



Family
Carers
Ireland
Fairness for Carers



THE CARERS COMPANION



*Information & Advice
for Family Carers in Ireland*

INDEX

FOREWARD	2
ABOUT FAMILY CARERS IRELAND	3
BACKGROUND	4
SERVICES AND SUPPORTS	5 - 14
SUPPORTS FROM THE HEALTH SERVICE EXECUTIVE	15 - 22
CARING SAFELY IN THE HOME	23 - 40
LOOKING AFTER YOU	41 - 50
NUTRITION AND DIET	51 - 60
FINANCIAL SUPPORTS FOR CARERS	61 - 76
FINANCIAL MANAGEMENT	77 - 82
YOUNG CARERS	83 - 86
FAIR DEAL	87 - 90
CARERS AND THE STATE PENSION	91 - 100
LEGAL ADVICE	101 - 116
COPING WITH BEREAVEMENT	117 - 122
FAMILY CARERS IRELAND CONTACT DETAILS & USEFUL CONTACTS	123 - 126
NOTES	127 - 130

FOREWORD



Foreword by Catherine Cox.

Welcome to “**Carers Companion**” Family Carers Ireland dedicated handbook for Ireland’s family carers across the country. Family carers provide high levels of care in the home to loved ones who are highly dependent including frail older people, people with severe disabilities/chronic illness, the terminally ill and children with special needs.

We hope that this handbook will provide carers with a comprehensive and accessible A to Z of services and supports available to them and will guide them in the right direction, particularly when they first become a family carer, which for many is the most stressful and isolating time.

The last number of years have been difficult for everyone in our society and, in particular, family carers. They have been hit by numerous cuts to their income and services and yet they continue to provide extensive levels of care every day in their homes saving the state an estimated € 10 billion each year. Family carers are the backbone of our health services and must be recognised for their tremendous contribution and roles within our society.

A Special Thank You to Marian Mahon, Carers Supports and Advocacy Manager with Family Carers Ireland for researching and compiling this handbook and to Dormant Accounts for funding this project.

We hope that family carers find this Carers Companion useful and would encourage them to contact our **Freefone National Careline 1800 24 07 24** for information, advice or just a friendly ear.

Catherine Cox

Head of Communications and Carer Engagement
Family Carers Ireland



ABOUT US

This companion booklet is intended to act as a guide for Family Carers in Ireland.

The definition of being a “Carer” can be very broad and for the purpose of this directory we define Family Carers as those who provide high levels of care to incapacitated persons in their home.

WHO ARE FAMILY CARERS?

Family Carers are usually immediate relatives who provide very high levels of care at home for children and adults with severe disabilities, frail older people and people who are terminally ill.

Carers need to be constantly available due to the high levels of social and health care needed at home, and in case of emergency. The Carer’s life centres on the needs of the person requiring care. Many carers are in poor health arising from the physical, social and emotional effects of providing long-term high-level care, without basic supports.

According to Census 2016 there are 195,263 Carers in Ireland, however the CSO Irish Health Survey released in 2015 found that 10 per cent of population provide care, suggesting a figure closer to 360,000.

This booklet can be downloaded on:
www.familycarers.ie



BACKGROUND

MERGER STORY

The members of both The Carers Association and Carer for Carers voted by an overwhelming majority at an Extraordinary General Meeting held on the 7th February 2015 to merge both organisations based on the principles outlined in the Merger Agreement.

On 13th January 2016, the new, unified organisation was launched. The formation of Family Carers Ireland represents a very significant and positive milestone for Ireland's approximately 200,000 family carers.

The Carers Association and Caring for Carers Ireland have come together to form one stronger, dedicated, carer-centred organisation, stronger than the sum of its parts. The merged organisation, Family Carers Ireland, is sustainable and in a better position to support, lobby for and advocate on behalf of Ireland's family carers.

Both organisations were founded over 25 years ago – Caring for Carers Ireland in County Clare and The Carers Association in Dublin. While they have a lot in common, including being registered charitable companies for family carers; providing supports, services and training; and involvement in research and policy development, there are some differences.

Caring for Carers Ireland has a strong focus on clinical care (i.e., nurse-led care) and also provides an annual respite weekend for family carers. The Carers Association focuses heavily on social care and provides a dedicated National Free Phone Care Line and legal /mediation supports for family carers.

The merger allows for the pooling of best practice and experience to create one stronger, national voice for family carers based on a shared vision for the future. With each organisation offering services and supports in different parts of Ireland, the merger ensures the benefits and services of both organisations are available for family carers across the whole country.

Following discussions with family carers around the country our new name and new logo were developed. Family Carers Ireland has family carers at the heart of all it does, and this is represented both in our new name and in the logo which shows hands cradling a heart. It also symbolises the coming together of the two organisations. Our mission is expressed in the tagline 'Fairness for Carers' which speaks to the reality that family carers do not receive sufficient supports to carry out their roles with dignity and in safety. This tagline also indicates that Family Carers Ireland will dedicate itself to campaigning and lobbying to bring greater fairness for family carers.

The merged organisation will continue to provide existing services offered by both Caring for Carers Ireland and The Carers Association and will strive to develop new support based on family carers needs. These include training, support services, home care support, respite weekend breaks, nurse-led clinics, a dedicated helpline for family carers and assistance with legal/mediation services. The new organisation will be "owned" by local carer groups, and looks forward to working with and supporting all family carers across Ireland for many years to come!



SERVICES AND SUPPORTS

- **The National Freephone Careline**
- **Our Home Care Services**
- **Counselling and Advocacy**
- **Information**
- **Membership**
- **Carers Resource Centres**
- **Carer Groups**
- **Personal Alarms**
- **Legal Advice**
- **Young Carers**
- **Volunteering**
- **Commercial Respite Service**
- **Training**

THE NATIONAL FREEPHONE CARELINE:

1800 24 07 24

Family Carers Ireland offers a confidential, friendly and supportive Careline. Just Freephone 1800 24 07 24 to talk to our experienced and trained staff. We will listen to your concerns and offer practical advice on a range of topics, including supports and services available from your Local Authority, the HSE, or offered by Family Carers Ireland in your area.

We can give you information on:

- Carer's Allowance
- Carer's Benefit
- Carer's Support Grant
- Family Carers Ireland services including Respite and Training
- Family Carers Ireland Carers' Groups
- Membership of Family Carers Ireland
- Supports available from your Local Authority
- The Health Service Executive
- Department of Social Protection

OUR LINES ARE OPEN:

Monday to Friday: 9am – 8.00pm

Saturday: 9am – 12 noon

Samaritans 24/7 Service

The Samaritans provide 24/7 service countrywide, staffed by trained volunteers, and they have kindly offered to take calls from Carers who wish to speak to someone during the hours we are not presently covering. If, for example, a Carer rings our Careline they will be given the option to stay on the line and be diverted to a Volunteer from the Samaritans. There is no charge to the caller.

Samaritans will cover Care Line:

Monday to Thursday – 8pm – 9am

Friday – 8pm – 10am

Saturday to Monday – 12 noon to 9am

OUR HOME CARE SERVICES

Family Carers Ireland offers an internationally recognised ISO 9001 quality standard of home care services. We can support Family Carers and their loved one through a range of services, from companionship service to services that support 'self-care' such as help with ADL (Activities of Daily Living), bathing, dressing, personal hygiene, etc., and IADL (Instrumental Activities of Daily Living), e.g., housework, preparing, meals, shopping etc. Our services also cover high-level care needs such as stoma care, peg feeding, diabetes care, hoists, etc., as well as palliative care services.

All of our home care workers have received a full QQI Level 5 Award in Healthcare Support. These modules cover all aspects of care and support required to assist Family Carers with their caring role. Patient Moving and Handling is a requirement for all home care workers and our staff are trained and refreshed on this course regularly. See our training section on www.familycarers.ie

Family Carers Ireland's staff are also trained to assist Family Carers to access up-to-date information on Rights and Entitlements. Family Carers Ireland is fully insured, and all staff are Garda vetted prior to commencing work with us. Our staff members are well equipped to deal with any situation that may arise in a sensitive and competent manner.

We pride ourselves on being able to offer high quality service with dependable, professional and caring staff. Our services are continuously monitored, and staff training regularly updated.

Family Carers Ireland's home care services are integrated with our family carer supports and services, and can offer a unique suite of services to recipients of care and to their families. Our goal is to ensure that all Family Carers have peace of mind and are fully confident in the services we provide to their loved ones.

Family Carers Ireland is a HSE preferred provider of home care packages. We also offer private and other funded home care services. For more information contact your local Family Carers Ireland centre.

COUNSELLING AND ADVOCACY

Counselling

Family Carers Ireland offers free, one-to-one counselling to family carers by appointment. A trained counsellor will be available to listen and to help if you feel the stresses of caring or related issues are impacting negatively on your life or on your physical or psychological wellbeing. If you feel you would benefit from this service, please contact Marian Mahon at mmahon@familycarers.ie. All enquiries will be treated in strictest confidence.

Please note that this service is subject to funding limitations, and its availability currently may vary by area, depending on the availability of qualified counsellors. We will do our utmost to support carers wherever we can.

Personal Advocacy

It can be difficult to negotiate the system of health and social services in Ireland; often, individuals feel uninformed, inexperienced or otherwise unequipped for engagement with it. It is not uncommon for them to feel intimidated in dealing with that system, and unwilling or unable to challenge or question its representatives. Family Carers Ireland offers a free personal advocacy service to family carers.

A member of our organisation can accompany you and assist you in dealing with enquiries, appeals and other appointments with health or social service professionals.

If you feel you would benefit from this service, or any other related issues please contact Clare Duffy our Policy and Public Affairs Manager at cduffy@familycarers.ie or Marian Mahon, our Carers Support and Advocacy Manager at mmahon@familycarers.ie.



INFORMATION

Family Carers Ireland:

- Publishes Take Care Newsletter and Ezine
- Operates the National Freephone Careline - 1800 24 07 24
- Carers Companion Handbook
- Rights and Entitlements booklet
- Family Carers Website www.familycarers.ie
- Young Carers website: www.youngCarers.ie
- Facebook: Family Carers Ireland
- Twitter: www.twitter.com/CarersIreland
- Through the resource centres and outreach services advises Carers on their Rights and Entitlements.

MEMBERSHIP

Family Carers Ireland is the representative body for family carers throughout Ireland. You can become a member and add your voice to that of other family carers.

Membership Provides:

- A strong representative voice that informs and influences Government policy relating to home-based family care
- A network at local and national level which can assist members who encounter problems or who need advice
- Information from your closest carers' resource centre about services, carer group meetings and activities
- Subscription to our 'Take Care' newsletter with updates on the latest news, upcoming events and training opportunities
- Supports for all family carers
- A wide range of other supports

Membership benefits:

- All material circulated by FCI to its Members including newsletters
- Notice of all events including the annual weekend respite break (reduced rate for discount card holders), Carers Week, Carer of the Year & Long Service Caring Awards.
- The benefits of all services provided by FCI, subject to any conditions or eligibility criteria imposed by the funders of particular services
- Attend all Carer Group meetings
- Attend their Regional Forum and events in their local area
- Be nominated as a group delegate to attend the National Convention & FCI AGM
- Be nominated for appointment as a Board Member of FCI
- Cover under Family Carers Ireland Public Liability Insurance Policy

Subscribe online or talk to our Membership officer Megan on **057 93 70221** or membership@familycarers.ie

CARERS RESOURCE CENTRES

The Carers Resource Centre is an important service provided by Family Carers Ireland. Carers Resource Centres are located in key towns and cities throughout Ireland. You can 'drop in' for a cup of tea or a chat, find out about your rights and entitlements or enrol in one of our training courses.

Each Centre also deals with telephone enquiries and personal callers on a variety of welfare, social care, health care, personal awareness and advocacy issues.

CARER GROUPS

Family Carers Ireland is owned and controlled by Groups. These groups meet regularly, usually once a month. The carers that attend set the agenda. Carers often use the time to share coping strategies and local information in addition to offering emotional support. Guest speakers such as Public Health Nurses, HSE and Social Welfare experts are invited to meetings to address carers on issues of interest to them. Groups provide a valuable opportunity to meet others with similar caring experiences. Indeed this is how many enduring friendships began.

Groups are also integral to the operation of Family Carers Ireland. We operate on the basis of group membership because it believes that local networks best promote inclusion and support at local, regional and national levels. Groups play a vital role in promoting recognition of the identity, contribution and needs of family carers, in articulating existing and emerging need and in representing family carers' issues both to policymakers and to the general community.

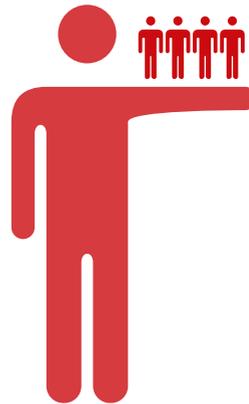
The organisation recognises three categories of group as eligible for membership in this capacity: local groups, regional forums and virtual groups.

Five or more members coming together with the same goals and meeting on a regular basis may form a group affiliated with Family Carers Ireland. Members of FCI groups will be united by a common bond, which could simply be a shared geographical area, or caring for family members with a condition in common, e.g. parents of children with Autism / ADHD.

Carer groups allow carers to:

- Share their experiences, feelings, ideas, concerns, information and problems
- Access information on their rights and entitlements
- Act together to highlight carers issues with decision makers
- Have a sense of connection with other family carers in similar circumstances
- Have a break from the caring situation
- Relax, socialise and learn from other carers
- Cope from day to day

Contact your nearest resource centre to find a group in your area.



PERSONAL ALARMS

Under the Seniors Alert Scheme, Personal alarms are available to older people for personal reassurance and security in the home. To qualify for the Grant, you must be over 65, living alone or with another eligible person. The grant covers the cost of purchasing and installing the monitored personal alarm and additional pendant (annual monitoring fee is paid by the grant recipient). Family Carers Ireland is one of the community groups registered to operate the scheme and do so in most counties.

Further information on the Seniors Alert Scheme and eligibility criteria for the grant is available through the link below or your local Family Carers Ireland centre.



LEGAL ADVICE

Family Carers Ireland is partnered with Community Law and Mediation centre, and can offer legal advice to family carers on issues affecting carers at a national level.

For referral purposes please contact Clare Duffy, Policy and Public Affairs Manager, Family Carers Ireland at cduffy@familycarers.ie

VOLUNTEERING

Family Carers Ireland is always looking for energetic volunteers. Some of our volunteers are former family carers and others just want to support the invaluable work carers do.

Is this something you could be interested in? Whether you have a general desire to volunteer with us or have a specific set of useful skills, our aim is to give you an opportunity to be a part of what we do. We are often in need of volunteers who can respond to a specific need such as fundraising, peer to peer support, befriending, careline volunteers, once-off events, media interviews or short-term project assistance. Additional information, induction, training, resources and ongoing support will be available to ensure your time with Family Carers Ireland is as productive and enjoyable as possible.

Volunteering opportunities

Family Carers Ireland provides a confidential, friendly and supportive free-phone Care Line, which is operated by staff and a group of volunteers. We are always looking for new volunteers to keep this valued service running so do get in touch if you think this is something that would match your interests and skills.

Befriending Programme

Befriending is a one-to-one, non-judgmental relationship where you can volunteer your time to support and encourage someone.

Many people benefit from the support of a befriender at a time of change in their life or when they are socially isolated due to illness or old age. Visits usually involve a simple cup of tea and a chat. This simple gift of time makes a huge difference to people experiencing loneliness and isolation.

Mentoring Programme

Our new mentoring programme will provide support for Family Carers through a team of trained volunteers which have been through a similar experience. The service is telephone-based, so you can be connected anywhere in the county.

If you are new or a long term Family Carer and would like to be matched to an existing or former Family Carer who can provide a listening ear, companionship, support, advice and guidance then this programme is for you!

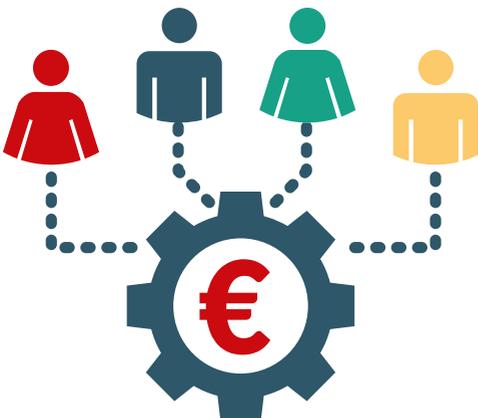
Fundraise or help out at fundraising events

Fundraising is vital for the operation of many of the supports and services we offer family carers. We are always appreciative of any help to run regional fundraising events such as our fundraising races, carers' cafes or supermarket bag-packs. Do get in touch if this interests you or if you would like to fundraise directly for us by, for example, running the Dublin marathon on our behalf.

Why not submit a volunteering query so we can find a volunteering opportunity that matches your interests and skills.

For more information see our website:

www.familycarers.ie



COMMERCIAL RESPITE SERVICE

All our services can be tailored to suit the needs of your family. Family Carers Ireland recognises that Family Carers need a flexible, blended approach when accessing Home Care Services. We would be delighted to discuss your needs with you and develop a service that is individualised for your family. Required services will vary according to the level of a client's dependency. Our range of offered services includes:

Level 1: BASIC COMPANIONSHIP SERVICE

Drop in to home and ensure loved one is ok.
Companionship
Prepare Light Lunch/Dinner
Provide Light Housekeeping
Reminders for appointments
Play Games, Cards and Activities
Reminiscence Therapies

Level 2: PERSONAL CARE/HOME SUPPORT

Assist with Dressing/Toileting/Hoisting
Bathing
Prompting of Medication
General Housekeeping
Prepare meals
Assist with Walking/Exercise
Assist with Personal Hygiene

Level 3: ENHANCED AND COMPLEX HOME CARE SUPPORT

Palliative Care
Specialised Care, e.g. Dementia Care, Early Alzheimer Care, Parkinson's Disease
Home Care Packages
High-Level Care, e.g., stoma care, peg feeding
Overnights
Holiday cover
24/7 Care
Emergency Respite

For more information contact your local Family Carers Ireland centre.

TRAINING

Whether you are a family carer, home care worker or health care assistant Family Carers Ireland provides a range of training courses to equip you with all the practical skills and knowledge required to deliver high quality care both in the home and in other care related environments.

We take great pride in offering training that is of a consistently high quality. We create a learning environment where every learner is welcomed and supported to achieve their full potential. Every tutor is carefully selected based on their qualifications, experience and expertise in the subject matter to ensure that every learner has a rewarding and positive learning experience.

Learn about our full range of courses here and find out which courses will be delivered in the coming months. You can also fill out an enquiry form listing your training needs so we can gauge and respond to demand for specific courses.

Contact Pauline or Megan
in The Training Team
on 057 932 2920
or email:
training@familycarers.ie



Family Carers Ireland's Registered Office is based in Unit 1, Hibernia Building, Heuston South Quarter, Dublin 8. DO8 AO28

The organization has 18 Resource Centres and 4 Outreach Centres who provide a range of information and supports for family carers.



Find contact details for all centres in the Directory towards the back of this handbook.



SUPPORTS FROM THE HEALTH SERVICE EXECUTIVE

- **Community Care Services**
- **Day Centres**
- **Meals on Wheels Services**
- **Transport**
- **Homecare Packages**
- **Moving from Hospital to long term care**
- **Long term Illness Scheme**
- **Drugs Payment Scheme**
- **Hospital Care**
- **School Transfer for children with Special Needs**
- **Back to School clothing & Footwear Allowance**

SUPPORTS FROM THE HEALTH SERVICE EXECUTIVE

- Community Care Services.
- Day Centres.
- Transport.
- Home Care packages.
- Moving from Hospital to Long-term Care.
- Fair Deal.
- Long Term Illness Scheme.
- Drugs Payment Scheme.
- Medical Cards.
- Hospital Care.
- School Transport for Children with Special Needs.
- Back to School Clothing and Footwear Allowance.

COMMUNITY CARE SERVICES

These services can include public health nursing service, Home Care Attendant (personal care and assistance with showering, dressing etc.) Home Help, Respite (in a residential Nursing Home).

The rules about which community care can be provided differ in accordance with different services. In some cases Health Service Executive areas are obliged to provide services while, in others, they are not.

One of the reasons for this is the health services provided in your area reflects the population in the area i.e. older people, children, people with disabilities etc.

Contact your local Public Health Nurse for services in your area.

DAY CENTRES

Day centres include centres that provide day activities such as recreational, sport and leisure facilities and specialized clinic facilities that provide a combination of medical and vocational rehabilitation services. Day centres are provided on a variable basis throughout the country, some being funded by the Health Service Executive (HSE) and other funded by voluntary organisations.

Day centres providing medical care are less widely available and are funded by the HSE. Access to day centres is by referral and the eligibility conditions vary from area to area with means tests applying in some cases.



MEALS ON WHEELS SERVICES

Meals services are generally provided by a mixture of voluntary and statutory bodies. The ways in which these are provided vary from area to area. Access to meals services is generally by referral. You may be asked to contribute towards the cost of meals services. Eligibility conditions vary from area to area.

TRANSPORT

Transport services are provided by HSE on a varying basis throughout the country. These services include access to day hospitals and day centres and access to outpatient departments and other hospital services.

HOME CARE PACKAGES

Deliver a wide range of services, they include the services of nurses, home care attendants, home helps and the various therapists including physiotherapists and occupational therapists.

The priority will be older people living in the community or who are inpatients in an acute hospital and who are at risk of admission to long term care. The home care packages will also be available to those older people who have been admitted to long term care and who now wish to return to the community. In addition, the packages will be offered to people who are already using existing core services, such as home helps, but need more assistance to continue to live in their community.

MOVING FROM HOSPITAL CARE TO LONG-TERM CARE

If you are in hospital, but no longer need acute care, then you can be charged for long-term care in that hospital. If, for example, you are waiting to move to long-term care, then you should apply for the NHSS scheme as soon as possible. You will not be charged if you are on a waiting list for the NHSS, or if you have particular needs and there is no suitable accommodation available.



FAIR DEAL

The Nursing Homes Support Scheme, also known as the "Fair Deal", provides financial support to people who need long-term nursing home care. The scheme is operated by the Health Service Executive (HSE). Under this scheme, you make a contribution towards the cost of your care and the State pays the balance. The scheme covers approved private nursing homes, voluntary nursing homes and public nursing homes. You can get the list of approved nursing homes from the HSE. **Please see "Fair Deal" Section for more details.**

Anyone who is ordinarily resident in the State and is assessed as needing long-term nursing home care can apply for the scheme.



LONG TERM ILLNESS SCHEME

People suffering from certain conditions can get free drugs, medicines and medical and surgical appliances for the treatment of that condition. These are provided under the Long Term Illness Scheme. This scheme is administered by the Health Service Executive (HSE), under Section 59 of the Health Act 1970. The Long Term Illness Scheme does not depend on your income or other circumstances. You may also be eligible for a Medical Card or GP Visit Card, depending on your circumstances.

If you have one of the medical conditions below, you should apply to join the Long Term Illness scheme to cover the cost of your medication.

- Acute Leukemia
- Mental handicap
- Cerebral Palsy
- Mental Illness
(in a person under 16)
- Cystic Fibrosis
- Multiple Sclerosis
- Diabetes Insipidus
- Muscular Dystrophies
- Diabetes Mellitus
- Parkinsonism
- Epilepsy
- Phenylketonuria
- Haemophilia
- Spina Bifida
- Hydrocephalus
- Conditions arising from the use of Thalidomide

How to apply

Application forms for the above Scheme are available from your local Health Service Executive office.

DRUGS PAYMENT SCHEME

Under the Drugs Payment Scheme, an individual or family in Ireland only has to pay €144 each month for approved prescribed drugs, medicines and certain appliances for use by that person or his or her family in that month. The amount is determined from time to time by the Minister for Health and Children. If you have a GP Visit Card or do not have a Medical Card you should apply for a Drugs Payment Scheme Card.

This scheme is aimed at those who don't have a Medical Card and normally have to pay the full cost of their medication. It also applies

to those who have a GP Visit Card. Anyone ordinarily resident in Ireland can apply to join the scheme, regardless of family, financial circumstances or nationality. Being ordinarily resident in Ireland means that you have been living here for a minimum of one year or that you intend to live here for a minimum of one year.

The definition of a family for this Scheme, is an adult, their spouse, and any children under 18 years. Dependents over 18 years and under 23 years who are in full time education may also be included. Everyone ordinarily resident in Ireland without a Medical Card should have a Drugs Payment Scheme Card.

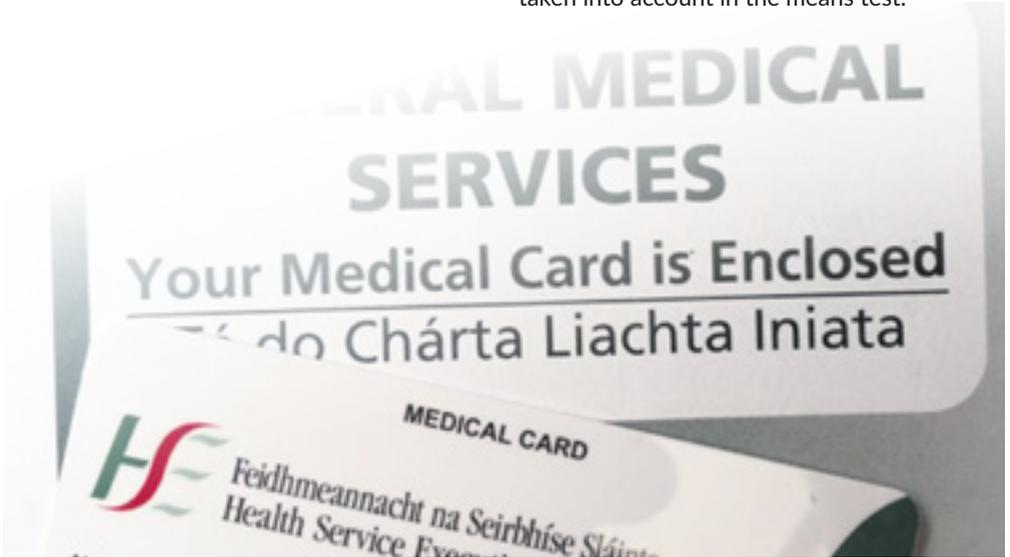


SUPPORTS FROM THE HSE

MEDICAL CARDS

If you have a medical card you are entitled to a range of free health board services, including hospital care, medicines, treatment by your GP, and technical aids and appliances.

To qualify for a medical card your weekly income must be below a certain figure for your family size. Cash income, savings, investments and property (except for your own home) are taken into account in the means test.



HOSPITAL CARE

All citizens are entitled to in-patient and out-patient services in public hospitals regardless of their means.

You have to pay the full cost of services if you opt for private or semi-private treatment in a public hospital.

Generally speaking, unless you have a medical card, you have to pay a daily charge for in-patient service. A charge is made for attendance at Accident & Emergency departments of public hospitals unless you are referred by your doctor.



SCHOOL TRANSPORT FOR CHILDREN WITH SPECIAL NEEDS

The Department of Education and Skills provides school transport services for children with special needs. Bus Éireann (the State public transport operator) operates the school transport service on behalf of the Department. The school transport scheme applies to children who are enrolled in State special schools or special classes in state primary schools.

The School Transport service may not be available in all areas. Where the special transport cannot be provided, you may be eligible for a transport grant to help with the cost of making private transport arrangements.

If your application for a transport grant has been refused, you are entitled to appeal the decision. You must appeal in writing to the Special Education Section of the Department of Education and Skills.

Appeals can be made in the following cases:

- If the Department is not in a position to provide a transport service due to excessive cost.
- Where the maximum level of grant offered does not cover the assessed cost of the journey involved.

BACK TO SCHOOL CLOTHING AND FOOTWEAR ALLOWANCE

You may be able to avail of this scheme to help towards the cost of school uniforms and footwear for your children. The scheme is means-tested, but many Carers in receipt of Carers Allowance could qualify.

To be eligible for the Back to School Clothing and Footwear Allowance, the applicant (parent or guardian) must meet a number of conditions. You must be receiving certain social welfare payments or payments for training, employment schemes or adult education. Your total household income must be below a certain amount.

The child/student must be between 4 and 22 years before 30th September of the year you apply and must be in full-time education at a recognized school or college.





CARING SAFELY IN THE HOME

- **Caring Safely in the Home**
- **Hazards and Risks**
- **Fire Safety in the Home**
- **Managing Health and Medications**
- **Personal Care Skills**
- **Personal Care Tasks**
- **Feeding**
- **Showering and Bathing**
- **Using a Hoist**
- **Hair Care**
- **Oral Hygiene and Dental Care**
- **Nail Care**
- **Managing Urinary Incontinence**
- **Hygiene and Infection Control**
- **Preventing Infection**
- **Food Safety**
- **Moving and Handling the cared for person**

Carers face many safety issues depending on the needs of the persons they care for and their level of dependency.

If the person you care for has a mobility problem:

- Equipment such as rails and ramps may make the home safer for you both.
- Arrange furniture simply and consistently and keep all areas uncluttered.
- Remove loose rugs and seal carpet edges that may prove to be safety hazard.

If a person needs to be lifted:

- Ask the health care workers you normally deal with to arrange an assessment of your situation.
- An Occupational Therapist, Physiotherapist or Public Health Nurse will be able to work out a safe way of lifting or transferring the person you care for.
- Family Carers Ireland Care in the Home course provides certified training on lifting and handling for Family Carers and other health workers.

If the person you care for is confused:

- Try not to make any changes to the familiar environment.
- Consider checking medication as this can be a common cause of confusion.
- Easy to read clocks and large calendars can be helpful reminders of time and date.

If the person you care for has memory loss:

- It is important at all times that they carry identification with their name and address and emergency contact details.
- Display emergency and commonly used telephone numbers near the phone.

If the person you care for is aggressive:

- Make sure that all professionals involved with person know of any aggressive behavior.

- Always protect yourself in advance if possible from aggressive outbursts. Plan safe places in the house to protect yourself.
- Remove or hide any items in the house that could be used to hurt you.
- Seek support from someone you trust after an outburst such as a family member, friend or a health professional familiar in dealing with cared for person's condition.

If the person you care for has a problem with their sight:

- Leave all items as they were left. If something has to be moved, tell the person where it has been placed.
- Shut doors completely or leave them fully open, a half opened door is a hazard.
- Furniture should be kept in the same position to avoid confusion.

HAZARDS AND RISKS



A Hazard has the potential to cause harm. Risk on the other hand is the likelihood of harm and usually qualified by some statement of severity of the harm. The Risk can be high or low.

The first step in safeguarding your home is to identify examples of hazards when caring in the home:

- | | |
|---------------------|-----------------------|
| • Physical Hazards | • Slips/Trips |
| • Manual Handling | • Health Hazards |
| • Falling Objects | • Noise |
| • Electricity | • Dust |
| • Fire | • Unsuitable lighting |
| • Poor Housekeeping | |

FIRE SAFETY IN THE HOME

If you care for someone with limited mobility it is vital you have early warning if fires do occur. The following are ways to protect your home from a fire:



FIT SMOKE ALARMS ON EACH LEVEL IN YOUR HOME...

- Keep them free from dust and test them once a week.
- Make a fire action plan so that everyone in your home knows how to escape if there's a fire.
- Keep the exits in the home clear so that people can escape if there is a fire.
- Take extra care in the kitchen.
- Never leave candles lit in rooms that nobody is in.
- Make sure cigarettes are stubbed out properly.
- Close all doors at night.
- Don't overload electricity sockets

MANAGING HEALTH AND MEDICATIONS

Getting the best from Health Professionals as a Carer you will most likely have a lot of contact with health care professionals. One way of thinking about working with them is to consider yourself as an important part of the team. This team can include public health nurses, pharmacists, occupational therapists, physiotherapists, speech therapists, social workers as well as GPs.

Some tips for Carers dealing with health professionals include:

- Know who the health professional is.
- Get information about names, organisation, titles and the role they have in the treatment of the person you care for
- Take someone with you to appointments
- Make a list of questions so you won't forget anything
- Keep a diary of the person's problems or symptoms
- Ask for information to be written down, particularly about diagnosis or about medications
- Ask your doctor for any printed material on support available or additional information on cared for person's condition.



Your own health is important

Your health is very important and your doctor can be an important person in your own support network. If at all possible find a doctor you have confidence in, can talk to and feel comfortable with. Make sure your doctor knows about your caring role and the demands it makes on you. It is important to arrange regular health check-ups for yourself.

Medication

There are two types of medication; those that require a doctor's prescription and those that do not. It helps to have an understanding of why the person you care for needs to take medication and be aware of any side effects associated with same.



Some questions you might want to ask the doctor or pharmacist about medications are as follows:

- What is the name of the medication and what is it for?
- Are there any possible side effects?
- What should I do if there are any side effects?
- How long will the person need to take this medication?
- Will the medicine affect other medical problems the person has?
- What should I do if a dose is missed?
- Will the medicine interfere with other medicines taken?
- Is there anything the person should avoid while taking the medicine such as alcohol, cigarettes, driving?
- Check that the person is taking the lowest possible effective dosage

The person you care for may be on more than one type of medication and knowing when to take each one can be confusing.

A pharmacist can divide the week's medication so that it makes it easier to monitor the dosage.

These are available at supermarkets and local shops as well as at pharmacists. If the person you care for is already on prescription medication or you have any doubts about the medications you are buying you should always seek the advice of a pharmacist or doctor.

Drugs Payment Scheme

The Drugs Payment Scheme allows individuals and families who do not hold medical cards to limit the amount they have to spend on prescribed drugs. Under the Drugs Payment Scheme, no individual or family will have to pay more than €144 per month for approved prescribed drugs, medicines and appliances.

Family expenditure covers a nominated adult, their partner and children under 18 years. Dependents over 18 years and under the age of 23 years who are in full-time education may also be included.

A dependent with a physical disability or a mental handicap or illness who cannot look after themselves fully, who lives in the family home and who does not hold a current medical card, may be included in the family expenditure under this scheme regardless of age.

All those who are ordinarily resident in Ireland are eligible to apply for the Drugs Payment Scheme as long as they do not hold a current medical card. You can use the Drug payment scheme in conjunction with a Long Term Illness Book.

The application forms can be obtained in your local Pharmacy. Families should be registered by a nominated adult family member. The completed form should be returned to your Health Service Executive. Once the registration form has been processed, each person named on the form will receive a plastic swipe card which they must present when having prescriptions filled at a community pharmacy.

All members of a family should use the same pharmacy throughout a month to obtain prescribed medication.

A national database for pharmacists is in the planning stages, but until it comes about, the whole family will have to attend the same pharmacy all the time and keep receipts for prescribed medication.

These receipts can then be returned to the pharmacist at the end of the month.

In return, the family will get back any money over €144 euro spent in that month.

PERSONAL CARE SKILLS

Communication and Listening Skills

Communication between a Carer and the cared-for person is essential for reaching a mutual understanding.

Communication can occur in different ways, the main methods of which are: verbal (through spoken and written communication) and non-verbal (through body language and tone of voice).

The method for communicating can change for each message and person you communicate to for e.g. you may have to pay particular attention to your voice when communicating to someone with a hearing impairment.

Here are some tips for your effective communication:

- Listen to how you are speaking and how your voice sounds. The pitch, rhythm and rate of your voice are important especially if the cared-for has a hearing impairment.
- Be patient.
- Allow time for your cared-for to decode your message, finish their sentences, or make an expression especially if they have a physical impairment.
- Observe body language and facial expressions. Check that you have
- Listen for any sounds your cared-for makes that they use to communicate such as clicking or smacking their lips.
- Respond in a way your loved-one understands.
- Don't patronise and treat your cared-for with respect.
- People with profound physical disabilities are likely to be mentally alert.
- Position yourself accordingly when communicating. Ensure you are eye level and at a desired distance. Understand their message by repeating it back to them.

Aids for communicating

There are numerous practical aids and equipment to assist us in communicating with a disability.

- Symbols or pictures which represent certain words can be very useful and can assist the person making choices
- Items such as electronic writing boards, sound amplifiers, pen and paper could be considered.
- Visual aids such as image enhancers and sound aids are available on computers to assist those who are visually impaired or have impaired hearing.

PERSONAL CARE TASKS

Considerations when assisting in personal care tasks:

- A person may find it difficult to undertake their day to day personal grooming requirements due to increased grip strength to hold objects (such as soap or a brush), or due to reduced movement capability.
- Respect that dressing and undressing is a private procedure and ensure the surrounding area is private
- Knock before entering the room and make sure curtains are closed.
- Understand the importance of a mirror within easy reach.



FEEDING

Loss of appetite, muscle wastage and weight loss are very common conditions associated with older people, people with terminal illness and other adults or children with disabilities.

Numerous small measures can make it easier for the person receiving care to eat such a pain relief, good oral care, treatments for constipation and other gastro-intestine complaints. Common sense can also help through serving food in a series of smaller meals more frequently rather than three larger meals per day.

Tips for feeding:

- Ask the person how much they would like. Do not put too much on the plate as this can be off putting.
- Prior to feeding assist with toileting if they so require and wash their hands thoroughly.
- Ensure the person is sitting in an upright position and is comfortable.
- Ask which food on the plate they would like to eat first.
- Ensure the food on the fork is in their line of vision so that they are eating.
- Encourage swallowing between each mouthful
- Add extra nutrients to their diet if needed, for e.g. wheat germ can be added to soups, shredded carrots to tuna fish, and grated lemon or cheese to salads. Add powdered skimmed milk to soups or milk shakes for extra protein.
- Remain sitting for about half an hour after eating to allow time for food to settle.
- Wash hands after feeding.

SHOWERING AND BATHING

General preparations:

- Prepare the environment and yourself before starting.
- Gather everything you need such as a change of clothes, towels, toiletries, and a hoist.
- The room should be warm and draught free and private with any blinds closed, and brightly lit so you can both see what you are doing.
- Have a bin at hand in case it is needed.
- Wash hands thoroughly before starting.

ASSISTING WITH A BATH

- Follow the general preparation guidelines (see above).
- Ask the person if they would like to use the toilet before starting.
- Check the bath is clean and run both hot and cold taps.
- Add desired bath oil or bubble bath if required and check the temperature of the water.
- Check the bathroom floor is dry and not slippery.
- Put bathmat down to prevent slips.
- Assist with undressing, getting into the bath and using a hoist if required.
- Use different coloured clothes/flannels for washing the genital area, and the face and body.
- Start with face and neck and ears cleansing. Dry with towel.
- Change flannels and wash trunk, chest, back arms, legs, feet, under the breasts, underskin folds, under the arms and lastly the genital and anal area and rinse thoroughly.
- Let the water out and assist the person out. Use a hoist if required.



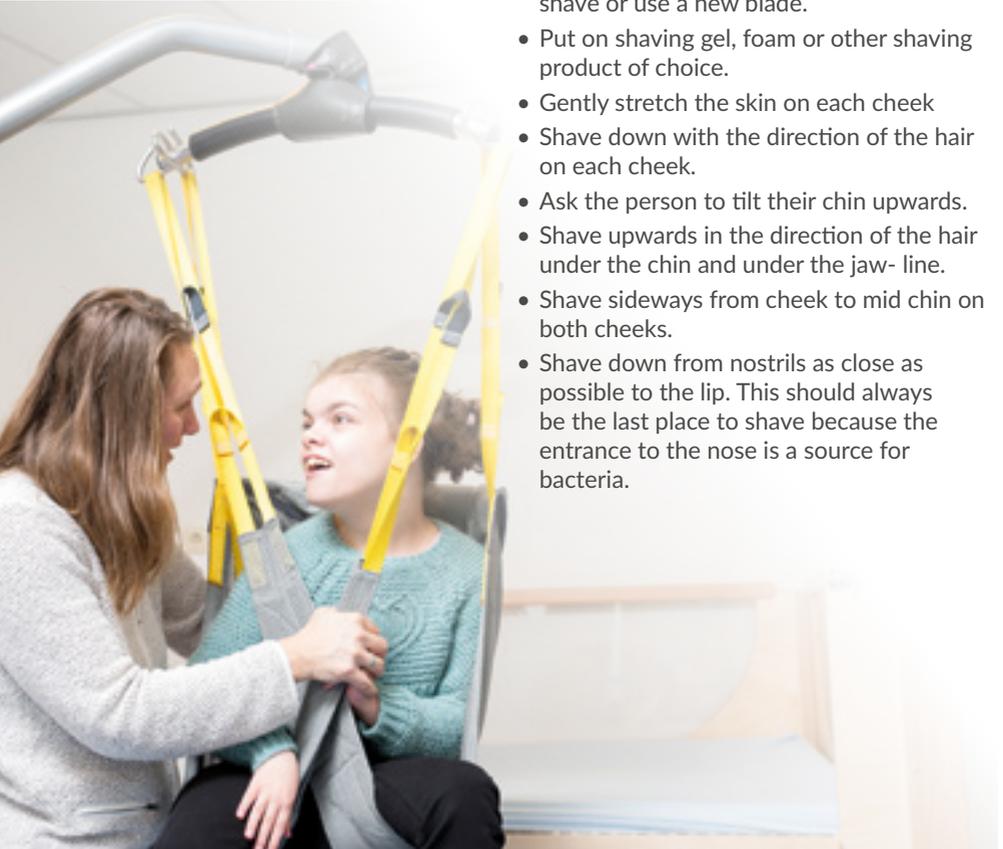
- Wrap a large towel around them immediately.
- Dry the person thoroughly paying particular attention to folds of flesh. Assist with dressing and ensure they keep warm.
- When the person is warm and dry, clean the bath dispose of rubbish and ensure there is no water or oil on the floor to prevent slippages.

ASSISTING WITH SHOWERING

- General preparation is the same as for a bath.
- Ensure there are handrails and a non-slip mat if required.
- Ensure there is a comfortable shower seat available if required.
- If the shower seat has wheels, apply the breaks.
- Ensure the room is warm and check the temperature of the water.
- Allow the person to use the shower head to wash themselves if possible
- Wash using the same guidelines as outlined in 'assisting with bathing'.
- Dry the person and clear up as previously described.
- Keep water away from persons face as this can be frightening.

USING A HOIST

- Explain what you are doing.
- Put a towel around their legs for their modesty.
- Keep talking to the person whilst moving it into position telling them what is going to happen next.
- Apply brakes.
- Get the person to check the temperature of the water with their foot.
- Adjust the temperature of the water accordingly, if required.
- Remove the towel before gently lowering them into the bath.



SHAVING

- Ask if they would like to use a traditional razor blade or an electric razor.
- If using a traditional razor, ask if they have preference for shaving foam, gel, or soap
- For a treat you could apply a mix of yoghurt and honey to the skin prior to the shave. This softens and prepares the skin and keeps the skin moist. Clean off with a warm towel before you proceed.
- Place a hot damp towel over the face to soften the face and open the pores.
- Be careful around the lips as this area is the most sensitive on the face with lots of nerve endings.
- Wash the razor thoroughly before the shave or use a new blade.
- Put on shaving gel, foam or other shaving product of choice.
- Gently stretch the skin on each cheek
- Shave down with the direction of the hair on each cheek.
- Ask the person to tilt their chin upwards.
- Shave upwards in the direction of the hair under the chin and under the jaw- line.
- Shave sideways from cheek to mid chin on both cheeks.
- Shave down from nostrils as close as possible to the lip. This should always be the last place to shave because the entrance to the nose is a source for bacteria.

HAIR CARE

Having the hair washed can be a relaxing and refreshing experience. Brushing or combing of the hair should be done at least once a day or as required. Washing and shampooing the hair should be done in the bath or shower but it can be done over a sink if necessary or in the bed if the person is unable to get out of bed.

- Washing hair at a sink or basin.
- Ensure you are prepared with towels and shampoo ready.
- Protect the persons back and shoulders from any water leakage if washing at the sink by wrapping towels and/or a water resistant wrap around the shoulders.
- Use a hose or spray attachment if possible but if that is not available gently rinse the person's hair using your hands or use a pre-cleaned jug for the purpose.
- Apply shampoo and gently message into scalp and hair.

- Rinse thoroughly being extremely careful not to pour water into their eyes.
- Apply conditioner if required and brush gently through hair.
- Rinse thoroughly.
- Wrap a warm towel around the hair to soak up excess moisture.
- Towel dry gently.
- Brush or comb through and style as required.
- Be careful when using hairdryers that they are not too hot.
- Show them their finished result in a mirror.

Washing hair in bed

There is an inflatable tray designed to support the head and neck of a person who is confined to bed to assist them in having their hair washed. Ask your Public Health Nurse or GP where you can source one.



ORAL HYGIENE AND DENTAL CARE

Good dental care is required for speaking, chewing and overall health and well-being. Tips for oral hygiene and dental care.

- Clean teeth at least twice a day for at least 2-3 minutes.
- Replace their toothbrush every 2-3 months
- If the person cannot get to the bathroom give them a bowl of water, toothbrush, toothpaste, towel and a glass of water to rinse.
- Ask if they need any assistance.
- The gums, tongue and roof of the mouth should also be brushed with toothpaste to remove plaque, stimulate gums and freshen breath.
- If you need to clean their teeth for them, be patient and gentle and explain what you are doing.
- Dentures should be removed and cleaned twice a day to remove plaque, food particles and staining.
- Dentures should be left to soak overnight in a denture cleaning solution and then brushed with a toothbrush and toothpaste.
- If their mouth is dry or crusted, clean the inside of the mouth with cotton buds soaked in warm water.
- If lips are cracked or dry, lip balm can be useful in restoring and maintaining lip moisture.
- Be aware of bleeding, swollen or red gums, receding teeth and signs of decay and refer to a Dentist for advice.
- Home visits can be arranged if necessary.

NAIL CARE

- Soak fingernails and toenails for desired soaking time (usually 5 minutes for fingernails and 15-20 minutes for toenails).
- If possible use professional nail clippers or nail clippers scissors with a straight edge.
- Use extreme caution when cutting to prevent damage to nearby tissues.
- If a person has diabetes their nails should be checked and cut by a qualified chiropodist or podiatrist.

MANAGING URINARY INCONTINENCE

- Learn to recognise the non-verbal cues a person gives about needing to go to the toilet and respond to them quickly.
- Schedule frequent visits to the toilet that suits you cared-for person.
- Try to get a picture of how and when accidents are happening.
- Some indications that a person may need to urinate include picking at their clothes near the groin area or fidgeting.
- Urinary incontinence can be assisted with absorbency pads which can be put inside regular underwear.
- Incontinence wear should be changed frequently, keeping skin clean and by using lotions and powders to protect the skin.
- Ensure your cared-for has adequate fluid intake.
- If assisting with toileting ensure clothes are easy to get on and off.
- If required put a commode next to the bed, particular at night.
- Provide adequate lighting to and from the bathroom.
- Night time incontinence can be reduced by reducing fluid intake after a particular time in the evening and by using an absorbency pad if required.

CARING SAFELY IN THE HOME

HYGIENE & INFECTION CONTROL

Infection:

If your cared-for person is ill, frail or has a low immune system, they may be particularly vulnerable to infection, so it is essential to maintain a hygienic and a clean habitable environment.

Infection can be spread in the following ways:

- Sources: People and animals are the most common carriers of many bacteria & viruses.
- Victims: The most vulnerable are those who have not been vaccinated and those who have low immunity.
- Direct Routes: A person can catch an infection directly by touching something that is contaminated; by sharing a needle with a contaminated person; through an exchange of bodily fluids or saliva, or through sexual activity with an infected person.

- Indirect Routes: Indirect routes include: airborne (germs can be carried in droplets of fluid), food; Food (can be contaminated if not cooked, stored or handled correctly); clothing or equipment (can harbour germs) and insects (can be hosts)

Symptoms of Infection:

- Pain or swelling.
- Localised redness.
- Loss of movement.
- Areas that are hot to touch.
- High temperature, increased breathing and pulse rates.
- Headache and thirst.
- Hot, dry skin and rash.
- Loss of appetite.
- Weakness and apathy



PREVENTING INFECTION

The best way to prevent infection and ensure a clean habitable environment is to adhere to a personal hygiene policy. Family Carers Ireland recommends the following:

Washing hands:

- Wash hands regularly throughout the day especially after:
- Going to the toilet.
- Assisting with toileting.
- Handling rubbish.
- Tea breaks.
- Handling money.
- Before serving food.
- Coughing, sneezing, touching face/ hair/ nose /mouth.
- Handling cleaning chemicals.
- Regularly throughout the day.



Hands should be washed as per the instructions on the Hand Wash poster (*see next page*); the key points to remember in the hand washing process are:

- Remove all jewellery.
- Ensure sleeves are pushed up.
- Hot water is applied to the hands.
- Soap is dispensed onto the hands and warm water added.
- All parts of the hands & wrists should be washed as per the instructions on the Hand wash Poster.
- Hands must be rinsed thoroughly to remove all traces of soap and dried properly to avoid irritation.
- Antibacterial gel should be applied to dry hands immediately after washing; apply as per the Hand-Rub Technique poster.

ALCOHOL HANDRUB TECHNIQUE



1. Remove hand and wrist jewellery (wedding band allowed) N.B. Keep nails short.



2. Apply about 3mls of alcohol and rub into palm of hand.



3. Rub palm to palm to spread alcohol over entire hands and fingers.



4. Rub the back of your left hand with the palm of right hand. Reverse and repeat action.



5. Open fingers and rub the finger webs. Reverse and repeat action.



6. Rub palm to palm with fingers interlocked.



7. Rub thumb of each hand using a rotating movement.



8. Rub the tips of the fingers against the opposite palm using circular movements.



9. Rub wrists of both hands.



10. Allow hands to dry completely.

HANDWASHING TECHNIQUE

PREPARATION



1. Remove hand and wrist jewellery (wedding band allowed) N.B. Keep nails short



2. Wet hands thoroughly under warm running water



3. Apply 5mls of soap/antiseptic soap to cupped hand by pressing dispenser with heel of hand (do not use finger tips on the dispenser)

HANDWASHING



A. Rub palm to palm 5 times



B. Rub right palm over the back of left hand up to wrist level 5 times. Do the same with the other hand



C. With right hand over back of left hand rub fingers 5 times. Do same with the other hand



D. Rub palm to palm with the fingers interlaced



E. Wash thumbs of each hand separately using a rotating movement



F. Rub the tips of the fingers against the opposite palm using a circular motion. Also ensure nail beds are washed



G. Rinse hands thoroughly under running water to remove all traces of soap



H. Turn off taps using elbows



I. Dry hands completely using a disposable paper towel



J. Discard paper towel in waste bin. Open bin using foot pedal only to avoid contaminating clean hands

Supported by PEI
Developed by Infection Control Team
St. James's Hospital

 Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

A Partnership for
Better Healthcare



A Strategy for the Control of
Antimicrobial Resistance in Ireland



Personal hygiene:

- Shower regularly and keep hair washed and neat.
- Wear clean clothes.
- For hygiene reasons nails should be kept short, clean and varnish free. False nails are not permitted to be worn to work.
- All cuts/ sores/ boils must be covered with a blue-water proof plaster. This is to protect you from acquiring an infection as well as to protect your cared-for from acquiring an infection.
- Wear sensible footwear which encloses the toe and heel.

Disposable gloves:

Disposable gloves should only be worn for short periods and changed frequently. Hands should be washed before where necessary, and after using disposable gloves.

Where disposable gloves are used they should be discarded following:

- Cleaning duties, handling refuse, handling or preparing raw food, and continence duties
- Gloves are also discarded if they are ripped, torn or have become loose due to over wearing.
- In addition to adhering to a hygiene policy, Carers are also recommended to:
- Get vaccinated (ask your GP for recommended vaccinations)
- Keep informed (watch the news, read the paper or go online to keep informed on any outbreaks of viruses.

FOOD SAFETY

In order to minimise any health risks, you need to keep your kitchen and cooking utensils clean, store food correctly and prepare food carefully. Follow these steps to ensure food safety:

Buying Food:

- Check expiration dates. Don't buy food, which has expired or will expire before you use it.
- Check that packaged goods are wrapped accordingly and are not damaged.
- Check that fruit and vegetables don't have broken skins.
- Don't buy fish or meat that has a strong odour.
- Check that your eggs aren't cracked and have been cleaned.
- Pack fruit and vegetables and any other foods you will eat raw separately, and place meat and fish products in plastic bags to prevent leaks in case of spillage.

Storing Food:

- Store foods according to its packaging guidelines.
- Store raw foods on a separate shelf in the fridge.
- Put raw meat and defrosting foods on a plate to prevent dripping.
- Place fruit and vegetables in the bottom of the fridge, and meat in the coldest part.
- Store food in the fridge or freezer as soon as possible after purchase.

Cleanliness:

- Cover any cuts with plasters.
- Wash hands thoroughly before and after preparing foods, and as soon as you have handled raw meat.
- Wash knives separately, and clean utensils thoroughly.
- Change and wash cloths and towels regularly. Soak dish cloths overnight in bleach.
- Regularly disinfect bins, cupboard handles, and taps.
- Clean your fridge regularly.
- Keep pets away from all food and kitchen services.

Preparation:

- Follow frozen food guidelines and your freezer guidelines correctly.
- Do not use foods from damaged packaging for e.g. from damaged or dented tins.
- Do not use foods past its expiry date.
- Wash all fruit and vegetables thoroughly.
- Use separate chopping boards and knives each for cooked and uncooked foods.

Cooking:

- Follow cooking guidelines exactly on all products.
- Ensure all meat and fish is cooked thoroughly.
- Do not reheat food more than once.
- Have separate chopping boards and knives for working with raw foods.



CARING SAFELY IN THE HOME

MOVING AND HANDLING THE CARED FOR PERSON

Back strain is one of the most common injuries sustained in the process of moving a person. If you attempt to move your relative incorrectly, you are likely to injure yourself or aggravate your loved one's condition. If you must move your relative regularly, you must get specialist help. You should not have to deal with moving a person without training or specialist aids.

If you are caring on your own, it's essential that you talk to your GP or public health nurse to arrange for a specialist such as a physiotherapist or an occupational therapist to assess your situation and show you the correct way to move your loved one.

Family Carers Ireland also offers patient Moving and Handling training. To find out more call the National Care Line on 1800-24-07-24 or visit www.carersireland.com

The technique of moving a patient doesn't involve lifting but instead you move a person by transference of body weight. If your relative needs a high level of assistance, if they have to be helped into a bed or a bath regularly for example, then you should be shown how to use specialist equipment such as a hoist. You also should be shown how to maintain it.



The main types of moving and handling equipment respond to the patient's level of ability.

- For people with no ability to help in the move, use equipment that takes all of their body weight: hoists, slings and slide sheets.
- A hoist is essential if your relative has to be moved regularly from a chair to a bed or into a bath. Most hoists involve sitting the person in a sling and, once they are securely in place, operating an electric winch system to lift her. A healthcare professional should advise you on the hoist that is most suitable and demonstrate how to use it.
- To help prevent pressure sores, variable pressure mattresses made of spongy material with a series of air pockets that inflate and deflate at different times can help. They distribute the body's weight more evenly so that the points where the body presses on the mattress are varied.
- People who can bear some of their own weight, sit up with help or pivot themselves, mostly need slide boards and slide sheets to take some of their weight. A slide sheet is a strong, thin piece of material with a slippery surface that allows you to move the person across the bed when she needs to be turned. You slide it underneath her and as you pull it towards you, she is automatically moved across with it. A slide board is a shaped piece of wood that can be used as a bridge between a bed and a chair, so that your relative can slide across the board from one piece of furniture to the other.
- Grab handles, lifting handles and handling belts are used to help individuals who just need support to move on their own. A handling belt is a broad, thick belt with handles on it that you can hold onto when helping your loved one to stand up or walk. It means you don't have to hold them by the arms and so can prevent bruising.

- People with some upper body strength may be able to use bed blocks with handles. They can be improvised by tying two or 3 similar sized books together, the person presses down to raise herself to sit up, shift their position or raise onto a bed-pan in bed.
- A rope ladder is a device that enables a person with reasonably strong hands and arms to raise himself to a sitting position: one end of the ladder is fastened to the bottom end of the bed, the user then pulls on the rungs to raise up.

Before moving the cared for person, ask yourself:

- Is the area safely clear of obstacles like trailing wires, chairs, books/newspapers, is the floor dry and not slippery.
- Are you wearing clothes that allow ease of movement and low shoes with good traction.
- Is the equipment you're using clean, safe and ready.
- Can you actually move and handle your loved-one on your own or are two people needed.
- Is your relative mobile enough to help with part of the procedure, can they move themselves to the edge of a chair, pull up with their arms or push down on the bed with their feet for example?

Prepare to move

- Know what equipment is needed, where to place the chair or wheelchair, what side of the bed to work on.
- Position surfaces as close as possible to each other
- Always explain to your loved one what you're going to do and why
- Check that they're happy with this before you start
- Encourage them to help in the move if they can, this can promote their independence

During the move:

- Stand with a wide base of support, slightly flex your knees and keep your back straight.
- Always make movements on the count of 3
- Bend your legs, not your back.
- Use your legs to do the work.
- Don't hold or grab your relative under the underarms.
- Don't let them hold or grasp you around your neck.
- Pivot your whole body in the direction of the move, don't twist or turn your trunk.
- Give praise and reassurance to your relative.



Repositioning:

- Make sure that the cared for persons body is well aligned in the new position support with pillows as needed

Taking stock post-move:

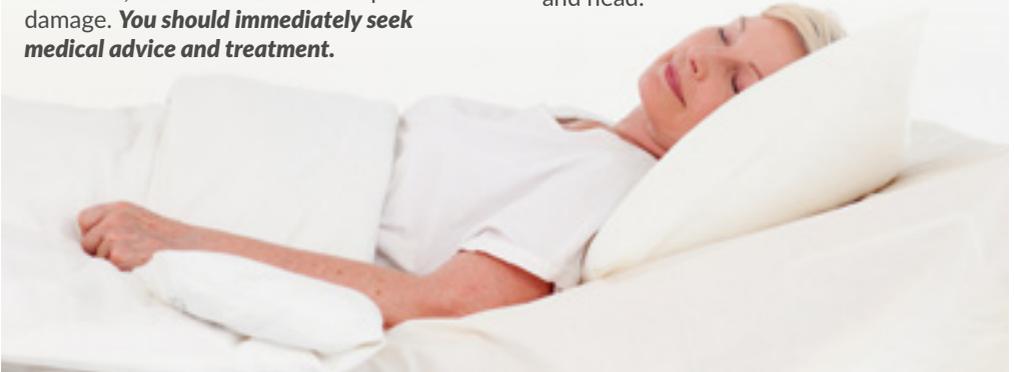
- Observe how the move went, was there enough help?
- Is the equipment appropriate?
- How much help did your loved one need?
- How well did they tolerate the movement?
- Is their new position comfortable?
- Were there any complaints of pain or discomfort?

Pressure area management:

- A pressure sore or bedsore is a broken area on the skin caused by a loss of blood supply from continuous pressure from lying or sitting in the same position for long periods without moving. It's a painful condition that can deteriorate seriously and must be treated and managed carefully.
- Common places for pressure sores are at the buttocks, shoulders, elbows, the heels and ankles and the knees. Warning signs are that the skin is hot, shiny and red, swollen or torn especially over bony areas.
- If you press the red area and hold for 3 seconds, the skin should appear white when you take your finger away. If the area is still red, this is an indication of pressure damage. **You should immediately seek medical advice and treatment.**

Preventing pressures sores:

- Turn your loved one in bed (or remind them) at least every 2 hours.
- Remind them to stand if they tend to sit for long periods.
- Use an alarm to help them remember, a kitchen timer or a mobile phone.
- Keep the skin as dry and clean as possible, but avoid rubbing too vigorously when drying.
- Monitor the time sitting on commodes.
- When assisting the person getting out of bed, take your time and always ensure that the skin is not dragged along the sheets.
- Make sure the sheets are not wrinkled.
- Ensure that your relative's chair is the right size, giving enough room between the arm rest and the hips so as not to pinch.
- Pyjamas or nightdresses should not be bunched up underneath your relative's body.
- A person using a wheelchair should shift their weight every 10 to 15 minutes or be helped to reposition himself at least once an hour.
- Areas with less fat should not be massaged. Even slight friction can remove the top layer of skin and damage blood vessels beneath it.
- Use pillows or foam wedges to raise the legs from mid-calf to ankle, raise the heels off the bed and reposition the shoulders and head.





LOOKING AFTER YOU

- **Your own Health and Wellbeing**
- **Feelings associated with the Caring Role**
- **Stresses of Caring**
- **Carer Groups**
- **Counselling**
- **Choice for Carers**
- **Copies Strategies and Compensations**
- **Health and Emotions**
- **Carers are important**
- **Family Carers Ireland can help you**

YOUR OWN HEALTH AND WELLBEING

Take time for yourself

The caring role makes many demands on you the Carer. It is therefore important to look after your own physical and emotional health.

Here are some tips on how to take better care of you yourself:

Keep Healthy

By making time for regular exercise this will help you feel more energetic and provide a break from your daily activities. Always try to have healthy and regular meals. It is not always easy to do but in the long term it is important for your health and wellbeing.

Tiredness and exhaustion can often add to the stresses of caring it is vital to try and get enough sleep and rest. Take special care of your back especially where lifting is involved. Get professional advice on how to lift properly and avail of any technical aids such as hoists where possible.

Getting into the habit of making time for you as a regular part of the day is important. Don't feel guilty about this time as it is for you. Planning ahead and pacing yourself will also help. If possible plan activities such as housework, for times when you are feeling at your best.

Although it can be easier said than done you need time to yourself every day to relax. It does not need to be long; even fifteen minutes can do wonders. Try to take time to sit and relax, listen to music or read a book.

Getting Out

Continue, if possible with activities you enjoy outside the home as it is important to follow your own interests outside your caring role. Some carers feel guilty when they leave the house to enjoy an activity without the person they care for.

If you are finding it difficult to get out talk to other family members, the local Carers Resource Centre manager or your Public Health Nurse.



Take a Break from your Caring Situation

Breaks can be taken in your home or away from it. They might be for a few hours a day or week.

You can use this time to sleep, do shopping, have a holiday yourself or just to “do nothing” – ***a luxury that Carers rarely if ever get to enjoy.***

Reduce the Isolation

It's easy to become isolated when you are a Carer. You may become too busy to keep up with friends and family, people may visit you less and thus loneliness often becomes the worst part of being a Carer. Sometimes just talking to someone who understands what you are going through can be a great help. Your local Family Carers Ireland Resource Centre or Outreach Service can put you in touch with other people to share similar experiences. When ideas, feelings, concerns, information and problems are shared, the experience of caring can seem less isolating.

What if I am not coping

Most Carers will tell you they have times when they feel weighed down and unable to cope.

If you are feeling this way it is vital to speak with someone about it – your family, friends, GP or contact your local Family Carers Ireland Resource Centre.

FEELINGS ASSOCIATED WITH THE CARING ROLE

Carers, throughout their caring role experience a range of different feelings. There are no right or wrong feelings as they are a normal and natural reaction to caring.

Each Carer responds differently to the demands of caring. Feelings are always individual. It is important to regard your feelings as signposts as they will tell you when things are not going well and may need attention.

The following are some of the feelings that Carers often experience:

Love and Commitment for:

- The person you are caring for.
- The opportunity to care for your loved one at home.
- The opportunity to give back the love to a parent who cared for you all your life.

Frustrated and Angry at:

- The person you are caring for.
- Others in the family who don't share the caring.
- Having to be a Carer.
- Lack of supports and services.
- The loneliness and isolation.
- Friends that no longer contact you.

Guilt for:

- Not wanting to be a Carer.
- Believing you bear some responsibility for the illness or disability.
- Losing your temper with the cared for person.
- Needing a break from caring.
- Placing the person you care for in residential care (either short or long term).

**Alternatively, call the National Freephone
Careline on 1800 24 07 24**



Sadness for:

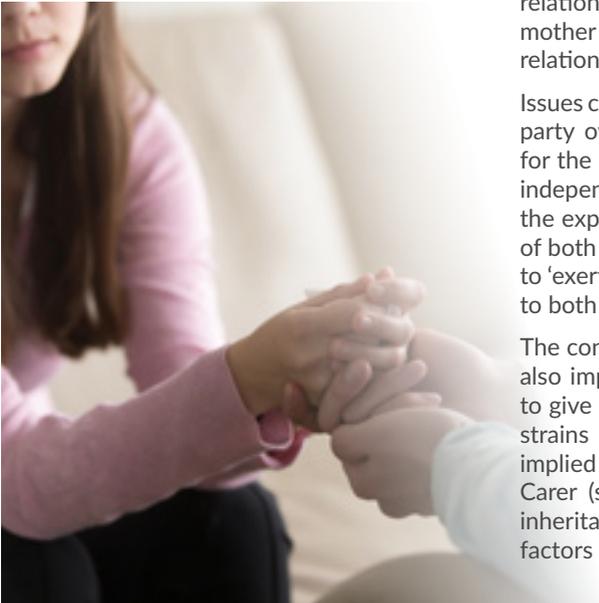
- Loss of a relationship with the parent, husband or wife or child you once knew.
- Loss of the life you once had.
- Loss of the life you planned.
- Loss of a sexual relationship with your partner.
- Loss of opportunities for the person you are caring for.

Overwhelmed, Confused and Shocked by:

- The diagnosis of illness or disability.
- Finding yourself caring and realising the changes this will bring to your life.

Afraid about:

- What will happen if you don't cope.
- Picking up your life after the caring role ends.
- What will happen to your loved one if you die?
- Who will care for him/her?

**STRESSES OF CARING**

The constant demands of caring and the many changes in family life for a Carer may bring about a range of feelings and emotions. There are no right or wrong feelings.

All Carers respond to the demands of caring in their own way.

Caring for a severely incapacitated person at home is not easy. Carers can feel a deep sense of satisfaction in doing a very important job of work at home which maintains the independence and dignity of the person being cared for.

The Carer can feel that the work he/she is doing at home is unrecognised and unappreciated by the state. Depending on family circumstances, attitudes within the home can vary from supportive words and actions to lack of interest to criticism of the Carer and the quality of care provided.

The relationship between the Carers and the person being cared for, varies from family to family. Factors affecting the relationship between both include the nature of the relationship (daughter-mother, son-mother, mother child, and so on), and the quality of the relationship before the caring situation arose.

Issues centred on the 'control' exercised by one party over another can be crucial. The need for the Carer to assist the cared for person in independent living has to be balanced with the expectations of both and the perceptions of both of the role of the Carer. The tendency to 'exert control' over the other person applies to both parties.

The context in which the caring takes place is also important. For example, if the Carer has to give up work to care at home, the financial strains of being a Carer, the expressed or implied longer-term financial benefits for the Carer (such as 'understandings' on property inheritance rights) and many other 'hidden' factors can come into the equation.

Important also are the caring duties involved and the health of the Carer. The physical and emotional stresses caused by very intensive long-term care at home can be high. Many Carers suffer a range of physical and emotional difficulties, with in some cases, serious deterioration in the Carers health.

Feeling Depressed

Sometimes being a Carer can be overwhelming. Over time you may stop feeling sad or angry about your situation and just feel numb.

Even happy times don't seem to lift you and simple tasks seem to take too much energy. You may find you are sleeping too much or waking early or during the night, feeling worthless or agitated most of the time and have difficulties making decisions.

These changes may be signs you are suffering from depression. Depression is a serious illness which is often overlooked.

It is common and treatable. Talk to your doctor, who will help find the best treatment for you.

How can I deal with difficult feelings?

Feelings are individual and so too are ways of dealing with them.

However, there is a way to deal with difficult feelings that many Carers say is very helpful that is by talking to someone.

This can be to family and friends, other Carers in a Carers group or to a qualified counsellor.

CARER GROUPS

Carer groups provide carers with the opportunity to:

- Meet other Carers in a similar situation
- Have a break from their caring role
- Access Information
- Share their feelings in a non-judgemental situation
- Reduce isolation

Sometimes family and friends do not understand the condition of the person you care for but people in the carer groups will understand.

COUNSELLING

Counselling involves talking to someone who understands the stresses and emotions involved in caring and can work with you to give you the encouragement, support and ideas to improve your situation. It may assist with the many changes in your relationships and roles as well as dealing with the strong feelings associated with caring.

Counselling is usually one-to-one so it is important you feel comfortable with the counsellor you choose. Anything said is completely confidential, so it's a good chance to talk about those things you may feel you cannot raise with family or friends.



CHOICE FOR CARERS

There are many issues which contribute to the build-up of stress, anxiety and worry and a general sense of being 'taken-for-granted'. Carers feel that the extent of their work and contribution in providing over 90% of all social and health care in local communities is grossly underestimated.

With greater awareness of the existence of Carers, there is a general feeling of goodwill towards Carers amongst the general public and policy-makers.

Carers can become angry. However, when they see the lack of the 'follow-through' policies and supports they need.

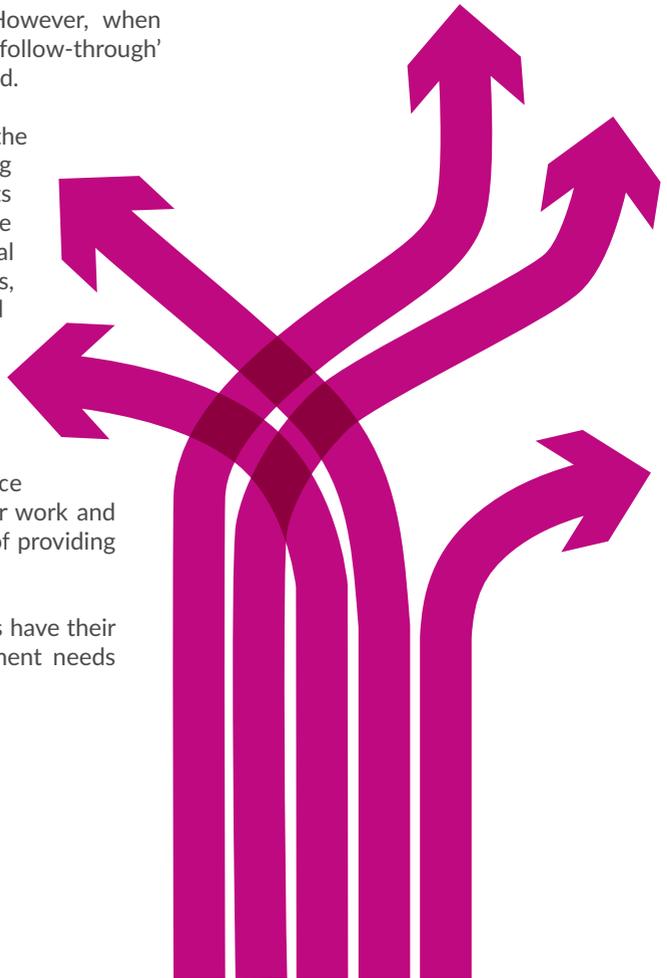
Carers should have choices. If the Carer wishes to remain working at home adequate supports need to be provided. These supports include practical assistance with caring duties, respite care (residential and home-based), training and education opportunities for social interaction, involvement in the planning and delivery of services supporting Carers and finance to recognise the value of their work and to cover the additional costs of providing care at home.

It is also important that Carers have their own personal and self fulfillment needs recognised and supported.

Key issues for Carers in providing choice and coping with stress include:

Family/Supports:

- It is important to involve family members from the beginning so that all the responsibility does not fall on you. If they cannot give day-to-day care they may be able to give you a break from caring or financial contributions towards the cost of caring.
- Accept help from friends or neighbours if they offer.



Health:

- Visit your GP regularly for check-ups and make sure they are aware of problems or stress you are going through.
- Make sure you maintain a well-balanced diet as this will help you to feel and cope better.
- It is important to exercise regularly by taking a walk or exercising in the home.
- Try to get enough sleep.
- Visit your doctor as soon as possible if you feel anxious or depressed.
- Take care when lifting the cared for person to ensure you do not damage your back.

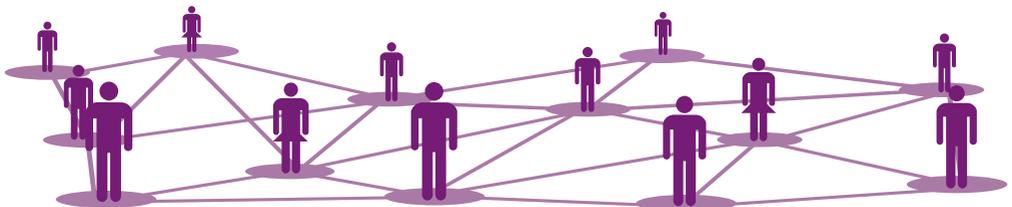
Other areas include:

- Practical problems
- Emotions
- Coping strategies
- Sense of recognition as a Carer

COPING STRATEGIES AND COMPENSATIONS

In devising strategies for coping with the stresses of caring at home, important issues to consider include:

- The Carer's reasons for caring.
- How and why the Carer is confined to the home.
- Each Carer's way of keeping in touch.
- Public and Personal appreciation.
- The way in which the Carer as an individual copes with difficult situations.
- Carer's worst fears.



HEALTH AND EMOTIONS

In addressing the Carer's health and emotional needs, issues to be considered include:

- What are the conflicting demands?
- Being on call 24 hours-a-day for years.
- The dependency of other people on the Carer.
- Lack of choice.
- When and where does the duty of the Carer stop?
- The expectations and understandings of Irish society of 'family', 'Carer' and the role of the Carer in society.
- The dignity of the Carer and the cared-for person.
- The physical health of the Carer, e.g. back care and muscle strain.
- The patronising of Carers by people who mean well.
- The denial of the Carer's right to be angry
- The sense of isolation and having to 'soldier on because we are powerless'.
- The fine line between being seen as having a legitimate right to complain and being seen as whining.

CARERS ARE IMPORTANT

Family Carers Ireland can help to overcome the sense of isolation and despair. Life can be better especially if you can get some time to yourself away from the caring situation.

FAMILY CARERS IRELAND CAN HELP YOU

**National Freefone CareLine
1800 24 07 24
for a confidential chat with
someone who cares about you.**

Pamper Days - 'treat yourself' to a day off and enjoy yourself with other Carers.

Recognition and Awards - Carers of the Year Awards & Young Carer of the Year Awards.

Coping with Loss - help with coming to terms with the loss of the person for whom you cared.

Surfing the Net - come in to our local Carers Resource Centre and have a look at the Internet.

Resource Centre - if you are in town, drop in and have a cup of tea, leave your shopping with us for a while, relax, make a few telephone calls you might not be able to make from home and find out what other Carers are doing.

Empowerment - Information is power. We can provide you with information and contacts which you need e.g. on how to get Carer's Allowance, an adaptation or extension to your home, grant-aid towards an adapted vehicle for a person with a disability, education and training services, medical cards.

Work Opportunities - Carers on Carer's Allowance can work in paid employment for up to 15 hours per week. We may be able to provide the supports which allow you to take up part-time work.

(Note: Income from work may be considered as means).



Carer Groups - Where Carers can meet other Carers in similar situations, gain information on entitlements, legal issues, health and nutrition etc., gain support and advice from Family Carers Ireland.

These meetings help to reduce isolation that Carers feel both socially and geographically.

Carers need to consider their own needs as well as those of the person they care for. If their health begins to suffer, caring will become more difficult and it will not be easy or possible in some cases to do the things they need to do.





NUTRITION AND DIET

- **Caring Safely in the Home**
- **Hazards and Risks**
- **Fire Safety in the Home**
- **Managing Health and Medications**
- **Personal Care Skills**
- **Personal Care Tasks**
- **Feeding**
- **Showering and Bathing**
- **Using a Hoist**
- **Preventing Infection**
- **Food Safety**
- **Moving and Handling the cared for person**



BRAIN AND MEMORY

RECOMMENDED VITAMINS AND MINERALS

B₆, B₁₂, Folic Acid

TOP FOODS



DIGESTION AND DETOX

RECOMMENDED VITAMINS AND MINERALS

A, B₁, B₃, B₆, B₇, B₁₂, C, D

TOP FOODS



BONE STRENGTH

RECOMMENDED VITAMINS AND MINERALS

D, K₂, Calcium, Magnesium

TOP FOODS





EYE FUNCTION



RECOMMENDED VITAMINS AND MINERALS

A, C, E, Lutein, Zinc

TOP FOODS



HEART AND BLOOD



RECOMMENDED VITAMINS AND MINERALS

B COMPLEX, D, K, Omega3, CoQ10

TOP FOODS



ENERGY RELEASE



RECOMMENDED VITAMINS AND MINERALS

B12, Magnesium, CoQ10

TOP FOODS



The Food Pyramid

The Food Pyramid is designed to make healthy eating easier. Healthy eating is about getting the correct amount of nutrients – protein, fat, carbohydrates, vitamins and minerals you need to maintain good health.

Foods that contain the same type of nutrients are grouped together on each of the shelves of the Food Pyramid. This gives you a choice of different foods from which to choose a healthy diet. Following the Food Pyramid as a guide will help you get the right balance of nutritious foods within your calorie range.

Studies show that we take in too many calories from foods and drinks high in fat, sugar and salt, on the top shelf of the Food Pyramid. They provide very little of the essential vitamins and minerals your body needs. Limiting these is essential for healthy eating.

So in a nutshell, healthy eating involves:

- Plenty of vegetables, salad and fruit
- A serving of wholemeal cereals and breads, potatoes, pasta and rice at every meal - go for wholegrain varieties wherever possible
- Some milk, yoghurt and cheese
- Some meat, poultry, fish, eggs, beans and nuts
- A very small amount of fats, spreads and oils
- And a very small amount or no foods and drinks high in fat, sugar and salt

Supplements

If you eat a varied and balanced diet, then there is normally no need to take any food supplements – you'll get everything you need from your food. The one exception to this is folic acid. All women of child-bearing age who could become pregnant should take a supplement of 400µg (micrograms) folic acid each day. If a woman does become pregnant, she should continue to take the supplement during the first twelve weeks of pregnancy.



Vegetables, salad and fruit:

Fruit and vegetables provide fibre. They also provide many important vitamins and minerals and are low in calories.

How many servings should I have a day?

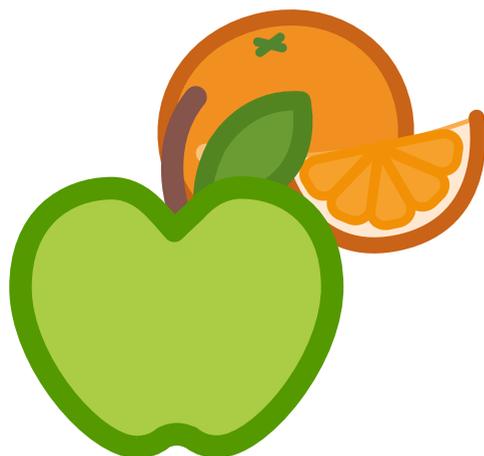
Choose any five or more servings each day - more is better

What types of foods should I eat?

Fresh, local fruit and vegetables in season are best and can be very good value. Eat a variety of coloured fruit and vegetables – green, yellow, orange, red and purple in order to benefit from the variety of vitamins and minerals provided by each colour group. Include a vitamin C rich fruit each day such as an orange or orange juice, strawberries or blackberries. Count fruit juice and smoothies as only one serving each day as they may be low in fibre.

What is a serving?

The actual portion that you eat may be bigger or smaller than the servings listed in the Food Pyramid. For example, one plum would count as ½ a serving.



One serving of fruit is:

- 1 medium apple, orange, banana, pear or similar size fruit
- 2 small fruits - plums, kiwis or similar size fruit
- 10-12 berries, grapes or cherries
- ½ a grapefruit
- 1 heaped dessertspoon of raisins or sultanas
- 4 dessertspoons of cooked fresh fruit, fruit tinned in own juice or frozen fruit

One serving of vegetable is:

- 4 dessertspoons of cooked vegetables – fresh or frozen
- a bowl of salad – lettuce, tomato, cucumber
- a bowl of homemade vegetable soup
- 1 small corn on the cob or 4 heaped dessertspoons of sweetcorn
- a small glass (100ml) of unsweetened fruit juice or a smoothie made only from fruit or vegetable

Wholemeal cereals and breads, potatoes, pasta and rice:

Foods on this shelf are the best energy providers for your body, so the more active you are the more you need.

How many servings should I have a day?

Choose any six or more servings each day for all ages, and up to 12 servings if you are active. Body size is important too. Younger, smaller children (5-13 years) need less than older children. Teenage boys, men and older men need more servings than girls or women. Most men need about eight servings a day and most women need about six servings. Men and teenage boys who are active may need up to 12 servings a day. Women and teenage girls who are active may need up to eight servings a day.

What type of foods should I eat?

The healthiest starchy foods are those that are high in fibre. For most starchy foods, there is a high-fibre version you can choose. So try out brown rice, wholemeal pasta and wholegrain bread instead of white rice, white pasta and white bread. Wholegrain breakfast cereals (including porridge) and baked potatoes eaten with their skins are great for fibre too.

What is a serving?

The actual portion that you eat may be bigger or smaller than the servings listed in the Food Pyramid. For example, a sandwich with two slices of bread counts as two servings. Other choices like a pitta pocket, a tortilla wrap, a small bagel, a small scone and one small French bread roll count as two servings.

One serving is:

- 1 slice of brown sliced bread or wholegrain soda bread
- 2-3 crackers or crispbreads
- 4 dessertspoons flake type high fibre breakfast cereal, without sugar, honey or chocolate coating
- 3 dessertspoons dry porridge oats
- 2 breakfast cereal wheat or oat biscuits
- 3 dessertspoons muesli, without sugar or honey coating
- 1 medium or 2 small potatoes,
- 2 dessertspoons of mashed potatoes
- 3 dessertspoons or ½ cup boiled pasta, rice, noodles (25g/1 oz uncooked)
- 1 cup of yam or plantain

Milk, yoghurt and cheese

Milk, yoghurt and cheese provide calcium needed for healthy bones and teeth. Calcium is important during the teenage growth spurt and also for older adults.

How many servings should I have every day?

Choose any three servings each day. Children aged 9-18 years need five servings a day. Women who are pregnant or breastfeeding need three servings a day.

What types of foods should I eat?

Foods on this shelf, especially full-fat cheese, can be high in saturated fat - so choose lower fat cheese regularly. When choosing foods from this shelf have milk and yogurt more often than cheese. If the family prefer skimmed milk, remember it is not suitable for children under five. Low fat milk is not suitable for children under two. If dairy products have to be avoided, have calcium and vitamin D enriched soya products. Vitamin D helps you absorb calcium better. The Irish diet is low in vitamin D - talk to your pharmacist or doctor about taking a supplement.

What is a serving?

The actual portion that you eat may be bigger or smaller than the servings listed in the Food Pyramid. For example 2 oz. of cheddar cheese would count as two servings and one cheese triangle would count as ½ a serving.

One serving is:

- 1 large glass (200ml) low fat or low fat fortified milk
- 1 large glass (200ml) calcium enriched Soya milk
- 1 small carton yogurt (125ml)
- 1 yogurt drink (200ml)
- 1 small carton fromage frais
- 25g/1oz (matchbox size piece) of low fat cheddar or semi-soft cheese
- 50g/2oz low fat soft cheese
- 2 processed cheese triangles
- 75g/3oz cottage cheese
- 1 portion of milk pudding made with a large glass low fat milk

Meat, poultry, fish, eggs, beans and nuts:

Much of the protein in your diet comes from foods on this shelf.

How many servings should I have every day?

Choose any two servings each day.

What types of food should I eat?

Go for a variety of choices. Choose lean meat, trim excess fat from meat and remove skin from poultry. Limit processed meats such as bacon or ham, because these are usually high in fat and salt. You do not need large amounts of meat and poultry to satisfy your nutritional needs.

Iron rich foods such as red meat and egg yolks are important for children, teenagers and women. Have a vitamin C food or drink (such as orange juice) in the same meal with the iron-rich food to increase the amount of iron you absorb.

Try to have fish at least twice a week and oily fish at least once a week. Pregnant and breastfeeding women should limit their consumption of tuna to no more than one serving a week.

Other good sources of protein are beans and peas when eaten with wholegrain breads, rice or pasta. They are also fat-free. If you are a vegetarian and get your protein regularly from cheese, always choose lower fat cheeses.

What is a serving?

The actual portion that you eat may be bigger or smaller than the servings listed in the Food Pyramid. For example, one egg would count as ½ a serving, but 150g/6oz of meat would count as two servings.

One serving is

- 50-75g/2-3oz cooked lean beef, pork, lamb, lean mince, chicken (This is about 100g/4oz of raw meat or poultry and is about the size of a pack of cards)
- 100g/4oz cooked oily fish (salmon, mackerel, sardines) or white fish (cod, haddock, plaice)
- 2 eggs
- 100g/4oz soya or tofu
- 125g/5oz hummus
- 6 dessertspoons of peas, beans (includes baked beans) or lentils
- 40g/1.5oz unsalted nuts or peanut butter or seeds 100-150g/4-6oz cooked meat or
- 200g/8oz fish is equal to 2 servings - this is about the width and depth of the palm of your hand

Fats, spreads and oils

Spreads and oils provide essential fats but these are only needed in very small amounts.

How many servings should I have every day?

Choose any two servings each day.

What types of foods should I eat?

Choose low fat and reduced fat spreads and oils such as rapeseed or olive oil (monounsaturated) instead of hard margarine, lard or butter. To have a low level of saturated fat, which is very important for your heart, you need to limit butter to once a week.

Mayonnaise and oil-based salad dressings also count towards your oil intake. Choose lower fat options.

What is a serving?

All oils contain the same amount of calories, so measure out the oil, don't just pour it onto the pan.

One serving is

- Low fat and reduced-fat spread - 1 heaped teaspoon or the size of 1 mini-pack. This is enough for 2 slices of bread
- If having full fat spreads or margarine, you should use less of these, so 1 heaped teaspoon spread very thinly to cover 3 slices of bread. Butter is limited to small amounts on special occasions

In addition to the 2 servings above, you can add up to 1 teaspoon per person of the oils mentioned across in cooking. If you are very active and having up to 12 servings from the Bread, cereals, potatoes, pasta and rice shelf – you can have 1-2 extra servings from this shelf.

Foods and drinks high in fat, sugar and salt

These foods should be avoided as they are high in fat, including saturated fat, sugar and salt. They may promote obesity, which can lead to heart disease, type 2 diabetes and some cancers.

How many servings can I have a day?

There are NO recommended servings for this group because they are not essential. Start today and limit what you eat from this shelf to no more than 1 serving a day maximum and ideally not everyday. Don't be tempted to swap eating healthy foods so you can have more of these foods high in fat, sugar and salt. You need healthy foods in the serving sizes recommended to provide all your vitamins and minerals.



The following examples are about 100 calories – so check the label when choosing foods high in fat and sugar.

- About 4 squares of chocolate (half a bar)
- 1 small or fun sized chocolate coated bar
- 1 bag of lower fat crisps
- 1 small cup cake (without icing) or one plain mini muffin
- 2 plain biscuits or 1 chocolate biscuit
- About ½ a can of sugary drink
- 1 scoop of vanilla ice-cream
- ½ or 1 cereal bar

If you add sugar to your tea, coffee or breakfast cereal, gradually reduce the amount you add until it's little or none.

Alcohol

Alcohol is not essential for health and is not recommended for children under 18 years. One standard drink (equal to 1 glass of beer, lager, a small glass of wine and a single measure of spirit) contains about 100 - 150 calories.

For low risk drinking the weekly limits are:

- Up to 11 standard drinks a week for women (112g of pure alcohol)
- Up to 17 standard drinks a week for men (168g of pure alcohol)

These are weekly limits not targets to be reached. Do not take more than 5 standard drinks in one sitting and have 3 alcohol free days during the week. Drinking more than the weekly limit can increase your weight and your blood pressure, putting you at risk of heart disease and stroke. It can damage your liver and can increase your chances of getting cancer, including breast cancer.

Alcohol should be avoided during pregnancy and breastfeeding and is best avoided while trying to conceive a baby.





FINANCIAL SUPPORTS FOR CARERS

- Carer's Benefit
- Carer's Allowance
- Care Sharing
- Half-rate Carer's Allowance
- Carer's Support Grant
- Household Benefits Package
- Carer's Leave
- Domiciliary Care Allowance
- Mobility Allowance
- Homemaker's Scheme
- Housing and Accessible Transport
- Disabled Persons Grant Scheme
- Owner Occupied Homes
- Disabled Drivers and Disabled Passengers Scheme
- Disabled Person's Parking Card
- Driving Lessons

CARER'S BENEFIT

Carer's Benefit is a payment made to insured people who leave the workforce to care for a person(s) in need of full-time care and attention. You can get Carer's Benefit for a total period of 104 weeks for each person being cared for. This may be claimed as a single continuous period or in any number of separate periods up to a total of 104 weeks. However, if you claim Carer's Benefit for less than six consecutive weeks in any given period you must wait for a further six weeks before you can claim Carer's Benefit to care for the same person again.

If you are caring for more than one person, you may receive payment for each care recipient for 104 weeks. This may result in the care periods overlapping or running concurrently.

How do I qualify?

You will qualify if you, the carer:

- Have been employed for 8 weeks during the previous 26 weeks,
- Have enough PRSI contributions,
- Give up employment to care for somebody full-time (this employment must have been for at least 16 hours a week or 32 hours a fortnight).

- Are not self-employed or employed outside the home for more than 15 hours a week, **and**
- Are not living in a hospital, convalescent home or other similar institution.

What are the PRSI contribution conditions?

For a first claim you must have:

- 156 paid contributions since entry into insurable employment, and 39 paid contributions paid in the relevant tax year **or**
- 39 paid contributions in the 12 months before Carer's Benefit starts or
- 26 paid contributions in the relevant tax year and 26 paid contributions in the tax year before that.
- Only Class A, B, C, D, H and E PRSI contributions count.

The 'relevant tax year' is the second last complete tax year before the year in which you claim Carer's Benefit. You must not be engaged in employment, self-employment, training or education courses outside the home for more than 15 hours a week. The maximum amount you can earn is €332.50 per week. (€332.50) is your **net income** after you have deducted:

- **Income tax and Universal Social Charge**
- **PRSI**
- **Superannuation (pension payments)**





CARER'S ALLOWANCE

Carer's Allowance is a payment to people on low incomes who are looking after a person who needs support because of age, disability or illness (including mental illness).

If you qualify for a Carer's Allowance you may also qualify for Secondary Benefits such as:

- The Household Benefits package (Free Electricity Units and free TV Licence) if you are living with the person to whom you are providing care.
- A Free Travel Pass.
- The Carer's Support Grant (€1,700) is automatically paid to people getting Carer's Allowance in June of each year.

Carer's Allowance is not taken into account in the assessment for a Medical Card.

If you consider that you have been wrongly refused Carer's Allowance, or you are unhappy about a decision of a Social Welfare Deciding Officer about your entitlements, you can appeal this decision.

To be entitled to a Carer's Allowance you must:

- Be living with, or in a position to provide full-time care and attention to a person in need of care who does not normally live in an institution. However you may continue to be regarded as providing full-time care and attention if you or the person being cared for is undergoing medical or other treatment in a hospital or other institution for a period not longer than 13 weeks.
- Be habitually resident in the State.
- Not live in a hospital, convalescent home or other similar institution.
- Be at least 18 years old and
- Not be engaged in employment, self-employment, training or education courses outside the home for more than 15 hours a week. During your absence, adequate care for the person requiring full-time care and attention must be arranged.

How means are assessed

The means test for the Carer's Allowance involves assessing your income (excluding your home). €332.50 of your **gross weekly income** is not taken into account (or disregarded).

If you are married, in a civil partnership or cohabiting the first €665.00 of your combined gross weekly income is disregarded.

The following are also deducted from your gross income:

- PRSI.
 - Union dues.
 - Superannuation (pension contributions)
- and**
- Travel expenses.

If you are getting a social welfare payment from another state an amount up to the maximum rate of the Irish State Pension (Contributory) is exempt from the means test. Any foreign social welfare payment above the maximum Irish State Pension (Contributory) rate is treated as income for the means test. If you are getting maintenance payments these are assessed (along with any other source of income) and the first €332.50 (or €665 for a couple) is disregarded.

What counts as means?

Your means are any income you or your spouse, civil partner or cohabitant have or property (except your home) or an asset that could bring in money or provide you with an income, for example, an occupational pension or benefits from another country. Any payment made by the Department of Social Protection is not taken into account in the means test for Carer's Allowance.

Investments and savings

The actual income from investments and money in a savings account is not taken as your means. Instead, investment items such as, money in a savings account, cash-in-hand or money in a current account and the cash value of investments and property are added together and a special formula is used to work out your weekly means.

How much can I get?

Your payment is made up of a personal amount for yourself and extra amounts for your qualified child, children or child/ren. The amount you may get depends on your means.

Who is a qualified child?

You can claim an increase for a child if they are under age 18, normally live with you and are maintained by you. If a child is in full-time education by day at a recognised school or college, you may get this increase for them up to the end of the academic year in which they reach age 22, whether or not they live at home.

Caring for 2 people

Carers who are providing care to more than one person may be entitled to up to 50% extra of the maximum rate of Carer's Allowance each week, depending on the weekly means assessed.

Holidays

Carers Allowance can be paid if you accompany the person you are caring for abroad to get medical treatment. You can also go abroad on a respite break for a maximum of 3 weeks.

Hospital Stays

Carer's Allowance will continue to be paid for 13 weeks if the cared for person is admitted to hospital, should the cared for person continue to remain in hospital the carers allowance payment will be suspended for a further 13 weeks and then after this the applicant will have to start the application process again. Please note the Carers Allowance Department must be notified of any change in circumstances regarding you or the person being cared for.

Does my payment continue after the cared for person's death?

Yes, Carer's Allowance will continue to be paid to you for 12 weeks after the person you are caring for dies.

Credits

Credits are awarded to recipients of Carer's Allowance in the following circumstances:

- If the claimant was employed and paid PRSI contributions prior to receiving Carer's Allowance s/he may be entitled to credits.
- If, however, there is a gap of two years in the claimant's insurance record, credits are not valid until at least 26 PRSI contributions have been paid.
- If the claimant was in receipt of Jobseeker's Allowance (provided she/he has at least one paid Class A PRSI contribution) Jobseeker's Benefit or Illness Benefit immediately prior to claiming Carer's Allowance.

Appeals

A person who is dissatisfied with the Deciding Officer's decision e.g. refused award of allowance or awarded a reduced rate allowance, may appeal the decision. The appeal should be made within 21 days of notification of the Deciding Officer's decision by writing to:

The Chief Appeals Officer, Social Welfare Appeals Office, D'Olier House, Dublin 2, stating the grounds of appeal.

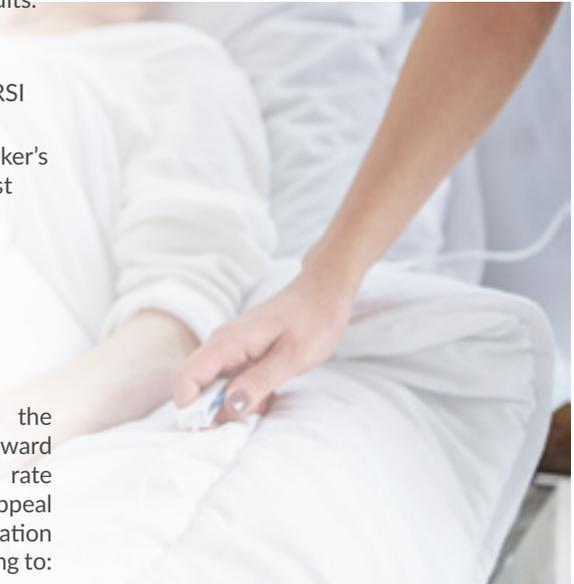
The Appeals Officer can decide the matter summarily or may deal with the case by way of an oral hearing. A statement is prepared on the facts relied on by the Deciding Officer in the making of a decision on entitlement to Carer's Allowance and on the extent to which the facts and contentions advanced by the appellant are admitted or disputed. This statement is put before the Chief Appeals Officer. A person may be interviewed by a Social Welfare Inspector regarding any facts or evidence put forward in support of an appeal, where the facts/evidence conflict with previous statements made by the claimant.

Tax implications

Carer's Allowance is a taxable source of income and you should inform your local tax office if in receipt of this allowance.

How to apply

Complete the Carer's Allowance Form CR1



CARE SHARING

Two Carers who provide care on alternate weeks can be accommodated on the Carer's Allowance Scheme. Under legislation the Carer must provide this care for a complete week i.e. Monday to Sunday. Each Carer will share the Carer's Allowance and the annual Carer's Support Grant.

A Carer who provides care on alternate weeks with the care recipient attending a residential institution every other week can also be accommodated on the Carer's Allowance Scheme. Each Carer should apply for Carer's Allowance using form CR1.

If a person is caring for someone on alternate weeks where the care recipient attends a residential institution then the details of this should be recorded on the application form.

All the usual qualifying conditions for Carer's Allowance will apply to carer's availing of these arrangements. The rate of payment for each carer will depend on their individual circumstances.



HALF-RATE CARER'S ALLOWANCE

If you are getting certain social welfare payments and you are providing full time care and attention to another person, you can keep your main social welfare payment and get half-rate Carer's Allowance as well. If you were getting another social welfare payment before claiming Carer's Allowance, you may have your original payment reinstated and also get half-rate Carer's Allowance.

If you are in one of the following situations you may qualify for half-rate Carer's Allowance:

- Already getting Carer's Allowance but also meet the qualifying criteria for another social welfare payment
- Changed from another social welfare payment to get Carer's Allowance
- Caring for someone and being claimed for by a spouse, civil partner or cohabitant
- Getting a social welfare payment other than Carer's Allowance and caring for someone

The following social welfare payments are not considered

- Supplementary Welfare Allowance
- Increase for a Qualified Adult
- Jobseeker's Benefit
- Jobseeker's Allowance
- Family Income Supplement
- Back to Education
- Carer's Benefit

If you satisfy the conditions for Carer's Allowance it will be awarded at 50% of the rate that would apply if you were not getting any other payment.

You will also be eligible for the Carers Support Grant, Household Benefits Package (if you are living with the person for whom you are providing care) and a Free Travel Pass.

To apply contact:

Department of Social Protection
Carer's Allowance Section
Social Welfare Services Office
Government Buildings
Ballinalee Road
Longford
Ireland
Tel: (043) 334 0000
Locall: 1890 927 770

CARER'S SUPPORT GRANT

The Carer's Support Grant is an annual payment made to carers by the Department of Social Protection. Carers can use the grant in whatever way they wish. You can use the grant to pay for respite care if you wish, but you do not have to do so.

In June of each year (usually on the first Thursday of the month), the Department of Social Protection pays the grant automatically to carers getting Carer's Allowance, Carer's Benefit, Domiciliary Care Allowance or Prescribed Relative's Allowance from the Department. Only one Carer's Support Grant can be paid for each person receiving care.

Rules

The grant is paid to people getting one of the payments mentioned above. It can also be paid to certain other carers providing full-time care. If you are not getting one of the above payments, you must be:

- Aged 16 or over
- Ordinarily resident in the State
- Caring for the person on a full-time basis
- Caring for the person for at least six months - this period must include the first Thursday in June
- Living with the person being cared for or, if not, be contactable quickly by a direct system of communication
- (for example, telephone or alarm).

HOUSEHOLD BENEFITS PACKAGE

The Household Benefits Package is a package of allowances which help you with the costs of running your household. The package is available to people aged over 70 and to people under age 70 in certain circumstances.

You must be living in the State.

Only one person in a household can qualify for the package at any time. If you are renting your home, your landlord must provide written confirmation that you are a tenant (including the MPRN or GPRN of the address you are living at) and confirm that you are paying your own energy bills. The amount of the electricity allowance is €35 per month.

There are 2 allowances in the Household Benefits Package:-

Allowance 1

- Electricity Allowance/Cash Electricity Allowance **OR**
- Natural Gas Allowance/Cash Gas Allowance

Allowance 2

- Free Television Licence

How do I get a Free Television Licence?

If you qualify for the Household Benefits Package you will get a Free Television Licence from the next renewal date of your current television licence. The licence remains valid for as long as you continue to receive the Household Benefits Package. The household benefits section will send you a letter telling you that you have been awarded the Electricity or Gas Allowance and Free Television Licence.

How to apply

Complete the HB1 form

CARER'S LEAVE

The Carer's Leave Act 2001 allows employees to leave their employment temporarily to provide full-time care for someone in need of full-time care and attention. The minimum period of leave is 13 weeks and the maximum period is 104 weeks. Carer's leave from employment is unpaid but the Carer's Leave Act ensures that those who propose to avail of Carer's leave will have their jobs kept open for them for the duration of the leave.

To enquire about your possible entitlement to Carer's Leave contact:

Workplace Relations Customer Services
 Department of Jobs, Enterprise
 and Innovation,
 23 Kildare Street, Dublin 2, D02 TD30
 Tel: +353 1 631 2121
 LoCall: 1890 220 222
 Email: info@djei.ie

CONTINUING PAYMENT AFTER DEATH

The Carer's allowance will continue to be paid to you for 12 weeks should the person you are caring for pass away.

DOMICILIARY CARE ALLOWANCE

Is a monthly payment to the carer of a child with a disability so severe that the child requires care and attention and/or supervision substantially in excess of another child of the same age. This care and attention must be provided to allow the child to deal with the activities of daily living. The child must be likely to require this level of care and attention for at least 12 months.

The Domiciliary Care Allowance scheme is administered by the Department of Social Protection. The Domiciliary Care Allowance is payable up to the age of 16 years of age.

Medical assessment:

You are required to have your own doctor complete a medical report, which is part of the application form, on your child's medical condition. This report is reviewed by one of the Department's Medical Assessors.

What happens when my child reaches the age of 16?

DCA stops when a child reaches 16 so your last DCA payment will be for the month of their 16th birthday. The Department of Social Protection will write to you 3 months before your child's 16th birthday to remind you that DCA will shortly stop and tell you about the available options.

At age 16, your child can apply in their own right for Disability Allowance (DA). DA is a means-tested payment for people with disabilities who as a result of their disability are substantially restricted in undertaking work that would otherwise be suitable for a person of their age, experience and qualifications. The qualifying conditions for DA are different from the qualifying conditions for DCA, so your child is not automatically entitled to DA because DCA was in payment. The means test for Disability Allowance assesses the means of your child and your income is not taken into account.

NOTE: Your entitlement to a Carer's Allowance may be reviewed when DCA ceases.

Half-rate payment:

Children who are being cared for on a full-time basis in residential homes or other institutions are not eligible for the allowance. However, children in residential care who go home, may receive a half-rate payment if they are at home for 2 days or more a week, for example, a child who attends residential services from Monday to Friday and goes home at weekends.

Hospital stays

Payment may continue for up to 13 weeks if the child is getting medical or other treatment in hospital.

This assessment may involve home visits to verify a person's place of residence for Rent Supplement purposes or simply to interview someone in surroundings that are more comfortable if he or she has special needs or is unable to visit his or her local health centre in person. Department of Social Protection staff will actively refer individuals to other state agencies and/or voluntary organisations if these are appropriate to the client's needs. For example, you may be referred to the Money Advice and Budgeting Service (MABS).

Where to apply:

Send your completed application form and supporting documents to:

Domiciliary Care Allowance,
Social Welfare Services Office,
Department of Social Protection,
College Road, Sligo.
Tel: (071) 9157100
Locall: 1890 500 000
www.welfare.ie

MOBILITY ALLOWANCE

This allowance is paid to persons who are unable to walk and who would benefit from a change of surroundings.

To qualify you must be unable to walk (even with the use of artificial limbs or other suitable aids) OR be aged between 16 and 66 years of age, be in such a condition of health that the exertion to walk would be dangerous, be living at home (allowance will continue to be paid in respect of occasional stays in hospital of up to 8 weeks), not be forbidden from being moved for medical reasons and be in a condition

where the inability to walk must be likely to last for at least one year.

(This Allowance is closed to new applications since February 2013 but anyone already receiving this payment will continue to be paid until a new scheme is introduced).

HOMEMAKERS SCHEME

A Homemaker for the purposes of the Homemaker's Scheme is a man or woman who gives up work to take care of a child under age 12 or an incapacitated child or adult aged 2 or over on or after 6 April 1994.

The Homemaker's Scheme makes it easier for you as a Homemaker to qualify for an Old Age Contributory Pension when you reach age 66.

These arrangements apply to Old Age Contributory pension only and do not involve payments while Homemaking. A person must have a minimum yearly average number of PRSI contributions paid or credited from the time he or she enters social insurance to pension age.

Before 6 April 1994, if you left the workforce to provide full-time care and attention for a child (ren) and or adult(s) as mentioned above, you could have gaps in your social insurance record which could affect your entitlement to an Old Age Contributory Pension.

Contact:

Homemaker's Scheme Section
Department of Social Protection,
McCarter's Road,
Buncrana,
Co. Donegal.
Tel: (01) 471 5898
Locall: 1890 690 690
www.welfare.ie

HOUSING AND ACCESSIBLE TRANSPORT

As a Carer, an important part of our work is ensuring that the person we care for has the best quality of life possible through enhanced independence and dignity.

Technical aids and appliances, as well as the right modifications to the home and accessible transport are all vital elements in independent living. It is also most important that the Carer looks after her/his own health. Carers assist the person who needs care on a daily basis as follows:

- Getting from one room to the other
- Safety getting up and down stairs
- Taking a bath or a shower
- Getting onto and off chairs
- Getting in and out of bed
- Using the toilet
- Security
- Getting to and from the home
- Making sure you do not injure yourself

DISABLED PERSONS GRANT SCHEME

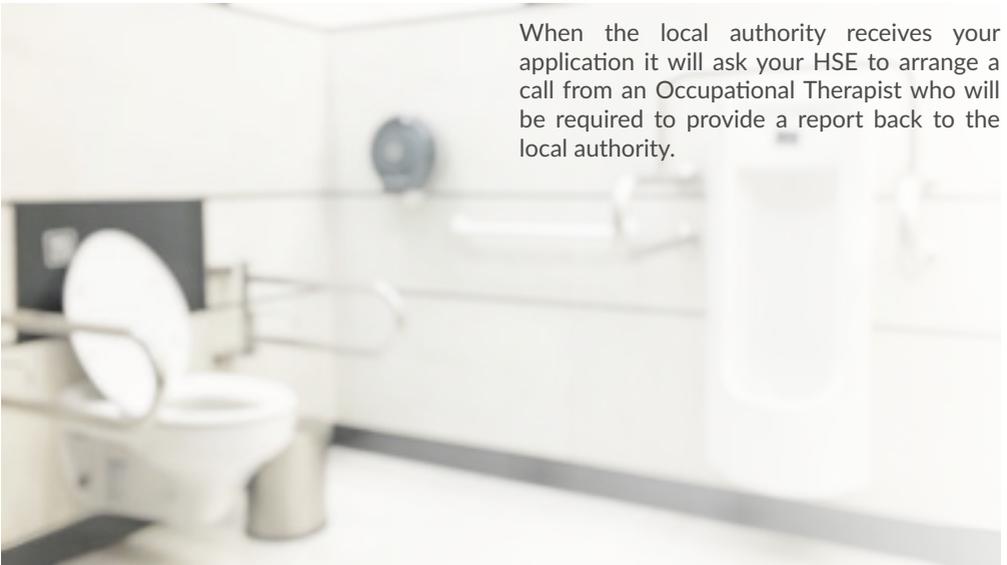
The Disabled Person's Housing Grant Scheme assists those who require alterations to their homes as a result of physical disability, a severe intellectual disability, or a severe mental illness for which they are receiving treatment. Alterations could include making a dwelling wheelchair accessible or installing a ground floor bathroom and toilet. The grant is funded jointly by the Department of the Environment and Local Government, and local authorities.

Application for the grant is made to your local authority which will provide guidelines in relation to procedures and information on works that will be grant aided. Procedures may vary between local authorities.

You must not do any of the work until your application is approved. Applications to the local authority must be accompanied by a detailed itemised estimate from the contractor together with specifications of the proposed work.

The contractor's Income Tax Number and VAT number must be included.

When the local authority receives your application it will ask your HSE to arrange a call from an Occupational Therapist who will be required to provide a report back to the local authority.



OWNER OCCUPIED HOMES

Application for the grant is made to your local authority which will provide guidelines in relation to procedures and information on works that will be grant aided. The maximum grant available is €30,000 and the grant will cover up to 90% of the cost of the works to private houses.

The local authority may enquire as to how you intend to meet your portion of the cost of the adaptation. You may fund your share of the cost from your own resources or by means of a loan from a bank, building society, etc. If you are unable to obtain a loan from a bank or building society, your local authority may be able to advance you a house improvement loan to cover your share of the cost.

New House or Building your Own House

Where a house is less than one year old or where a new house is being specifically provided and suitably designed to meet the needs of a disabled person the grant will not normally exceed €14,500.

Rented Accommodation

The grant is not available to people in rented accommodation.

Local Authority House

If you live in a local authority house the local authority will meet the full cost of approved alterations. The disabled person must occupy the house as his/her normal place of residence.

NOTE: Funding is based on the level of funding available in each Local Authority area and is at their discretion.

THE DISABLED DRIVERS AND DISABLED PASSENGERS SCHEME

From the office of the Revenue Commissioners the Disabled Drivers and Disabled Passengers Scheme provides a range of tax reliefs linked to the purchase and use of specially constructed or adapted vehicles by drivers and passengers with a disability.

The rules of the scheme are set out in the Disabled Drivers and Disabled Passengers (Tax Concessions) Regulations 1994 as amended. Under the terms of the scheme, you can claim remission or repayment of vehicle registration tax (VRT), repayment of value-added tax (VAT) on the purchase of a vehicle and repayment of VAT on the cost of adapting a vehicle. In addition, if you qualify under the scheme, your vehicle may be exempt from the payment of annual motor tax on application to a Motor Tax Office.



Fuel grant

If you qualify for tax relief under the scheme you are also eligible for a fuel grant under the Disabled Drivers and Disabled Passengers Fuel Grant Regulations 2015. The grant replaced the repayment of excise duty on fuel. The rate of grant payable per litre, up to a maximum of 2,730 litres per calendar year, is as follows:

- **Petrol – €0.59**
- **Diesel – €0.48**
- **LPG – €0.10**

Toll road fees

An adapted vehicle driven by a driver with a disability is entitled to exemption from toll road fees. Toll road operators issue special passes which are recognised by all other toll road operators and which allow such vehicles pass through the tolls without paying.

To obtain a special pass apply to your nearest toll road operator.

Changes to Scheme in 2016

A number of changes have been made to the Scheme. They include:

- The limit on the vehicle's engine size of less than 2,000cc in the case of a driver and 4,000cc in the case of a passenger has been increased to 6,000cc for drivers and passengers.
- The maximum amount of VRT and VAT relief available under the Scheme has been increased to €10,000 for drivers and €16,000 for passengers.
- A new category of specifically adapted vehicle for drivers with severe disabilities where the vehicle needs significant adaptation. The maximum amount of VRT and VAT relief available for this category is €16,000 and the vehicle must be retained for 3 years.

- A new category of extensively adapted vehicle for drivers and passengers where the cost of the required adaptations exceeds the open market selling price of the vehicle being adapted. The maximum amount of VRT and VAT relief available for this category is €22,000 and the vehicle must be retained for 6 years.
- Vehicles no longer have to be purchased from an authorised motor dealer.

Rules

In order to qualify for tax relief under the scheme, the person with a disability must have a valid Primary Medical Certificate. A Primary Medical Certificate confirms you are severely and permanently disabled and:

- Are completely or almost completely without the use of both legs

or

- Are completely without the use of one of your legs and almost completely without the use of the other leg to the extent that you are severely restricted as regards movement in your legs or
- Are without both hands or both arms or
- Are without one or both legs or
- Are completely or almost completely without the use of both hands or arms and completely or almost completely without the use of one leg

or

- Have the medical condition of dwarfism and serious difficulties of movement of the legs

Local Health Offices of the Health Service Executive (HSE) process applications for a Primary Medical Certificate. If the HSE refuses your application for a Primary Medical Certificate, you may appeal the refusal to the Disabled Drivers Medical Board of Appeal, National Rehabilitation Hospital, Rochestown Avenue, Dun Laoghaire, Co. Dublin.

Drivers with disabilities

You can claim tax relief on

- A new vehicle
- A used vehicle that has not been previously registered in the state

You can also buy a previously registered used vehicle, in which case the amount of the repayment will be the residual VAT contained in the value of the vehicle. However, the majority of used vehicles purchased from a dealer are purchased under the Margin Scheme. This means that no VAT is payable when the vehicle is purchased and therefore no VAT is refundable.

If you bought the vehicle before you qualified as a disabled driver, a repayment of VAT and VRT, appropriate to the market value of the vehicle at the time of entry to the scheme, will be made.

A vehicle that has been acquired under a hire-purchase agreement qualifies for tax relief.

Passengers with disabilities

You can claim tax relief on

- A new vehicle
- A used vehicle that has not been previously registered in the State

You can also buy a previously registered used vehicle, in which case the amount of the repayment will be the residual VAT contained in the value of the vehicle. However, the majority of used vehicles purchased from a dealer are purchased under the Margin Scheme. This means that no VAT is payable when the vehicle is purchased and therefore no VAT is refundable.

If you bought the vehicle before you qualified as a disabled person, a repayment of VAT and VRT, appropriate to the market value of the vehicle at the time of entry to the scheme, will be made.

If you buy a used vehicle that has previously qualified for tax relief under the scheme for transporting disabled passengers and where the original adaptations remain in place when you buy it, it is eligible for the scheme.

A vehicle that has been acquired under a hire-purchase agreement qualifies for tax relief.

Residency

A family member of a disabled passenger can also qualify for relief provided they are living with and responsible for the transport of the disabled person in question and has acquired the vehicle for that purpose.

If the disabled person only stays with a family member on a part-time basis, the residency requirement is not met.

However, if the disabled person is a minor who is in residential or medical care on a part-time or occasional basis and who spends a significant part of their time at home, for example, every weekend and holidays, the residency requirement may be met. The Revenue Commissioners may, in exceptional circumstances, waive the residency requirement.

You should contact the Central Repayments Office to make sure that you meet the residency requirements for relief under the scheme before purchasing a vehicle.

Restrictions on disposal

“Disposal” means the sale of the vehicle, the gift of the vehicle to another person and the hiring or renting of the vehicle. The vehicle must not be disposed of for at least 2 years from the date the relief is granted. The retention period is 3 years for a specifically adapted vehicle and 6 years for an extensively adapted vehicle.

You will only be allowed to dispose of the vehicle within the retention period if you refund to the Revenue Commissioners a substantial portion of the relief allowed, calculated by reference to the value of the vehicle at the time of disposal.

If the vehicle is disposed of following damage in an accident, the damage will be taken into account in calculating the value of the vehicle at the time of disposal.

Applying for remission of VRT

You need to send the following documents to the Central Repayments Office:

- Form DD1
- The original Primary Medical Certificate if you are claiming for the first time. You must apply to the Health Service Executive (HSE) for an application form for a Primary Medical Certificate – obtain an application form from your Local Health Office in the HSE.
- Complete the application form and return it to the Senior Medical Officer of the Local Health Office.
- You will then receive an appointment for an assessment of the level of your disability.
- If you satisfy the requirements, you are granted a Primary Medical Certificate by the HSE.

If your application for remission of VRT is acceptable, you will be sent a Letter of Authorisation which authorises you to purchase a vehicle. When you have chosen the vehicle, the vehicle identification number (VIN) must be submitted to the Central Repayments Office on the form issued to you with the Letter of Authorisation. You will be issued with an Exemption Notification that allows the vehicle to be registered exempt of VRT at the **NCTS centre**.

When you have bought the vehicle, you must obtain the following documents:

- An original invoice from the dealer showing the full purchase particulars of the vehicle and verifying that payment of the amount due has been made in full.
- An original invoice from the person who adapted the vehicle, showing that payment has been made in full. The invoice must show full details of the adaptations to the vehicle and the VAT charged.

Where to Apply

You can find further information on the tax relief scheme on the Revenue Commissioners' website.
Central Repayments Office
Office of the Revenue Commissioners
M: TEK II Building
Armagh Road
Monaghan
Ireland
Tel: 047 62100
Locall: 1890 60 60 61



DISABLED PERSON'S PARKING CARD

Disabled Person's Parking Permits or Cards (also known as European Parking Cards or Disabled Parking Badge) are available to people living in Ireland with certain disabilities and those who are registered blind, whether they are drivers or passengers.

The parking card can be used by a disabled person in any vehicle in which he or she is travelling. This means that a disabled person who is being driven at different times by different people can bring the parking card with himself or herself and display it in the appropriate vehicle. The parking card is valid for 2 years from date of issue. Generally, the card is not issued to anyone under 5 years of age.

The parking card scheme for disabled drivers and passengers applies to public car parking areas only. However, the scheme also enables private car parks, supermarkets, etc., to more effectively monitor parking in areas that they have designated for people with disabilities. If you have a parking card, the disabled parking spaces provided by local authorities are free of charge and no time limits will apply to your parking.

Disabled (also known as 'European') Parking Cards can be used by disabled people within the 28 member states of the EU and are also recognised in the US and Canada. This means that when you travel abroad, you can bring your European Parking Card with you.

However, it is important to remember that you must observe the motoring laws and restrictions on parking in other countries.

The parking card scheme is administered by the Disabled Drivers Association of Ireland (DDAI) and the Irish Wheelchair Association (IWA).

Disabled Drivers Association
Parking Card Section
Ballindine
Claremorris
Mayo
Ireland
Tel: (094) 936 4054
Fax: (094) 936 4336
Homepage: <http://www.ddai.ie/>
Email: info@ddai.ie

Irish Wheelchair Association
National Mobility Centre
Ballinagappa Road
Clane
Kildare
Ireland
Tel: +353 (0)45 893094/5
Fax: +353 (0)45 861144
Homepage: <http://www.iwa.ie>
Email: maats@iwa.ie

DRIVING LESSONS

People with disabilities can get driving lessons at specialist driving schools at the Disabled Drivers Association and the Irish Wheelchair Association





FINANCIAL MANAGEMENT

- **Financial Assistance Available**
- **Take Control**
- **Make a Budget**
- **Reduce your outgoings**
- **Being in Debt**
- **Take the following steps**
- **What are your Priority debts?**
- **What are your Secondary debts?**

FINANCIAL ASSISTANCE AVAILABLE

Many Carers do not apply for financial assistance because they are unsure who to contact or are put off by the procedures. Don't feel ashamed or embarrassed about asking for assistance. If you do not, you and the person you care for could lose out on money specifically allocated by government for helping people who are ill, have a disability or who are frail.

A good starting point for assistance and information on Rights and Entitlements is your local Family Carers Ireland Resource Centre. Please see details of your local centre at the back of this book.

TAKE CONTROL

Many of us are so busy with our everyday lives that we give little or no attention to planning our finances. It is very important to take control of our finances. The following are steps to help control your finances.



MAKE A BUDGET

A budget is a simple way to make sure that the demands you place on your income can be met. There are some simple things to bear in mind when you start to look at your income and spending:

- List all the income into your house
- List all the bills you have to pay
- If you are paid weekly, budget for the week. If it is monthly, budget for the month.
- Count all spending even bills that occur only occasionally or once a year. Include the costs of special occasions in your budget e.g. Christmas, Birthdays
- A once off unexpected expense can blow a budget plan apart therefore it is advisable where possible to have an emergency fund to meet these unforeseen costs.

REDUCE YOUR OUTGOINGS

Try to identify areas of your spending that you could possibly cut back on.

With your budget in front of you see if the following plan might help:

- Put a mark against payments that cannot be changed e.g. your rent
- Look at bills or payments that could be reduced e.g. electricity, gas, telephone.
- You may be able to negotiate lower mortgage payments
- Consider how you might budget for weekly essential items such as groceries, clothing etc.

Look at items such as entertainment, although it might make sense to have total cutback here it is necessary to leave room for a social life for you and your family.

Being in debt can be:

- A difficult place to be.
- A lonely place to be.
- And it can be a desperate place to be.



BEING IN DEBT

Debt problems are more often than not solved with time and effort. You have probably taken the most important and difficult step in recognising that you might have a money problem. Your money difficulties can have arisen for various reasons.

The most common reasons for Carers are:

- Changes in life's circumstances.
- Illness of loved one.
- Having to leave employment to provide full time care.

Other reasons may include:

- Relationship breakdown.
- A drop in income.
- Increased expenditure.
- Just not enough to go around.

TAKE THE FOLLOWING STEPS

List and Evaluate Your Debts

- Take a look at what debts you need to give immediate attention to because of the serious consequences attached like losing your home (Priority Debts).
- Highlight the debts where legal action has already taken place. Mark the ones where legal action is pending. These debts need your immediate attention as the consequence of ignoring them could be severe.
- Have you arrears on electricity, gas or phone bills. If they are not attended to you will be disconnected. Credit agreements not secured on your property which are in arrears could mean you receiving a court summons or goods being repossessed.

It is very important that you, without delay, make contact with those to whom you owe money in order to explain your financial situation. You can do this in person, by phone or by letter. Our advice is to make contact by letter. Do remember to keep a copy.



WHAT ARE YOUR PRIORITY DEBTS?

Some debts are more important than others. Important debts such as mortgage arrears, rent arrears, fines and maintenance payments are called priority debts.

They are called this because:

- Your home may be at risk.
- You may be evicted.
- Your electricity, gas or telephone may be disconnected.
- Your failure to pay a fine or a civil debt may result in a prison sentence.
- Your car or goods on hire purchase could be repossessed.



**Let others know
if someone is putting
pressure on you.**

**If any money matters are troubling
you, don't hesitate to contact MABS
Helpline 1890 283 438
for information and advice on money
management and debt advice.**

**MABS is a free, confidential, non-
judgemental and independent
money and debt advice
service.**

WHAT ARE YOUR SECONDARY DEBTS?

These are debts where money has been loaned to you without you having to provide any security. These include lots of different types of debts where the creditor hasn't got extra powers e.g. they cannot take your home. The most common Secondary debts include:

Examples:

- Bank Overdraft.
- Catalogue.
- Debts.
- Credit Card Debts.
- Credit Sales Agreements.
- Credit Union Loans.
- Personal Debts to friends and family.
- Personal Loans with Finance companies.

Though you can be taken to court if you have failed to keep up the agreed payments, as long as you don't ignore the problem and you respond to court documents with details of your financial circumstances, you will generally only have to pay what you can afford in line with your budget.

Who can help me?

- Money Advice and Budgeting Service (MABS)
- A Financial Advisor
- Solicitor
- Bank
- Other family members

**For further information
and advice go to
www.mabs.ie**



YOUNG CARERS

- **Who are Young Carers?**
- **Things Young Carers do**
- **How Family Carers Ireland can help**
- **Young Carer of the Year Awards**
- **Useful Contacts**

YOUNG CARERS

- Who are Young Carers
- Things Young Carers Do
- How Family Carers Ireland Can Help
- Annual Young Carer of the Year Award

Useful Contacts

One of the supports provided by Family Carers Ireland is our Young Carer programme which works with young people up to age 25 who have caring responsibilities.

Who are Young Carers?

It is estimated that there are more than 57,000 young carers in Ireland looking after someone in their family who has an illness, a disability, or is affected by mental ill-health or substance misuse. Young Carers often take on practical and emotional caring responsibilities that would normally be expected of an adult.



Things Young Carers do:

- Household chores like cooking, washing, and cleaning.
- Minding brothers and sisters.
- Personal care – helping to dress, wash and feed someone.
- Giving medication
- Giving emotional support and listening to someone's problems,
- Getting up to assist someone in the night
- Interpreting because of language or communication issues

How Family Carers Ireland Can Help:

The caring role may have a negative effect on the emotional, mental and physical well-being of a young carer. It may also negatively impact on their education and their ability to participate in extra-curricular activities.

Family Carers Ireland aims to help create a network of support for young carers across the country and ensure service providers and schools understand their needs and respond appropriately.

What we do for Young Carers:

- Activity Groups with other young Carers
- Supply helpful information
- Provide information and support through www.youngcarers.ie
- Provide one-to-one support
- Help to work on an emergency plan
- Liaise with other services that can help
- Work with schools on support programmes
- Training to help to stay safe and well

Young Carer of the Year Awards

Every year we hold our annual Young Carer of the Year Award to recognise the work Young Carers carry out daily in the home for family members. Young Carers often go unrecognised along with their own social, health and educational needs. The awards strive to raise awareness for all of Ireland's young Carers and the improvement of services nationwide.



USEFUL CONTACTS

***Young Carer
Development Officer
057 93 70 208***

***Family Carers Ireland
057 93 70 200***

***National Freephone Careline
1800 24 07 24***



FAIR DEAL

QUICK GUIDE TO APPLYING FOR THE NURSING HOMES SUPPORT SCHEME

Please note that this is only intended to be a brief guide to the Scheme. For more detailed information please refer to the Information Booklet.

Stage 1: Applying for the Scheme

Application forms are available from your local Nursing Homes Support Office.

The application process contains three steps:

Step 1 is an application for a Care Needs Assessment.

Step 2 is an application for State Support. This will be used to complete the Financial Assessment which determines your contribution to care and your corresponding level of financial assistance ("State support").

Step 3 is an optional step which should be completed if you wish to apply for the Nursing Home Loan ("Ancillary State support").

It is important to take care when completing the form. You must provide accurate information about your financial affairs and ensure that all of the documents listed in the checklist have been attached.

The application form must be signed by the applicant and sent to the HSE. Where the applicant is unable to sign the form him/herself due to reduced capacity to make decisions (i.e. diminished mental capacity), a specified person may sign on his/her behalf.

Stage 2: Care Needs Assessment

The Care Needs Assessment identifies whether you need long-term nursing home care. It will be carried out by healthcare professionals, for example, a nurse etc., and will consider whether you can be supported to continue living at home or whether long-term nursing home care is more appropriate.

Please note that you must be assessed as needing long-term nursing home care to be eligible for State support or the Nursing Home Loan.

Stage 3: Financial Assessment

The Financial Assessment looks at your income and assets in order to work out what your contribution to care will be. All of the relevant information will have been supplied on the initial application form.

You will contribute up to 80% of your income and 7.5% of the value of any assets per annum (5% of assets if the application was made prior to the 25th July 2013). The HSE will then pay the balance of your cost of care. For example, if the cost of your care was €1,000 and your weekly contribution was €300, the HSE will pay the weekly balance of €700. This payment by the HSE is called State support.



Stage 4:
Application for the Nursing Home Loan
("Ancillary State Support")

Where your assets include land and property, the contribution based on such assets may be deferred. This means that you do not have to find the money to pay this contribution during your lifetime. Instead, if approved, the HSE will pay the money on your behalf and it will be collected by the Revenue Commissioners after your death. This is an optional benefit of the scheme called the "Nursing Home Loan".

In order to apply for the Nursing Home Loan you must provide written consent to having a simple type of mortgage, "a Charging Order", registered against your asset. The HSE will make and register the Charging Order. You will not need to do anything (although the HSE may need to check with you about the information in your application).

If a person does not have the capacity to consent to the application for the Nursing Home Loan/the creation of a Charging Order, a Care Representative will need to be appointed to act on their behalf. For further information on Care Representatives please refer to the Information Booklet.

Stage 5:
Choose your Nursing Home

The HSE will provide you with a list of nursing homes. This list will include public, voluntary and approved private nursing homes.

You can choose care in any nursing home on the list, subject to the following conditions:

The home must be able to cater for your particular needs, and The home must have a place for you.

Once you have chosen your nursing home, you will pay your contribution to the nursing home and the HSE will pay the balance of the cost of care.

Further Information

An Information Booklet explaining the scheme is available at www.hse.ie or you can contact the HSE's National Information Line on 1850 24 1850 from 8am-8pm Monday-Saturday.





CARERS & THE STATE PENSION

A Guide to the Pension System for Family Carers

If you're a busy family carer, your pension is probably the furthest thing from your mind. However if you've had to give up work, or take extended periods away from work because of your caring responsibilities, your entitlement to a State Pension (Contributory) may be affected. This guide provides simple information to help you understand the pension system, and gives practical suggestions to help ensure you maximise your pension entitlement when you reach pension age.

STATE PENSION

The State Pension is intended to ensure that everyone receives a basic standard of living in retirement, provided you qualify. There are two types of State Pension – a State Pension (Contributory) and a State Pension (Non Contributory). Which, if any, you receive depends on your personal circumstances.

State Pension (Contributory)

The State Pension (Contributory) is a social insurance payment made when you reach age 66 and is based on your social insurance (PRSI) record. The State Pension (Contributory) is not means-tested, meaning the rate you are paid is not affected by other income you have such as an occupational pension, income from rental property or other income derived from work, investments or shares.

To be eligible for the State Pension (Contributory), you must have paid at least 520 full-rate social insurance contributions since you started working and you must have started to pay social insurance before the age of 56. As you typically get one social insurance contribution for each week worked, you need to work for 10 full years (or 520 weeks over your working life) to reach 520 contributions. On top of this, you must also have built up a yearly average of social insurance contributions.

This yearly average is based on your total number of contributions divided by the number of working years, beginning with the first year you started paying social insurance. The 'normal average rule' states that you must have a yearly average of at least 10 contributions paid or credited from the year you first entered insurance to the end of the tax year before you reach pension age (66 years). An average of 10 contributions entitles you to a minimum pension; you need an average of 48 to get the maximum pension.

STATE PENSION (CONTRIBUTORY) RATES FROM 10 MARCH 2017

Yearly average PRSI contributions	Personal rate per week	Increase for a qualified adult* (under 66)	Increase for a qualified adult* (over 66)
48 or over	238.30	158.80	213.50
40-47	233.60	151.00	202.80
30-39	214.20	143.80	192.50
20-29	202.80	134.50	181.10
15-19	155.20	103.50	138.70
10-14	95.20	63.10	85.90

*Increases for qualified adults are means-tested payments.

STATE PENSION (CONTRIBUTORY) RATES BEFORE 1 SEPTEMBER 2012

Yearly average PRSI contributions	Personal rate per week	Increase for a qualified adult* (under 66)	Increase for a qualified adult* (over 66)
48 or over	238.30	158.80	213.50
20-47	233.60	158.80	202.80
15-19	214.20	119.10*	160.10*
10-14	119.20	79.40*	106.80*

*Increases for qualified adults are means-tested payments.

An additional allowance of €10 per week is automatically paid when a person reaches 80 years.

State Pension (Contributory) rates from 10 March 2017 for people who qualified for pensions

State Pension (Non-contributory)

The State Pension (Non-Contributory) is a means tested payment for people aged over 66 who do not qualify for a State Pension (Contributory) or who only qualify for a reduced contributory pension based on their insurance record. Your means are assessed under the following headings: cash income (including income from work); value of capital (e.g. savings, investments, cash and property but not your own home); and income from

property (e.g. income from rent). Your means under these various headings are added together to see what level of pension, if any, you can get. If you are one half of a couple then your means are taken to be half of the total means of yourself and your partner.

You can have savings or assets of up to €20,000 and earnings of up to €200 per week from employment and still qualify for a full State Pension (Non-contributory). The first €30 per week of means does not affect the rate of pension. After that, the pension is reduced by €2.50 each week for every €2.50 of means.

STATE PENSION (NON-CONTRIBUTORY) RATES 2017

Non-Contributory Pension

Personal rate, aged 66-80 yrs	€227.00
Personal rate, aged 80+	€237.00
Increase for qualified adult (<i>under 66</i>)	€146.70
Increase for qualified adult (<i>over 66</i>)	€150.00
Increase for qualified child	€29.80

I'M A FAMILY CARER – HOW WILL THIS AFFECT MY STATE PENSION?

If you give up work to care for someone for an extended period, you may lose out on your entitlement to a State Pension (Contributory). However, there are a number of schemes in place to help protect carers' entitlement to a State Pension.

Carer Credits (Credited Social Insurance Contributions)

If you give up work to care for someone and receive Carer's Allowance or Carer's Benefit you may be awarded a credited contribution or credit. A credit is an unpaid contribution given to you and recorded on your social insurance record. You may also get credits if you do not get one of these payments but are on Carer's Leave from work. If however, you avail of unpaid Carer's Leave you must get your employer to complete an application for Carer's Leave 'credits' when you return to work.

To qualify for a credit you must have worked and paid at least one PRSI contribution at PRSI Class A, B, C, D, E, or H and have paid or credited contributions in either of the last two completed tax years¹. For example, if you are applying for credits in 2015 you must have paid or credited contributions in either 2014 or 2013. If there is a gap of more than two tax years then you will not receive a credit and must work and pay contributions for a further 26 weeks before you qualify. Credits are usually awarded at the same rate as your last paid PRSI contribution.

Example: John works in a factory. In July 2014 his father had a stroke and John gave up work to become his full-time carer. In September 2015 John was awarded Carers Allowance. Because John's most recent paid contribution was in July 2014 (less than 2 years before receiving Carers Allowance) he will receive a 'carer credit' for the duration that he receives Carers Allowance. Because John paid a Class A stamp while working in the factory, the rate of carer credit he receives will also be Class A.



Homemakers Scheme

The Homemaker's Scheme is designed to help homemakers and carers qualify for a State Pension (Contributory). If you give up work to look after a child under 12 years of age, or a disabled child, or adult, any years that you spend caring (since 6 April 1994) are disregarded when calculating your yearly average contributions for a State Pension (Contributory). A homemaking year is a year in which you are out of the workforce for the full tax year (only a full year can be disregarded). Up to a maximum of 20 homemaking years can be disregarded for State Pension (Contributory) purposes.

Homemaker's credits

Please note if you work in the public service and have paid PRSI contributions at class B, C or D these do not qualify for a State Pension (Contributory), but credits are awarded which will help maintain entitlement to Widows, Widower's or Surviving Civil Partner's (Contributory) Pension. will be awarded for any outstanding months during the homemaking period (i.e. at the beginning or end of caring when a full year is not completed).

Example: Mary started working in 1973 at age 20. She left work to care for her child who was born with a disability on 12th May 1992 and returned to work after her child's eighteenth birthday on 12th May 2010. Total homemaking period: 6th April 1994 – 12th May 2010 (please note the Homemakers Scheme came into effect on April 6th 1994 so homemaker years prior to this are not included).

FROM:	TO:	MARYS INSURANCE RECORD:
6 April 1994	31 Dec 2009	Counted as full homemaking years
1 Jan 2010	12 May 2010	Get credits until the child's 18th birthday

If Mary continues to work up to retirement age of 66 years (year 2019), her entitlement to State Pension (Contributory) will be calculated as follows:

- Counting from the 1973 tax year (when Mary started working) to 2018 (the end of the tax year before reaching pension age) gives a total of 46 years. Deduct the 16 homemaker years Mary spent caring for her child gives 30 years (i.e. 1994 – 2009).
- Mary has 1456 reckonable paid and credited contributions during her working life.
- Dividing 1456 contributions by 30 years gives a yearly average of 49 contributions.

- Based on this record Mary will qualify for a full State Pension (Contributory) and will not be penalised the years she spent out of paid employment as a homemaker.

How to apply: You should register before the end of the contribution year after the year in which you first become a homemaker. An application may be backdated if there is a delay in submitting the claim. To register fill out the Homemaker's form.

You do not need to register if you are getting Carer's Allowance, Carer's Benefit, the Carer Support Grant (previously called the Respite Care Grant) or are receiving Child Benefit as your receipt of these payments is treated as an application to be registered as a homemaker.

I. Receiving a Pension as an 'Adult Dependent'

If you don't qualify for a State Pension (Contributory) in your own right, your spouse/partner can get an increase in their payment for you (called an Increase for a Qualified Adult (IQA)), but which is paid directly to you. Your spouse/partners income is not taken into account, however any income you (the adult dependent) has from employment, self-employment, savings, investments or capital is assessed. If you have a gross income of less than €100 a week, then the full IQA is payable; if your gross income is between €100 and €310, a reduced rate of IQA is payable. The qualified adult is assessed as having half of any jointly owned property or savings for pensions.

How to apply: To get an Increase for a Qualified Adult your spouse/partner should contact the section in the Dept. of Social Protection which pays their social welfare payment (i.e. State Pension section).

II. Voluntary Contributions

Voluntary Contributions are PRSI contributions you can opt to pay if you are between the age of 16 and 66 and are no longer covered by compulsory PRSI by way of insurable employment and/or self-employment. Payment of Voluntary Contributions can help maintain or improve your contributory pension entitlements.



To become a voluntary contributor you must:

- have paid at least 520 weeks PRSI in either employment or self-employment and
- apply within 12 months of the end of the contribution year during which you last paid compulsory insurance or you were last awarded a credited contribution and
- agree to pay voluntary contributions from the start of the contribution week that follows the week in which you leave compulsory insurance.

The rate of Voluntary Contributions payable is determined by the last rate of PRSI contribution you paid. There are three different rates of Voluntary Contributions.

- **High Rate:** Payable if the last PRSI contribution paid is at Class A, E or H. The amount payable in each contribution year is a percentage rate of your reckonable income in the preceding year. This percentage rate is currently 6.6%. The minimum annual payment is €500.00.
- **Low Rate:** Payable if the last PRSI contribution paid is at Class B, C or D. The amount payable in each contribution year is a percentage rate of your reckonable income in the preceding year. This percentage rate is currently 2.6%. The minimum annual payment is €250.00.
- **Special Rate:** Payable if the last PRSI contribution paid by you is Class S – self-employed. The amount payable is currently €500.00 per year.

How to apply:

To become a voluntary contributor, you must complete application form VC1 and return it to:

Voluntary Contributions Section,
Department of Social Protection, Cork
Road, Waterford. **LoCall 1890 690 690**

MIND THE GAP!:



WARNING SIGNS YOU MAY NOT QUALIFY FOR A STATE PENSION (CONTRIBUTORY)

- If you do not have at least 520 paid contributions accumulated during your working life.
- There has been extended periods where you've been out of paid employment, particularly periods in excess of 20 years.
- If you have been caring and haven't received Carers Allowance or received credits.
- If there is a gap of more than 2 years between your last paid contribution and receiving Carers Allowance.
- If you didn't pay your first PRSI contribution before the age of 56 years.

FIVE STEPS TO PROTECTING YOUR PENSION

Step 1: Project your possible State Pension entitlement: Request a copy of your Social Insurance Contribution Record from the Department of Social Protection's PRSI Records Section on 01 4715898 or by completing the online form and project how much of a State Pension, if any, you are likely to receive based on your contribution record.

Step 2: Consider if anything can be done to bolster your PRSI record. If you are still under pension age of 66 years, and have a small deficit in your PRSI record (i.e. less than the 520 contributions required) consider if/how it would be possible for you to increase your contribution record, for example by taking up employment.

Step 3: Register for the Homemakers Scheme. If you're caring for a loved one but not receiving Carers Allowance, register for the Homemakers Scheme and have any years that you spent as a homemaker (since 6 April 1994) ignored or disregarded when working out your yearly average contributions for a State Pension (Contributory).

Step 4: Consider if you're eligible for the State Pension (Non Contributory). If you're unlikely to have sufficient contributions to qualify for a State Pension (Contributory) contact the Department of Social Protection to check if you will be able to qualify for a State Pension (Non Contributory) based on your income and assets.

Step 5: Look for expert advice: If you're confused and have questions about pension eligibility or the qualifying conditions look for advice by contacting one of the organisations below.

Organisation

Telephone

Dept. Social Protection
Pensions Section

1890 500 000

Dept. Social Protection
PRSI Records

1890 690 690

Dept. Social Protection
Voluntary Contributions

1890 690 690

Citizens Information
Service

076 107 4000

Family Carers Ireland

1800 240 724

**State pension age will
be increased from
66 to 67 from 2021,
& to 68 from 2028.**

Future changes to State Pension (Contributory) A number of significant changes in the eligibility conditions for State Pension (Contributory) will be introduced over the coming years.

It is also planned to change the way in which future State Pension (Contributory) entitlement will be assessed. Following proposals in the National Pensions Framework (2010), it is planned that the current 'yearly average' calculation method will be replaced by a 'total contributions' approach. While the National Pensions Framework proposed that this change would be introduced from 2020, there is yet much work to do. The final details of the reform will be subject to the necessary legislation being passed by the Oireachtas.

In the event that a person ceases insurable employment before they reach state pension age, they should continue to maintain their social insurance record by signing for credited contributions, (such as jobseekers credits if they are unemployed).

They may also wish to consider the payment of voluntary contributions in order to maintain their paid social insurance contributions record.

Further information on State Pension (Contributory) eligibility is available on

www.welfare.ie



Carer's Allowance and the State Pension

If you are getting a State Pension (either Contributory or Non-contributory) or if you are being claimed as an Qualified Adult on a State Pension and you are providing full-time care and attention to a child or adult with a disability, you may be entitled to a half-rate payment of Carer's Allowance in addition to your State Pension / Qualified Adult payment.

If so, you should complete a Carer's Allowance application form and send it to:

**Carer's Allowance Section, Department of Social Protection, Government Offices, Longford.
Tel: 043 3340000**





LEGAL ADVICE

- Introduction
- Power of attorney
- Enduring power of attorney
- Register of enduring powers of attorney
- Where to apply

-
- Making a Will
 - Introduction
 - Rules
 - How to apply
 - Where to apply



INTRODUCTION

Power of attorney is a legal device in Ireland that can be set up by a person (the donor) during his/her life when he/she is in good mental health. It allows another specially appointed person (the attorney) to take actions on the donor's behalf if he/she is absent, abroad or incapacitated through illness. The relevant legislation is the Powers of Attorney Act 1996 and the Enduring Powers of Attorney Regulations 1996 (SI No. 196/1996) as amended by SI No. 287/1996.

Part 7 of the Assisted Decision-Making (Capacity) Act 2015 provides for new arrangements for those who wish to make an Enduring Power of Attorney. When the 2015 Act is commenced, no new Enduring Power of Attorneys will be created under the 1996 Act.

If someone in Ireland is mentally incapacitated (for example, because of illness, disability or a progressive degenerative illness), all of their assets and property are normally frozen and cannot be used by anyone else unless they are jointly owned or, someone has power of attorney to deal with their property or money.

In a larger sense, power of attorney is just one of the legal arrangements that you can make during your lifetime, in the event you become incapacitated or unable to deal with your affairs. Information to help guide you in recording and registering your preferences in the event of emergency, serious illness or death is available at Thinkahead.ie, where you can also download the Think Ahead Form. Read more about the legal arrangements in the event of incapacity here.

Types of power of attorney

There are two types of power of attorney allowed under Irish law:

- Power of attorney which gives either a specific or a general power and ceases as soon as the donor becomes incapacitated
- Enduring power of attorney which takes effect on the incapacity of the donor

Both cease on the death of the donor. However, it may be difficult to prove that the donor is dead if his/her body cannot be found, for example, as in the case of a death by drowning. Once the body is found or the donor is declared to be “believed dead” by a court (usually after 7 years have passed), the power of attorney (if there was one) ends and their affairs are dealt with in the normal way by will or under intestacy law.

POWER OF ATTORNEY

A power of attorney can be specific (limited to a particular purpose, for example, sale of your house in your absence) or general (entitling the attorney to do almost everything that you yourself could do). For example, it may allow the attorney to take a wide range of actions on the donor's behalf in relation to property, business, and financial affairs. He/she may make payments from the specified accounts, make appropriate provision for any specified person's needs, and make appropriate gifts to the donor's relations or friends.

You do not require a solicitor to create a general power of attorney. It can be created when signed either by you or at your direction and in the presence of a witness. However, it is advisable to get legal advice before you sign a form appointing someone else to manage your affairs. You can appoint anyone you wish to be your attorney.

A form of general power of attorney is given in the Third Schedule of the Powers of Attorney Act 1996.

ENDURING POWER OF ATTORNEY

An enduring power of attorney (EPA) also allows the attorney to make “personal care decisions” on the donor's behalf once he/she is no longer fully mentally capable of taking decisions themselves. Personal care decisions may include deciding where and with whom the donor will live, who he/she should see or not see and what training or rehabilitation he/she should get. However, if the donor wants, he/she can specifically exclude any of these powers when setting up the power of attorney or can make the attorney's powers subject to any reasonable conditions and restrictions. You can appoint anyone you wish to be your attorney, including a spouse, civil partner, family member, friend, colleague, etc. The procedure for creating an enduring power of attorney is much more complex than that for creating a general power of attorney.

Creating an enduring power of attorney

Because the enduring power of attorney involves the transfer of considerable powers from you to another person, there are a number of legal safeguards to protect you from abuses. The procedure for executing the enduring power of attorney is complex and requires the involvement of a solicitor and a doctor. The enduring power can only come into effect when certain procedures have been gone through and the courts have a general supervisory role in the implementation of the power.

The document creating the power must be in a particular format and must include the following:

- A statement by a doctor verifying that in his/her opinion you had the mental capacity at the time that the document was executed to understand the effect of creating the power
- A statement from you that you understood the effect of creating the power
- A statement from a solicitor that he/she is satisfied that you understood the effect of creating the power of attorney
- A statement from a solicitor that you were not acting under undue influence

At least 2 people must be notified of the making of an EPA, none of whom will be the attorney. One of the notice parties must be your spouse or civil partner if living with you. If this does not apply, one of your notice parties must be your child. If neither is applicable, one of the notice parties must be any relative (that is parent, sibling, grandchild, widow/widower/surviving civil partner of child, nephew or niece).

Who cannot be appointed?

An enduring power of attorney may be granted to individuals or trust corporations but may not be granted to the following people:

- People under the age of 18
- Bankrupts
- People convicted of offences involving fraud or dishonesty
- People disqualified under the Companies Acts
- An individual or trust corporation who owns a nursing home in which you live or an employee or agent of the owner, unless that person is also your spouse, civil partner, child or sibling

Registration

The EPA can only come into force when it has been registered. However, once an application to register the EPA has been made, the attorney may take action under the EPA's powers to maintain you and prevent loss to your estate. The attorney may also take action to maintain themselves and other persons, in so far as it is permitted under Section 6 (4) of the 1996 Act. The attorney may also make any personal care decisions permitted under the powers that cannot reasonably be deferred until the application for registration has been determined.



Also, in certain circumstances before the EPA is registered, application may be made to the court to exercise the EPA's powers under Section 12 of the Act.

In order to register an EPA, the future attorney makes an application for registration to the Registrar of Wards of Court, once there is reason to believe that you are or are becoming mentally incapable. The attorney must have a medical certificate confirming that you are incapable of managing your affairs.

Five weeks before making this application, the attorney must notify you and the notice parties of his/her intention to do so. Within the 5 weeks, the donor or a notice party can lodge a notice of objection on one of the grounds given in Section 10 (3) of the Act with the Registrar of Wards of Court.



The Role Of The High Court

The High Court has an extensive supervisory role in respect of the EPA. Among other things, the court has power to give directions about the management and disposal of your property. The court may confirm the revocation of a power of attorney if it is satisfied that you were mentally competent to revoke it. The court can order cancellation of the power where it is satisfied that:

- *You are mentally capable and likely to remain so*
- *The attorney is unsuitable*
- *Fraud or undue pressure was used to induce you to create the power*
- *Scope of authority of an enduring power of attorney*

The EPA may give general authority to the attorney to do anything that the attorney might lawfully do or it may merely give authority to do specific acts on your behalf.

The attorney may make certain personal care decisions - these must be made in your best interests, must be in accordance with what you would have been likely to do and the attorney must consult family members and carers in making these decisions. The attorney is considered to be acting in your best interests if he/she reasonably believes that what he/she decides is in your best interests.

A personal care decision is a decision concerning one or more of the following:

- *Where and with whom you should live*
- *Whom you should see and not see*
- *What training and rehabilitation you should get*
- *Your diet and dress*
- *Inspection of your personal papers*
- *Housing, social welfare and other benefits*

The list does not include health care decisions, although the borderline between personal care and health care decisions is not always clear. However, it seems clear that the attorney does not have the power to make a decision as to whether or not a person suffering from dementia should undergo surgery.

Revocation of an enduring power of attorney

The donor can revoke an EPA at any time before an application is made to register it. Once the EPA has been registered you cannot revoke it even if you are, for the time being, mentally capable. To revoke it, you would have to apply to the court and the court approve the revocation.

Termination of an enduring power of attorney

An EPA ceases on the death of the donor. However, there are other circumstances in which an EPA ceases to have effect.

For example, where a spouse or civil partner is the attorney, the EPA ceases where:

- *The marriage/civil partnership no longer exists due to annulment, divorce or dissolution*
- *A judicial separation is granted or the couple enter into a separation agreement*
- *A protection, barring or similar order is made on the application of either spouse/civil partner*

An EPA ceases where the attorney becomes one of the people listed above who cannot be granted enduring powers of attorney. The court can make an order cancelling an EPA where, for example, it finds the attorney is unsuitable.

REGISTER OF ENDURING POWERS OF ATTORNEY

The Office of Wards of Court maintains a register of EPA instruments which have been registered in the office. The register can be viewed by the public for free. A fee of €15 is payable if you wish to take a copy of an entry in the register.

WHERE TO APPLY

Office of Wards of Court
3rd Floor
15/24 Phoenix Street North
Smithfield
Dublin 7
Ireland
Tel: +353 (0)1 888 6189
Homepage: www.courts.ie



MAKING A WILL

INTRODUCTION

A will is a witnessed document that sets out in writing the deceased's wishes for his or her possessions, (called his or her 'estate'), after death.

Reasons for making a will

It is important for you to make a will because if you do not, and die without a will, the law on intestacy decides what happens to your property. A will can ensure that proper arrangements are made for your dependants and that your property is distributed in the way you wish after you die, subject to certain rights of spouses/civil partners and children.

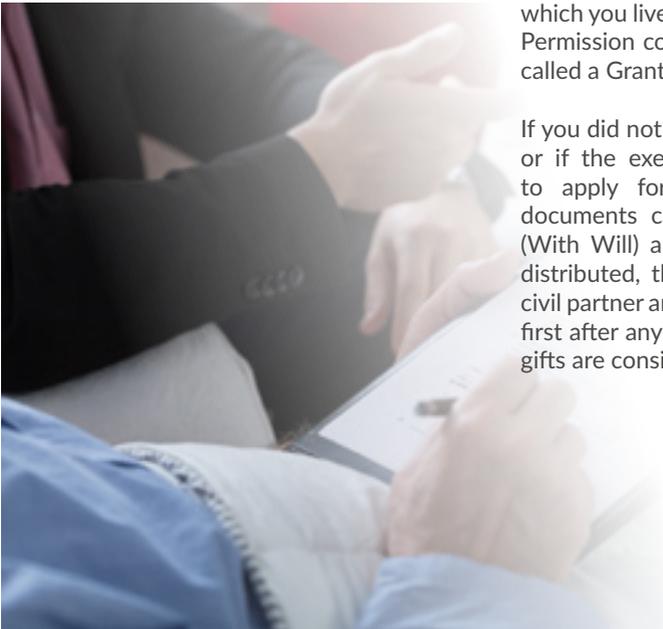
It is also advisable to complete and keep updated a list of your assets. It will make it easier to identify and trace your assets after you die. You should keep the list in a safe place.

What happens if you die having made a will

If you have made a will, you are called a testator (male) or testatrix (female). A person who dies having made a valid will is said to have died 'testate'. If you die testate, then all your possessions will be distributed in the way you set out in your will. It is the job of the executor or executors you named in your will to make sure this happens. There are legal limits as to how much of your property goes to which person, as set out in law in the Succession Act, 1965. An executor can be a beneficiary under the will. In other words, the executor can also inherit under the will.

After you die, somebody has to deal with your estate, by gathering together all your money and possessions, paying any debts you owe and then distributing what is left to the people who are entitled to it. If you leave a will before you die, one or more of the executors you named in your will usually have to get legal permission from the Probate Office or the District Probate Registry for the area in which you lived at the time of death to do this. Permission comes in the form of a document called a Grant of Representation.

If you did not name any executors in your will or if the executors are unable or unwilling to apply for a Grant of Representation, documents called Letters of Administration (With Will) are issued. When your estate is distributed, the legal rights of your spouse/civil partner and children, if any, will be fulfilled first after any debts are paid before any other gifts are considered.



What happens if you die without a will or your will is invalid

A person who dies without a will is said to have died 'intestate'. If you die intestate, this means your estate, or everything that you own, is distributed in accordance with the law by an administrator. To do this, the administrator needs permission in the form of a Grant of Representation. When a person dies without a will or when their will is invalid, this Grant is issued as Letters of Administration by the Probate Office or the District Probate Registry for the area in which the person lived at the time of death.



Rules

Distribution of your estate when you die intestate or have not made a valid will.

The legal rules governing the distribution of your property apply:

- *When you have not made a will*
- *When the will has been denied probate because it has not been made properly or a challenge to it has been successful*
- *When the will does not completely deal with all your possessions.*

In these cases, after debts and expenses have been deducted, the estate is distributed in the following way.

If you are survived by:

- *A spouse/civil partner but no children (or grandchildren): your spouse/civil partner gets the entire estate.*
- *A spouse/civil partner and children: your spouse/civil partner gets two-thirds of your estate and the remaining one-third is divided equally among your children. If one of your children has died, that share goes to his/her children.*
- *Children, but no spouse/civil partner: your estate is divided equally among your children (or their children).*
- *Parents, but no spouse/civil partner or children: your estate is divided equally between your parents or given entirely to one parent if only one survives.*
- *Brothers and sisters only: your estate is shared equally among them, with the children of a deceased brother or sister taking his/her share.*
- *Nieces and nephews only: your estate is divided equally among those surviving.*
- *Other relatives only: your estate is divided equally between the nearest equal relationship.*
- *No relatives: your estate goes to the state.*

The requirements of a valid will

It is possible to draw up a will yourself or you can hire a solicitor to help you. For a will to be legally valid, the following rules apply:

- *The will must be in writing*
- *You must be over 18 (if you are or have been married you can be under 18)*
- *You must be of sound mind*
- *You must sign or mark the will or acknowledge the signature or mark in the presence of two witnesses.*
- *Your two witnesses must sign the will in your presence*
- *Your two witnesses cannot be people who will gain from your will and they must be present with you at the same time for their attestation to be valid. The witnesses' spouses/civil partners also cannot gain from your will.*
- *Your witnesses must see you sign the will but they do not have to see what is written in it.*
- *The signature or mark must be at the end of the will.*

These are legal requirements and if they any of them are not met, the will is not valid. If you want to change your will after you make it, you can add a codicil (amendment or change) to your will; this codicil must meet the same requirements set out above.



The format of the will

You do not have to have your will in any set format. However, it is important that the will has the following:

- *Your name and address*
- *A statement that says you revoke or disown all earlier wills or codicils, such as "I hereby revoke all former wills and testamentary instruments made by me and declare this to be my last will and testament".*
- *A clause or section of your will that appoints one or more executors, or people who will carry out your wishes in your will after you die, and stating these executors' names and addresses.*
- *A residuary clause, which is a section in your will that sets out how property not effectively dealt with in the will should be distributed. This is important because specific bequests, such as "I leave x..... to Sean Murphy" can fail (be considered invalid), and then revert to the residue to be decided by this residuary clause. Your residuary clause could say that anything not covered in your will would be a gift or legacy to someone, like "The remainder of my estate I leave to my daughter, Mary".*
- *Your will should be dated and signed by you and your witnesses. Usually, these signatures are underneath a line in the will that states "Signed by the testator in the presence of us and by us in the presence of the testator". This statement is called "an attestation clause". An attestation clause is not a formal requirement of a valid will, but it is advisable to include it in your will as it constitutes evidence that your will has been validly executed.*

What if the testator is unable to sign or make a mark?

If you are unable to sign your will due to ill-health or illiteracy, it is acceptable for you to sign your will by means of a mark.

If you are physically disabled to the extent that you are unable to sign or mark your will, it is possible for you to direct an agent or representative to sign your will for you. Your agent must sign the will in your presence and on your direction and your two witnesses must be present. You then adopt this signature as your own.

The sound mind requirement

In order to make a valid will, you must not only set out your wishes in a written and witnessed document, but you must also have, in the eyes of the law, the mental capacity to do so. This means you must make your will with “understanding and reason” and not be suffering from mental conditions such as delusion, insane suspicion or aversion.

It is your mental condition at the time you made your will that is legally relevant. If you suffer from any mental disorder, it is important that evidence is left with your will (for example, from a doctor) that proves you were mentally competent at the time you made the will. Otherwise, your will can be open to challenge.

Your will can also be challenged on the basis that you were acting under pressure or undue influence when you made it so it is important that you get independent legal advice and not use the services of a solicitor of any potential beneficiary of your will.

Changing or revoking your will

If you want to change your will, you and your witnesses must sign or initial the will in the margin of the page beside the changes. You can also change your will in the form of a memorandum or written note that is signed by you and your witnesses that refers clearly to the changes.

To change your will, you can also make a separate document, called a codicil, which is like an update added to the end of your will. This document, again signed by you and your witnesses, should set out clearly and accurately the changes you want to make to your will. These changes are then legally binding.

However, if you plan to make a lot of changes to your will, instead of adding a codicil, it might be easier to simply revoke or disown your current will and make a new one, using the same procedures.

It is always possible for you to revoke your will. This can only be challenged if your mental capacity when you revoked your will is called into question.

Your will shall be revoked automatically in certain situations:

- *If you marry or enter into a civil partnership, your will shall be revoked, unless your will was made in contemplation of that marriage or civil partnership.*
- *If you make another will, the first will you made shall be revoked.*
- *If you draw up a written document that is executed in accordance with the requirements for a will, your first will shall be revoked.*
- *If you burn, tear or destroy your will, it will no longer be considered valid. Or, if you have someone else destroy it, your will shall be revoked, provided this was done in your presence, with your consent, and with the intention of revoking your will.*

Legal rights of spouses, civil partners and children when there is a valid will

In general, you are free to dispose of your belongings or estate as you wish, but your will is subject to certain rights of spouses/civil partners and other more limited rights of children. These rights are set out below.

Rights of a spouse or civil partner

If you have left a will, and your spouse/civil partner has never renounced or given up his/her rights to your estate, and is not “unworthy to succeed” in legal terms, then that spouse/civil partner is entitled to what is called a “legal right share” of your estate. This legal right share is:

- *One-half of your estate if you do not have children*
- *One-third of your estate if you do have children*

Your spouse/civil partner does not have to go to court to get this share, as any executor is obliged to grant this share where applicable. You can also make a bequest in your will that increases your spouse's/civil partner's legal right share, although if you do not specify that this gift is meant to be in addition to his/her legal right share, the executor may consider it part of that share and not an extra element to it. Your spouse/civil partner can choose to take either the assets specified under the will or his/her legal right share. The executors must inform your spouse/civil partner in writing of his or her right to choose between these two options and your spouse/civil partner must exercise this right within 6 months of receipt of notification or within 12 months of the taking out of the Grant of Representation.

Renouncing or losing rights under a will

It is possible for a spouse/civil partner to renounce his/her rights to the legal right share. This can form part of an agreement prior to marriage/civil partnership, for example, in the case of a second marriage, or the spouse/civil partner may set aside his or her rights in order to favour any children. However, any such renunciation may be ignored in certain circumstances, for example, if there is evidence of undue influence or evidence that the spouse/civil partner did not understand what he/she was doing or did not have independent legal advice.

If a couple is separated, a renunciation of each other's right to the legal right share is usually included in a separation agreement. Divorce or dissolution of a civil partnership, however, automatically ends succession rights.



Cohabiting partners have no automatic legal right to each other's estates, although under the *redress scheme for cohabiting couples* introduced by the *Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010* a qualified cohabitant may apply for provision to be made from the estate of a deceased cohabitant. Cohabiting partners can make wills that favour each other. These wills, however, cannot cancel out the legal rights of a spouse/civil partner if someone is separated but not divorced or their civil partnership dissolved.

Being judged "unworthy to succeed" is relatively rare, and would arise, for example, if the surviving spouse/civil partner had murdered or committed certain other serious crimes against the deceased. It could also apply if the spouse/civil partner had deserted the deceased for at least two years before death.

Rights of children under a will

Unlike a spouse/civil partner, children do not have any absolute right to inherit their parent's estate if the parent has made a will. Children born inside or outside marriage and adopted children all have the same rights and there are no age restrictions.

However, a child may make an application to court if he/she feels that he/she has not been adequately provided for. It is important to seek legal advice before making such an application. An application must be made within 6 months of the taking out of a Grant of Representation. The court then has to decide if the parent has failed in his/her duty to the child in accordance with the needs of that child.

Each case is considered individually, but it is important to remember that the legal right share of the spouse cannot be infringed in order to give the child a greater share of the estate. It can, however, reduce the entitlement of a civil partner.



The family/shared home

The surviving spouse/civil partner may require that the family/shared home be given to him/her in satisfaction of his/her legal right share, although if the house is worth more than the legal right share, the spouse/civil partner may have to pay the difference into the deceased's estate. A court may decide that this sum does not have to be paid if it would cause undue hardship to the spouse/civil partner or dependent children.

Giving away property in order to disinherit

If a court finds that the deceased person gave away property before he/she died with the intention of defeating the interest of or unfairly reducing the legal right share of a spouse/civil partner or child, a court order may be issued to the person who received the property, making that person a debtor of the estate, and requiring them to pay back an amount to the estate.

Gifts that fail

Remember that any legacy or gift in your will could fail for many reasons.

- *If your will states that you are leaving an asset to someone and you no longer have the asset or the asset no longer exists, then the gift fails, or is in ademption.*
- *If you leave a gift to a person who is a witness to your will.*
- *If the gift is not clearly identified in your will or it does not conform to its description in the will.*
- *Your gift lapses, or no longer applies, if the beneficiary dies before you do. If this happens or if the beneficiary refuses to accept the gift, your gift goes back to your residuary clause, or if you do not have one a residuary clause, into intestacy.*
- *Your gift will not lapse, however, if the beneficiary who dies is a child or other descendant of yours, such as a grandchild, but whose child (or other descendant) is still alive. In that case, the gift becomes part of your deceased beneficiary's estate for distribution according to their will or intestacy.*



How wills are interpreted

Most wills are not disputed, but if there is a disagreement, it must be settled in court. The court will give effect to the testator or will-maker's wishes as expressed in the will. The testator's wishes are derived or taken from a reading of the will as a whole, with words and phrases taken in their ordinary meaning unless they are technical words and it can be assumed the testator meant them to be taken in their technical meaning.

Extrinsic evidence, or evidence outside the will, such as letters or notes that refer to the will in advance of its making, may be introduced to the court to explain more fully the testator's intentions and to help ascertain the true meaning of the will.

Where two interpretations of a provision in the will arise, the court will lean in favour of the interpretation that upholds that bequest. Because wills can be disputed, it is important that you write your will in simple, straightforward language.

Property abroad

If you have property in other countries, it is generally considered advisable to make a will in each of those countries due to possible differences in succession law. Under *EU Regulation 650/2012 on matters of succession (Brussels IV)*, if you have property in another EU member state, apart from the UK or Denmark, you can direct in your will that the law of your nationality should apply to the property.

Status of wills as public documents

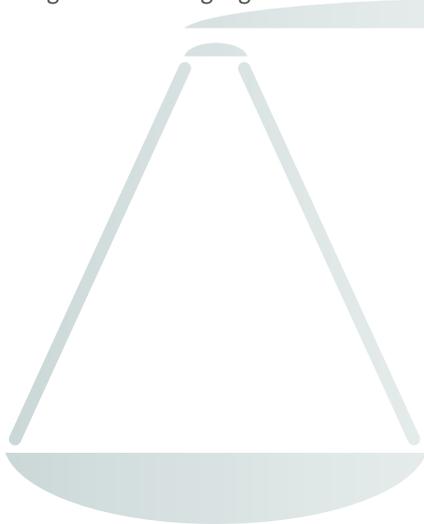
After probate has been taken out on a person's will, that will then becomes a public document and a copy of the grant and the will can be obtained by anyone from the Probate Office or relevant District Probate Registry using (Form PAS1). The grant sets out the name and address of the executor or administrator of the estate and the name of the solicitor acting on their behalf (if any). It also sets out the gross value and the net value of the estate.

Detailed information about the estate is not normally available to the general public, however, certain people may be able to inspect the Inland Revenue Affidavit which contains the detailed information.

They include:

- *A beneficiary who is named in the will*
- *Someone who is entitled to a share of the estate*
- *A child who is entitled to bring proceedings against the estate under Section 117 of the Succession Act 1965*

Information on obtaining a copy of a will is available on the Courts Service website as well as in the information notes of Form PAS1. The Probate Office also sends copies of the will, the Grant of Representation and the Inland Revenue Affidavit to the Revenue Commissioners.



Will substitutes

Joint bank accounts or joint ownership of property are valid ways of deciding the fate of your assets in your own lifetime, but making a will can eliminate most potential disputes.

Joint bank accounts

Where joint bank accounts are opened with a spouse/civil partner or child, it is presumed that one party will be fully entitled to the money in the account when the other party dies. Disputes can arise, however, if someone, perhaps an elderly person or a person with a physical disability, opens a joint bank account with a relative or friend so that the relative or friend can manage his or her finances for him or her. This is because the owner's intention may or may not have been to benefit the relative or friend. A decision in such a case would depend on the intention of the people involved, the amount they each lodged into the account and the terms of their contract with the bank.

It is advisable for people with joint accounts to make clear in their contract with their bank or in their will what their intentions are for the money in such accounts.

HOW TO APPLY

A solicitor will be able to help you draft a will or you can write it yourself.

If you are an executor seeking probate, you may make a personal application for a grant of probate to the Probate Office or to one of 14 District Probate Registry offices. You should go to the District Probate Registry Office in the area where the deceased lived at the date of death. If the deceased lived at the time of his or her death in Dublin, Meath, Kildare or Wicklow or lived outside Ireland, application for a grant of probate must be made to the Probate Office in Dublin.

WHERE TO APPLY

Probate Office
Personal Application Section
First Floor
15/24 Phoenix Street North
Smithfield
Dublin 7
Ireland

Tel: +353 (0)1 888 6174 or
+353 (0)1 888 6728

Homepage: www.courts.ie

E: ProbatePersonalApplications@courts.ie





COPING WITH BEREAVEMENT

- **Loss and Bereavement**
- **Feelings of Grief**
- **Ongoing Grief**
- **Relationships**
- **Carer Groups**
- **Stage of Caring**
- **When your situation changes
or you stop being a carer**

LOSS AND BEREAVEMENT

Everyone experiences loss during life. However, for Carers many of the changes and losses experienced come quickly and often. These losses can lead to feelings of grief.

Grief is a natural reaction to a loss.

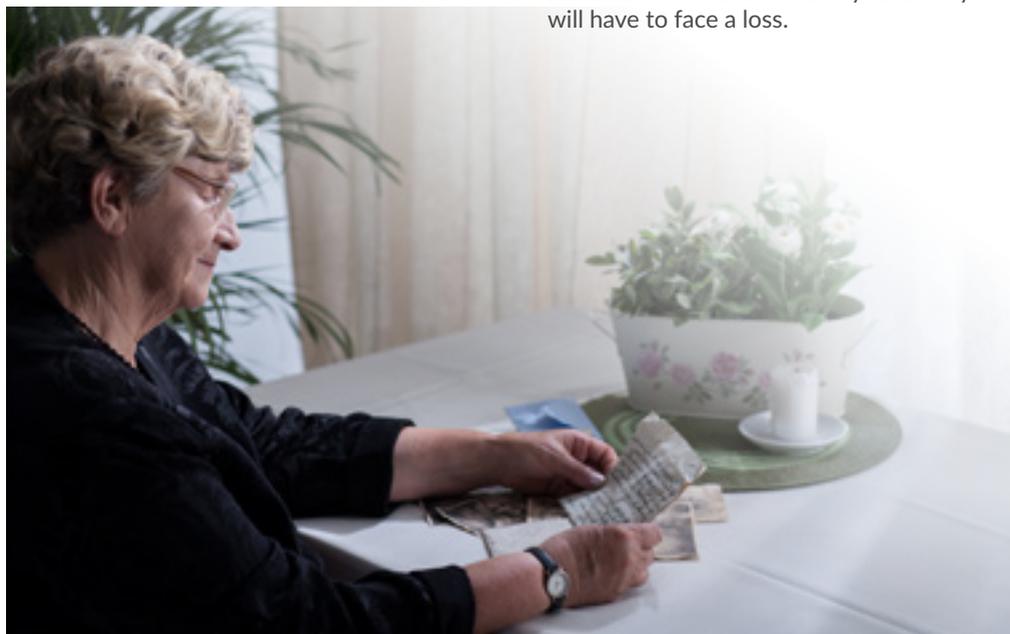
It is not an illness. It is as much a part of your emotions as joy, sadness etc. Grief can occur not only through death (bereavement) but also from major changes and losses in our lives, such as:

- Separation or divorce;
- Changing or losing your job;
- Moving or migrating;
- Children leaving home;

Everyone experiences loss sometime during their life. Losses such as the death of a family member may be very obvious to other people. Personal or private losses may be less obvious and not always recognised by other people yet still very painful.

Some of the losses that Carers talk about include:

- Being a Carer and losing your sense of being and individual. You may also lose your independence, privacy and time for yourself
- Missing out on employment and career opportunities and your financial security being affected;
- Not seeing friends or family due to caring commitment;
- Missing the relationship you used to have or might have had with the person you care for;
- The person you care for going into residential care so you feel you are no longer valued or needed.
- These kinds of losses may affect your self-esteem and confidence and your hopes and dreams about the future. You may also experience grief before an actual loss occurs.
- This may happen when someone you care for has a terminal illness and you know you will have to face a loss.



FEELINGS OF GRIEF

Everyone responds to grief differently. If you are grieving you may sometimes feel physically unwell as well as emotionally upset. Physical symptoms can include shortness of breath, dryness of mouth, loss of appetite, crying, tiredness and sleep problems.

Grief can also cause deep feelings of loneliness, anger, fear, guilt, rage and resentment, confusion, ongoing sadness, not wanting to go out or do the things you used to do. These symptoms can be frightening but are normal reactions to grief.

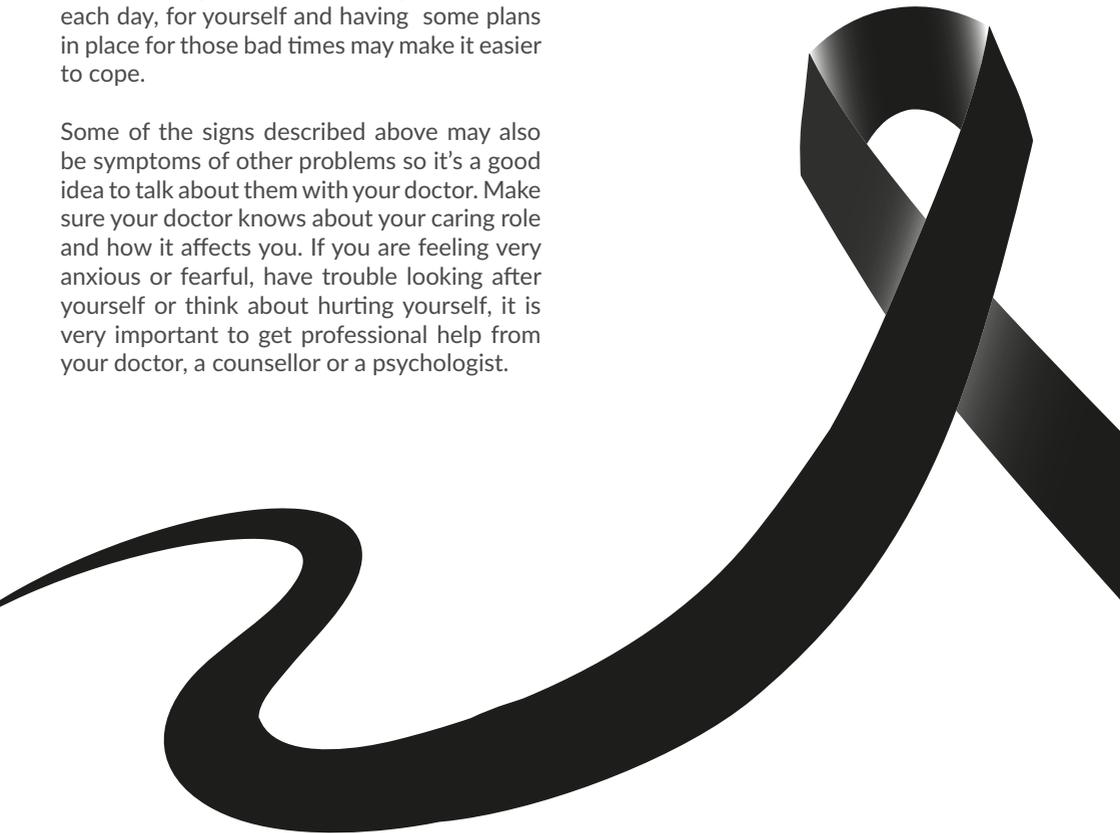
Recognising your grief and talking about how you're feeling can help. Making some time, each day, for yourself and having some plans in place for those bad times may make it easier to cope.

Some of the signs described above may also be symptoms of other problems so it's a good idea to talk about them with your doctor. Make sure your doctor knows about your caring role and how it affects you. If you are feeling very anxious or fearful, have trouble looking after yourself or think about hurting yourself, it is very important to get professional help from your doctor, a counsellor or a psychologist.

ONGOING GRIEF

There may be no clear beginning or end to your feelings of grief. In some cases, loss may be felt for years or sometimes for a lifetime. The constant reminders may make it difficult or impossible to resolve your feelings of grief.

Carer support groups can help you get through times when your grief seems overwhelming. They can also be a safe place to talk about feelings such as anger and resentment. Walking, or any form of exercise, deep breathing or writing in a journal are other safe ways to release angry feelings, blame or resentment. For some people crying can be a great release.



RELATIONSHIPS

Caring for a partner

Caring for a partner can mean changes to your relationship. It can be hard to feel romantic when it seems that you've become more like a nurse or parent, and less like a spouse, lover or friend. These changes can be difficult to adjust to and it may take a long time for some Carers to feel comfortable in these new roles.

Caring for a parent

For some people caring for a parent is an opportunity to repay the care they received as a child. For others, finding themselves in the role of caring for a parent can be very upsetting. You may miss having someone you can turn to for support or feel uncomfortable about providing personal care such as bathing and toileting.

Caring for a child

Caring for a child with special needs can be both rewarding and challenging. Parents expect that their children will grow up to become adults and start their own lives. Parents may grieve for the hopes they had for their child for the future. Carers may feel frustrated they can't stop what is happening to the child or solve the problem. They may feel guilty about having less time and energy to spend with other members of the family. They may worry there are not enough services to support their child.

CARER GROUPS

Whatever your situation there is a Carer group you can join to meet other Carers with similar experiences. Carer groups can be a safe place to talk about your worries and to hear how other Carers have coped with difficult situations. Carer groups offer different types of support and if you find that one particular group doesn't suit you then ask about others in your area.

Your Carer Resource Centre can help put you in touch with Carer groups in your area. You can find details of your local Family Carers Ireland centre by calling our National Freephone Careline on 1800 24 07 24

STAGES OF CARING

When you first become a Carer

Becoming a Carer may be a slow and gradual transition or it may happen overnight. If you have gradually taken on a caring role by doing a few extra tasks it may have taken a long time for you to become aware of the changes in your life.

If you became a Carer as the result of an accident, the birth of a child with a disability or a sudden illness the immediate changes in your life and your relationship with the person you care for may be very frightening and stressful. You may have mixed feeling about the changes in your life. These are normal feelings and reactions.



After you've been caring for a long time

If you have been a Carer for a long time you may have stopped thinking about the things you would like to do and instead spend all of your time thinking about the things you have to do.

You may have forgotten what your life was like before you were a Carer or you may think about it all the time.

Other people might expect that you are used to being a Carer and you don't need their help and support anymore. You might not remember the last time anyone asked about you.

Trying to maintain your interests and activities is a very important part of looking after yourself. It's not selfish to be healthy and happy. In fact it can make it easier to continue caring.

WHEN YOUR SITUATION CHANGES OR YOU STOP BEING A CARER

In the future, your role as a Carer may change. The transition of moving someone into residential care or adjusting to the death of the person you cared for is not easy. There will be changes in your routine and lifestyle.

You may miss the companionship and at the same time be relieved to have more time for yourself. You might feel guilty or worried about what to do next.

If you are considering residential care you might wonder if you are making the right decision:

- Will the person I care for be looked after properly?
- What will other people think of me?
- Have I done everything I could?
- Am I a failure because I can't care for them at home anymore?

- What will I do with my life when I am not so busy?

It can be hard to think about your own needs but it's important to be realistic and try to decide what's best for everyone including you. Only you can decide if the responsibility of caring is too much for you.

Remember there are still many ways to help care for your relative or friend even if they are living in a nursing home.

If the person you cared for dies your whole life can change.

Other people may understand that you feel grief for the person who has died but they may not realise that you can also feel the loss of not being a Carer anymore. Good days and bad days may come and go. It may take a long time for you to get used to a new routine.

You may miss all the things you used to do and the workers you used to see and life may seem very lonely.

If you feel it's been a long time since you had the energy to do things you like to do, or if you feel you're not really interested in anything, then a bereavement counsellor may be able to help. Talking to them about your loss and what it was like being a Carer may help you start to feel like trying to get out and about again.

Where can I get more information?

Family Carers Ireland provides a publication on bereavement for Carers entitled The Carers Companion Handbook and offers a free bereavement counselling service where funding is available.

You can contact your Local Resource Centre who can provide you with more information on available supports and services, or, contact our:

**National Freephone Careline
1800 24 07 24.**

FAMILY CARERS IRELAND CONTACT DETAILS

Family Carers Ireland
The Involvement Centre
St Dymphna's Hospital
Athy Road
Carlow
Co. Carlow.
R93 DE62
0860081464

Family Carers Ireland,
Realtog Centre,
Kilnaleck,
Co. Cavan.
A82 V9W7
Tel: 049 4374544

Family Carers Ireland,
2 Carmody Street
Business Park,
Ennis, Co. Clare
V95 NX33
Tel: 065 6866515

Cork-Crystal Project,
Mallow Health Care Centre,
Mallow,
Co. Cork.
Tel: 022 58727

Family Carers Ireland,
9 Tuckey Street, **Cork.**
T12 WF2P
Tel: 021 4806397

Family Carers Ireland,
Networking Dublin 15,
Buzardstown House,
Mulhuddart,
Dublin 15.
D15 Y361
Tel: 086 0213798

Family Carers Ireland,
Unit 1,
Hibernia Building,
Heuston South Quarter,
Dublin 8. DO8 AO28
Tel: 01 6705976

Family Carers Ireland,
Barrack Street,
Loughrea,
Co. Galway.
Tel: 091 880418

Family Carers Ireland
St. Jarleths Court,
The Glebe,
Tuam,
Co. Galway.
H54 HP08
Tel: 09370022

Family Carers Ireland,
Tralee CDP,
Rock Business Park,
Rock Street,
Tralee,
Co. Kerry.
V92 WR9P
Tel: 066 71 21399

Family Carers Ireland,
HSE Primary Care Centre,
1st Floor Aras Slainte,
Station Road,
Newbridge,
Co Kildare.
W12 XD45
Tel: 086 0213749

Family Carers Ireland,
Unit 1,
Springhill Offices,
Waterford Road,
Kilkenny.
R95 AW26
Tel: 056 7721424

Family Carers Ireland,
Unit 1,
George's Quay House,
George's Quay,
Limerick
V94 CK06
Tel: 061310434

Family Carers Ireland,
MOSAIC Centre,
The Harlequin Plaza,
Garvey Way,
Castlebar, Co. Mayo.
F23 X821
Tel: 094 9060305

Family Carers Ireland,
Outreach
Co. Meath.
Tel: 086 3886970

Family Carers Ireland,
The Lodge, St. Mary's Hospital,
Castleblayney, Co. Monaghan.
A75 TD61
Tel: 042 9754856

Family Carers Ireland,
Market Square,
Tullamore, Co. Offaly.
R35 PW50
Tel: 057 9370216

Family Carers Ireland,
Castle Street, Roscommon Town,
Co. Roscommon. F42 RP21
Tel: 090 6627698
Family Carers Ireland,
No 9 Castle House,
Castle Street, Sligo.
F91 EKNO
Tel: 071 9143123

Family Carers Ireland,
8 Sarsfield Street,
Clonmel, Co. Tipperary.
E91 H3EO
Tel: 052 6170454

Family Carers Ireland,
Confederation House,
Waterford Business Centre,
Cork Road,
Co. Waterford.
X91 E9TV
Tel: 051 394566

Family Carers Ireland,
5 St. John's Terrace,
Blackhall, **Mullingar,**
Co. Westmeath.
N91 WP38
Tel: 044 9347922

Family Carers Ireland,
22 Henrietta Street,
Wexford. Y35 WC59
Tel: 053 9140511

Family Carers Ireland,
Little Bray Family Resource &
Development Centre,
Ard Chualann, **Bray,**
Co. Wicklow. A98 VH99
Tel: 086 8189041

USEFUL CONTACTS

A

Active Retirement Ireland

Tel: 01 8733836

Web: www.activeirl.ie

Age Action

Tel: 01 4756989

Web: www.ageaction.ie

Age & Opportunity

Tel: 01 8057709

Web: www.olderinireland.ie

Age NI

Tel: 028 90245729

Web: www.ageuk.org.uk/northern-ireland

Ageing Well Network

Tel: 01 6127040

Web: www.ageingwellnetwork.ie

Alone

Tel: 01 6791032

Web: www.alone.ie

Alzheimer's Society of Ireland

Tel: 1800 341 341

Web: www.alzheimer.ie

Arthritis Ireland

Tel: 1890 303 302

Web: www.arthritis.ie

Aware

Tel: 1890 303 302

Web: www.aware.ie

B

Bethany Bereavement Support Group

(No charge for service)

Tel: 087 9905299

Web: www.bethany.ie

C

Care Alliance

Tel: 01 874776

Web: www.carealliance.ie

Careplus Pharmacy

Web: www.careplus.ie

Citizens Information Services

Tel: 1890 777121

Web: www.citizensinformation.ie

Console

Tel: 1800 201 890

Web: www.console.ie

Crime Victims Helpline

Freephone 116006

Text: 0851337711

Web: www.crimevictimshelpline.ie

Cross Care

Tel: 01 8360011

Web: www.crosscare.ie

D

Dementia Services Information & Development Centre

Tel: 01 4162035

Web: www.dementia.ie

Department of Health & Children

Tel: 01 6354000

Web: www.dohc.ie

Department of Social Protection

Tel: 1890662244

Web: www.welfare.ie

Disabled Drivers Association

Tel: 094 9364054

Web: www.ddai.ie

Disability Federation of Ireland

Tel: 01 4547978

Web: www.disability-febderation.ie

Downs Syndrome Ireland

Tel: 01 4266500

Web: www.downssyndrome.ie

E

Emergency Response Personal Alarms

Tel: 1850 247 999

Web: www.emergencyrespo nse.ie

Euro Carers

Tel: 0032 (0)27412405

Web: www.eurocarers.org

F**Friends of the Elderly****Tel: 01 873 1855**Web: www.friendsoftheelderly.ie**G****Grow**

Tel: 1890 474 474

Web: www.grow.ie**H****Health Service Executive**

HSE Info Line: 1850 24 1850

Web: www.hse.ie**Health Promotion Departments****HSE South**

Cork 021 4921641

Wexford 053 235 22

Kilkenny 056 7761400

Waterford 051 842 911

Carlow 059 9143630

South Tipperary 052 6177327

HSE West

Galway 091 5483208

Limerick City 061 483203

Limerick County 069 61430

Clare 065 6865837

North Tipperary 067 42353

Mayo 094 904 2101

Sligo 071 913 5071

Letterkenny 074 916 8013

Donegal, Leitrim 072 52000

Roscommon 090 6637549

HSE Dublin North East

Meath, Louth, Cavan

Monaghan 046 9076400

North County Dublin 01 882 3414

HSE Dublin Mid Leinster

South Dublin City 01 463 2800

South County Dublin 01 235 5402

Wicklow, Kildare 01 201 4296

Longford 1800 242 505

Laois, Offaly, Westmeath 057 935 7800

Web www.hse.ie**I****Independent Age Ireland**

Tel: 051 399 989

Web: www.independent.ie**Institute of Public Health**

Tel: 01 4786300

Web: www.publichealth.ie**Irish Cancer Society**

Tel: 1800 200 700

Web: www.cancer.ie**Irish Hard of Hearing**

Tel: 01 8175700

Web: www.ihha.ie**Irish Heart Foundation**

Tel: 1890 432 787

Web: www.irishheart.ie**Irish Hospice Foundation**

Tel: 01 679 3188

Web: www.hospicefoundation.ie**Irish Kidney Association**

Tel: 01 6205306

Web: www.ika.ie**Irish Osteoporosis Society**

Tel: 1890 252 751

Web: www.irishosteoporosis.ie**Irish Patients Society**

Tel: 01 272 2555

Web: www.irishpatients.ie**Irish Rural Link**

Tel: 090 6482744

Web: www.irishrurallink.ie**Irish Senior Citizens Parliament**

Tel: 01 8561243

Web: www.iscp.wordpress.com**Irish Wheelchair Association**

Tel: 01 8186400

Web: www.iwa.ie

USEFUL CONTACTS

M

Money Advice & Budgeting Service

Tel: 1890 283 438

Web: www.mabs.ie

Mental Health Ireland

Tel: 01 284 1166

Web: www.mentalhealthireland.ie

MS Ireland National Office

Tel: 01 6781600

Web: www.ms-society.ie

N

National Adult Literacy Agency

Tel: 1800 202065

Web: www.nala.ie

National Consumer Agency

Tel: 1890 432432

Web: www.consumerconnect.ie

National Council for the Blind

Tel: 1850 334353

Web: www.ncbi.ie

Nursing Homes Ireland

Tel: 01 429 2570

Web: www.nhi.ie

P

Pensions Board

Tel: 1890 656 565

Web: www.pensionsboard.ie

Pensions Ombudsman

Tel: 01 647 1650

Web: www.pensionsombudsman.ie

Pobol

Tel: 01 511 7000

Web: www.pobal.ie

S

Senior Helpline

Tel: 1850 440 444

Web: www.thirdageireland.ie

Sonas aPc

Tel: 01 2608138

Web: www.sonasapc.ie

St. Vincent De Paul

Tel: 01 8386990

Web: www.svp.ie

Sustainable Energy Ireland

Tel: 1850 955 7766

Web: www.seai.ie

T

The Jack and Jill Children's Foundation

Tel: 045 894538/660

Web: www.jackandjill.ie

The Parkinson's Association of Ireland

Tel: 01 8722234

Web: www.parkinson.ie

Third Age

Tel: 046 9557766

Web: www.thirdageireland.ie

The Samaritans

Tel: 1850 60 90 90

Web: www.samaritans.org

Y

Young Carers Ireland

Tel: 057 93 70208

Web: www.youngcarers.ie



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National Freephone Careline:

1800 24 07 24

Website: www.familycarers.ie

Charity Number: CHY 10962

Funded by:



EMAIL: careline@familycarers.ie

 @CarersIreland

 Family Carers Ireland