



Policies for Ageing Well at Home in Ireland

Health and Wellbeing

2025



As society undergoes significant transformations, such as demographic shifts, how we navigate these changes is crucial. ALONE and *Social Justice Ireland* believe that all individuals should be supported to age well in the community, and that this should be Government's overarching policy goal for an ageing population. Meeting the health needs of an ageing population is a key challenge in achieving this goal.

ALONE is a national organisation that enables older people to age at home. ALONE's work is for all older people and aims to improve physical, emotional and mental wellbeing. *Social Justice Ireland* is an independent think tank and social justice advocacy organisation that seeks to address public policy challenges in a way that contributes to an inclusive society where everyone's rights and responsibilities are honoured. Both organisations support a vision of Ireland where older people can age happily and securely at home and are strongly connected to their local communities.

According to Census 2022 (CSO, 2023a), there were 1,048,985 people aged 60+ in Ireland on Census night, an increase of 19.7 per cent on Census 2016. Looking the future, based on projections by the Central Statistics Office (CSO, 2024a), the proportion of individuals aged 65+ will increase by 70 per cent between 2022 and 2040; an increase of more than half a million people. Public policy must support the additional needs that arise as more people live longer and as the demography of our population changes.

The policy recommendations outlined in this paper provide a pathway towards ensuring a greater quality of life for older people in Ireland. By creating the right conditions to support the health needs of an ageing population, we can enable people to remain part of their community and age in place in maximum comfort and dignity in their homes.

CURRENT CONTEXT: HEALTH AND AGEING IN IRELAND TODAY

Demographic Change – An Ageing Population

According to the most recent CSO Population and Migration Estimates, for April 2024, there are 833,300 people aged 65 years and over in Ireland (CSO, 2024b). This represents a 15.5 per cent share of the total population. By 2040, it is projected that over 1.3 million people will be aged 65+, constituting 22 per cent of the population (CSO, 2024a). Furthermore, it is projected that almost 400,000 people will be aged 80+ in 2040, double today's figure (see Table 1).

Table 1: Population Growth Breakdown by Age: In numbers and as a percentage of total

Year→	2022		2025		2030		2035		2040	
Age ↓	N	%	N	%	N	%	N	%	N	%
All Ages	5,183,966	100	5,423,289	100	5,674,843	100	5,875,333	100	6,048,300	100
65+	781,299	15.07	859,195	15.84	1,004,866	17.71	1,157,389	19.70	1,330,149	21.99
65-69	240,482	4.64	255,735	4.72	295,238	5.20	321,992	5.48	364,453	6.03
70-74	204,684	3.95	218,863	4.04	242,715	4.28	281,354	4.79	308,187	5.10
75-79	155,017	2.99	175,755	3.24	198,194	3.49	221,896	3.78	259,289	4.29
80-84	96,758	1.87	112,734	2.08	145,761	2.57	167,433	2.85	190,490	3.15
85+	84,358	1.63	96,108	1.77	122,958	2.17	164,714	2.80	207,730	3.43

Source: Based on CSO Population and Labour Force Projections 2023-2057 (M2)

The population of Ireland is ageing rapidly, with significant growth amongst older age groups.

Ageing and Increased Health Needs

Ageing populations represent increased longevity, a success story that is to be welcomed. However, significant increases, particularly in the numbers of people who are amongst the oldest old, will result in increased numbers living with long-term illness or disability as well as other health challenges. Results from the 2022 Census demonstrate a strong link between disability and age, with a marked increase in the prevalence of disability from age 75 onwards (CSO, 2023b). For example, in 2022, nearly half of those aged 75 to 79 experienced disability, while almost 76 percent of people aged over 85 did so (with disability defined as experiencing at least one long-lasting condition or difficulty).

Overall, while Ireland's population is ageing, the expected number of healthy life years at 65 has decreased from 13.6 years in 2019 to 11.6 years in 2022 (CSO, 2024c). This indicates that while the population is indeed ageing, the quality of those added years is currently in decline. The Irish Longitudinal Study on Ageing (TILDA) has highlighted some of the key health issues facing older adults. These include cardiovascular diseases (e.g., hypertension, stroke), non-cardiovascular chronic conditions (e.g., diabetes, sensory impairment) and chronic respiratory diseases, which are common among older Irish adults (Cronin, O'Regan, & Kenny, 2011). Additionally, issues such as obesity, polypharmacy (use of multiple medications), cancer and falls are significant health concerns (Cronin, O'Regan, & Kenny, 2011).

Although home support is an efficient and cost-effective alternative to overused hospital facilities, managing the increase in disability and chronic conditions at home requires significant supports (OECD/European Observatory on Health Systems and Policies, 2021; OECD/European Observatory on Health Systems and Policies, 2023). Data from the 2019 Irish Health Survey

highlights significant functional limitations among older adults, with 10 per cent reporting difficulty preparing meals, 9 per cent struggling to get in and out of bed or a chair, and 8 per cent experiencing difficulty bathing or showering (CSO, 2020). Additionally, loneliness and physical health were the most frequently reported concerns in needs assessments of 10,979 older adults living at home carried out by ALONE in 2024 (ALONE, 2025).

Cognitive decline has been recorded as a significant barrier to ageing well at home. In 2020, there were 64,142 people living with dementia in Ireland. With age being the leading risk factor for dementia, this number is expected to rise alongside population ageing to 150,131 by 2045 (HSE, 2020). According to ALONE's needs assessments, the second most frequently reported health concern among older people presenting to services was memory issues, representing 12 per cent (668 older people) of those who reported a physical health issue and shared additional details in 2024 (ALONE, 2025). This significant issue underscores the urgent need for dementia-specific services, including day care centres, respite care, and home-based supports.

Falls and Mobility

Falls represent a significant challenge to ageing well in place, as this is the biggest driver of injury-related hospitalisations among people aged 65+ (National Steering Group on the Prevention of Falls in Older People and the Prevention and Management of Osteoporosis throughout Life, 2008). According to TILDA, 37 per cent of older adults have experienced a fall over the course of 4 years, of which 18 per cent sustained a fall causing injury and which required hospital attendance. Overall, this equates to 60,000 people per year in Ireland (McGarrigle, Donoghue, Scarlett, & Kenny, 2017).

Falls additionally lead to long-term disability, loss of independence, and reduced quality of life (National Steering Group on the Prevention of Falls in Older People and the Prevention and Management of Osteoporosis throughout Life, 2008). This increases reliance on assistive devices or long-term care services and has a substantial impact on the healthcare system, as well as the additional home support hours or transition into residential care settings following a fall (National Steering Group on the Prevention of Falls in Older People and the Prevention and Management of Osteoporosis throughout Life, 2008). Indeed, in needs assessments of older people supported by ALONE, falls were identified as one of the most prevalent physical health concerns, with 29 per cent of those reporting a physical health issue citing falls in 2024 - a 15 per cent increase from the previous year (ALONE, 2025).

Mobility issues are a common concern among older adults and a significant risk factor for falls (McGarrigle, Donoghue, Scarlett, & Kenny, 2017). According to the 2019 Irish Health Survey, 15 per cent of people aged 65+ reported difficulty walking or climbing stairs, highlighting the prevalence of mobility challenges in this age group (CSO, 2020). These difficulties often stem from chronic health conditions, reduced muscle strength, and balance impairments. Reduced mobility is also strongly linked to less physical activity, which further exacerbates muscle

weakness, balance issues, and the risk of falls (McGarrigle, Donoghue, Scarlett, & Kenny, 2017). The cycle of reduced activity and worsening mobility creates additional challenges for older adults in maintaining their independence and quality of life. However, there are broader risk factors for falls beyond lower physical activity, which also must be addressed. Risk factors for falling can be intrinsic (e.g. visual deficit, arthritis, cognitive impairment), extrinsic (e.g. use of assistive devices, impaired activities of daily living [ADL]), environmental (e.g. environmental or home hazards), or related to medication (e.g. polypharmacy; ≥ 5 medicines daily).

Nutrition

Malnutrition and food poverty are serious issues in Ireland, with obesity at 21 per cent in 2022, which is above the EU average (OECD/European Observatory on Health Systems and Policies, 2023). According to the Irish Society for Clinical Nutrition and Metabolism (IrSPEN), there has been a 59 per cent increase in the numbers of patients of all ages with or at significant risk of malnutrition (up from 140,000). This increase has been driven by demographic changes, with older people five times more likely to develop malnutrition than younger adults (IrSPEN, 2025).

Older people living alone, particularly those in poor social circumstances, are identified as being at higher risk of malnutrition due to factors such as reduced appetite, difficulty accessing or preparing food, and social isolation.¹ Approximately 1 in 3 adult patients admitted to an acute hospital are at risk of malnutrition, while 25 per cent of those receiving home support also face this risk. Furthermore, there is evidence of poor adherence to dietary guidelines among older adults in Ireland: the majority do not meet the 2012 Department of Health Food Pyramid recommendations, with 76 per cent failing to meet daily fruit and vegetable intake and 68 per cent overconsuming foods high in fat, salt and sugar (McGarrigle, Donoghue, Scarlett, & Kenny, 2017). In line with this, ALONE's 2024 need assessments showed nutrition issues increased by 35 per cent compared with the previous year (ALONE, 2025).

Nutrition is essential to supporting a healthy and independent life, and issues with this generally result in frailty and weakened immune systems (McGarrigle, Donoghue, Scarlett, & Kenny, 2017). Untreated malnutrition/weight loss increases risk of infection, pressure sores, falls and poorer outcomes. In general, it also increases a patient's risk of serious but potentially avoidable complications, resulting in more GP and outpatient visits, as well as increased likelihood of being admitted to hospital.² The increased demand for healthcare and long-term care due to malnutrition has led to a doubling of annual costs to the health system, reaching €2.8 billion, compared to findings from a previous study published in 2012 (IrSPEN, 2025). Unless malnutrition is addressed, these costs might rise as our population ages.

¹ <https://irspen.ie/malnutrition/understanding-malnutrition/>

² <https://irspen.ie/malnutrition/understanding-malnutrition/>

Mental Health

In terms of mental health, findings from the Irish Longitudinal Study on Ageing (TILDA) finds that 10 per cent of older adults in Ireland report clinically significant depressive symptoms, and 13 per cent report clinically significant anxiety symptoms. Indeed, the reality may well be much higher: 78 per cent of older adults with objective evidence of depression do not report a doctor's diagnosis of depression (Barrett, Savva, Timonen, & Kenny, 2011). A 2024 study by Aware, the national mental health organisation, highlights the extent of mental health difficulties among older adults. It found that one-third of respondents reported symptoms of mild to moderate depression (28 and 6 per cent, respectively), with rates significantly higher among those with chronic illnesses (51 per cent vs. 23 per cent), women (42 per cent vs. 26 per cent), those not in a relationship (45 per cent), and those living alone (45 per cent) (Aware, 2024). In 2024, 24.7 per cent (n=2,713) of the older people assessed by ALONE reported experiencing mental health problems. Of these, 25 per cent reported dementia as their concern, indicating ongoing challenges in managing cognitive health in an ageing population. This was followed by anxiety (18.4 per cent) and depression (18.2 per cent) (ALONE, 2025).

The 2011 TILDA report also indicated that depression is associated with disability and chronic illness. Nearly two-thirds of older adults with depression have a longstanding illness or disability compared to one-third of people who are free of depression. The same report also showed the link between mental ill-health and increased medicalisation, finding that depression is associated with increased medication use: 56 per cent of people aged 75 and over with depression are taking five or more medications compared to 36 per cent of adults without depression (Barrett, Savva, Timonen, & Kenny, 2011).

Loneliness and Social Isolation

The 2024 Aware study also found that two-fifths of older adults reported symptoms of mild to moderate anxiety, with higher prevalence among individuals with chronic conditions, women, those not in a relationship, or living alone. Worryingly, 14 per cent of respondents said they had experienced thoughts in the past year of not being able to go on or of ending their lives (Aware, 2024). These feelings are closely linked to isolation, chronic illness, and lack of social support, reinforcing the urgent need for targeted mental health services for older people in Ireland.

Social integration also plays a vital role in promoting the physical health of older adults who live at home. After the age of 67, older adults in Ireland generally become lonelier and more socially isolated with age, with risk factors including living alone and lower education levels (Ward, McGarrigle, & Kenny, 2019). Substantial research has demonstrated that social isolation and loneliness increase the risk for a host of physical health issues, such as type 2 diabetes (Henriksen, Nilsen, & Strandberg, 2022), cancer (Kraav, et al., 2020), cardiovascular disease (Paul, Bu, & Fancourt, 2021), increased blood pressure (Hawkley & Cacioppo, 2010), mortality (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015), weakened immune function, and frailty (Ward,

McGarrigle, & Kenny, 2019; National Steering Group on the Prevention of Falls in Older People and the Prevention and Management of Osteoporosis throughout Life, 2008). Indeed, this has an impact on ageing itself; Wilson and Koffer show that lonelier people actually age more quickly than their less lonely counterparts, and highlight the importance of interventions on loneliness to offset aging-related decline (Wilson & Koffer, 2025).

Findings from ALONE highlight the ongoing prevalence of loneliness among older people in Ireland. In 2024, 52 per cent of older people supported by ALONE reported feeling lonely. In terms of social outings, only 40 per cent of respondents who answered the question about being out socially in 2024, reported having been out socially in the past week. Notably, more than 6 per cent consistently indicated that they had not been out socially for over a year, a pattern observed in the previous year (ALONE, 2025). Importantly, socially isolated or lonely individuals are less likely to engage in physical activity, which further accelerates physical decline (Ward, McGarrigle, & Kenny, 2019).

POLICY AND DELIVERY: HEALTH AND SOCIAL CARE IN IRELAND

Health and Ageing in Ireland – Policy Environment

Government's policy commitments in relation to the health and wellbeing of older people are set out in the National Positive Ageing Strategy (2013b), Healthy Ireland Framework for Improved Health and Wellbeing (2013a) and Strategic Action Plan (2021a), the Sláintecare Implementation Strategy and Action Plan (2021b) and Path to Universal Healthcare: Sláintecare 2025+ (2025), the National Carers' Strategy (2012), the HSE Strategy to Prevent Falls and Fractures in Ireland's Ageing Population (2008), and the Department of Housing, Planning and Local Government and the Department of Health 2019 Housing Options for Older People Joint Policy Statement (2019)

Additional relevant policies which shape the health of older people ageing at home include: the National Dementia Strategy, which focuses on dementia-specific services, the HSE Telehealth Roadmap 2024–2027, which outlines digital care initiatives, and Sharing the Vision: A Mental Health Policy for Everyone (2020b), which sets out Ireland's approach to mental health services, including support for older adults.

Healthy Ireland is the framework for improving population health and wellbeing from 2013-2025. It recognises older people as an important group in this mission and advocates for a life-cycle approach, to ensure supports are relevant to the needs of all age groups. The National Positive Ageing Strategy (NPAS) promotes positive ageing in Ireland and fosters cooperation to address age-related policy and service delivery across Government and society. The national goals of the strategy are to remove barriers and create opportunities for older adults to engage in cultural, economic, and social life, support their physical and mental health, help them age confidently and securely in their homes and communities, and use research on ageing to improve policies for

Ireland's ageing population. It emphasises supporting older adults to age in dignity at home (Department of Health, 2013b).

Although the National Positive Ageing Strategy (NPAS) outlines key areas for action, it lacks a cohesive implementation plan. It instead relies on the implementation, monitoring and review mechanisms for Healthy Ireland, as well as the Healthy and Positive Ageing Initiative (HaPAI), which was a collaborative research programme set up as part of the NPAS. While this provides the envisioned foundation for implementation, NPAS also committed to a separate implementation plan, based on its specific strategic direction and goals, which has not been produced. This gap persists despite the unanimous recommendation of the 2017 Citizens' Assembly on How to Best Respond to the Challenges and Opportunities of an Ageing Population, urging the Government to urgently prioritise and implement existing policies and strategies for older people, including the NPAS (Citizens' Assembly, 2017). More recently, the establishment of the Commission on Care³ reflects similar concerns among policymakers, emphasising the need for coordinated policy implementation, governance, and long-term planning to ensure older people receive appropriate and integrated supports as they age.

A System Under Pressure

The 2018 Health Service Capacity Review found that the existing model of healthcare delivery in Ireland was unsustainable and outlined capacity requirements to 2031 (Department of Health, 2018). As the only European country without universal primary care, Ireland demonstrates a strong over-reliance on hospital care, which causes hospitals to become overwhelmed, and extensive waiting lists for treatment (OECD/European Observatory on Health Systems and Policies, 2021; OECD/European Observatory on Health Systems and Policies, 2023).

According to the Irish Nurses and Midwives Organisation, 122,186 patients were admitted to hospital without a bed in 2024 (INMO, 2024). A 2023 ESRI study found that there may be a bed capacity deficit of approximately 1,000 inpatient beds in public acute hospitals in 2023 (Walsh & Brick, 2023). Furthermore, in terms of acute mental health beds, the 2024 specialist group report on acute mental health bed capacity found there were 1,134 public acute beds in Ireland, 832 fewer than required based on the 50 per 100,000 recommended by the Oireachtas Joint Committee on the Future of Mental Health (National Implementation Monitoring Committee Specialist Group on Acute Bed Capacity, 2024).

Looking to the future, ESRI projections indicate that demand for inpatient beds will increase by up to 6,800 by 2040, with an average annual growth of between 1.9 and 2.8 per cent. To meet this demand 455 additional inpatient beds are required per annum until 2040 (Brick, Kakoulidou, & Humes, 2025). Overall, while a high utilisation rate of hospital beds can be a sign of hospital

³ <https://www.gov.ie/en/department-of-health/campaigns/commission-on-care-for-older-people/>

efficiency, it also shows that too many patients are treated at secondary care level (OECD/European Union, 2020).

Contributing to this problem is the inability to discharge people, often older patients, due to the lack of step-down facilities. This includes rehabilitation and respite care beds as well as nursing homes, day care options and other forms of support in communities (McGeady, Murphy, Rawat, & Rogers, 2025). Indeed, a study found that formal care is available to only 24 per cent of those needing care and (amongst the different groups examined) 38 per cent of people aged 65+ have unmet needs for care, as do 34 per cent of disabled adults (Privalko, Maître, Watson, & Grotti, 2016). With increases in the population, especially amongst older people, the acute hospital system will be unable to operate effectively without investing in community-based services that support the physical health needs of older people.

An important move towards greater step-down supports is to expand community-based rehabilitation care beds. The Irish Society of Physicians in Geriatric Medicine (ISPGM) notes that there has been an inadequate provision of rehabilitation services for older people to date, due to the absence of a policy framework for geriatric rehabilitation, professional staff resources, and determination of rehabilitation pathways based upon financial considerations rather than patient needs. The ISPGM's 2024 *Strategy for Rehabilitation for Older People in Ireland*, noted that looking to the future, with the number of those aged 65+ exceeding 1 million in 2030, more than 3,000 rehabilitation beds will be required at a rate of 1 bed per 1,000 older people (ISPGM, 2024).

Sláintecare and Enhanced Community Care

Addressing these challenges is central to the goals of Sláintecare, Ireland's ten-year reform programme for the health and social care system, which aims to transform Ireland's healthcare system into a universal, single-tier service⁴. Within the Sláintecare vision, the Enhanced Community Care (ECC) programme is a key driver of expanded healthcare delivery in local settings.⁵ It represents a €240 million investment in community health services. Community Health Networks (CHNs) are envisioned as the foundation and organisational structures that will enable integrated care with primary and acute care partners (Department of Health, 2020a). Government's commitment to the ECC Programme under Sláintecare, in the form of investment in Integrated Care Programme for Older People (ICPOP), is certainly welcome in the context of supporting older people to live well at home for longer. However, the absence of a specific budget allocation for the ECC programme laid out in the Revised Estimates for Public Service 2025 makes it difficult to determine the overall costs of these services, or to assess whether funding is adequate (Department of Public Expenditure, NDP Delivery and Reform, 2025).

⁴ <https://about.hse.ie/our-work/slaintecare-our-strategy-for-improving-irelands-healthcare-system/>

⁵ <https://www.hse.ie/eng/services/list/2/primarycare/enhanced-community-care/>

The Department of Health and HSE are seeking to leverage technology to enhance care delivery through initiatives like the Digital for Care 2030 framework.⁶ The aim of this framework is to enhance healthcare delivery through data driven services and digitally enabled and connected care. This includes initiatives like implementing shared care records; a HSE app that gives patients access to their own health information; and online health appointments. The Government's *Path to Universal Healthcare: Sláintecare 2025+* also acknowledges the role of digital transformation to support key health services and mentions integration of intelligent automation and AI (Department of Health, 2025). While the use of digital technologies clearly provides opportunities for improved care it is not without its challenges, and it will be essential to ensure that a digital divide does not emerge in accessibility for those less comfortable with new technologies.

Home Support

The 2017 Sláintecare report of the Oireachtas Committee on the Future of Healthcare highlights the failure to deliver the long-awaited statutory home support entitlement, first committed to in 2017 (Oireachtas Committee on the Future of Healthcare, 2017). Unlike residential care options, which are subsidised under the Fair Deal scheme, home support is unregulated and still not a statutory right in Ireland for those in need (McGeady, Murphy, Rawat, & Rogers, 2025). For many, this incentivises entering a nursing home, even when their physical health needs do not warrant this level of care. The European Commission also highlighted challenges associated with Ireland's focus on institutional care over more accessible and cost-effective homecare (European Commission, 2023). Older people frequently cite access to on-site healthcare services as a key reason for moving into nursing homes (ALONE, 2018), yet many of these healthcare needs could be met more efficiently and comfortably in a home setting. This is especially relevant given the increasing evidence that highly dependent persons can live safely and more happily in domestic settings, provided their required homecare supports are in place (Department of Health, 2020a).

The challenges in home support provision are not new: debates around home support schemes trace back to the 1968 'Care of the Aged' report. Although a commitment to providing a statutory home support scheme has been referenced in both the 2020 and 2025 programmes for government, there have been delays in publishing information about the implementation of the pilot scheme which concluded in 2023. If the government wishes to make significant progress in addressing the unmet demand for home support services, a statutory entitlement to home support offers a clear means for accountability in this aim.

Although home support is an efficient and cost-effective alternative to overused hospital facilities, managing the increase in disability and chronic conditions at home requires significant supports across the community. Waiting lists for Home Support pose a great challenge, now primarily associated with an increasing capacity issue related to the availability of care staff. In February

⁶ <https://about.hse.ie/our-work/digital-for-care-2030/>

2025, 4,761 people were on the national waiting list for carers. Of these, 133 were waiting on funding, while 4,628 were waiting on a carer.⁷ Challenges of recruitment and retention in the care sector are well recognised, in Ireland as well as in other countries, against a background of increasing need for care.

The Sláintecare Implementation and Action Plan 2021-2023 committed to recruiting up to 7,000 community-based healthcare staff (Department of Health, 2021b). It remains unclear how successful this has been in the absence of updated information, per the annual progress reports. However, we know that there has been a decline in home support workers employed by the HSE, falling from 3,782 in December 2022 to 3,643 in October 2024, meaning resourcing is clearly moving in the wrong direction (HSE, 2024a). The HSE acknowledges that issues accessing formal home support options are, in part, due to delays between approval of funding and the availability of carers to commence delivery of home support hours in some regions (HSE, 2024b). Accessing home support is fundamental to supporting the physical health needs of older people. Thus, adequate staffing in this area requires urgent attention to facilitate ageing in place.

A relatively high proportion of the population is not working because of caring responsibilities due to low formal care hours (European Commission, 2023). In 2022, nearly 300,000 people in Ireland, primarily women, provided unpaid care, a 50 per cent increase since 2016 (CSO, 2023b). The National Carers' Strategy (2012) envisions that 'Carers will be recognised and respected as key care partners. They will be supported to maintain their own health and wellbeing and to care with confidence. They will be empowered to participate as fully as possible in economic and social life.' (Department of Social Protection, 2019). However, the 2012 strategy remains the latest comprehensive national policy for carers and, furthermore, since 2018 the annual progress reports are no longer produced by government⁸; the most recent report being the Fifth Progress Report (Department of Health, 2017). Carers provide a huge service to the State. As we develop additional needs in older age, carers provide an incalculable support allowing older people with additional needs to continue to live at home and age well with appropriate supports. As our population ages the need for carers is also increasing. According to the latest census data there are over 299,000 unpaid carers in Ireland providing unpaid care each week, an increase of 53 per cent in six years (CSO, 2023b). Appropriately supporting carers is therefore a crucial feature of creating the conditions to support people to age well at home.

Key issues for carers, according to the most recent scorecard assessing the implementation of the Programme for Government included: the continued under-resourcing of appropriate respite care, failure to publish a refreshed National Carers' Strategy and the impact of the continuing chronic

⁷ Answer to Parliamentary Questions tabled by David Cullinan TD, 2 April 2025, PQ: 10937/25 and PQ: 10938/25: <https://www.hse.ie/eng/about/personal/pq/2025-pq-responses/march-2025/pq-10937-25-david-cullinane.pdf>

⁸ <https://familycarers.ie/policy-lobbying/national-carers-strategy>

shortage of Home Support Workers on family carers who are being forced to care alone and unsupported.

Day Care

With increases in the population, especially amongst older people, investment is required in community-based services that support the physical health needs of older people, including day care services. A 2020 study found that at least 14,193 unique individuals typically attend day care centres for 1 to 3 days per week (Pierse, Keogh, O'Shea, & Cullinan, 2020). Day care centres for older people play an important role in offering programmes and services for older people with a variety of needs, including socialisation and activities as well as health services and rehabilitation (Orellana, Manthorpe, & Tinker, 2018). However, the 2020 study, which explored geographic accessibility of day care services in Ireland, found that there are large parts of the country where day care services are difficult to access (Pierse, Keogh, O'Shea, & Cullinan, 2020).

While day care centres are often accessed by a bus collection service which collects clients from their homes and brings them to the centre, the funding for such transport is drawn from the allocation for day services. Transport is not funded as the HSE does not receive funding to support adults to be transported to and from their day service location. The HSE acknowledges that some adults would be unable to access day services unless transport is provided and in those instances part of the day service funding is used to support their access.⁹ The Sláintecare Implementation Strategy and Action Plan 2021-2023 committed to develop and finalise a comprehensive reform strategy for future day service provision in Ireland (Department of Health, 2021b). This was followed by a reduced commitment in the Sláintecare 2025+ policy statement to map day centre provision against population, with the intension to develop a strategic approach to addressing gaps in provision (Department of Health, 2025). It is imperative that Government deliver on this commitment to enhance day centre service access.

Physical Needs and Home Adaptation

As people age, physical health needs evolve, particularly with the increased likelihood of acquiring disabilities. The built domestic environment can either constrain or enhance an older person's mobility and freedom to age well at home. However, significant performance gaps exist in ensuring that housing adaptation needs are met alongside healthcare requirements. The Housing Options for Our Ageing Population Joint Policy Statement (2019) emphasises enabling older people to remain in their homes through modifications and support, yet it does not adequately address the integration of healthcare expertise into the housing adaptation process, and the corresponding demand on resources. Similarly, the 2008 HSE Strategy to Prevent Falls and Fractures in Ireland's Ageing Population lacks explicit mechanisms to link housing adaptations to falls prevention strategies,

⁹ Answer to Parliamentary Questions tabled by Seán Sherlock TD, 2 May 2022, PQ: 24764/22:

<https://www.hse.ie/eng/about/personal/pq/2022-pq-responses/may-2022/pq-24764-22-sean-sherlock.pdf>

leaving a gap in addressing older people's holistic needs. ALONE reports a significant demand for Occupational Therapists (OTs) among older people, reflecting the critical role they play in facilitating home adaptations (ALONE, 2024). This demand is likely tied to the requirement for OT assessments in accessing grants like the Housing Adaptation Grant for People with a Disability and the Mobility Aids Grant Scheme.¹⁰ Thus, OTs represent an intersection between physical health needs of older people and housing adaptation requirements to meet those needs. Issues regarding the housing needs of older people to age well at home are discussed in greater detail in our paper, *Policies for Ageing Well at Home in Ireland 2024*.¹¹

POLICY RECOMMENDATIONS: RESPONDING TO HEALTH NEEDS OF AN AGEING POPULATION

The policy options detailed below provide many benefits, including meeting the aspirations of the National Positive Ageing Strategy, enabling older people to remain at home for longer through the provision of supports to meet their physical health needs. In addition to the improvement in wellbeing this brings for people as they age, implementation should also reduce the number of older people moving into nursing homes or remaining in acute hospital settings due to a lack of social and health care needs. With current estimates that the cost to the 'Fair Deal' scheme will increase by an additional €729m annually by 2031 (ALONE, Threshold, 2023), reducing the numbers of people unnecessarily moving into nursing homes could substantially cut down on this expenditure.

Invest in Enhanced Community Care:

The HSE's ECC programme plays an important role in creating the conditions that allow people to age well at home and remain in their communities. Recognising these merits, the 2025 Programme for Government commits to expand the ECC Programme. Investment in the ECC Programme is necessary to alleviate pressure on acute services, ensure treatment at the appropriate level of need, and expand GP, OTs, PTs and practice teams in line with Sláintecare's vision of primary and community-based care. To improve access to care, progress a shift to a model that prioritises primary and social care, and to address the inequalities in our healthcare system, *Social Justice Ireland* and ALONE recommend that Government:

¹⁰ <https://www.gov.ie/en/departments-of-housing-local-government-and-heritage/services/housing-adaptation-grant-for-disabled-people/#who-can-apply>

¹¹ <https://alone.ie/wp-content/uploads/2024/09/2024-09-23-ALONE-SJI-Policies-for-Ageing-Well-at-Home-in-Ireland.pdf>

Invest in Primary Care Services:

Increasing the number of GP practice teams across the state will strengthen Primary Care services, ensuring timely access to care and reducing over-reliance on hospital care services.

Expand community-based rehabilitation and respite care beds:

To reduce pressure on acute hospital services and support more cost-effective healthcare delivery, the Government should invest in expanding rehabilitation and respite care within Community Nursing Facilities. This investment aligns with national healthcare priorities and will help shift care into the community. With population growth projected to drive increased demand, a minimum of 3,000 additional post-acute rehabilitation beds will be required by 2031.

Expand acute mental healthcare capacity for older adults:

The 2025 Programme for Government commits to fund mental health supports across all Integrated Care Programme for Older People (ICPOP) teams. While investment in primary and community-based mental health supports will reduce demand for acute services, current need exceeds capacity, requiring parallel investment in acute mental health beds. At present only 63 acute mental health beds have been allocated for people aged over 65 (Finnerty, 2020). By 2030, 454 acute mental health beds for older adults will be required, aligning with the recommendation of *A Vision for Change*, which outlines a need for at least 8 beds for older adults for every 50 acute mental health beds. Government should therefore provide an additional 189 older adult acute beds by 2030.

Invest in Fall Prevention through Community Exercise Programmes:

Exercise programmes reduce the rate of falls and the number of falls among older people living in the community. These primarily involve balance and functional exercises plus resistance exercises (Sherrington, et al., 2019). Indeed, the AFFINITY falls and bone health programme funded the training of 120 HSE physiotherapists and exercise professionals to deliver the Falls Management Exercise Programme (FaME),¹² a community-based group and home exercise programme led by qualified Postural Stability Instructors (PSIs).

Research on three early adopter sites of FaME (Dublin, Kerry and Leitrim) is due to be completed with a toolkit to inform the expansion in Ireland. A UCC team have been funded by the Health Research Board and the HSE to understand how we can support the sustainability and scaling up of the Falls Management programme in Ireland.¹³ While we await the findings of the UCC research, we recommend that Government provide initial funding to begin the roll out of exercise

¹² <https://healthinnovationsouthwest.com/programmes/falls-management-exercise-fame-programme/>

¹³ <https://www.rte.ie/brainstorm/2024/1121/1481948-falls-management-exercise-programme-ucc/>

programmes with a focus in falls prevention. This should include funding for postural stability instructor (PSI) training and other required outlays as well as the funding of the delivery of the FaME programme to 14,000 in older people in the next year.

Meals on Wheels and a Nutrition Awareness Campaign:

Nutrition plays a crucial role in supporting health and wellbeing in support of independent living among older people. As noted, older people living alone, particularly those in poor social circumstances, are identified as being at higher risk of malnutrition.¹⁴ Meals on Wheels plays an important role in combatting malnutrition among older people in Ireland.

In support of the 2025 Programme for Government commitment to increase funding for the national Meals on Wheels network, ALONE and *Social Justice Ireland* recommend that the Meals on Wheels network be expanded: to ensure that Meals on Wheels providers are adequately resourced to deliver high-quality nutritional meals; to develop the organisation through collaboration between all Meals on Wheels groups; and to develop robust national standards and protocols to support all local Meals on Wheels services. We additionally recommend that Government develop and implement a multi-annual sustainable streamlined funding model for Meals on Wheels services so that these vital services can be consistently delivered to older adults in need across the country. This will benefit the nutritional intake, and associated health and wellbeing, of some of the most marginalised older members of our community.

Furthermore, we recommend Government develop a Healthy Ireland public awareness campaign on nutritional information, building on the recent Healthy Eating Resources, aimed at older adults to combat malnutrition among this group.

Develop and resource a national action plan aimed at tackling loneliness and isolation:

Given the links between loneliness and poor physical and mental health outcomes, Government must deliver, resource and implement a national action plan aimed at tackling loneliness and isolation, as contained in the Roadmap for Social Inclusion 2020-2025 and echoed in the 2020 Programme for Government. While this commitment is concerningly absent from the 2025 Programme for Government, it does commit to invest in social programmes and befriending services to address isolation. An adequately resourced national action plan must be delivered if this commitment is to be realised. Significant work by the civil society Loneliness Taskforce has been undertaken on this issue and can support this work. Within this, the Government should revive the community loneliness project which had previously been provided through the community mental health initiatives fund announced in 2019.¹⁵

¹⁴ <https://irspen.ie/malnutrition/understanding-malnutrition/>

¹⁵ <https://www.gov.ie/en/department-of-health/press-releases/ministers-harris-and-daly-announce-a-fund-of-3-million-to-help-support-community-mental-health-initiatives-across-the-country/>

Fund Assistive Technology and Training to Support Ageing at Home:

To fulfil the 2025 Programme for Government commitment to provide a dedicated funding stream for assistive and digital technology, to maximise independence and harness efficiencies, the HSE Community Funded Aids and Appliances scheme should be expanded to cover assistive digital technologies. To implement this expansion, funding to the schemes providing aids and appliances should be increased accordingly and continue to be increased on an annual basis in line with demographic changes.

As the HSE moves towards increased use of virtual health appointments, it will be necessary to provide older people with basic training so that they can effectively and confidently avail of this option. Older persons' organisations, like ALONE, should be funded to provide such digital enablement training to support older people to access virtual health appointments. This will mitigate against the emergence of a digital divide and support older adults to benefit from the digitalisation of health care delivery.

Increase Funding for Home Support Services:

In line with the 2025 Programme for Government commitment, Government should increase funding for home support services to deliver additional hours of care in line with the growing health and social care needs of older adults, and to address current waiting lists. At present 133 people are waiting on funding for care support. Looking to the years ahead, funding should be increased to achieve a 40 per cent growth in support delivery to begin to meet future demand. This will address current inadequacies in service provision and enable older people to live independently at home with the necessary support.

Establish a Statutory Home Support Scheme

The 2025 Programme for Government commits to design a Statutory Homecare Scheme to allow people to stay in their own home for as long as possible. Funding should be allocated to support the development of a full Statutory Home Support Scheme, including system design, funding model, and regulation, and to include the development of capacity-building supports for the community and voluntary sector to meet revised standards in the delivery of the scheme. This will ensure that home support services are accessible and aligned with the evolving needs of the ageing population, guaranteeing consistent care for older individuals across the country.

Day Care Provision and Access:

As aforementioned, increasing evidence that highly dependent persons can live safely and more happily in domestic settings, provided their required homecare supports are in place (Department of Health, 2020a). Access to day care facilities can also be regarded as an important part of this mix of supports. In line with the 2025 Programme for Government commitment to enhance our network of day centres, ALONE and *Social Justice Ireland* recommend that Government design and establish a sustainable model for day care services for older adults in Ireland. This model

should ensure access to high-quality care, meaningful social engagement, and support with daily living activities.

As part of this, Government should provide integrated funding for transport as a key component of day care services. Transportation is a significant barrier for many older adults, particularly those living in rural or under-serviced areas, preventing them from accessing day care and other essential services. To improve access to day care for older people across Ireland, we recommend annual investment in dedicated transport funding to day care centres.

Strengthen Support for Carers:

The 2025 Programme for Government commits both to increase support for carers – providing training, establishing clearer pathways to services, and improving access to respite – and to fully fund the Carer’s Guarantee. To realise this commitment, we recommend that Government:

Invest in Respite Services:

Respite services and training opportunities for carers should be expanded, focusing on critical areas like dementia care and chronic condition management. This will help alleviate the financial and emotional strain on carers, ensuring they can continue to provide essential care to older adults while maintaining their own wellbeing.

Raise Carer’s Support Grant:

Increase support for unpaid carers in Ireland by raising the Carer’s Support Grant from €2,000 to €2,150 annually.

Pilot a Universal Basic Services and Universal Basic Income for Carers:

As a step towards realising the Carer’s Guarantee, we recommend that Government pilot a Universal Basic Services and Universal Basic Income scheme for carers to provide financial relief and incentivise caregiving.

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Social Justice Ireland is an independent think-tank and justice advocacy organisation that advances the lives of people and communities by providing independent social analysis and effective policy development to create a sustainable future for every member of society and for society as a whole.



ALONE is a national organisation that enables older people to age at home. ALONE works with all older people, including those who are lonely, isolated, frail or ill, homeless or living in poverty. ALONE works towards a vision of Ireland where older people can age happily and securely at home and are strongly connected to their local communities.

