



Family
Carers
Ireland

No one should have to care alone



Strategic Plan 2024-2028

Delivering the National Carer Guarantee

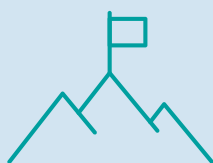
Providing comprehensive services and supports
to family carers throughout Ireland.





Our Vision

is an Ireland in which family carers and young carers are properly recognised, supported and empowered.



Our Mission

is to highlight the contribution of family carers to Irish society and to improve the lives of family carers throughout the country. We believe that **no one should have to care alone.**

THERE ARE APPROXIMATELY
500,000
FAMILY CARERS IN IRELAND

(1 in 8) 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.



61%
FEMALE



39%
MALE

67,000
YOUNG CARERS
10-17 YRS

57%

Juggle paid work with care **(1 in 9)**



19 Million
HOURS
of care delivered by family carers each week

€1.7 Billion spent on income support for family carers



Family carers save the state **€20 Billion PER YEAR*** (equivalent to a 2nd HSE)

**in avoided home care costs*

13% of carers deliver at least 40 hours of medical required care

74% of carers reported that the individuals they support do not receive sufficient support

39% of carers live in households with a total income less than **€30,000**

49% have paid privately for any product or services that, in theory, should be publicly provided to support their caring role

72% of carers have never received respite

48% of carers are severely lonely

69% of carers find it difficult to make ends meet

Source: Family Carers Ireland State of Caring 2024 Report.

Figures are based on the CSO's Irish Health Survey 2019; Census 2022; CSO's Population and Migration Estimates April 2020; Health Behaviour in School-aged Children (HBSC) study undertaken by NUIG and in collaboration with the WHO; data from the Department of Social Protection and findings from FamilyCarers Ireland's State of Caring 2024 report. The replacement value for care is based on an hourly rate of €20.

FAMILY CARERS IRELAND

Family Carers Ireland (FCI) is **the** national charity supporting family carers throughout the country. Our goal is to ensure that every carer has the support they need to care safely, to fight for their loved one's entitlements and to know that they are not alone in doing these things.

We provide an extensive range of proven supports and services to family carers in different parts of the country. However, due to significant variance in funding across CHOs (Community Health Organisations) and, indeed, within some CHOs, these services are not accessible to all family carers.

FCI is also an approved homecare provider under the HSE Home Support Scheme. The delivery of this service allows us to connect with family carers who may not be aware of the suite of supports and services we provide while also providing the organisation with first-hand insights into challenges associated with personal care in the home.

FCI employs more than 500 full and part-time staff and maintains a network of 16 offices/bases throughout the country from an annual budget of c. €15 million (from grants, commercial income, membership fees and fundraising/sponsorship).

FCI is a membership organisation but we support all family carers regardless of their membership status. Our constitution provides for a group-based membership and current plans are for this to evolve into an area-based structure over the life of this strategic plan to better enable the authentic voice and lived experience of family carers to inform the development of our services and supports.



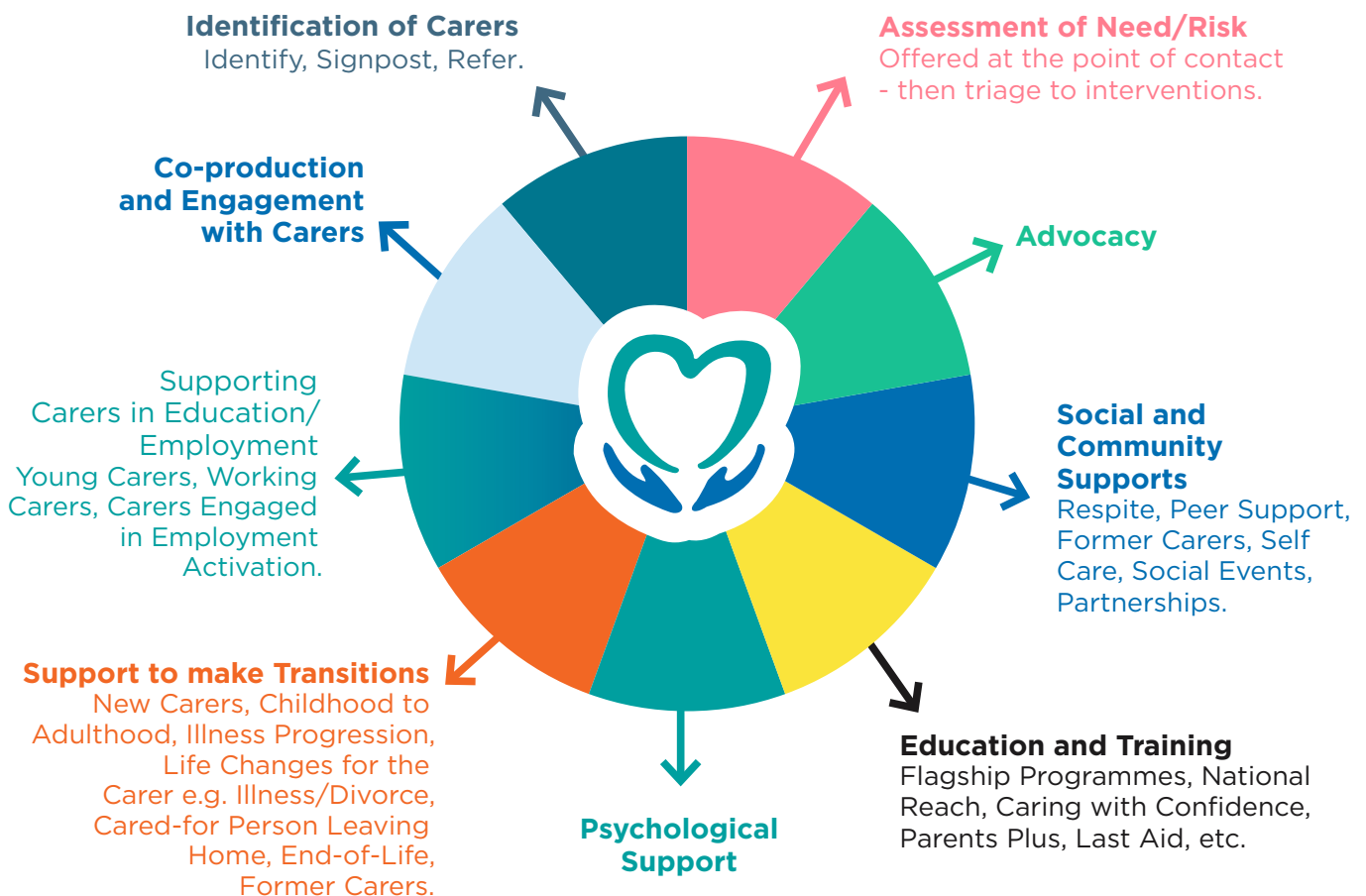
THE CARER GUARANTEE

In 2018, FCI first proposed a Carer Guarantee, aligned with the principles of Sláintecare, to address the postcode lottery in carer supports across Ireland. The assurance of a consistent level of supports for family carers in every part of Ireland would have an immediate practical impact on the welfare and resilience of all carers. It would also directly assist our health and social care system to achieve better outcomes at lower costs since family carers underpin many health performance metrics such as fewer cancelled hospital appointments; better medication compliance; delayed admission to hospitals and nursing homes; reduced length of hospital stays; and reduction in hospital readmission rates.

The current Programme for Government, published in 2020, included a commitment to end the postcode lottery through the delivery of “a Carers Guarantee which will provide a core basket of services to carers across the country regardless of where they live”. This strategic plan is focused on the realisation of this aspiration.

RESPONDING TO THE NEEDS OF INDIVIDUALS FAMILY CARERS

The FCI model of family carer support has an overarching focus on the individual carer’s wellbeing. It is underpinned by the evidence-based carer support guidance published by the UK National Institute of Health and Care Excellence.



We view each family carer as an individual. This begins by recognising that a caring role only represents one aspect of a person's existence. For example, someone caring for a child with additional needs can at the same time be the parent of a number of children, a partner/spouse, a sibling, a son or daughter, an employee and a friend.

We believe that the gap in numbers between those self-identifying as a family carer in the census and those reporting regular caring activities in the Irish Health Survey reflects the number of carers who see their caring activities in terms of their relationship with the cared for person (e.g. parent, son or daughter, sibling) rather than a distinct 'family carer' role. Typically, people do not self-identify as family carers until they become conscious of a dependency arrangement that impacts upon their other roles and activities. At this given point, identifying solely as a family carer is an indicator of significant burden and risk.

For the avoidance of doubt, when we talk of a care 'burden' we are not referring to the cared for person but rather to the cumulative impact of a caring role. Caring is an inherently rewarding activity, but it does take a toll over time – particularly in the absence of adequate supports and respite. Many family carers perform that role under conditions that would be deemed illegal if they were in paid employment.

Each caring relationship is defined by the individual 'assets' (personal resilience, family and friend networks, financial resources and official supports and services) of both the family carer and the person being cared as well as the scope and intensity of the condition being cared for. Some individuals become carers suddenly (birth of a child with additional needs or catastrophic injury to a family member) but, for most, the caring role becomes progressively more demanding over time as the cared for person becomes more dependent in their activities of daily living.

Instrumental Activities of Daily Living (IADLs)

- Mobility outside
- Shopping
- Housework
- Preparing meals
- Managing medication
- Managing finances
- Using phone/technology

Activities of Daily Living (ADLs)

- Mobility at home
- Dressing
- Bathing/grooming
- Toileting
- Eating

Carers typically provide mental and emotional as well as physical support. This can be particularly challenging for anyone caring for someone with a progressive, life-limiting condition. The impact of a changing caring role on the relationship with the cared-for person and other family members can also be challenging. Family carers tend to prioritise the health and wellbeing of the person they are caring for over their own – not least because the system presumes their ability and willingness to cope even in the absence of services that have been acknowledged as necessary.

Each caring role exists within a local community and service support system. These vary widely across the country and, as such, constitute an additional dimension of the ‘unique’ characteristics of each individual caring situation.

We support carers to cope by helping them establish a caring routine that they can manage, underpinned by whatever support network they can mobilise. Caring transitions) are linked to significant changes in the circumstances of the cared-for person or indeed the family carer. The extent to which such changes disrupt an existing caring routine is a function of the resilience of the family carer and the assets/strengths they can draw upon. With time and support, it is usually possible to establish a new caring routine but sometimes it is necessary to acknowledge that the caring arrangement is becoming unsustainable and to begin preparation for a very difficult transition to assisted living or residential care or bereavement.

Using a public health approach to design nationwide delivery

The Carer Guarantee is based on a ‘whole population’ approach with demand modelling using best available carer prevalence data. This approach – typical of public health initiatives – aligns closely with a widely referenced model of family support.

	Developmental	Compensatory	Protective
Aim of the support	Strengthen social supports and coping capacities of family carers	Reduce the adverse effects of disadvantage or adversity for family carers	Strengthen the coping and resilience of family carers in relation to identified risks or threats
Focus	Strengthening coping and developmental supports for the family carer rather than focusing on specific problems	Targeted supports where particular groups of carers with known risk factors are identified	To enhance wellbeing, improve the carer’s journey and support them to develop a sustainable caring routine
Approach	Community development	Typically group based education and support programmes	Case management working 1-1
What level of carer need/risk is this suitable for?	Low level of need/risk	Medium level of need/risk	High level of need/risk
How FCI delivers this?	Universal supports (aimed at the entire population of family carers)	Targeted supports (aimed at categories of family carers with risk)	Intensive supports (aimed at individual family carers in crisis or distress)
Programme examples	Freephone Careline; Website and social media communities; e-learning programmes; online forum for family carers; a wide variety of local and online activities and events open to all carers	Education Programmes; Carer clinics - in person and online; Peer support groups; Regular respite; Advocacy; Emergency planning	Individual action plans and support over 12 weeks covering 7 areas of life - health, finances, emotions, time for self, caring role, work/ education and life at home/ Emergency respite/Administrative appeals

The public health approach offers 'universal' interventions to maximise the wellbeing of large numbers of family carers at low risk for a low cost and at a low effort. Subgroups of family carers with known risk factors are specifically targeted as part of the model and those with greatest need and risk receive the most intensive, higher cost interventions. This approach allows limited resources to be maximised and targeted to reach those in greatest need.



Universal and most targeted services and supports are available to family carers on a self-referral basis. Limited resources and significant levels of need require restricted referral pathways and robust assessment tools to ensure that our individual supports are indeed serving those most in need. We use a number of validated instruments for such referrals. Our main assessment tool is the Carer Outcome Star - which reviews the carer's health, the condition of the person being cared for, the carer's domestic situation, their opportunities for rest and respite, their mental wellbeing, finances and work (the majority of family carers combine their caring responsibilities with full- or part-time employment).

There is an inherent challenge in designing a comprehensive national framework of carer support activities that addresses the entire population whilst also being relevant to the specific needs of individual family carers and readily accessible by them. Services are currently accessible through our local staff, our Freephone Careline and our online calendar of activities and events. We will continue to develop our 'no wrong door' policy by which carers are immediately referred to the appropriate support regardless of where or how they make initial contact with the organisation. We also intend that, during the lifetime of this strategy we will develop a comprehensive portal that will allow all family carers to locate and access whatever support they are seeking at any time in the most efficient and timely way.

Anticipated Change Drivers Over the Next Five Years

Demographics

- Ireland's population is growing rapidly in ways that present significant challenges in terms of dependency ratios and cultural diversity that can lead to specific challenges in social care.
- Socioeconomic inequalities – the gap between richest and poorest – are increasing in terms of income and health.
- In the decade between Census 2011 and Census 2022, the number of children with disabilities has increased by 98% to 131,764 and the number of people aged over 85 increased by 57% to 30,072.
- Annual birth rate of 11.3 per 1,000 of population in 2022 compared to 15.7 per 1,000 population in 2012 – a fall of 20%. Birth rate is now below replacement level.
- Two-thirds of mothers under 20 years and 43% of those in their early 20s describe themselves as a homemaker, compared with 12% of those in their 30s and 40s – which reflects diverging experiences in terms of work-caring participation on socioeconomic grounds.
- Family structure changing, extended families increasingly dispersed, later parenthood leading to an increase in the 'sandwich generation' (those caring for both older adults and young children).
- Individuals increasingly time poor with changing aspirations/expectations in terms of quality of life.

Ongoing Sláintecare Implementation

- Transition from CHOs to RHAs (Regional Health Authorities) will require further reorganisation of FCI.
- Sláintecare report reaffirms strategy of shifting chronic care to the primary care system and the community which moves the family carer closer to the 'nexus' of the health system.
- RHA model provides for local autonomy in responding to population need likely to make delivery of the Carer Guarantee on a consistent national basis more challenging.
- HSE continuing to use external agencies such as FCI to lower the average cost of service and fill gaps in its own capacity with no regard to actual cost of provision or continuity of care (indicator of quality).

Health and Social Care Practice

- Asset-based approach to social care places a premium on local roots and partnerships.
- Growing acceptance of need to differentiate 'tiers' of home care in the design of home support services points to the need for a similar approach across the spectrum of family caring.

- HSE specifying higher standards for third party contractors than it is able to deliver itself.
- Potential for emerging technologies to enable blended services and supports as a response to cost inflation in personal care.
- Planned 'professionalisation' of social care through CORU by 2025
- Technology as a driver of change – coverage, access and quality of care services but also contributing to isolation of patients at home and their family carers.

Economic

- Challenge for State benefits and allowances to maintain or improve adequacy – cost of caring – participation income.
- For all the supports provided by the Irish State, caring is associated with additional costs and progressive financial insecurity as savings are exhausted and long-term caring often leads to progressive withdrawal from the workforce.
- Economic growth leading to staff and skill shortages in social care along with many other sectors – this presents an additional challenge in scaling response to growing need based on changing demographics.
- Organisation of Working Time Act a barrier to continuity of care in home support (indicator of quality).
- New (2023) contractual requirements in regard to travel and subsistence payments for home support workers poorly specified and inadequately funded.

Legislative Framework

- Ireland is unusual in European terms in not having a statutory definition of the role of family and the State in providing care for adults with additional needs.
- Assisted Decision-Making (Capacity) legislation preventing family carers of adults with profound intellectual disability from making timely provision for long-term arrangements to maximise the autonomy of their loved one.
- Proposed statutory basis for home care significantly behind schedule and focus on co-payment rather than quality a concern.
- Constant increases in reporting and compliance requirements for charities and social care providers, not all of which are consistent with each other.

Strategic Objective 1:

Support the well-being and resilience of every family carer regardless of where they live in the country.

Rationale

We will provide online services to family carers regardless of where they are in the country and will fight for the resources to deliver associated in-person support activities in each Regional Health Authority. We will develop a clear pathway to allow individual family carers to identify and access the services and supports we offer that are most immediately relevant to them. We will engage and support a network of family carer groups, both in person and online, organised geographically and by specific conditions and caring circumstances.

- Be confident in their individual caring roles;
- Establish and maintain a sustainable caring routine;
- Feel listened to, valued and not alone;
- Be able to access relevant training, advice and support;
- Be informed of their rights and entitlements;
- Meet and speak with their peers in a safe, relaxed environment;
- Take a break from a demanding and stressful caring role;
- Know where to seek additional support from the State and their community;
- Access crisis supports when needed.

THERE ARE FOUR PILLARS TO THIS ASPECT OF OUR WORK



A supportive community

Carers value support from other carers who understand the ups and downs of caring and can help each other navigate the bureaucratic system. They also value the support of front-line workers who can assist them in accessing a wide range of potential resources and supports.



Information, advice and advocacy

Family Carers consistently report that negotiating public support systems is more stressful than their direct caring responsibilities. Getting good quality information and advice at the right time can be critical in helping family resilience and mitigating damage to a family's finances, health, employment and/or relationships.



Training & Education

Family carers often find themselves confronting situations and circumstances they have not had an opportunity to prepare for. Our training and mentoring programmes help participants to acquire new understanding and skills of relevance to their evolving caring role while also raising awareness of self-care.



Respite

Caring can be both isolating and demanding. It is vitally important that family carers have an opportunity to take a regular break from their caring role. In many situations this is facilitated by the wider family/support circle but this is not always an option. Family Carers Ireland provides specialised respite for family carers in parts of the country where it is funded to do so.

Strategic Objective 2:

Provide targeted, effective supports to family carers who are struggling or in crisis.

Rationale

We will ensure that Carers who need them can access appropriate tailored supports regardless of their circumstances and location.

Covid was a particularly challenging and isolating time for family carers as many supports and services were suspended. By the end of the pandemic many family carers were burnt out and since then they have had to cope with the fact that many supports and services have not yet been restored to pre-pandemic levels.

We estimate that approximately 50,000 family carers in Ireland (10%) find themselves in crisis or struggling to sustain their caring role. FCI responded to this by developing a number of intensive individual interventions and it is our objective to see these rolled out as part of the overall Carer Guarantee during the lifetime of this strategy.



Counselling

Digital counselling is delivered with a professional counsellor online and over the phone to support carers experiencing difficulties because of anxiety, stress or depression as a result of their caring role. It can help carers to reset, to find ways to cope with stress and to empower family carers to develop strategies and acquire tools to stay well within their caring role.



Coaching

Carer Coaching is a service to assist carers in managing difficult transitions in their caring role and rebuilding sustainable caring routines. The service is delivered on to individual carers either online, by phone or, subject to local funding, face-to-face. Once the situation is stabilised, the family carer is then re-directed to targeted supports as a more cost-effective way of monitoring and maintaining resilience.



Emergency Respite

The Emergency Respite scheme provides support to family carers experiencing an urgent, imminent and unplanned event that restricts their ability to provide care for a short period of time (e.g. death or illness of a close relative, health crisis or hospitalisation, unexpected transitions e.g. new employment or living arrangements).



Emergency Card

We encourage family carers to consider what they would like to happen if, because of an accident or sudden illness, they were suddenly unable to look after the person they care for. Our Emergency Card scheme offers the assurance that we will take responsibility for ensuring that contingency plans registered with us are put into effect promptly without requiring any intervention by the family carer.



Actions

- 2.1 Develop differentiated supports for carers at risk or in crisis based on categories of cared-for person (children, adults with lifelong additional needs, adults with progressive, life-limiting conditions, frail older persons).
- 2.2 Expand range of specialist coaching available to each category of carers, including referrals to services provided by other organisations where appropriate.
- 2.3 Provide appropriate cost-effective therapeutic programmes for carers who need them.
- 2.4 Develop robust response measures for a comprehensive range of emergency situations.
- 2.5 Develop a comprehensive carer assessment tool that is scientifically validated and recognised by the Irish health and social care systems.



Goals

- Increase the number of individual carers being supported each year from 3,500 to 10,000.
- Double counselling hours provided annually from 3,500 to 7,000.
- Increase annual Emergency Respite packages from 80 to 500.
- Increase current Emergency Card registrations from 120 to 3,000.

Strategic Objective 3:

Enhance the Sustainability of Caring in the Home.

Rationale

We will provide services that assist those providing care in the home including in-home support and enhancements deriving from developments in areas such as assistive technology.

At some point, many family carers need third-party assistance to manage their duties. For nearly 30 years, Family Carers Ireland (FCI) has provided in-home respite care across parts of the country. In the near future, FCI plans to enhance in-person respite care (including in-home, daycare, overnight, weekend, or longer stays) with innovative assistive technologies. These technologies will offer tailored respite solutions, such as monitoring the cared-for person's activities and providing care prompts when a physical presence is unavailable.

Since 2010, FCI has been an approved provider of home support services for the Health Service Executive (HSE). Despite challenges in the HSE's 'Approved Provider' model, FCI continues to deliver these services for several reasons:

- 1. Engagement:** FCI connects with thousands of family carers who do not self-identify as carers, directing them to available supports beyond the HSE's Home Care Package (HCP) service.
- 2. Efficiency and Skill:** FCI focuses on delivering efficient, effective, and skilled services, understanding the unique needs of the family and other carers.
- 3. Advocacy:** The in-depth operational knowledge gained through service delivery strengthens FCI's advocacy for family carers.
- 4. Benchmarking and Best Practices:** FCI benchmarks its services against other providers, serving as an exemplar and advocate of best practices.
- 5. Funding Charitable Activities:** Any surplus generated is reinvested into charitable activities, particularly Carer Support services.

However, the implementation of a statutory basis for home care is significantly delayed, unlikely to be realized before 2025. Ministerial comments have focused more on co-payment issues rather than the quality of care. While some progress has been made on standards and regulation, the current situation where the HSE demands higher standards from third-party contractors than it can meet itself is unacceptable.

The shortage of Home Care Workers remains a significant challenge. The Strategic Workforce Advisory Group's report on Home Carers and Nursing Home Healthcare Assistants has not provided a convincing blueprint for solutions, and the measures implemented so far have been inadequate.



Actions

- 3.1 Grow the volume of home support being delivered by FCI by winning new customers and having the staff required to meet growing demand.
- 3.2 Ensure ongoing compliance with best practice standards and develop an enhanced model of service delivery reflecting the shift to increased levels of care in the community, particularly linked to chronic conditions.
- 3.3 Continue to advocate on behalf of family carers in regard to the policy and practice of home care in Ireland and, in particular, contribute to the development of the proposed new Statutory Framework for Home Support.
- 3.4 Draw upon global advances and best practice to expand the respite options available to family carers by incorporating assistive and new technological solutions to the current model of in-home person delivered respite.
- 3.5 Conduct a strategic review of HSS operations (including assessment of potential accreditation systems) in context of new statutory framework once introduced.



Goals

- Increase number of hours by 50%
- Increase number of HCWs by 50%
- Superior client satisfaction ratings
- Pass all contractual and (once enabled) statutory audits
- Enhanced model of home support services using new assistive technologies
- One new service offering per year over life of plan



Strategic Objective 4:

Advocate for systemic change in policy and practice to improve the lives of family carers.

Rationale

We will ensure that family carers' insights and experiences are heard by politicians, public sector managers, health and social care practitioners and other professional organisations. We will advocate for policymaking and service delivery at national and local level that are responsive to the lived needs of family carers.

Our policy priorities are informed by regular consultations with family carers and evidenced through our expanding programme of policy and operational research. Our lobbying activities take various forms including meeting with political representatives and Government ministers, presentations before Oireachtas committees, engagement with department officials and policymakers and representation on national committees and working groups.

We use a Family Carer Scorecard to assess the government against metrics that are clear, relevant and have the potential to significantly improve the quality of life of family carers and those for whom they care.

We convened an All-Party Oireachtas Interest Group made up of TDs and senators who have an interest in advancing carer policy.

Specifically, the interest group aims to:

- **raise awareness** of the vital role undertaken by family carers and their contribution to Irish society;
- achieve **cross-party consensus** on a strategic vision for family carers and agree a work programme necessary to help achieve this goal;
- promote **positive change** for family carers through awareness raising events and activities;
- provide a **voice for family carers** and act as a link between carers and the Oireachtas.

Many family carers experience challenges of a legal nature in their caring roles and we offer a free legal advice service in partnership with Community Law and Mediation. Over the course of this strategic plan, we will significantly expand the legal advice and support we provide to family carers and resource judicial review initiatives where required.

We will also continue to engage in international links between carer organisations as a way of learning from others, raising Ireland's profile internationally and securing overseas funding for research and operational activities.



Actions

- 4.1 Increase engagement with senior officials and politicians across a wider policy domain (Department of Social Protection; Department of Health; HSE; Department of Education; Tusla; Department of Children, Equality, Disability, Integration and Youth; Department of Transport; Department of Rural and Community Development; Department of Housing, Local Government and Heritage and engage with Patient Service User/Patient and Public Involvement initiatives.
- 4.2 Ensure a substantive carer agenda remains in the Programme for Government and that progress is monitored through an annual scorecard.
- 4.3 Continue to extend our legal advice and support service, particularly where the Assisted Decision-Making (Capacity) Act 2015 is obstructing timely arrangements to maximise the autonomy and quality of life of loved ones, particularly those with profoundly diminished capacity.
- 4.4 Continue to maintain and develop the Oireachtas cross-party interest group on family carers.
- 4.5 Assemble and sustain a coalition of organisations with a significant focus on family carers with a view to developing shared policy positions in regard to issues affecting family carers and long-term care in Ireland.



Goals

- Two high level meetings in each policy cluster each year supported by ongoing lobbying/policy development.
- All party policy agendas explicitly addressing carer agenda.
- 1,000 family carers participating in 'Listening to Carers' Regional Forums each year.
- Move to annual scorecard by 2026.
- 3-4 parliamentary interest group meetings per year unless replaced by a Joint Oireachtas Committee.
- Minimum of 10 key national organisations engaged in shared policy platform.

Strategic Objective 5:

Increase awareness, understanding and recognition of family carers.

Rationale

We will shine a light on family caring by promoting a better understanding of family carers and their contribution to Irish society. We will have a particular focus on employers and young people in education during the term of this strategic plan. We will promote earlier self-identification by family carers which should facilitate them accessing relevant supports earlier in their caring journey. We will also be acknowledged as a source of robust data and evidence based on our own primary and secondary research and policy submissions.

FCI is committed to developing and supporting high quality research that has relevance and meaning for family carers, influences social policy and enhances the quality of life of family carers and the people they care for. We conduct internal research and evaluation projects and partner with a range of external researchers to conduct, promote and disseminate carer research.

FCI wants to shine a light on family caring in Ireland because we know that whilst caring for a loved one can be rewarding, it can also be difficult, frightening and isolating. It shouldn't be. We want carers to know they have the support they need to care safely, make it less of a battle and know they are not alone. We also want wider society to know the value of the care that family carers provide saves our State over €20bn each year and amounts to in excess of 19 million hours of care each week in their own homes. We want caring to be recognised as a whole of society issue and one that will most likely come to each and every one of us at some point as we will either require or provide care.

Self-identification remains a key challenge, with many family carers not recognising their own caring roles beyond the relationship they have with the cared-for person – mum, dad, sibling, daughter, son, grandparent, etc. If they don't see themselves as "carers", they won't seek the help and support they need. Our awareness campaigns and media coverage are crucial in bringing family carers to our supports and services thereby reducing their isolation and supporting their resilience. Family carers all too often ignore the impact caring can have on their own physical and mental wellbeing, often resulting in personal crisis and carer burnout.

With increased awareness of the realities facing family carers and our national support network, we hope to change the public's perception of who family carers are and why they need to be recognised, supported and valued.

With better awareness, we will increasingly become a household recognised charity name and as people's perception and understanding of family caring changes, they will connect more with our cause and the families we help every day.



Actions

- 5.1 Increase appropriate media coverage of issues facing family carers and increase positive perception of family carers and understanding of their concerns in the wider population.
- 5.2 Improve public data collection in regard to family carers and contribute to the analysis and understanding of those data.
- 5.3 Establish FCI as a recognised centre of research knowledge and expertise that contributes to better societal appreciation of family carers and innovative solutions to support those who provide care in the home.
- 5.4 Build an in-house evaluation research capacity to drive evidence-based practice.
- 5.5 Continue to encourage and promote the meaningful involvement of family carers in shaping and informing research initiatives, fostering a collaborative and inclusive approach in both internal and external research projects.



Goals

- Increase unprompted/spontaneous awareness of FCI from 6 to 16%.
- Increase prompted awareness of FCI from 39% to 62%.
- 12 tier one media coverage items per year.
- Increased aggregate value of overall coverage year-on-year.
- Increased focus on unpaid care in ongoing national surveys, e.g. Labour Force Survey.
- Active research community including special interest subgroups and a PPI panel sufficient to meet the needs of this community.
- Increase in research budget year-on-year.
- Evidence repository established and contents expanding steadily.
- At least one in-house operational evaluation per year.



Strategic Enabler 1:

Governance

Compliance

We will continue to strive to meet the highest standards of company and charity law in Ireland. We are also committed to effective participation at every level of the organisation



Actions

- Implement the recommendations of the recent governance review including new member participation structures.
- Annual operational planning and budget process aligned with strategic plan to include member consultation through National Council.
- Commence ESG (Environmental, Social and Governance) reporting (including environmental, customer satisfaction, equality, etc.) in the lifetime of this plan.



Goals

- Continued compliance with all requirements of Company and Charity Law in Ireland.
- New constitution adopted and updated Governance Handbook for board members.
- New National Council and local Member Assemblies operating effectively.



Risk

We will continue to manage and report on risk across the organisation through adherence to our Risk Management Policy, continually identifying risks, putting controls in place to mitigate against such risks and outlining further actions to reduce risks where possible.



Actions

- Systemise current paper-based risk register.
- Train all staff on risk identification and reporting through to the risk register.
- Monitor changes in risk category over the life of the plan.



Goals

- Risk management embedded across the organisation.
- Live Risk Register with reporting capability on key action items.

Quality and Safety

We will embed a quality improvement culture throughout the organisation by implementing quality practices supported by appropriate policies, procedures and guidelines.



Actions

- Review current Quality Framework in the context of the new strategic plan.
- Develop a suite of management reports from the Quality and Safety System.
- Codify the delivery of our services to support active review and quality improvement.
- Agree quality metrics across the organisation which are reported upon quarterly.



Goals

- Updated Quality Framework in line with the new strategic plan.
- Quality improvement culture within the organisation with continuous improvement goal accepted by all staff.
- Clear evidential metrics with regard to progress of service delivery quality.

Strategic Enabler 2:

Resources

Our People

We will attract, retain and develop a world class team of staff and volunteers who are committed to the organisation's mission.



Actions

- Develop a comprehensive reward strategy to ensure we attract and retain quality staff.
- Increase numbers of all categories of staff in line with planned growth in each area of the organisation (Carer Support staff, Home Support staff and Specialist staff)
- Build a national network of volunteers using designated volunteer roles in support of several aspects of this strategic plan.
- Implement an organisation wide staff engagement plan to reflect a growing dispersed workforce.
- New performance and development system for all staff, supported by a comprehensive CPD (Continuing Professional Development) programme.
- Source a suitable integrated HR system to record employee personal information, working time along with maintaining appropriate registers in line with legislation.



Goals

- Attract, motivate and retain staff to work in FCI with reporting on recruitment, retention and engagement of staff.
- Training requirements for staff and volunteers met and strong culture of CPD across the organisation.

Our Technology

We are committed to the use of technology as a way to provide efficient and effective use of resources and support every aspect of what we do.



Actions

- Replace CRM system.
- Replace scheduling software system.
- Ongoing work to integrate existing IT systems and add new ones as required.
- Ongoing enhancement of cybersecurity within the organisation.



Goals

- Fully integrated CRM system with clear data reporting outputs.
- Quantified improvements in real time reporting and administrative efficiencies in the scheduling system.
- Continued security of all our IT systems.

Our Finances

We will maintain robust financial management and transparent reporting standards across the organisation.



Actions

- We will continue to grow and diversify our revenue streams including unrestricted income (see Marketing and Fundraising).
- We will scale up our spending commitments in respect of the Carer Guarantee in line with actual increases in public funding for this initiative.
- We will seek population-based resourcing for local supports from each CHO/RHA and introduce fair usage and pay to use scenarios in regard to nationally funded supports where this is not forthcoming.
- We will adopt an 'Existing Level of Service' approach, using public pay as the index of pay inflation, in negotiating our annual Service Level Agreements with public bodies.
- We will retain the objective of reserves equivalent to six months of core operating costs.
- We will introduce internal audit functionality within the life of the plan.
- We will develop enhanced reporting along with appropriate integration with the HSE financial system.
- We will introduce multi-year annual budgetary cycles to support financial planning.



Goals

- Financial expenditure in line with revenue profile.
- Reserves equivalent with six months core operating costs



Strategic Enabler 3:

Marketing and Fundraising

Our Brand

Our brand “Family Carers Ireland” will be recognised, trusted and valued. It will lead family carers to us earlier in their caring journey and support our fundraising and volunteering initiatives.



Actions

- Continuous innovation to promote self-identification as a family carer and self-referral to FCI.
- Awareness of and engagement with family carers by GPs, PHNs and other health professionals.
- Greater sharing of caring workload by family members, neighbours and, most importantly, the State.
- National cause-related fundraising campaign backed by strong marketing of FCI and the supports it offers.



Goals

- Increased numbers of family carers self-referring to access our supports and services.
- Increase in brand awareness of Family Carers Ireland.
- Stronger association with carer issues in families and wider society.
- Significant national fundraising event running annually.
- Marketing strategies for
 - HCW recruitment
 - Fundraising
 - Self-identification/referral
 - GPs/PHNs



Our Fundraising

Our fundraising efforts will ensure FCI has sufficient unrestricted funds to retain discretion in responding to the needs of family carers in Ireland. In growing income sustainably, it will help to raise the profile of FCI in communities across Ireland and will educate wider society on how FCI supports family carers in their communities.



Actions

- Increase the participation rates of individual fundraisers in national fundraising campaigns.
- Increase volunteer and company participation in the campaigns.
- Implement four digital campaigns per year.
- Promote legacy giving in FCI communications as a way to support FCI.
- Continue to identify key companies to partner with strategically.



Goals

- Unrestricted income of €1m.
- At least two major sponsorship relationships at any time.

Our Partnerships and Alliances

Our partnerships will enhance our existing supports and increase awareness of family carers across the wider health and social care system.



Actions

- Develop compelling partnership propositions to organisations with a secondary interest in family carer issues.
- Engage in local resource mapping to maximise synergies and minimise duplication between different support organisations at local level.
- Pilot primary care projects in regard to (i) primary care clinics for family carers and (ii) links with GP practices.
- Pilot hospital projects in regard to (i) patient and family liaison and (ii) hospital discharge planning.



Goals

- FCI has partnerships with at least 10 national organisations.
- All carers are signposted to local partner organisations to provide them with extra supports/services they may require.
- Positive engagement with each CHO/RHA and the main HSE directorates across all areas of relevance to family carers.



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