoting public awareness, providing information and guidance about the act, establishing panels of special visitors, general visitors and decision-making representatives and reviewing complaints in regard to the performance of decision-making representatives, co-decision makers and designated healthcare representatives.
- Due to the DSS’s central role in the operation of act, the legislation provides for the Mental Health Commission to prepare a report on the effectiveness of the DSS, on the adequacy of the functions assigned under the act to the DSS, and to include any such recommendations that the Mental Health Commission considers would improve these aspects of the legislation.
- Replying to a parliamentary question in September 2025, the minister confirmed that the Mental Health Commission has completed a report on the operations of the DSS and this report has been submitted to the Department of Children, Disability and Equality. The minister stated that ‘the report is currently being considered and will be laid before the Houses of the Oireachtas in due course. The recommendations set out in the report will work to inform a review of the Assisted Decision-Making (Capacity) Act 2015 as provided for within the legislation, and to which we have further committed in the Programme for Government, with the ultimate aim of ensuring that those with diminished decision-making capacity are enabled to retain as much autonomy as is possible over the decisions that affect them’.³⁸
- A search of the ‘Oireachtas Documents Laid’ application on 5 January 2026 found no reference to the Mental Health Commission’s report having been laid before the Oireachtas in 2025.³⁹
- The review of the DSS conducted by the Mental Health Commission did not include a public consultation with stakeholders or individuals affected by the act. Consequently, it is our understanding that this review alone does not fulfil the commitment in the Programme for Government to review the operation of the act.

What’s needed to progress this commitment:

It is now three years since the commencement of the Assisted Decision-Making (Capacity) Act. A comprehensive public consultation on its operation is essential to ensure its implementation is effective, accessible, and responsive to the needs of those the act is intended to support, including the experiences of family carers, individuals affected by the act and decision supporters. This review should identify practical challenges, including financial costs, administrative burdens, and the overall experiences of users. Capturing these perspectives is vital to pinpoint barriers, inform improvements and ensure the act achieves its objectives in practice, rather than solely in principle.

³⁸ [Parliamentary Question \(44616/25\) 8 September 2025.](#)

³⁹ <https://www.oireachtas.ie/en/publications/docs-laid/>

Home Support for Older People and People with Disabilities



22. The Programme for Government commits to ‘design a statutory homecare scheme to allow people to stay in their own home for as long as possible’.

Responsibility: Department of Health.

Why this is important to family carers:

A well-resourced statutory home support scheme would provide people with the choice to receive care more appropriately in their homes and communities and end the current legislative anomaly whereby people have an entitlement to nursing home support under the provisions of Fair Deal but no equal entitlement to be cared for at home. Without legal entitlement to home care, people face long waiting lists, unequal access to home care and the prospect of entering nursing homes prematurely simply because it is easier to enter a nursing home than it is to access home support.



Evidence Review:

- Government first committed to introduce a statutory home support scheme in January 2017 with the Sláintecare Implementation Strategy, published in 2018, targeting its introduction by 2021. However, replying to a parliamentary question regarding the timeline for the introduction of the statutory home support scheme in July 2025, the minister confirmed that ‘work is ongoing within the Department across several areas including: regulation, examining funding options, reforming how home support is delivered and addressing the recruitment and retention challenges within the sector’.⁴⁰
- On 9 December 2025, the Cabinet approved the publication of the Health (Amendment) (Home Support Providers) Bill 2025 which will for the first time mandate the registration and licensing of all professional home support providers. On 16 December 2025, the bill was initiated before the Dáil. The bill will become an act once passed by both houses and signed into law by the President. The Department of Health projects that following the enactment of the bill, it will take a further three years for the new statutory home support scheme to become fully operational. The three-year implementation period consists of a 12-month commencement phase followed by a 24-month transitional phase. As a result, the scheme is not expected to become operational until at least 2029.
- The recruitment and retention of home care staff is important to the introduction and operation of the scheme. In 2022, Government established a cross-departmental Strategic Workforce Advisory Group to address critical workforce shortages for Home Carers and Nursing Home Healthcare Assistants. The working group issued 16 recommendations in late 2022 to improve recruitment, pay, conditions, training, and retention that are overseen by an implementation group to drive progress. However, implementation of the recommendations has not been reported since the publication of the group’s last progress report in July 2024.⁴¹
- In 2021, the ESRI projected that following the creation of the statutory home support scheme, the number of publicly funded home support hours could rise from 18.56 million hours in 2019, to almost 42 million hours - a 126% increase. These projections are based only on the demand generated by older people over 65 and do not include demand from younger adults with care needs who may also be provided for under the scheme.⁴²
- In June 2025, ESRI research, commissioned by the Department of Health, into demand projections for home support and long-term care projected that long-term residential care and home support requirements will increase by at least 60% by 2040.⁴³

⁴⁰ [Parliamentary Question \(41025/25\) 29 July 29, 2025](#)

⁴¹ <https://www.gov.ie/en/department-of-health/publications/strategic-workforce-advisory-group-on-home-carers-and-nursing-home-healthcare-assistants-implementation/#progress-reports>

⁴² Economic and Social Research Institute report Demand for the Statutory Home Support Scheme (Research Series No. 122, 2021).

⁴³ Walsh, B., and Kakoulidou, T. (2025). Projections of national demand and bed capacity requirements for older people’s care in Ireland, 2022–2040: Based on the Hippocrates model, ESRI Research Series 214, Dublin: ESRI, <https://doi.org/10.26504/rs214>



What's needed to progress this commitment:

The legislative gap between a person's right to nursing home care and the discretionary basis for home support is long-standing, originating with the introduction of the Nursing Home Support Scheme (Fair Deal) in 2009. Over the past 17 years, families have had to navigate a system that effectively incentivises residential care, with spending on the Fair Deal scheme approximately one and a half times higher than on home care. This disparity persists despite Government policy supporting care at home and the clear preference of most people to remain in their own homes.

The momentum lost in the creation of the statutory home support scheme must be regained. The establishment of the scheme should be given utmost priority with an agreed timeline towards its introduction and appropriate funding made available to meet the demand implications of introducing a statutory entitlement to home support as predicted by the ESRI. The delivery of the statutory home support scheme is dependent on having access to a skilled pool of workers across the country. Even before the scheme is launched, the acute shortage of workers is having a detrimental effect on the sector, with home care providers frequently unable to deliver funded home support hours due to a lack of staff. The urgent implementation of the recommendations made by the Strategic Workforce Advisory Group is needed to promote employment and attract and retain workers in the home care sector.

23. The Programme for Government commits to ‘increase home care hours for older people’.

Responsibility: Department of Health / HSE.

Why this is important to family carers:

Investment in home support hours enables older people to live safely and with dignity in their own homes for longer.⁴⁴ Adequate home support helps prevent hospital admissions, reduces early entry into nursing homes, and supports physical and mental wellbeing. Investment in home support also eases pressure on family carers and the wider health system, making it a cost-effective approach to meeting the needs of an ageing population as well as satisfying the preference of many older people to be cared for at home.



Evidence Review:

- Home support hours are delivered on a non-statutory, discretionary basis with access based on an assessment of the person’s needs. Provision of home support hours is dependent on having staff and resources available to deliver the hours a person is assessed as needing.
- Demand for home support hours continues to increase due to population growth and the increasing dependency of the growing number of people aged ≥80 years. In 2025, the ESRI projected that the population aged over 65 will grow from 0.78m in 2022 to over 1.3m by 2040.⁴⁵ According to the HSE, this demographic shift is the primary driver of increased demand for home support services.
- According to the HSE 2025 and 2026 National Service Plans, a total of 25.46m hours of home support was delivered in 2025, an increase of almost 9% when compared with the 23.4m hours delivered in 2024. The number of older people receiving home support rose from 58,200 in 2024 to 60,700 in 2025 – an increase of over 4%.
- At the end of October 2025, 5,377 people were on a waiting list for home support.⁴⁶ This represents a 3% reduction in the number of people on a waiting list at the end of 2024 - 5,556 people.⁴⁷
- Budget 2026 provides for 26.7m home support hours for 62,000 older people in 2026 – a 5% increase on 2025.

Home Support Hours for Older People 2024 - 2026⁴⁸

		2024	2025	2026 (target)	Change 2024 - 2025
Home Support	Hours	23.4m	25.46m	26.7m	+8.8%
	Recipients	58,200	60,700	62,000	+4.3%
	Waiting List	5,556	5,377 (Oct)	-	-3.2%

⁴⁴ While the Programme for Government refers to ‘home care hours’, the term used by the HSE is ‘home support hours’.

⁴⁵ Walsh, B., and Kakoulidou, T. (2025). Projections of national demand and bed capacity requirements for older people’s care in Ireland, 2022–2040: Based on the Hippocrates model, ESRI Research Series 214, Dublin: ESRI, <https://doi.org/10.26504/rs214>

⁴⁶ <https://www.hse.ie/eng/services/publications/performance-reports/national-performance-report-october-2025.pdf>

⁴⁷ [HCCI Home Care Data Series: Waiting Lists 2024.](#)

⁴⁸ HSE National Service Plans 2024, 2025 and 2026.

What's needed to progress this commitment:

Delivering more home support hours for older people requires a coordinated approach, including sufficient and sustainable funding, expansion and retention of the care workforce, and targeted training in complex care, as well as improved housing and transport. The introduction of a statutory home support scheme, aligned with a care needs assessment, giving people the right to the home support hours they have been assessed as in need of, are essential to ensure resources are provided appropriately.

Ongoing monitoring and evaluation, informed by evidence such as the ESRI's projections of rising demand, will be critical to meet the growing needs of older people and support them to remain at home.



24. The Programme for Government commits to ‘increase Disability Home Support hours and work towards aligning Disability Home Support pay with rates for Older Persons Services’.

Responsibility: Department of Children, Disability and Equality.

Why this is important to family carers:

The right to live independently and be included in the community is set out in Article 19 of the UNCRPD. State Parties, including Ireland, are obliged to facilitate the full enjoyment of this right by ensuring disabled people have ‘access to a range of in-home, residential and other community support, including personal assistance necessary to support independent living.’



Evidence Review:

- Budget 2026 allocated €3.88bn to disability services – a 20% year-on-year increase and largest single year investment.
- The Action Plan for Disability Services 2024-2026 commits to:
 - Deliver 110,000 extra hours a year by 2026 to address shortfalls in services and to support people with disabilities to live at home, in line with Article 19 UNCRPD.
 - Conduct policy review of Home Support services in light of the UNCRPD, and proposed statutory home care scheme, to develop a formal policy and service description, develop eligibility and prioritisation criteria (to be completed by 2024).
- The most recent progress report published for the action plan is for Q1 and Q2 2024 and is therefore outside of the review period.
- According to the HSE National Service Plans for 2024 and 2025, Disability Home Support Hours have risen from 3.76m hours in 2024 to 3.86m hours in 2025 – an increase of 2.6%.
- The number of recipients of Disability Home Support Hours has also risen from 7,023 recipients in 2024 to 7,251 in 2025 – an increase of 3.2%.

Disability Home Support Hours 2024 - 2026⁴⁹

		2024	2025	2026 (target)	Change 2024 - 2025
Home Support	Hours	3.76m	3.86m	3.96m	+2.6%
	Recipients	7,023	7,251	7,523	+3.2%

- Budget 2025 provided approximately €9m in funding to commence the alignment of the personal assistance and disability home support hourly rates (€25 per hour)⁵⁰ with older persons services (€31.47 per hour). When the rates are aligned, the estimated full-year cost of providing 270,000 PA hours would be €8,496,900. The estimated full-year cost of providing 40,000 additional home support hours would be €1,258,800 (total €9.7m).⁵²

What’s needed to progress this commitment:

Increasing Disability Home Support Hours requires not only sufficient funding but also practical measures to expand and retain a trained workforce, including targeted recruitment, competitive pay and ongoing skills development. Support hours should be allocated based on individual needs assessments and delivered flexibly to accommodate the person’s work, education and daily life, with clear coordination between health, social care and disability services. The statutory home support scheme must include the provision of home support hours to people with a disability and not be confined only to older persons.

⁴⁹ HSE National Service Plans 2024, 2025 and 2026.

⁵⁰ Parliamentary Question (30408/25) 10 June 2025.

⁵¹ Parliamentary Question (44329/25) 29 July 2025.

⁵² Parliamentary Question (44330/25) 29 July 2025.

25. The Programme for Government commits to ‘increase ringfenced home care hours and funding for Dementia Intensive Home Care Packages’.

Responsibility: Department of Health / HSE.

Why this is important to family carers:

People living with dementia have unique needs that require individualised support. Dedicated home support is vital because it allows people with dementia to stay in their own homes, which significantly reduces the anxiety and confusion caused by new settings. Complex Home Support packages are designed to deliver a high number of care hours for people with complex care needs and who without such support would be at risk of hospital admission.



Evidence Review:

- Complex Home Support (formerly known as the Intensive Home Care Package, or IHCP) is home support hours in excess of 56 hours per week to enable individuals with significant needs, including people with dementia or people being discharged from an acute hospital or the National Rehabilitation Hospital, to live in their own homes for as long as possible.
- The HSE National Service Plan 2025 aimed to delivered 275,000 Complex Home Support Hours to 90 people in 2025. The HSE National Service Plan 2026 reports that 265,111 hours were actually delivered to 84 people in 2025, falling short of the target.
- The HSE National Service Plan 2026 commits to deliver 275,000 Complex Home Support Hours to 90 recipients in 2026. The target set for 2026 has not increased from the target set for 2025.

Complex Home Support

The tables below provide a summary of the number of hours of home support provided to service users with a dementia diagnosis in 2025 that was funded through the Complex Home Support budget.⁵³ It is important to note these figures do not include service users funded through regionally held home support funding. The tables hereunder also detail the number of recipients of these Complex Home Support/IHCPs for 2024 and 2025. Please note that data on hours provided to service users with a dementia diagnosis for 2024 area not available, as the collation of this data commenced in 2025.

Home support hours provided from Complex Home Support funding to people with dementia

Total Hours 2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	% Change
	11,103	10,616	11,385	10,979	11,121	11,729	12,386	12,369	12,906	13,388	12,632	14,074	+27.7%

Total Recipients	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	% Change '24-25
2024	53	52	51	52	52	52	53	56	57	54	51	49	+18%
2025	49	46	45	45	48	49	49	51	53	54	55	58	

⁵³ Parliamentary Question (3285/26) written reply received by Deputy Mark Wall 27 January 2026.

What's needed to progress this commitment:

Complex Home Support provides high-intensity care to people with significant needs that goes beyond standard home support. While the target number of clients is relatively small — approximately 90 people — this support is vital for both the individuals and their families, enabling them to live safely at home when they might otherwise require residential care. The service is particularly important given the complexity of some clients' care needs, which can make securing a nursing home placement difficult or impractical. With the growth in the privatisation of nursing homes and the potential for an increasing number of people being refused residential care, Complex Home Support is likely to become even more critical. We therefore encourage the department to continue to fund and monitor the scheme in line with demand.



Support for Children with Additional Needs



26. The Programme for Government commits to ‘support families who are waiting too long for an Assessment of Need to procure assessments privately’.

Responsibility: Department of Children, Disability and Equality / HSE.

Why this is important to family carers:

An Assessment of Need (AON) is the first critical step in a child’s journey towards securing the health and educational support they need. Early diagnosis and intervention are key to achieving long-term positive effects on symptoms and later skills. Delay in accessing an AON is not only injurious to the present wellbeing of the child, but is likely to have a ripple effect that will require far greater funding and support for the child at a later stage.



Evidence Review:

- Any child born on or after 1 June 2002 and thought to have a disability has a right to an AON under the Disability Act 2005. Since the act’s commencement in 2007, there have been significant year-on-year increases in the number of children applying for both an AON and disability services, leading to extensive waiting lists. This is despite the act setting out a six-month statutory timeline under which AONs must be completed.
- The number of applications for an AON increased from 4,700 in 2020 to 11,000 in 2025. However, there has been progress in the number of completed applications - in 2025, there was a 57% increase in completed assessments in the first nine months of the year compared to the same period in 2024.⁵⁴
- Responding to a parliamentary question in December 2025, the minister confirmed that the number of applications overdue for completion has grown and the HSE had estimated that over 22,000 applications would be overdue by the end of 2025.⁵⁵ By comparison, at the end of 2024, circa 19,559 AONs were due for completion.⁵⁶
- The table shows the number of AONs overdue at the end of Q3 2025 - the most recent data available from the HSE. The column listing applications overdue for completion includes all assessments that were not completed within six months of receipt of an application.⁵⁷



⁵⁴ [Parliamentary Question \(73272/25\)](#) 17 December 2025.

⁵⁵ [Parliamentary Question \(73272/25\)](#) 17 December 2025.

⁵⁶ [HSE Roadmap for Service Improvement 2023 – 2026, Disability Services for Children and Young People End of 2024 Report.](#)

⁵⁷ [Parliamentary Question \(74243/25\)](#) 13 January 2026.

AON data by Regional Health Area	Number of applications overdue end Q3 2025
HSE Dublin & North East	5,577
HSE Dublin & Midlands	6,585
HSE Dublin & South East	2,752
HSE South West	1,569
HSE Mid West	482
HSE West & North West	1,132
Total	18,097

- During 2025, the Minister for Children, Disability and Equality acknowledged the unacceptable delays in accessing AONs and vowed to introduce reforms to address the shortfalls. During the year, the following efforts were made to reduce waiting times:
 - **AON Targeted Waitlist Initiative:** Under this initiative, the HSE procures clinical assessments from approved private providers for families who have been waiting the longest for an AON. Over 6,300 clinical assessments have been commissioned from private providers since the initiative started in June 2024. Budget 2026 provides for the continuation of this initiative in 2026 with €20m provided for the delivery of some 6,000 clinical assessments.
 - **New AON Assessment Teams:** In December 2025, Government announced a series of reforms to the AON process which will aim to make the process more effective for children and families and move towards more assessments being delivered within the statutory six-month timeframe. Assessment officers will be supported by 11 new teams, comprising 44 expert staff who will provide clinical guidance and support during the AON process. Each team will include a psychologist, a speech and language therapist, an occupational therapist and an administrator. There will be guidelines for assessment officers to make clear that the AON process should be focused on establishing the needs for a child, rather than lengthy and complex reports on a diagnosis of disability. This will replace the current AON process, where therapists are spending up to one-third of their time producing clinical assessments as part of the AON process. It should be noted that Minister Foley's announcement of this initiative included a statement that the Department of Education and Youth intends to remove the requirement for a formal AON diagnosis to access special classes or schools by the 2027 academic year. This position has caused concern among some disability organisations and representative bodies who were not involved in discussions regarding this move.

Plans for 2026

- **Single Point of Access System:** The HSE Child and Youth Mental Health Office Action Plan 2024 - 2027 commits to introduce a Single Point of Access system (SpoA) which will make it easier for families to be referred to the most appropriate service, e.g. Children's Disability Network Team, Primary Care, or the Child and Adolescent Mental Health Services. In December 2025, the minister confirmed that the SpoA system will be introduced in 2026.
- **Access to special schools and classes:** The Department of Education and Youth will approve a new process to remove the need for professional reports, such as AON reports, from entry requirements for special schools and special classes.
- **Autism Assessment and Intervention Protocol:** In December, the minister confirmed that the new Autism Assessment and Intervention Protocol will launch in February 2026. This protocol is intended to provide parents with a faster pathway to obtaining an autism diagnosis for their child than the current AON route.⁵⁸ It should be noted that a number of representative bodies, including the Psychological Society of Ireland and the Association of Occupation Therapists in Ireland, have expressed concern regarding the tiered approach to autism assessments proposed in the new protocol.

⁵⁸ <https://www.gov.ie/en/department-of-children-disability-and-equality/press-releases/government-moves-to-improve-assessment-of-need-process-for-children-and-families/>

What's needed to progress this commitment:

The department's ambition to address the longstanding issue regarding AONs is clear and to be commended. However, the majority of families continue to experience significant delays in accessing assessments and report little improvement on the ground. While Family Carers Ireland welcomes the new initiatives announced by the minister, we also note valid concerns raised by some bodies regarding their implementation and impact, specifically regarding the lack of consultation and concerns that changing the AON assessment process to remove the need for a formal diagnosis may risk undermining the quality of clinical assessment.

We also note concerns expressed by parents and educators about the department's proposals to remove the need for a formal assessment to secure a place in a special school or special class. We call for greater consultation with parents, teachers, and relevant departments to fully understand and address the broader implications such a change may have.



27. The Programme for Government commits to ‘create a National Therapy Service in Education, beginning with special schools’.

Responsibility: Department of Education and Youth / HSE.

Why this is important to family carers: Parents of children with additional needs have long expressed a strong preference for their child’s therapies to be delivered within the school setting, rather than requiring them to be withdrawn from class. Providing access to therapies at school ensures that children with additional needs receive timely, inclusive, and practical support in the environment where they spend most of their day. This integrated approach strengthens learning, wellbeing, and participation, helping children to thrive both academically and socially.



Evidence Review:

- The provision of clinical therapy services is within the remit of the HSE and HSE-funded agencies. However, the Programme for Government commits to the commencement of a national therapy service in education and the Education Plan 2025, which was announced on 19 June 2025, confirmed Government approval for the establishment of the Education Therapy Service (ETS).
- The ETS, to be delivered by the National Council for Special Education (NCSE), will develop an embedded therapy service, focusing initially on occupational therapy and speech and language therapy. The service will assign therapist/s to each special school and employ a multi-tiered model of support, which includes supports at a universal, targeted and individualised level, ensuring children with the greatest level of need receive the greatest level of support.
- The ETS will subsume the NCSE work previously completed through the Educational Therapy Support Service and the School Inclusion Model (SIM) and the enhanced In-School Therapies Pilot.
- The ETS will provide three strands of support to the education system:
 - Strand I will see therapists assigned to individual special schools.
 - Strand II will provide ‘sustained in-school support’ (SIT) to schools for a defined period.
 - Strand III will provide a national Therapy Teacher Training Service (‘regional therapy support’, RT) which involves teacher professional learning with in-school coaching and modelling in line with supports currently provided by the Educational Therapy Support Service within the NCSE.
- The minister confirmed in December 2025 that it is anticipated that the service will commence in 45 special schools at a later stage in the 2025/2026 school year, with further rollout of the service on a phased basis in special schools commencing in the 2026/2027 school year. The ETS will eventually expand to include all schools including mainstream schools.
- The first phase of a recruitment campaign for 90 occupational therapists and speech and language therapists to join the ETS launched in November. It is envisioned that there will be rolling recruitment campaign commencing in 2026 covering all counties to meet the therapy needs of the children in the school system, and that further recruitment campaigns will also include additional therapy grades including therapy managers, clinical specialists and therapy assistants.⁵⁹

What’s needed to progress this commitment:

Parents have consistently called for therapy supports for children to be delivered within the school setting. The confirmation of the introduction of the ETS has therefore been broadly welcomed by parents, teachers, and advocacy organisations, including Family Carers Ireland. We acknowledge the challenges involved in establishing the ETS, particularly the recruitment of therapists without depleting resources within the health services and ensuring that supports are provided effectively within schools to deliver an efficient and impactful service. We remind the department of the critical importance of regular communication with parents so they are aware of the new service and how it will operate and interface with the HSE’s CDNT and primary care supports.

⁵⁹ [Parliamentary Question \(73312/25\)](#) 18 December 2025.

28. The Programme for Government commits to ‘complete the review of the EPSEN Act and ensure it meets the needs of children with additional needs’.

Responsibility: Department of Education and Youth.

Why this is important to family carers:

While the Education for Persons with Special Educational Needs (EPSEN) Act 2004 was groundbreaking when introduced, over time it became clear that it did not fully meet the needs of children with additional needs or reflect modern understandings of inclusive education, particularly in light of the ratification of the UNCRPD. The EPSEN Act review is essential to modernise Irish law, ensure children’s rights are protected, promote genuine inclusion, and improve access to timely, practical, and school-based supports for children with additional needs.



Evidence Review:

- In December 2021, the then Minister for Special Education announced a review of the EPSEN Act 2004. Despite being signed into law some 17 years previously, the act had never come into force in its entirety, with 18 sections remaining non-commenced. Although EPSEN was regarded as progressive at the time of its enactment, the incomplete introduction of the act resulted in inconsistencies that weakened its original intent. Changes in the legal and educational landscape that occurred in the intervening years meant that commencing the act in its entirety was not considered a viable option by Government.
- In June 2025, the Department of Education and Youth published the findings of this review which received more than 28,000 responses to online surveys, including 900 responses from children and young people, and participation in focus groups by 91 adults and 94 students and young people from mainstream, special and Irish-medium schools, as well as adults who had left school.
- The review of the EPSEN Act includes 51 recommendations aimed at overhauling the act’s provisions to align them with the principles of a more inclusive education system, as set out in the UNCRPD. Key recommendations include:
 - Move toward a rights-based, inclusive education system with a clear definition of inclusive education.
 - Student Support Plans (SSPs) should replace Individual Education Plans (IEPs) and be given statutory force to ensure consistency, accountability, and the right to appeal.
 - Improve AON process to make it more timely, efficient, and inclusive, with regular monitoring so that support follows quickly after identification of need.
 - Introduce a legal right to early years education for all children (including those with additional needs), with access to the necessary supports.
 - Finalise and implement a roadmap to an inclusive education system that allows flexible transitions between settings and places the child at the centre of decision-making.
 - Ensure that the rights and voices of children are central—such as participation in decisions about their education and supports.
 - Greater emphasis on supporting transitions between early years, primary, post-primary and beyond.
 - Ensure early intervention and access to therapeutic supports within schools for students who need them, such as occupational therapy, speech and language supports, and support for emotional regulation.

- Responding to a parliamentary question in September 2025, the Minister of State stated that the Department of Education and Youth is 'currently engaging with stakeholders to finalise an Implementation Plan, which will be published before the end of this year. This plan will set out concrete actions, timelines, and oversight arrangements to ensure delivery. Several recommendations are already being progressed, including work on inclusive education pathways, the SNA development workforce plan, and workforce professional learning. The financial and resource implications of the Review will be phased and managed through the annual Estimates process, with future allocations informed by the plan. Preparation for legislative amendments will begin in parallel, recognising that legislative change will be required to give effect to a number of the recommendations. The timing of draft Heads of a Bill will depend on the sequencing of policy development and consultation'.⁶⁰
- As of the end of 2025, the EPSEN Review Implementation Plan has yet to be published.

What's needed to progress this commitment:

Family Carers Ireland welcomes the 51 recommendations contained in the review of the EPSEN Act and supports the reform of the legislation to reflect the transition towards a more inclusive education system under the UNCRPD. However, children with additional needs and their families cannot wait any longer for these reforms to be introduced. We are calling for the urgent publication of the implementation plan and the prioritisation of the most urgent reforms.



⁶⁰ [Parliamentary Question \(49745/25\) 23 September 2025.](#)

29. The Programme for Government commits to ‘increase the number of Regional Assessment Hubs’.

Responsibility: Department Children, Disability and Equality / HSE.

Why this is important to family carers:

Regional Assessment Hubs (RAHs) are a key part of the HSE’s effort to speed up the Assessment of Need (AON) process for children, creating dedicated teams (psychologists, therapists, social workers, etc.) in primary care settings to handle assessments and reduce backlogs, separate from therapy services, with initiatives also focusing on private providers and autism supports.



Evidence Review:

- In 2023, the HSE Roadmap for Service Improvement 2023 – 2026 (action 2.19) committed to establish six regional assessment hubs to streamline the AON process for children and young people with disabilities.⁶¹
- Responding to a parliamentary question in June 2025, the HSE confirmed that five AON Administrative Hubs⁶² were established in Community Healthcare Areas (CHOs) 1, 4, 5, 7, 8 and three AON Assessment Hubs in CHOs 3, 6 and 9.
- The HSE goes on to state that ‘in 2025, National Children’s Disability Services is working with the Health Regions to review these structures, scope, memberships, and processes, and to make recommendations to the Regional Executive Officers for the development of a standardised approach that would amalgamate the existing Hubs into 6 AON Assessment Hubs aligned to the 6 Regional Health Areas. The 5 AON Administrative Hubs and 3 AON Assessment Hubs that have been established, will inform the core of a service improvement plan that will also include increased learning and support for staff involved in AON’.⁶³
- The HSE Roadmap for Service Improvement Progress Report for Q3 2025 reported in relation to Action 2.19 that ‘Work is in train to develop more integrated AON approaches across Disabilities, Primary Care and CAMHS e.g. review of the AON Hubs, review of waiting lists across the 3 service areas for duplication, negotiating a Grade VIII post per Region to lead AOs, LOs and Administrative staff and support services to achieve their AON targets’.⁶⁴

What’s needed to progress this commitment:

Family Carers Ireland understands that the HSE is centralising the AON system into six regional hubs. However, greater clarity is needed on the distinction between administrative and assessment hubs, particularly why most remain administrative. As recent official data still use old CHO boundaries rather than the six new Health Regions, it is unclear which areas lack coverage. Furthermore, it remains uncertain how these hubs will align with the 11 new AON Assessment Teams.

⁶¹ HSE Roadmap for Service Improvement 2023 – 2026: Disability Services for Children and Young People. 2023

⁶² An AON Administration Hub aims to provide a single point for receipt of all AON applications, and allocation to Assessment Officers, to reduce any bottle necks and ensure spread of demand on Assessment Officers across all available resources.

⁶³ Parliamentary Question (34611/25) by written reply 14 July 2025.

⁶⁴ <https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/roadmap-for-service-improvement-q3-2025-report.pdf>

30. The Programme for Government commits to ‘tackle waiting lists for specialist disability services by implementation of the Action Plan for Disability Services 2024-2026’.⁶⁵

Responsibility: Department of Children, Disability & Equality / HSE.

Why this is important to family carers: Long waiting times can lead to a person’s condition worsening, especially when early intervention is critical (for example in childhood development, mental health, or progressive disabilities). Timely access helps prevent secondary complications and distress and prevents more intensive and costly interventions later.



Evidence Review:

- Specialist disability services encompass a range of supports tailored for individuals with intellectual, physical, and sensory disabilities, or autism, particularly those with complex needs. €3.8bn has been allocated to specialist disability services in 2026, an increase of almost 19% on the 2025 allocation of €3.2m.
- new places were provided up to November 2025, notwithstanding the department acknowledges there is demand for significantly more places.
- The HSE National Service Plan 2026 outlines that €40m of funding allocated will provide 199 residential responses, including 152 new residential placements.

Residential Care

- Disability residential care provides 24-hour support, accommodation, and supervision for children or adults with intellectual, physical, or sensory disabilities. Residential care is provided in housing in the community, typically limiting the capacity to a maximum of four people per house.
- Residential services make up the largest part of the disability funding disbursed by the HSE, approximately 60% (€2.22bn) of the total budget.
- The Action Plan for Disability Services 2024-2026 commits to provide approximately 900 additional residential care places to tackle unmet need and ensure supply keeps pace with demographic change.
- As of November 2025, the HSE, together with approximately 90 service providers, was providing 8,887 residential places to people with disabilities.⁶⁶ This is an increase of almost 227 places on the number of residential places available in December 2024 (8,660).⁶⁷
- In 2024, 220 new residential places were created for people with disabilities. An additional 214

Children’s Disability Network Teams (CDNTs)

- There are 93 CDNTs aligned to 96 Community Healthcare Networks (CHNs) across the country, providing services and supports for children aged from birth to 18 years of age.
- In 2025, CDNTs provided supports and services to almost 45,000 children with complex needs. This is an increase of 2,000 children when compared with the end of December 2024.⁶⁸
- The number of children on waiting lists for CDNTs has fallen from 12,912 at the beginning of 2025 to 9,363 at the end of December 2025, a reduction of 27%.^{69 70}
- The latest published CDNT workforce data are from the April 2025 survey. It shows that there were 2,009 filled CDNT posts, an increase of 8% in the six months from the previous workforce survey in October 2024. In the 18 months between October 2023 and April 2025, the workforce grew by 26% or 414.5 WTE posts.

⁶⁵ While included under the ‘Supports for Children with Additional Needs’ section, parts of this commitment include adult and children’s disability services.

⁶⁶ [Parliamentary Question \(74578/25\)](#) 13 January 2026.

⁶⁷ PQ 28042/24. Reply received 2 July 2024.

⁶⁸ [Parliamentary Question \(71901/25\)](#) 18 December 2025.

⁶⁹ [Parliamentary Question \(4017/26\)](#) 26 January 2026 by Written reply to Deputy Marie Sherlock.

⁷⁰ [Parliamentary Question \(13296/25\)](#) 9 April 2025.

No. children waiting for initial contact with CDNT

Children Waiting	January 2025	December 2025	% change
0-3 months	1,336	1,010	-24%
4 - 6 months	1,024	927	-9%
7 - 12 months	1,677	1,391	-17%
12 months +	8,875	6,035	-32%
Total	12,912	9,363	-27%

Speech and Language Therapy (SLT)

- At the end of December 2024, 18,934 children were waiting for an initial assessment for SLT. 5,154 of these children were waiting more than one year.⁷¹
- At the end of December 2025, 20,972 children were on a waiting list for assessment – an increase of 10.7% since 2024. 7,414 were waiting more than one year (+43.8%).⁷²
- In December 2024, 6,885 children were waiting for an initial SLT session. Of these, 2,121 children were waiting more than 12 months.
- In December 2025, 6,997 children were waiting for an initial SLT session (+1.6%). 2,525 children were waiting more than one year (+19%).

Occupational Therapy (OT)

- At the end of December 2024, a total of 22,068 children were on a waiting list for an initial OT assessment – 10,496 of these children were waiting for more than one year.
- At the end of December 2025, 25,986 children were on a waiting list for an initial OT assessment (+17.7%). Of these children, 13,891 were waiting more than one year (+32%).

Psychology

- At the end of December 2024, a total of 23,816 children were waiting for a psychology service. Of these, 11,552 were waiting for more than one year.
- In December 2025, over 29,018 children are on the psychology waiting list (+21.8%), with 16,066 waiting over a year (+39%).
- The Primary Care Child Psychology Waiting List Initiative, introduced in 2021, is a targeted national programme designed to reduce the number of children and young people (under age 18) waiting longer than 52 weeks for primary care psychology services. In Budget 2025, funding of €4.75m was allocated to target the removal of 2,933 children waiting over 52 weeks from the list. Budget 2026 provided €8.3m specifically to address waiting lists for children across primary care services, with a target to remove 3,000 children from the psychology waiting list in 2026.
- Over the last three years, 135 additional trainee psychologist places have been introduced (45 annually in 2023, 2024, and 2025) to build a long-term clinical pipeline.⁷³

⁷¹ [Parliamentary Question \(13296/25\)](#) 9 April 2025.

⁷² [Parliamentary Question \(57823/25\)](#) 4 November 2025.

⁷³ [Parliamentary Question \(64616/25\)](#) 20 November 2025.



Physiotherapy

- At the end of December 2024, 9,857 children were waiting for an initial physiotherapy assessment. Of these, 2,445 were waiting more than one year.
- At the end of December 2025, 11,881 children were waiting for an initial assessment (+20.5%). Of these children, 3,615 are waiting for more than one year (+47.8%).
- In December 2025, the department and the HSE began a targeted programme of work to address primary care therapy waiting lists and reduce waiting times for patients, beginning with three therapies in the first instance – physiotherapy, occupational therapy and speech and language therapy. This measure will remove up to 60,000 people from the waiting lists across these three therapies where there are currently some 59,000 people waiting for more than one year.⁷⁴

Number of children waiting for therapy support

Service	Dec 2024			Dec 2025			% change
	0-12 months	> 12 months	Total	0-12 months	> 12 months	Total	
SLT - Assess	13,780	5,154	18,934	13,558	7,414	20,972	+10.7%
SLT - Therapy	4,764	2,121	6,885	4,472	2,525	6,997	+1.6%
OT	11,572	10,496	22,068	12,095	13,891	25,986	+17.7%
Psychology	12,264	11,552	23,816	12,952	16,066	29,018	+21.8%
Physiotherapy	7,412	2,445	9,857	8,266	3,615	11,881	+20.5%

What’s needed to progress this commitment:

Timely intervention is critical for children with additional needs. Without early support, children risk losing language skills, missing educational milestones, and falling further behind. Staffing shortfalls are at the heart of the crisis. While demand has surged, staffing across therapy disciplines has increased only marginally, and more than 500 funded therapy posts remain unfilled.

Government must act urgently: recruit staff, strengthen community supports, and adopt multi-annual budgeting to properly plan disability services. If the public system cannot meet demand, the National Treatment Purchase Fund (NTPF) should be temporarily extended to provide access to speech and language therapy, occupational therapy, psychology, and physiotherapy until waiting lists are cleared.

⁷⁴ [Joint Committee on Health debate, 1 October 2025.](#)

31. The Programme for Government commits to ‘double the number of college places for SLT, physios, OTs, dieticians, psychologists and social workers and recruit more Special Education Teachers and SNAs’.

Responsibility: Department of Further and Higher Education, Research, Innovation and Science.

Why this is important to family carers:

The greatest barrier disabled people face in accessing services is chronic under-resourcing and understaffing across needs assessment, therapeutic and clinical services. These services are all essential if disabled people are to lead full lives. Addressing this requires a coordinated, long-term workforce strategy, including a sustainable pipeline of therapists informed by shared workforce projections across the health and disability sector.



Evidence Review:

College Places:

- In June 2025, Government approved an expansion in training places for Health and Social Care Professions (HSCPs). The expansion will provide 461 new places by 2028, including 320 in 2025 and 83 in 2026, in disciplines critical to disability, health, and education services. These places will repeat annually. The expansion will be in nine key HSCP areas: Physiotherapy, Occupational Therapy, Speech and Language Therapy, Radiation Therapy, Radiography, Podiatry, Social Work, Medical Science, and Dietetics.
- The additional places follow an expression of interest process led by the Higher Education Authority, which identified capacity across 11 higher education institutions to grow existing programmes. Places have been proposed in Atlantic Technological University, Dublin City University, Maynooth University, Royal College of Surgeons in Ireland, Trinity College Dublin, Technological University Dublin, Technological University of the Shannon, University College Cork, University College Dublin, and the University of Limerick.
- The table shows the number of year 1 college places available across HSCP disciplines in the academic year 2024/2025. Despite being requested through a parliamentary question, the Higher Education Authority was unable to provide comparable figures for academic year 2025/2026.

Year 1 College places available 2024/2025 (baseline)⁷⁵

Discipline	2024/2025
Dietetics	212
Speech and Language Therapy	144
Occupational Therapy	180
Physiotherapy	279
Social Work	278
Psychology	1,455

Special Education Teachers (SETs)/ Special Needs Assistants (SNAs)

- The total number of SNAs had increased from 22,575 in the 2024/2025 academic year to 23,000 in the 2025/2026 academic year - an increase of 7%.
- The number of SETs in mainstream classes increased from 14,714 in the 2024/2025 academic year to 15,000 in the 2025/2026 academic year - an increase of 2%.
- In Budget 2026, investment in special education increased to €3bn and allows for the recruitment of an additional 860 SETs and 1,717 SNAs. If delivered, this will bring the total number of SNAs to 24,717 and the number of SETs to 15,860 by the end of 2026.⁷⁶

⁷⁵ Data was sourced from the Student Records System (SRS) of the Higher Education Authority (HEA) and is the most recent available as of January 2026. It will act as a baseline on which to measure progress in future scorecards.

⁷⁶ [Parliamentary Question \(3051/26\)](#) 15 January 2025.

Number of SNAs and SETs⁷⁷

Academic Year	SNAs	SETs ⁷⁸
2023/2024	21,071	14,551
2024/2025	21,700	14,714
2025/2026	23,179	15,000
2026/2027 Target	24,717	15,860

What’s needed to progress this commitment:

The Government’s commitment to double college places for HSCPs is ambitious but essential if the growing demand for therapy services is to be met. Without a significant increase in trained professionals, staffing shortfalls will continue to limit timely access to critical supports for children with additional needs. Beyond expanding college places, consideration should also be given to promoting these careers to second-level students and to people qualified in other fields who are interested in retraining.

In addition, the Government should introduce incentives to retain newly qualified therapists in Ireland and encourage Irish therapists working abroad to return. Examples could include student loan forgiveness, tax breaks, career progression guarantees, flexible working arrangements, or housing supports.



⁷⁷ National Council for Special Education Annual Reports and [Parliamentary Question \(39847/25\)](#).

⁷⁸ Total number of SETs employed across mainstream classes.

32. The Programme for Government commits to ‘increase the number of special schools and special classes’.

Responsibility: Department of Education and Youth.

Why this is important to family carers:

Despite having a constitutional right to be educated in a place and manner appropriate to their needs, families across Ireland continue to struggle to secure a school place for their child(ren) both at primary and second level. Additionally, the State has an obligation under the UNCRPD to give every child an appropriate education with all the supports and resources they need whether the child attends a mainstream or special school.



Evidence Review:

Special Education Provision

- There has been an exponential growth in demand for placements in special schools and classes in recent years. According to the NCSE, the growth in special classes in mainstream schools has been particularly significant, with a 556% rise in primary school classes and a 665% increase in post-primary classes between 2010 to 2022, with this trend continuing.
- There are currently 139 special schools nationwide, 129 supported by the NCSE, seven attached to hospitals and three attached to the Child and Adolescent Mental Health Services (CAMHs). This figure includes four new special schools that opened during the 2024/2025 school year.
- According to the Department of Education and Youth, an estimated 25% of the total student population, or 240,000 children and young people with special educational needs, are supported in mainstream classes. An additional 30,500 with more complex needs are enrolled in special classes and special schools. This is an increase of 67% since 2020.
- Budget 2026 saw an allocation of €3bn to special education. In March 2026, the NCSE sanctioned 301 new special classes in schools across the country for the next school year 2026/2027. The minister has advised that this is the first tranche of new special classes being sanctioned. The NCSE expects to continue to sanction further new special classes in early 2026.⁷⁹
- During 2025, the NCSE launched a ‘Parents Notify’ service that allows parents applying for a place for their child in a special school or special class for the first time to complete an online form that will notify the NCSE that you require a place for your child. If the child meets the criteria, the parents will get an eligibility letter from the NCSE. This letter is needed to apply for a place in a special class or special school for the 2026/2027 school year.
- It is estimated that an additional 300 new special school places may be required nationwide each year for the coming years.⁸⁰

⁷⁹ [Parliamentary Question \(74193/25\)](#) 13 January 2025.

⁸⁰ [Parliamentary Question \(5170/25\)](#) 12 February 2025.



Number of special schools and special classes⁸¹

Year	No. Special Schools	No. Special Classes (mainstream)	New Special Classes	No. Students (special classes / special schools)
2024/2025	135	3,335	418	26,872
2025/2026	139	3,742	407	30,500
2026/2027	-	3,910	301 to date (600 expected)	

What’s needed to progress this commitment:

Family Carers Ireland acknowledges the efforts being made to increase the number of special schools and classes available to meet the needs of all children. For these students to thrive in their school environment, schools should be adequately funded to accommodate students with special educational needs. Grants and funding should be available to provide sensory spaces, adapted indoor and outdoor play areas as well as all necessary furniture, personal care and communication equipment. Additionally, support should be provided to principals, teachers and school staff in recognition of the increasing complexity and workload associated with these roles.

33. The Programme for Government commits to ‘introduce a Common Application System for children applying to special schools and classes’.

Responsibility: Department of Education and Youth.

Why this is important to family carers:

Demographic changes and rising demand for special classes have placed increasing pressure on school admissions nationwide. Factors such as duplicate applications, parental preference for particular schools, and applications from outside local catchment areas can create the impression that schools are fuller than they actually are. As a result, the true availability of school places is not always clearly reflected. In response, the Department of Education and Youth has committed to the development of a nationwide common application system – referred to as the ‘Apply to School’ pilot.



Evidence Review:

- The rollout of the common application system is being progressed through the delivery of an ‘Apply to School’ pilot. The pilot was introduced on 1 October 2025 to simplify and improve the admissions process for 15 post-primary schools in five pilot areas - Athenry, Celbridge, Clonakilty, Greystones, and Tullamore/Killina. This system provides families with a single online application process and introduces synchronised and streamlined timelines for schools to manage admissions and issue offers of a school place.
- While the Apply to School system facilitates the submission of a common applications system for parents, the individual schools retain responsibility for issuing offers based on these applications in accordance with the Education (Admission to Schools) Act 2018 and their published admissions policy. The department does not issue offers and does not hold a centralised record of offer outcomes for individual schools.
- Numerous parliamentary questions have been raised by TDs asking for the number of students who have been offered a place through the Apply to School pilot for the 2026/2027 school year across the 15 participating post-primary schools. However, the minister has consistently reiterated that ‘...while the Apply to School system facilitates applications, the issuing of offers remains the responsibility of each individual school in accordance with its admissions policy. The Department does not issue offers and does not hold a centralised record of the offer outcomes for each school. The Department is engaging with the participating schools to review the pilot and gather any necessary data in order to evaluate the system. At this point, the Department does not hold the specific breakdown requested by the Deputy in relation to the 2026/27 intake.’⁸²
- In separate parliamentary questions, the minister does indicate the number of students in the Celbridge and Tullamore/Killina areas who have been offered a school place through the Apply to School pilot – however, the minister emphasises that this information is taken from the school website.
 - **Celbridge:** According to these admissions notices for the 2026/2027 school year, the three post-primary schools in the Celbridge region are offering a combined total of 390 first-year places. The number of applications for places made in the Celbridge school planning area, in respect of all pupils, including those from outside the school

⁸² [Parliamentary Question \(72550/25\) 16 December 2025.](#)

⁸³ [Parliamentary Question \(5135/26\) 22 January 2026.](#)

planning area using the online Apply to School System, was 573.⁸³

- **Tullamore/Killina:** According to the admissions notices for the 2026/2027 school year, the four post-primary schools in the Tullamore/Killina region are offering a combined total of 460 first-year places. The number of applications for places made in the Tullamore/Killina school planning area, in respect of all pupils including those from outside the school planning area using the online Apply to School System, was 520.⁸⁴

- It should be noted that some parents may have exercised their right to submit paper-based applications and late applications to the schools, details of which are not available to the department.
- Responding to a parliamentary question in

January 2026, the minister confirmed that other areas will be taken into consideration for future iterations of the Apply to School pilot.⁸⁵

What's needed to progress this commitment:

An evaluation of the Apply to School pilot should be undertaken, incorporating feedback and recommendations from parents who have used the system. A clear timeline for the national rollout of the common application system should be published to ensure transparency and planning. Additionally, the Department of Education and Youth would benefit from maintaining a centralised record of all school offer outcomes, allowing for monitoring of national trends, identifying high-demand areas, and informing future planning and resource allocation.



⁸⁴ [Parliamentary Question \(2411/26\)](#) 13 January 2026.

⁸⁵ [Parliamentary Question \(74477/25\)](#) 13 January 2026.

34. The Programme for Government commits to ‘make special education modules and placements in special schools or classes a universal part of initial teacher training, which will be subject to assessment’.

Responsibility: Department of Education and Youth.

Why this is important to family carers:

Placements in special schools are important during teacher training because they help trainee teachers develop practical skills, confidence, and understanding in supporting students with diverse and additional needs. These placements promote inclusive teaching practices and prepare teachers to adapt their teaching to meet the needs of all learners. This experience benefits not only students in special schools but also enhances inclusive practice in mainstream classrooms.



Evidence Review:

- In March 2025, the Minister for Education announced that she had instructed the Teaching Council – which regulates the teaching profession – to ensure all student teachers, at primary and post-primary level, have mandatory assessed placements in special needs settings, supported by appropriate training modules. This is to ensure teachers are equipped with the knowledge and skills needed to deliver inclusive education to all students, including those with additional needs.
- In response, the Teaching Council carried out a survey during April 2025 across all Initial Teacher Education Institutions (ITE) to gain a better understanding of the current landscape of school placement provision in special education settings. A 100% response was received. The findings were analysed by the Teaching Council in May and June, and a report was presented to the council's Education Committee.
- During July and August, the Teaching Council drafted a Guidance Note for Higher Education Institutions (HEIs) to set out how placements should be organised and assessed.
- The council engaged with Department of Education and Youth officials, the Inspectorate and ITE providers during September and November to explore how the proposed approach would work in practice and ensure continued consultation throughout the development process.
- A formal consultation with the Teaching Council and all ITE providers took place on 17 November 2025 to discuss the draft guidance note. In parallel, the Department of Education and Youth engaged with unions and management bodies to ensure that schools and teachers are best prepared to support implementation of the required teacher placements.
- The guidance note was presented to the Teaching Council's Education Committee and council board for approval in December.
- Mandatory assessed special educational needs (SEN) placements for all student teachers is targeted to commence in September 2026.⁸⁶

What's needed to progress this commitment:

Family Carers Ireland acknowledges the progress made towards making special education placements and assessment a mandatory element of teacher training. This training is essential to ensure children with additional needs receive high-quality, inclusive education, by equipping teachers to understand diverse learning needs, emotional development and collaborate effectively with therapists and families. Consideration should also be given to continuous professional development for teachers who are already qualified, to ensure their skills remain up to date with evolving best practice in special and inclusive education.

⁸⁶ [Parliamentary Question \(61576/25\) 12 November 2025.](#)

Appendix 1:

Distribution of scores assigned by the National Council of Family Carers
(rounded to nearest whole number).

Category	Programme for Government Commitment	CA	GP	LP	NP	R
Financial support for family carers	1. Significantly increase the income disregard for Carer's Allowance in each Budget with a view to phase out the means test entirely over the lifetime of the Government.	0%	80%	10%	5%	5%
	2. Progressively increase weekly Carer's Payments.	0%	22%	68%	5%	5%
	3. Continue to increase the annual Carer's Support Grant.	0%	4%	13%	74%	9%
	4. Ensure parents aged 66+ who care for children with lifelong disabilities can retain Carer's Allowance while concurrently receiving the State Pension.	0%	0%	4%	87%	9%
	5. Examine how we can better support carers who are providing full-time care and attention to more than one person.	0%	0%	0%	95%	5%
	6. Examine the introduction of a Pay-Related Carer's Benefit for individuals who have to give up work in order to provide full-time care.	0%	0%	18%	77%	5%
	7. Protect the Free Travel Pass and examine extending it to children in receipt of Domiciliary Care Allowance.	0%	0%	0%	96%	4%
	8. Introduce a permanent Annual Cost of Disability Support Payment with a view to incrementally increasing this payment.	0%	0%	5%	54%	41%
Respite availability and choice	9. Progressively increase funding for respite services, including through the Home Support Emergency Respite Scheme.	0%	13%	70%	13%	4%
	10. Continue to support and expand the network of respite houses for both children and adults..	0%	9%	50%	36%	5%
	11. Continue to support and offer alternative respite.	0%	23%	35%	56%	9%
Housing, transport and independent living	12. Increase the Housing Adaptation Grant.	5%	14%	64%	4%	4%
	13. Increase investment in adult day services.	0%	0%	64%	14%	8%
	14. Increase personal assistance hours.	0%	0%	27%	9%	64%
	15. Continue to support the rollout of personalised budgets nationally.	0%	0%	0%	35%	65%
	16. Progress the review of the Disabled Drivers Scheme.	0%	0%	23%	54%	23%

Category	Programme for Government Commitment	CA	GP	LP	NP	R
	17. Work to end the practice of placing young people with disabilities in nursing homes.	0%	0%	46%	36%	18%
	18. Develop a multi-year capital plan for investment in residential and independent living options for both adults and children.	0%	14%	68%	14%	4%
Practical supports for family carers	19. Fully fund the Carer Guarantee.	0%	24%	38%	33%	5%
	20. Increase support for carers – providing training, establishing clearer pathways to services, and improving access to respite.	0%	32%	64%	0%	4%
	21. Review the operation of the Assisted Decision-Making (Capacity) Act 2015.	0%	0%	19%	57%	24%
Home support for older people and people with disabilities	22. Design a Statutory Homecare Scheme to allow people to stay in their own home for as long as possible.	0%	0%	32%	64%	4%
	23. Increase home care hours for older people.	0%	0%	67%	23%	10%
	24. Introduce a permanent Annual Cost of Disability Support Payment with a view to incrementally increasing this payment.	0%	26%	52%	22%	0%
	25. Progressively increase funding for respite services, including through the Home Support Emergency Respite Scheme.	0%	9%	59%	23%	9%
Support for children with additional needs	26. Support families who are waiting too long for an Assessment of Need to procure assessments privately.	0%	5%	19%	33%	43%
	27. Create a National Therapy Service in Education, beginning with special schools.	0%	33%	48%	19%	0%
	28. Complete the review of the EPSEN Act and ensure it meets the needs of children with additional needs.	5%	5%	32%	36%	27%
	29. Increase the number of Regional Assessment Hubs.	0%	0%	17%	48%	35%
	30. Tackle waiting lists for specialist disability services by delivering the targets in the Action Plan for Disability Services 2024- 2026.	0%	0%	9%	9%	82%
	31. Double the number of college places for SLT, physios, OTs, dieticians, psychologists and social workers and recruit more Special Education Teachers and SNAs.	0%	9%	77%	9%	5%
	32. Increase the number of special schools and special classes.	0%	0%	58%	21%	21%
	33. Introduce a Common Application System for children applying to special schools and classes.	0%	0%	30%	65%	5%
	34. Make special education modules and placements in special schools or classes a universal part of initial teacher training, which will be subject to assessment.	5%	46%	36%	13%	0%





Family Carers Ireland is the national charity supporting the 624,190 family carers across the country who care for loved ones such as children or adults with additional needs, physical or intellectual disabilities, frail older people, those with palliative care needs or those living with chronic illnesses, mental health challenges or addiction.

For more information about this document, please contact:

Clare Duffy

Policy and Public Affairs Manager, Family Carers Ireland

E: cduffy@familycarers.ie

www.familycarers.ie

Freephone Careline 1800 24 07 24