

Supporting Ageing in Place Policy, Integration, and Nursing Home Care



About this paper

This document was published in July 2025, following a national roundtable discussion on nursing home care held in February 2025.

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About Us

We support members to create rich experiences of life for residents. NHI members meet residents where they are on their life journey and focus on enriching lives well-lived. Care is better when we work together.

About Nursing Homes Ireland

Nursing Homes Ireland is the national representative organisation for the private & voluntary nursing homes sector. This sector, and the care NHI members provide, are central to health and social care delivery in Ireland. Private & voluntary nursing homes provide care in a home from home to 27,000 residents and account for more than 84% of all long-term care beds in the country.

NHI Members account for 90% of all private & voluntary nursing homes. NHI actively supports and represents members, enabling them to provide quality care to residents in a sustainable manner.

Our work is guided by Nursing Homes Ireland's HOMES Strategy 2024–2026; Highlighting, Organising, Motivating, Engaging, and Shaping the future of nursing home care. This strategic framework informs all aspects of our advocacy, member support, and policy development, with a focus on quality, sustainability, and resident-centred outcomes.

What We Believe

At NHI, we support private and voluntary nursing homes to deliver the very highest standard of care. We are passionate about the delivery of better care.

We support members to create rich experiences of life for residents. NHI members meet residents where they are on their life journey and focus on enriching lives well-lived. Care is better when we work together. NHI empowers private and voluntary nursing home members with the latest information and advocates for the sector so it can continue to maintain standards.

We bring our message of warmth, comfort and responsibility in a clear and strong voice to the wider community.

We are working to shape a new, more dynamic model of care. Caring is best when it is collective and collaborative. With residents, members, communities and stakeholders, we are confidently moving forward together.



Foreword from Tadhg Daly

This work is grounded in our HOMES strategy, Highlighting, Organising, Motivating, Engaging, and Shaping the future of nursing home care. These five pillars guide our commitment to listening, learning, and leading together.

Ireland stands at a pivotal moment in how we support our ageing population. As people live longer, healthier lives, we must ensure that our health and social care systems evolve in tandem, celebrating healthy ageing, enabling people to remain in their homes and communities for as long as possible, and supporting those who require more complex care with dignity and respect.

At Nursing Homes Ireland, we strongly support the principle of ageing in place. We also recognise the essential role of nursing home care within a properly integrated continuum of care, inclusive of all home care, supported living, housing with care, and residential care services, all resourced and planned in a coherent and equitable way. For those who need specialist care, nursing homes are not an alternative to ageing in place, they are a continuation of that journey, grounded in person-led practice and community connection.

And yet, Ireland remains without a national overarching nursing home care policy. This absence leaves a critical gap in how we plan for the future, support quality, and safeguard rights. It threatens to undermine the very principle of choice and continuity in later life.

This paper is the next step of a structured and collaborative effort to address that gap. The February 2025 Roundtable brought together a wide variety of stakeholders including, care providers, policymakers, advocates, academics, and regulators to identify the key issues affecting nursing home care. Their insights are reflected here, not as a conclusion, but as a starting point. From this, NHI will continue to develop a series of targeted policy and advocacy papers to deepen the analysis and drive

forward meaningful reform, in collaboration with key partners and stakeholders across the health and social care sector.

I want to especially thank everyone who participated in the roundtable and shared their time, knowledge, and lived experience. Your contributions have shaped this paper and will continue to guide our work. I would also like to thank Kevin Deegan, who chaired the roundtable and led the development of this paper, and Deirdre Shanagher, whose clinical insight and editorial support were invaluable throughout. My thanks also go to the Board of Nursing Homes Ireland, alongside NHI's Nursing Committee, for their ongoing leadership and strategic guidance.

A special thank-you is extended to Professor Rose Anne Kenny for generously contributing the guest foreword to this publication. Her decades of expertise and continued advocacy for healthy ageing and person-centred care provide an essential context for the work ahead.

This work is grounded in our HOMES strategy, Highlighting, Organising, Motivating, Engaging, and Shaping the future of nursing home care. These five pillars guide our commitment to listening, learning, and leading together.

By working collectively, we can build the policy foundations needed to ensure that nursing home care in Ireland is rights-based, integrated, sustainable, and centred on the lived experience of older people.

Tadhg Daly
CEO, Nursing Homes Ireland

Foreword from Professor Rose Anne Kenny

Nursing home care is a critical component of Ireland's health and social care system, yet it continues to operate without a cohesive national policy framework. The absence of such a cohesive national policy leaves our society to navigate a fragmented and increasingly complex care environment without unified national direction or clear strategic goals.

Most people would prefer to both spend the end of their lives in their own home. Therefore, support for ageing in place should focus on enabling older adults to remain in their homes and communities with independence and dignity, rather than moving to care facilities.

However, this is not always possible, in which case there is also a need for complimentary nursing home environments. These should provide care tailored to each person's physical, mental, and emotional needs whilst catering for older people on a respite or long-term care basis. Such care for frail older people should provide high quality personal care as well as nursing, allied health and general medical care and feel like home. Turning a nursing home into a place that truly feels like home requires rethinking the environment, routines, and relationships to promote dignity, comfort, and personal identity.

Residential aged care in most countries struggles to meet societal expectations of high-quality 'home from home' care for older people. Multiple international inquiries have outlined the fundamental problems of the nursing home sector, including lack of access to appropriate care and highly variable and often substandard care delivery. Such inquiries have pointed to serious and recurrent problems in the design and operation of the care home system. Ireland is no exception to these failures.

Failings of the nursing home sector are in general systematic, namely any problem at one level of the system results in dysfunctions not only at that level but also in dysfunctions at all other levels.

Key system failings include: the absence of systemic leadership resulting in ambivalence to the needs of the aged

care sector and its treatment as a lower order priority; insufficient funding to meet needs; understaffing; lack of provider governance and accountability; the absence of a consumer voice; and poor-quality care enabled by lack of information and transparency. Furthermore, key stakeholder groups are often driven by irreconcilable competing agendas, to meet the needs of residents, the demands of regulators, and nursing home proprietors' need for profit.

Nursing home care is a critical component of Ireland's health and social care system, yet it continues to operate without a cohesive national policy framework. The absence of such a cohesive national policy leaves our society to navigate a fragmented and increasingly complex care environment without unified national direction or clear strategic goals.

Given that our ageing demographic continues to increase at an accelerated pace, Ireland urgently requires an integrated, strategic vision and cohesive policy for the sector, to integrate these existing elements and set a bold vision for the future of nursing home care, that reflects best practice, innovation, and evolving societal needs.

This insights paper was developed after a roundtable event attended by representatives from the care sector, government, academia, and advocacy group and facilitated by NHI, to address some of these issues.

The conclusion was for a national nursing home care policy, including a charter of rights for residents, equity of access, and attention to the needs of staff.

Professor Rose Anne Kenny
Regius Professor of Physic,
Trinity College, University of Dublin

Executive Summary

Ireland is entering a period of significant demographic change. Between 2023 and 2043, the number of people aged 65 and over is projected to increase by approximately 66%, while the population aged 85 and over is expected to more than double¹. Longer life expectancy and high healthy-life years are to be celebrated, they present serious challenges for how health and social care are planned, delivered, and funded.

Nursing home care and home care, alongside supported living and housing with care, together form the backbone of responses to these care challenges. The consensus, supported by Nursing Homes Ireland, is that home and residential care must be complementary, not competing, elements of an integrated health and social care system. For older adults with high dependency needs, cognitive impairment, or limited support, nursing home care remains essential. Equally, person-led planning depends on having a full range and choice of quality options in the community, including residential care, available and accessible.

Nursing Homes Ireland supports the principle of ageing in place. People should be enabled to remain in their homes and communities for as long as possible, with access to the full range of supports required to do so safely and with dignity. A national policy must provide for this, ensuring all health and social care services are adequately resourced, regulated, and accessible.

Equally, however, there must be a parallel policy commitment to those who require, specialised care that can only be delivered in residential settings. Nursing home care and care at home are not opposing options, but complementary and interdependent parts of a well-functioning long-term care system. This continuum must be explicitly recognised, resourced, planned, and governed under a coherent national policy to ensure that older people have real choice, and access, to high-quality, seamless, equitable, and sustainable care across all settings.

On 18 February 2025, Nursing Homes Ireland convened a high-level policy roundtable with care providers, academics, clinicians, advocacy groups, and policymakers. A clear and urgent consensus emerged: the absence of a national nursing home care policy is one of the most serious systemic gaps in Ireland's health and social care framework.

This policy vacuum has contributed to fragmentation across funding, regulation, access, and resident rights, undermining both sustainability and quality. Without a coherent, cross-sectoral framework to resource and integrate nursing home care within the broader continuum of older person care, the sector faces significant risks to its future viability.

The roundtable identified ten key themes highlighting why a national nursing home care policy is essential and what it must address to uphold the rights and dignity of residents, and to ensure the sector's sustainability. These themes capture immediate pressures alongside longstanding structural challenges, from equitable access for residents, to therapies and diagnostics, to workforce planning and career development in gerontological care, to embedding safeguarding, quality of life, and community engagement at the heart of care.

Sláintecare prioritises delivering the right care in the right place at the right time, it is equally critical to recognise and resource nursing home as a vital pillar of the health and social care system, particularly for those with complex and long-term care needs.

This paper presents the core insights from the roundtable and marks the next phase of a structured, resident-centred policy process that Nursing Homes Ireland will lead in partnership with stakeholders. It calls for political commitment, investment, and collaborative action to shape a future in which nursing home care is rights-based, integrated, sustainable, and centred on the lived experience of older people.

¹ Department of Health (2023). Health in Ireland: Key Trends 2023. <https://assets.gov.ie/static/documents/health-in-ireland-key-trends-2023.pdf>



Acknowledgements

Nursing Homes Ireland would like to sincerely thank all participants in the policy roundtable.

This Nursing Homes Ireland insights paper was produced through a collaborative process involving wide-ranging stakeholder input.

The roundtable was chaired by Kevin Deegan, Policy & Communications Lead at Nursing Homes Ireland, who also led the writing and editing of this insights paper. Editorial input and note-taking support were provided by Deirdre Shanagher, Strategic Clinical Nurse Expert with Regulatory Compliance, with additional review and editorial feedback from Tadhg Daly, CEO. We also thank the Nursing Homes Ireland Board for their guidance and support throughout the drafting process.

Nursing Homes Ireland would like to sincerely thank all participants in the policy roundtable. Your contributions, reflections, and feedback have directly informed the development of this paper and will continue to shape future policy efforts.



The Following Organisations Were Represented at the Roundtable:

1. The Alzheimer Society of Ireland
2. Ashlawn Nursing Home
3. Brampton Care Home
4. CareChoice
5. Family Carers Ireland
6. Home and Community Care Ireland (HCCI)
7. Health Information and Quality Authority (HIQA)
8. Health Service Executive (HSE)
9. Irish Hospice Foundation (IHF)
10. Killure Bridge Nursing Home
11. Kiltipper Woods Care Centre
12. Mooncoin Residential Care Centre
13. Newbrook Nursing Home Group
14. Nursing Homes Ireland (NHI)
15. National Treatment Purchase Fund (NTPF)
16. Patient Advocacy Service
17. Royal College of Surgeons in Ireland (RCSI)
18. Sage Advocacy
19. Scottish Care
20. Villa Marie Nursing Home
21. Virtue Integrated Care

Reference:

This insights paper should be cited as follows:

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Section One:

Overview and Introduction

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1.1 Why This Paper Now

Ireland is entering a period of profound demographic change. Between 2023 and 2043, the number of people aged 65 and over is projected to grow by 66%, with those aged 85 and over more than doubling². While it should be celebrated that these shifts reflect longer and healthier lives, they also pose significant challenges for how we plan, fund, and deliver care.

Nursing home care remains a critical part of Ireland's response to this demographic shift. Yet unlike other areas of health and social care, it continues to operate without a dedicated national policy. The absence of such a framework has left the sector fragmented and under strain, putting its long-term sustainability at risk, economically, clinically, and operationally.

Addressing this requires a model of care that is person-led, financially viable, clinically supported, and fully integrated into national health policy. That vision requires cross-sector collaboration to uphold quality, meet regulatory requirements, and respond to growing public demand for equitable, rights-based care.

Sustainability also means ensuring the sector is equipped to respond to continuous quality improvement, increased care complexity, demographic change, regulatory expectations, and rising public demand for quality, access, and accountability.

This paper reflects a structured policy process grounded in sector-wide engagement and informed by a wide array of stakeholders, including care providers and advocates. It reaffirms Nursing Homes Ireland's commitment to advocating for a coherent and future-focused policy that places residents' dignity, voice, and rights at its centre.

2. Department of Health (2023).



1.2 Purpose and Focus of the Paper

On 18 February 2025, Nursing Homes Ireland convened a national policy roundtable with care providers, advocates, clinicians, academics, and policymakers. A shared conclusion emerged: the absence of a dedicated, rights-based nursing home care policy is one of the most serious gaps in Ireland's health and social care framework.

This paper presents the ten core themes identified through that discussion, supported by wider policy analysis and literature review. Each theme reinforces the need for a national policy and highlights the reforms and actions required to deliver high-quality, person-led nursing home care now and into the future.

It also signals Nursing Homes Ireland's strategic direction, aligning with our HOMES Strategic Plan (2024-2026), which commits to Highlighting, Organising, Motivating, Engaging, and Shaping the future of residential care³.



³ Nursing Homes Ireland (2024), Nursing Homes Ireland HOMES Strategy 2024-26
https://nhi.ie/wp-content/uploads/2024/04/NHI_Strategy_2024_2026.pdf

1.3 How This Paper Was Developed

The February 2025 roundtable was not a standalone event, but part of Nursing Homes Ireland's broader ongoing commitment to evidence-informed, inclusive policy development. The roundtable brought together voices from across the sector, care providers, academics, advocates, and public officials, to examine the future of nursing home care in Ireland.

From that engagement, ten themes emerged that now structure this paper's insights. These themes reflect the lived realities of long-term care, the sector's most urgent challenges, and the opportunities for policy leadership and change.

Through continued consultation, feedback from roundtable participants, and internal validation, this paper has been shaped as both a reflection of current realities and a roadmap for future action. It lays the groundwork for deeper thematic exploration and sustained stakeholder engagement in the months ahead.

1.4 The Roundtable in Context

A nursing home is more than a care setting; it is a person's home, and often their final place of residence⁴. The quality of life experienced by each resident depends on more than clinical oversight; it is shaped by meaningful relationships, autonomy, and daily dignity.

Despite the essential role nursing home care plays in Ireland's care infrastructure, the sector remains without a unified overarching national policy. Existing mechanisms such as the Nursing Home Support Scheme (Fair Deal) and Health Information and Quality Authority (HIQA) regulation function in silos, lacking the integration needed to support a sustainable, person-led care system.

The February 2025 roundtable created space to explore both what is required and what is possible. It brought together a wide cross-section of sector stakeholders in a spirit of open collaboration and shared purpose. The discussions were grounded

in experience and focused on practical pathways to strengthening the sector.

This paper captures the insights that emerged, grounded in the lived experience of those who deliver and support nursing home care across Ireland. It offers a shared foundation for policy development and sets out a clear ambition: that nursing home care in Ireland be recognised, properly planned for, and sustainably supported as a vital part of our health and social care system, which is person-led, rights-based, integrated, and future-ready.



4 Cahill, S. (2018). The right to a good quality of life in care homes or in nursing homes. In *Dementia and Human Rights* (pp. 99–130). Bristol: Bristol University Press. <https://doi.org/10.1332/policypress/9781447331377.003.0005>



Section Two:

Policy and Literature Landscape

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2.1 Laying the Groundwork for a National Nursing Home Care Policy

Ireland's care policy throughout much of the 20th century was shaped by the assumption that families, particularly women, would provide unpaid care, with State intervention seen as a last resort⁵. Rising life expectancy, demographic changes, and increased female workforce participation have since created demand for more formal care services, including long-term residential care.

The Years Ahead (1988) was an early but significant call for coordinated planning, regulation, and a rights-based approach to the care of older people. It advocated for a mixed model of public, private, and voluntary provision within a publicly accountable framework⁶. From the 1990s, Ireland increasingly promoted home and community-based care, supported by an expanding but fragmented mix of care providers. The early 2000s introduced a "cash-for-care" model, shifting the State's role from provider to commissioner and regulator. However, access to care remained uneven, often shaped by geography and private means⁷.

The Health (Nursing Homes) Act 1990 marked a milestone in the regulation of residential care, introducing a formal system for the registration and inspection of private nursing homes. The Act recognised the importance of ensuring quality care for dependent older people, and placed new responsibilities on health boards to support and oversee provision. It also signalled a broader policy shift: from State as provider to State as regulator, an approach that has continued to evolve over subsequent decades⁸.

The Health Act 2007 marked a significant turning point in the regulation of health and social care services in Ireland. It established HIQA as an independent statutory body with a broad remit to promote safety and quality across health and personal social services. Under the Act, HIQA was empowered to set standards, monitor compliance, and undertake investigations relating to care provision, including in nursing homes.

The Act also created the Office of the Chief Inspector of Social Services, within HIQA, to oversee the registration, regulation, and inspection of residential services for older people, children in care, and people with disabilities. This legislation introduced for the first time a statutory system of registration and inspection for all nursing homes, public, private, and voluntary, providing a unified national framework for ensuring minimum standards and safeguarding residents' welfare⁹¹⁰.

5 Barry, U. (2010). Elderly Care in Ireland: Provisions and Providers. UCD School of Social Justice Working Papers Series, 10(1), 1–34.

<https://researchrepository.ucd.ie/server/api/core/bitstreams/89210e85-65d6-4946-a1f5-e3d7e201821c/content>

6 Robins, J (1988). The Way Ahead: A Policy for the Elderly – Report of the Working Party on Services for the Elderly. 1988. <https://www.lenus.ie/handle/10147/46365>.

7 Timonen, V. and Doyle, M. (2008), "From the workhouse to the home: evolution of care policy for older people in Ireland", *International Journal of Sociology and Social Policy*, Vol. 28 No. 3/4, (pp. 76-89).

8 Brown, Patricia (1991). The Health (Nursing Homes) Act 1990. Dublin: Institute of Public Administration, <http://hdl.handle.net/10147/559287>.



In 2009, the Nursing Homes Support Scheme (Fair Deal) introduced a unified financial framework for long-term residential care, focused primarily on co-payment and eligibility. The scheme established a statutory process for assessing care needs and financial means, with contributions calculated accordingly. While the scheme replaced the older subvention model and standardised access across sectors, its focus remained on financing rather than on quality, outcomes, or the broader integration of nursing home care within the health system¹¹.

The COVID-19 Nursing Homes Expert Panel Report (2020) further reinforced the urgency of system-wide improvement and strategic planning. The Panel identified critical gaps in preparedness, regulation, staffing, and oversight, and called for a revised model of care, stronger multidisciplinary support, and more coherent integration of nursing

homes into the broader health and social care framework. While focused on pandemic response, its 15 thematic recommendations offered a blueprint for longer-term change, centred on rights, safety, and quality of life. The report also highlighted the need for sustainable staffing structures, enhanced clinical governance, and robust national planning to safeguard residents and support care providers into the future¹².

Despite legislative advances, regulatory reforms, and expert recommendations, Ireland has never developed a dedicated overarching policy that defines the role of nursing home care within its broader health and social care system. Frameworks such as Sláintecare emphasise integrated care but rarely reference residential services explicitly, leaving a persistent and strategic policy gap.

The continuum of care must explicitly include nursing home care, supported living, housing with care, and home care, each resourced, planned, and governed under a coherent national policy.

This paper and the February 2025 Roundtable were convened in recognition of the absence of a dedicated national nursing home care policy, a gap that persists despite decades of reform across related areas such as regulation, financing, and community-based supports. The section that follows synthesises key literature, policy frameworks, and legislation that now provide a strong foundation for Nursing Homes Ireland's call for a coherent, rights-based national policy. Drawing on both Irish and international sources, it reinforces the themes and priorities identified by stakeholders and signals the opportunity to build a more integrated and inclusive care system for older people.

9 Health Information and Quality Authority (HIQA). (2016). National Standards for Residential Care Settings for Older People in Ireland. <https://www.hiqa.ie/reports-and-publications/standard/national-standards-residential-care-settings-older-people-ireland>

10 Health Act 2007 (2007). <https://www.irishstatutebook.ie/eli/2007/act/23/enacted/en/pdf>

11 Nursing Homes Support Scheme Act 2009 (No. 15 of 2009). <https://www.irishstatutebook.ie/eli/2009/act/15/enacted/en/html>

12 Department of Health (2020). COVID-19 Nursing Homes Expert Panel: Examination of Measures to 2021. Dublin: Government of Ireland. <https://www.gov.ie/en/publication/3af5a-covid-19-nursing-homes-expert-panel-final-report/>

2.2 The Case for a National Nursing Home Care Policy

A clear consensus emerged at the February 2025 roundtable: the lack of a dedicated, overarching national policy for nursing home care is one of the most urgent gaps in Ireland's health and social care system. This absence underpins many of the challenges explored in this paper and remains a key barrier to delivering dignity, quality, and equity for residents.

While frameworks such as the National Positive Ageing Strategy¹³, the National Dementia Strategy¹⁴, the Palliative Care Development Framework¹⁵, and the National Cancer Strategy¹⁶, provide direction on specific issues, they do not address the lived experience of nursing home care or define the roles of care providers, residents, families, and regulators within an integrated system

Similarly, the HIQA National Standards for Residential Care Settings for Older People¹⁷ set important service-level requirements but are not embedded within a broader policy structure. Without a unified framework to align regulation, funding, and planning, care providers operate in a fragmented system, often without clear guidance or coordinated support.

This has contributed to inconsistent service access, diffuse accountability, and disjointed coordination across public, private, and voluntary provision. The COVID-19 Nursing Homes Expert Panel Report¹⁸ identified these shortcomings, noting that nursing homes had not been meaningfully integrated into health planning, emergency preparedness, or reform initiatives, leaving the sector structurally vulnerable during crisis.

The pandemic highlighted and, in some cases, intensified existing challenges, such as delayed supports, inconsistent guidance, and limited integration with acute and community care. Yet it also demonstrated the extraordinary dedication and resilience of nursing home staff during an unprecedented challenge¹⁹.

Addressing these vulnerabilities demands a national policy that supports quality of life, embeds rights-based practice, and clearly defines the role of nursing home care within Ireland's broader health and social care system.

Current strategies do not sufficiently reflect the lived realities of long-term care. A national nursing home care policy must close this gap, embedding a rights-based, person-led approach that upholds dignity, choice, inclusion, and quality of life. It must recognise residents not only as service users but as citizens and provide a clearly articulated framework to guide care provision across the entire continuum of supports.

13 Department of Health (2013). National Positive Ageing Strategy. <https://assets.gov.ie/static/documents/national-positive-ageing-strategy-252ec34c-5471-4cff-9f8c-8f266721b4dc.pdf>

14 Department of Health. (2014). The Irish National Dementia Strategy.

15 HSE. (2017). Palliative Care Services Development Framework 2017–2019.

16 Department of Health. (2017). National Cancer Strategy 2017–2026.

17 HIQA. (2016). National Standards for Residential Care Settings for Older People in Ireland.

18 Department of Health. (2020). COVID-19 Nursing Homes Expert Panel: Examination of Measures to 2021.

19 Department of Health (2020). COVID-19 Nursing Homes Expert Panel: Examination of Measures to 2021.

20 Nursing Home Support Scheme Act 2009, <https://www.irishstatutebook.ie/eli/2009/act/15/enacted/en/html>



2.3 The Nursing Home Support Scheme: Fair Deal

The Nursing Home Support Scheme Act 2009 (Fair Deal) marked a pivotal shift in how long-term residential care is financed in Ireland. By replacing fragmented, discretionary arrangements with a national co-payment model, it aimed to improve equity and predictability in funding for those assessed as requiring nursing home care.

The scheme is administered by the HSE, with financial assessments linked to income and assets.

The National Treatment Purchase Fund (NTPF) negotiates weekly fee rates with private and voluntary care providers, and HIQA regulates all participating homes. However, public nursing homes are not subject to fee rate negotiations under this system²¹.

While Fair Deal provides financial certainty for residents, its focus remains narrow.

It does not engage with broader policy goals such as workforce development, provision of access to therapies, or quality-of-life outcomes. It addresses how care is funded, not what care is, how it should be delivered, or what outcomes it must achieve.

Several reviews have identified this limitation. The National Economic and Social Council (NESC) Report No. 12822 observed a misalignment between funding structures and regulatory expectations, calling for a national forum to improve coordination. This recommendation remains unimplemented.

Similarly multiple reviews of the Fair Deal pricing system since the scheme's inception in 2009, such as the 2015 Review of the Nursing Homes Support Scheme²³, the 2018 and 2021 Value for Money Reviews²⁴, have pointed to systemic shortcomings in how funding is allocated, particularly for private and voluntary care providers. These gaps in pricing have led to chronic underfunding of essential services.

The 2021 Value for Money Review further criticised the absence of standardised needs assessments and recommended introducing the interRAI Single Assessment Tool to link funding more closely to resident complexity.

This approach would allow for differentiated pricing and better alignment between funding, care needs, and quality outcomes²⁵.

HIQA's submission to the review echoed this view, highlighting that Fair Deal does not account for individual care needs or regulatory compliance. It supported a shift toward funding models that reflect dependency levels and uphold fairness across public, voluntary, and private care providers²⁶.

The Ombudsman's 2021 report Who Cares? also raised concerns about inconsistent access and the lack of statutory entitlement to nursing home care, unlike in primary or acute care. It called for clearer policy direction and greater accountability in access decisions²⁷.

These findings reinforce the need to embed the Nursing Home Support Scheme within an overarching rights-based national nursing home care policy, one that ensures funding structures are aligned with the complexity of resident needs, the realities of care provision, and the ambition for more personalised, high-quality, and equitable care.

21 Department of Health. (2015). Review of the Nursing Homes Support Scheme, A Fair Deal, pp. 12–13. Dublin: Government of Ireland. <https://assets.gov.ie/14095/f39a443d0a054c78a548d5fad8711df4.pdf>

22 National Economic and Social Council (NESC). (2012). Quality and Standards in Human Services in Ireland: Residential Care for Older People
NESC Report No. 128. (pp. 101 – 102), Dublin: NESC. http://files.nesc.ie/nesc_reports/en/NESC_128_main_report.pdf

23 Department of Health (2015). Review of the Nursing Homes Support Scheme, A Fair Deal.

24 Department of Health (2021). A Value for Money Review of Nursing Home Care Costs. <https://assets.gov.ie/static/documents/a-value-for-money-review-of-nursing-home-care-costs.pdf>

25 Department of Health & NTPF. (2021). A Value for Money Review of Nursing Home Care Costs.

26 HIQA. (2019). Submission to the NHSS Value for Money Review, pp. 126–127. <https://assets.gov.ie/static/documents/a-value-for-money-review-of-nursing-home-care-costs.pdf>

27 Office of the Ombudsman. (2021). Who Cares? An Investigation into the Right to Nursing Home Care. Dublin: Office of the Ombudsman.
<https://ombudsman.ie/pdf/?file=https://assets.ombudsman.ie/media/285271/7b841825-3c97-47ca-8440-66ae886d7848.pdf#page=null>

2.4 The Regulation of Nursing Home Care in Ireland

The regulation of nursing home care in Ireland was transformed by the establishment of HIQA under the Health Act 2007²⁸. Since 2009, all public, voluntary, and private nursing homes must register with HIQA and are subject to inspection against national standards. This marked a critical turning point, introducing independent oversight, greater transparency, and consistent standards of safety and quality across the sector.

HIQA's *National Standards for Residential Care Settings for Older People*²⁹ articulate service-level expectations for rights-based, person-centred care, but these standards operate in isolation. There is no national framework defining how regulation should interact with funding, planning, or broader system goals.

HIQA itself has highlighted this concern. In its 2021 paper *The Need for Regulatory Reform*, it noted the absence of a clear social care policy or legislation outlining the State's responsibility to meet the needs of older people³⁰. This policy vacuum contributes to fragmentation, inconsistent expectations, and missed opportunities for coordinated planning.

There is also a clear disconnect between regulatory requirements and funding. As HIQA noted in its submission to the 2021 Fair Deal Value for Money Review³¹, the current model does not link funding to care needs or quality standards. This misalignment weakens incentives for continuous improvement and undermines policy coherence.

28 Health Act (2007)

29 HIQA. (2016). *National Standards for Residential Care Settings for Older People in Ireland*.

30 HIQA. (2021). *The Need for Regulatory Reform*. p. 8. <https://www.hiqa.ie/sites/default/files/2021-02/The-Need-for-Regulatory-Reform.pdf>

31 HIQA. (2019). Submission to the NHSS Value for Money Review. p. 122

32 Government of Ireland. (2015). *Assisted Decision-Making (Capacity) Act 2015*. Dublin: Irish Statute Book. <https://www.irishstatutebook.ie/eli/2015/act/64/enacted/en/html>



2.5 Human Rights, Dignity and Practice Gaps

The commencement of the Assisted Decision-Making (Capacity) Act 2015³² in April 2023 marked a transformative step towards embedding autonomy and rights within long-term care. The Act replaces paternalistic models with a tiered framework for supported decision-making, aligning Ireland with international human rights standards, including the UN Convention on the Rights of Persons with Disabilities³³.

This confirms that residents must be recognised as rights-holders, not passive recipients of care. Person-led care and supported decision-making must be central to daily practice in residential settings.

However, the effective implementation of the Act depends on more than legal reform. Embedding autonomy into care requires workforce training, therapeutic supports (e.g. speech and language therapy), cultural change within organisations, and closer coordination with the Decision Support Service. Without national policy and investment, the Act's principles risk uneven application across services.

This implementation gap is highlighted in a rapid review by Spencer et al., which found that while dignity and autonomy are widely endorsed in long-term care, they are not consistently upheld in practice³⁴. Issues identified include the use of restraints, restricted freedom of movement, and limited support for emotional or sexual expression. Similar concerns are echoed

in the Alzheimer Society of Ireland's 2023 report³⁵, which calls for national safeguarding frameworks to ensure rights are protected systemically, not left to individual discretion.

In parallel, the United Nations is progressing work on a Convention on the Rights of Older Persons. The proposed instrument affirms the right of older people to autonomy, dignity, access to healthcare, protection from abuse, and participation in society, while calling on governments to address ageism and implement inclusive, rights-based policies³⁶.

For Ireland, aligning with these developments presents an opportunity to integrate international human rights principles into the design and delivery of nursing home care. A national nursing home care policy must embed these rights into everyday practice, making dignity and autonomy not just aspirational values but operational realities.

33 UN Convention on the Rights of Persons with Disabilities, adopted by the UN General Assembly on 13 December 2006. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

34 Spencer LH, Carney M, Yang S, Lynch M (2025) Human Rights of Residents in the Nursing Home Sector: A Rapid Review of the Evidence. *Int J Nurs Health Care Res* 8: 1616. <https://doi.org/10.29011/2688-9501.101616>.

35 Alzheimer Society of Ireland. (2023). Adult Safeguarding and People with Dementia in Nursing Homes: Final Report.

<https://alzheimer.ie/wp-content/uploads/2023/09/Adult-Safeguarding-and-People-with-Dementia-in-Nursing-Homes-Final-Report-2.pdf>

36 United Nations Human Rights Council. Draft resolution: Human rights of older persons, A/HRC/58/L.24/Rev.1 (2024). <https://docs.un.org/en/A/HRC/58/L.24/Rev.1>

2.6 Resident Experience and Quality of Life

A national nursing home care policy must centre the lived experience of residents, not only in terms of safety and clinical care, but in enabling autonomy, emotional wellbeing, and meaningful engagement.

The 2022 Nursing Home Resident Experience Survey reflects strong person-centred care across the sector, with 90.3% of residents reporting a good or very good overall experience. High scores were recorded in cleanliness, safety, and being treated with dignity and respect. However, the survey also revealed important areas for improvement³⁷. For example, 17.5% of residents felt they were not sufficiently involved in care decisions, and over 14% had no staff member they felt they could talk to about their worries. These findings highlight opportunities to strengthen resident voice, communication, and emotional support³⁸.

While these figures represent a significant minority, they highlight valuable opportunities to strengthen resident voice, choice, and communication in life planning. Notably, the survey found no significant differences in overall resident experience based on home size or provider type, reinforcing that high-quality care is achievable across all settings when the right culture and supports are in place³⁹.

A 2023 scoping review by Behrendt et al. confirmed that emotional and social support significantly improves health outcomes and wellbeing in nursing homes. It found that social support, including identity, engagement, and relationships, should be embedded into care delivery, not treated as an add-on⁴⁰.

37 National Care Experience Programme (2022). Nursing Home Resident Experience Survey

38 National Care Experience Programme (2022). Nursing Home Resident Experience Survey

39 National Care Experience Programme (2022). Nursing Home Resident Experience Survey

40 Behrendt, D., Spieker, S., Sumngern, C., & Wendschuh, V. (2023). Integrating social support into interventions among the elderly in nursing homes: a scoping review. *BMJ Open*, 13(4), e071962. <https://doi.org/10.1136/bmjopen-2023-071962>

41 The Irish Longitudinal Study on Ageing (TILDA). (2018). Loneliness, social isolation, and their discordance among older adults. Trinity College Dublin. https://tilda.tcd.ie/publications/reports/pdf/Report_Loneliness.pdf



Similarly, data from the Irish Longitudinal Study on Ageing (TILDA) highlights the wider risks of loneliness in later life. One-third of adults aged 50+ in Ireland reported emotional loneliness, which was closely associated with poor mental health, chronic illness, and reduced quality of life⁴¹. Though TILDA focused on the community, its findings have clear relevance for residential settings where isolation may be intensified without intentional support structures.

A 2021 scoping review by Bethell et al. identified 12 strategies to promote social connection in long-term care, including pet visits, creative expression, reminiscence activities, digital inclusion, and cultural and spiritual practices. These interventions are most effective when integrated into the daily fabric of life and supported by a stable, relationship-focused workforce⁴².

These findings are echoed in HIQA's person-centred standards⁴³ and the COVID-19 Nursing Homes Expert Panel Report⁴⁴, which called for structured communication supports and digital connectivity to mitigate the isolation experienced during the pandemic. Together, the literature confirms that social connection is foundational to quality care.

Yet, emotional, social, and cultural dimensions of care often receive less policy emphasis than clinical outcomes. Without clear national policy, these essential aspects of wellbeing may be inconsistently supported.

42 Bethell, J., Aelick, K., Babineau, J., Bretzlaff, M., Edwards, C., Gibson, J.-L., Hewitt Colborne, D., Iaboni, A., Lender, D., Schon, D., & McGilton, K. S. (2021). Social connection in long-term care homes: A scoping review of published research on the mental health impacts and potential strategies during COVID-19. *Journal of the American Medical Directors Association*, 22(2), 228–237.e25. <https://doi.org/10.1016/j.jamda.2020.11.025>

43 Health Information and Quality Authority (HIQA) (2018). Overview of 2017 regulation of social care and healthcare services. https://www.hiqa.ie/sites/default/files/2018-06/Regulation-overview-2017_0.pdf

44 Department of Health. (2020). COVID-19 Nursing Homes Expert Panel: Examination of Measures to 2021.

2.7 Gerontological Care

Ireland has a progressive and expanding foundation in gerontological education, with multiple universities and Higher Education Institutions, offering postgraduate programmes dedicated to the care of older adults.

Institutions such as Royal College of Surgeons Ireland (RCSI), University College Cork (UCC), Trinity College Dublin (TCD), University of Galway (UoG), University College Dublin (UCD), and others provide specialised training in areas including frailty, dementia, person-led planning, and the emotional and social dimensions of ageing⁴⁵. This reflects growing recognition of gerontology as a field requiring dedicated knowledge and practice.

In 2024, a significant new initiative was launched through a partnership between the Department of Health and LHP Skillnet, offering a fully funded Postgraduate Diploma in Gerontological Nursing for registered nurses working in private nursing homes. This programme marks a key advancement in specialist gerontological training, designed to enhance clinical leadership and expertise across the sector. Registered nurses can apply to undertake the diploma at four universities, Atlantic Technological University (ATU), RCSI, TCD, and UCC, during the 2024–2026 academic years⁴⁶. The programme was developed in response to recommendations from the COVID-19 Nursing Homes Expert Panel and aims to enhance clinical capacity and expertise across the sector. It marks a major national investment in strengthening gerontological leadership and capability within residential care.

Complementing these programmes, national initiatives such as the National Frailty Education Programme have helped advance shared, evidence-informed understanding of ageing and complexity across acute, community, and residential settings⁴⁷. Structured career pathways, especially within residential care, remain limited, and long-term care settings are often underrepresented in placement, research, and innovation structures.

The growing prevalence of gerontological courses and literature underscores the importance of viewing gerontological care not solely as a functional necessity, but as a professional discipline with its own body of knowledge, standards of practice, and contributions to quality outcomes in later life. It also aligns with emerging international models that treat long-term care as a site of clinical expertise, relational practice, and innovation in rights-based support for older people.

45 Examples: RCSI: Postgraduate Diploma in Gerontology Nursing, UCC: Postgraduate Diploma in Gerontological Nursing, TCD: MSc in Gerontological Nursing, University of Galway: PGDip/MSc in Gerontological Nursing, UCD: Graduate Certificate in Gerontological Nursing

46 Leading Healthcare Providers Skillnet. Postgraduate Diploma in Gerontological Nursing in Partnership with the Department of Health. <https://www.lhpskillnet.ie/news/pgreddip-in-gerontological-nursing-in-partnership-with-the-doh>

47 Lang D, Lang D, Hoey C, O'Shea D, Whitty H. National Clinical Programme for older people: National Frailty Education Programme: "fundamentals of frailty". Int J Integr Care 2018; 18: 44.



2.8 The Evolving Role of Long-Term Care

Ireland's long-term care landscape is shifting, driven by Sláintecare's vision of delivering person-centred care in the right place, at the right time. Policy now prioritises ageing in place, supported by initiatives such as the Enhanced Community Care Programme, the forthcoming statutory home support scheme, and investment in dementia care, carer supports, and age-friendly housing^{48 49}.

This shift is timely: between 2018 and 2024, Ireland's population aged 65+ grew by 23%. That number is projected to reach over one million by 2034 and 1.8 million by 2054⁵⁰. As a result, long-term care at home is no longer peripheral, but a central pillar of health system planning and sustainability.

These developments mark a fundamental shift: long-term care at home is no longer a marginal add-on to the formal care system, but a core objective of national policy. A new model of care is emerging, one that sees home-based services as integral to health system sustainability, older people's autonomy, and the right to age with dignity in familiar surroundings.

Internationally, WHO and European Observatory research points to similar trends. Most EU countries now include home-based care in their long-term care strategies, promoting independence and supporting informal carers. However, many lack clear implementation plans, robust regulation, or outcome monitoring. OECD analysis also highlights persistent gaps in access, quality, and suitability for people with complex care needs, especially in rural areas⁵¹.

A 2012 pan-European review found that most EU countries have developed national visions for home care, typically framed within long-term care or broader ageing policy strategies. These visions commonly promote independence, seek to replace or delay institutionalisation, and emphasise client empowerment and support for informal carers⁵². However, many remain general in nature, lacking clear definitions, targets, or regulatory coherence, and often leave implementation to decentralised or municipal bodies.

A move to a home-based care system is part of a wider European trend, reflecting both a commitment to autonomy and significant structural challenges. As new standards and entitlements are introduced, it will be essential to ensure that home care and residential care are not treated as competing alternatives, but as mutually reinforcing components of a coherent long-term care system.

48 Department of Health. (2025). Path to Universal Healthcare: Sláintecare & Programme for Government 2025+. Government of Ireland. Retrieved from https://assets.gov.ie/static/documents/14064_DoH_Path_to_Universal_Healthcare_Slaintecare_Programme_for_Gov_2025_V7_Web.pdf

49 Department of Health. (2023). Sláintecare Progress Report 2021-2023. Dublin: Government of Ireland. <https://assets.gov.ie/static/documents/slaintecare-progress-report-20212023.pdf>

50 Department of Health (2025). Path to Universal Healthcare: Sláintecare & Programme for Government 2025+.

51 OECD (2011). Help Wanted? Providing and Paying for Long-Term Care. Paris: OECD Publishing, p. 33. <https://doi.org/10.1787/9789264097759-en>

52 World Health Organization Regional Office for Europe, European Observatory on Health Systems and Policies, Genet, N., Boerma, W., Kroneman, M., et al. (2012). Home care across Europe: current structure and future challenges. Observatory Studies Series No. 27. Copenhagen: WHO Regional Office for Europe. <https://iris.who.int/handle/10665/327948>



Recent research by the Economic and Social Research Institute (ESRI) underscores the scale of forward planning required to meet Ireland's future long-term care needs. Between 2022 and 2040, short-stay bed capacity is projected to increase by 72–94%, and long-stay capacity by 61–80%, driven primarily by population ageing. On an annual basis, this equates to average growth rates of 2.7% to 3.3%.

While expanded home support services will help meet some of this demand, the ESRI concludes that substantial increases in residential care capacity will still be required. Therefore, there is a clear need for policymakers to develop effective financing, workforce, and infrastructure planning to help deliver the additional long-term care and capacity⁵³.

The consensus is that home and residential care must be complementary, not competing, elements of an integrated system. For older adults with high dependency, cognitive impairment, or limited support, nursing home care remains essential. Equally, person-led planning depends on having a full range of quality options, including residential care, available and accessible.

Nursing Homes Ireland strongly supports the principle of ageing in place. People should be enabled to remain in their homes and communities for as long as possible, with access to the full range of supports required to do so safely and with dignity. A national policy must provide for this, ensuring all care services are adequately resourced, regulated, and accessible.

Equally, however, there must be a parallel policy commitment to those who require, specialised care that can only be delivered in residential settings. Nursing home care and care at home are not opposing options, they are complementary and interdependent parts of a well-functioning long-term care system.

For Ireland to deliver genuine choice, continuity, and equity in later life, nursing home care must be recognised as a vital, rights-based component of the continuum. It must be planned for, resourced, and valued alongside home supports. A coherent national strategy must reinforce both, ensuring that older people receive the right care, in the right place, at the right time, wherever that may be.

⁵³ Economic and Social Research Institute (ESRI). (2025). Projections of National Demand and Bed Capacity Requirements for Older People's Care in Ireland, 2022–2040: Based on the Hippocrates Model. https://www.esri.ie/system/files/publications/RS214_1.pdf.

2.9 Ageism in Ireland

Ageism, defined by the World Health Organization (WHO) as the stereotyping, prejudice, or discrimination against individuals or groups based on age, is a persistent and often subtle force that shapes how older people are perceived and treated in Ireland⁵⁴. It influences public attitudes, healthcare decisions, policy development, and the perceived value of older persons in social and economic life. Despite Ireland's progressive equality legislation, ageism continues to manifest in both individually, structurally and systemically.

While the National Positive Ageing Strategy (2013) identifies combating ageism as a cross-cutting objective, neither ageism nor age-based discrimination are explicitly defined within the document⁵⁵. This ambiguity reflects a wider lack of clarity across Irish policy, where prejudicial attitudes and structural exclusion are acknowledged but not always addressed through enforceable standards.

Recent analysis by Hopf et al. (2022) identifies multiple dimensions of age discrimination in Ireland: from the invisibility of older adults in public discourse to systemic failures in recognising their specific needs and contributions⁵⁶. These are closely tied to two forms of injustice, misrecognition and misrepresentation, which together contribute to the marginalisation of older people in planning, policy, and civic life.

Corrigan (2022) similarly highlights ongoing inequalities across care, rights protection, and participation⁵⁷. Ageist assumptions, such as portraying older people as dependent, passive, or burdensome, are particularly evident in how long-term residential care is viewed and resourced. This undermines older adults' autonomy, safety, and role as active citizens.

Addressing ageism is not only an ethical obligation, but also foundational to policy reform. A rights-based national nursing home care policy must actively challenge ageist assumptions, reposition residential care as a valid and valued option, and embed the dignity, autonomy, choice, and social participation of older people in all aspects of service design and evaluation.

54 World Health Organization (2021). Global Report on Ageism. Geneva: World Health Organization. <https://iris.who.int/bitstream/handle/10665/340208/9789240016866-eng.pdf>

55 Department of Health (2013). National Positive Ageing Strategy, p. 22.

56 Hopf S, Walsh K, Georgantzi N. Social patterns of ageism: expert perspectives from Austria and Ireland. *Ageing and Society*. 2024;44(1):79-103. doi:10.1017/S0144686X22000186

57 Corrigan, T. (2022). The Realisation of Human Rights Issues of Older People in Contemporary Ireland to Ensure Equal Life Opportunities. InTechOpen. <https://doi.org/10.5772/intechopen.103672>

2.10 International Comparisons and Lessons for Ireland

Long-term care systems across Europe are undergoing reform in response to ageing populations, workforce pressures, and a growing emphasis on rights, autonomy, and social inclusion. Comparative research highlights the benefits of embedding long-term care within broader health and social systems, rather than treating it as siloed or residual.

The European Social Network⁵⁸ has identified a range of national approaches that exemplify this shift:

- Austria has developed structured care apprenticeships to professionalise the sector and address workforce shortages.
- Finland introduced national staffing legislation that mandates minimum ratios and core competencies to ensure safe, high-quality care.
- Slovenia has created unified quality standards across home and residential care, enabling greater flexibility and continuity.
- Spain, through regional models, has built community-based care ecosystems that support intergenerational connection and social inclusion.

These examples reflect a shared understanding: long-term care is not only a clinical service, but a social and policy responsibility grounded in dignity, participation, and rights. Investment in workforce structures, regulation, and community engagement has yielded more equitable and person-led systems.

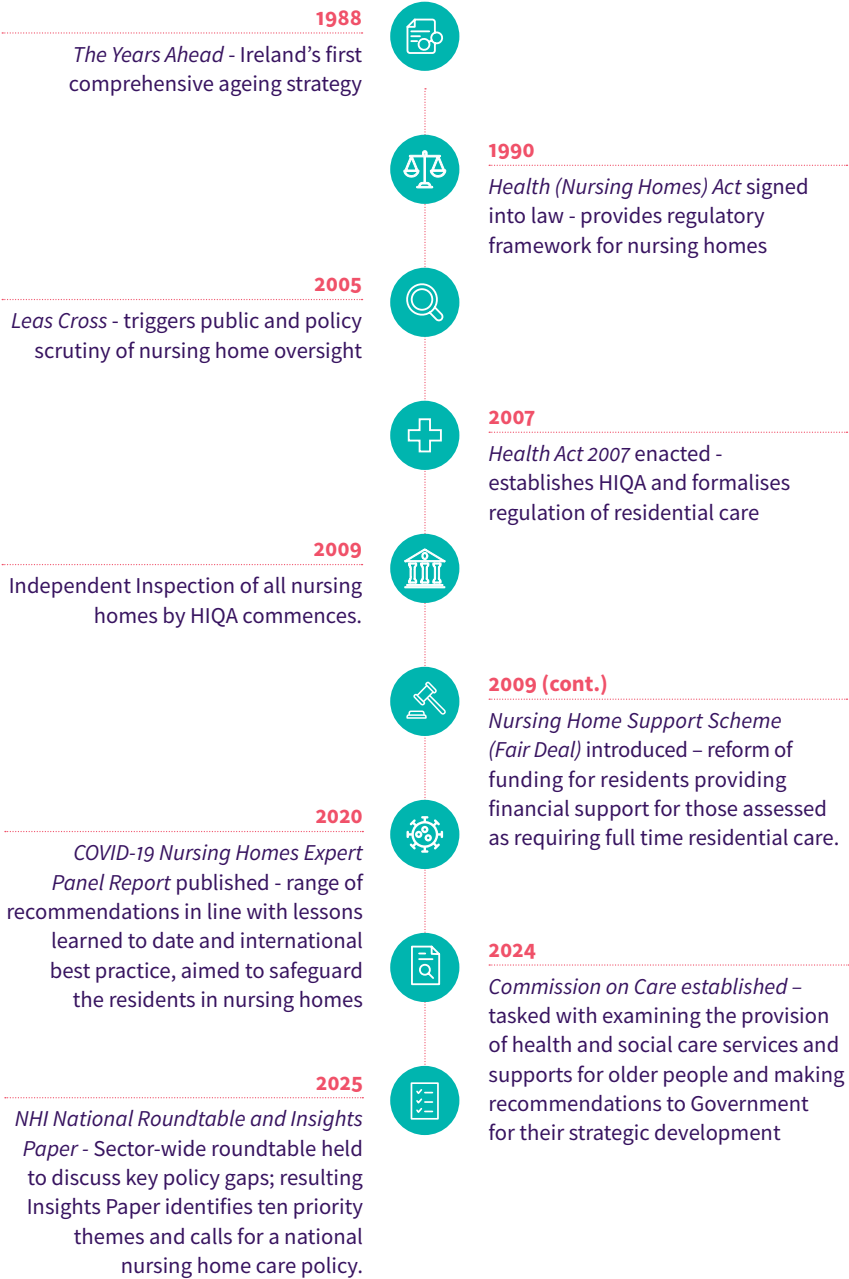
Ireland now has an opportunity to draw on these international lessons. While we have made progress on regulation and funding, we still lack a cohesive national policy that positions nursing home care as a critical part of an integrated health and social care continuum.

The goal is not to replicate international models, but to learn and craft an Irish approach, rooted in our values, demographics, and mixed care economy, that places resident rights, choice, quality of life, and dignity at its core.

Together, these areas represent the critical knowledge base that informs Nursing Homes Ireland's policy vision. They reflect both longstanding structural gaps and emerging opportunities, each of which was further validated and explored through the February 2025 stakeholder roundtable.

⁵⁸ European Social Network. (2022). 2022 European Semester Report: Social Services' Priorities for Recovery and Resilience. (pp 27-29). <https://www.esn-eu.org/sites/default/files/2022-10/2022%20ESN%20EU%20Semester%20Report-final%20online.pdf#page=27>

2.11 Historical Timeline



Disclaimer

This timeline presents selected milestones in the evolution of nursing home care in Ireland. It visually highlights key policy developments, legislative events, and sector initiatives that underscore the absence of a single, overarching national nursing home care policy. While care for older people, including nursing home care, has evolved through various initiatives, organisations, and individual policy measures, there remains no dedicated, comprehensive national policy for nursing home care.





Section Three:

Methodology

As Ireland faces rising demand for long-term care, planning and collaboration are more critical than ever. This paper is grounded in a structured, evidence-informed process led by Nursing Homes Ireland, with the February 2025 Policy Roundtable serving as its foundation.

The roundtable provided a space to engage stakeholders, build consensus, and explore shared priorities. This section outlines the roundtable's design, the preparatory work undertaken to support meaningful participation, the key questions posed, and the process used to analyse and validate findings.

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3.1 Roundtable Objective and Stakeholder Selection

The February 2025 roundtable was convened as a forum for shared problem-solving on the future of nursing home care, not merely as a consultation, but as a collaborative space to exchange knowledge and build consensus.

Fifty-five stakeholder organisations were invited based on their expertise in older person care, rights-based practice, regulation, and lived experience of residential care. Invitees included:

- Nursing home care providers (private, voluntary)
- Resident advocates
- Health and social care professionals
- Academic experts in ageing and health systems

- Human rights and legal specialists
- Senior representatives from statutory agencies including HIQA, HSE, and the NTPF

The selection process aimed to balance statutory, provider, advocacy, and academic perspectives. Of those invited, 32 confirmed attendance and 21 participated on the day. A full list of participating organisations is included in the Acknowledgements.





3.2 Preparation and Framing

To ensure focused engagement, participants received a pre-briefing pack on 11 February 2025. This included:

- A framing note outlining the roundtable's aims
- A briefing on current sectoral challenges
- Nursing Homes Ireland HOMES Strategy
- Agenda and participant guide

These materials supported participants in reflecting on the wider challenges facing nursing home care and encouraged contributions grounded in experience, evidence, and lived reality.



3.3 Roundtable Format and Facilitation

The roundtable took place in person in Dublin under Chatham House Rules to enable open, respectful dialogue. Twenty-one participants from across care provision, policy, regulation, academia, and advocacy engaged in a single, facilitated group discussion.

After a short welcome and scene-setting presentation by Nursing Homes Ireland, one central question guided the conversation:

“What are the key gaps in policy regarding nursing home care in Ireland?”

The format was deliberately open, encouraging voluntary contributions and cross-sectoral reflection. A designated note taker recorded all input in real time, forming the basis for post-event synthesis and the thematic insights in this paper.

This session marked the first in a planned series of engagements and was designed to establish a foundation for deeper policy discussions in future roundtables.





3.4 Post-Roundtable Synthesis and Validation

Following the February 2025 roundtable, Nursing Homes Ireland undertook a structured, iterative process to synthesise the insights gathered. This included:

- Reviewing real-time notes from the full discussion
- Organising content into emergent thematic clusters
- Cross-referencing with relevant literature, policy frameworks, and international models
- Sharing a working draft with roundtable participants for review and feedback
- Refining the material through internal review and stakeholder engagement

The process did not rely on predefined categories. Instead, it aimed to reflect the open, wide-ranging nature of the discussion. All contributions were considered in context, and cross-cutting insights were validated against broader evidence and policy developments.

Over the course of the session, participants raised a shared set of priorities, touching on:

- Integration of nursing home care into the wider health and social care system
- Workforce, resourcing, and capacity pressures
- Dementia, palliative care, and complex clinical needs
- Rights, autonomy, and person-led practice
- Family roles, care transitions, and communication
- Regulation, language, and long-term care reform

These organically emerging themes have shaped the structure of this insights paper and inform the key findings and policy recommendations that follow.

3.5 Limitations and Ongoing Engagement

This insights paper is based on a single roundtable held in February 2025. While Nursing Homes Ireland invited a broad cross-section of stakeholders, including care providers, advocates, regulators, academics, and policymakers, the insights presented here reflect the perspectives shared during that session and are not intended to represent the full breadth of views across Ireland's long-term care landscape.

The format prioritised open, qualitative dialogue over formal data collection, enabling a rich exchange of experience and expertise. As such, the findings should be viewed as deliberative and illustrative, rather than statistically representative.

The roundtable discussion helped shape the structure and focus of this paper. Key themes that emerged on the day informed the development of its core sections and priorities.

Nursing Homes Ireland recognises that meaningful policy change requires broad and sustained engagement. Continued collaboration with all stakeholders, is central to our commitment. Their insights and lived experience will be essential to deepening, testing, and evolving the ideas presented in this paper.







Section Four:

Roundtable Summary Insights and Findings

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4.1 The Need for a National Nursing Home Care Policy

A clear and consistent message emerged from the February 2025 roundtable: the absence of a national nursing home care policy is one of the most serious and systemic gaps in Ireland's health and social care framework. Participants agreed that this policy deficit contributes to fragmented service delivery, blurred responsibilities across sectors, and a lack of strategic planning, particularly as demand continues to grow.

Participants described how decisions around entering long-term care are often made during periods of crisis, reflecting a broader failure to position nursing home care as a planned, supported, and integrated part of the continuum. Without a unifying policy vision, access, funding, regulation, and resident rights are addressed separately and inconsistently, undermining both sustainability and accountability.

Participants supported the idea of structured cross-sector engagement to improve planning and reform. While not formally proposed on the day, such a forum, bringing together care providers, policymakers, and regulators, was seen as a necessary and overdue step toward more joined-up system leadership. This aligns with previous national recommendations, such as those in the 2012 NESC report⁵⁹.

Importantly, participants stressed that a national nursing home care policy must not be limited to operational or regulatory matters. Instead, it should be future-facing, person-led, and grounded in the rights, preferences, and lived experiences of residents. It should clarify entitlements, define how decisions are made with and for residents, and embed nursing home care within Ireland's broader health and social care ecosystem, not as standalone, but as community-linked care settings.

The Commission on Care for Older People, established by Government in 2024⁶⁰, was noted by participants as a potential opportunity to bring greater coherence to ageing and care policy. While not discussed in detail, participants called for any such national framework to meaningfully incorporate the realities of nursing home care and to help bridge gaps between policy ambitions and practical delivery.

"Policy on the future provision of care must include cost, capacity, and cross-departmental planning."

One specific measure raised was the development of a National Charter of Rights for Nursing Home Residents. Several participants viewed this as a necessary step in making rights real, providing clarity, transparency, and accountability to residents, families, and care providers. NHI has committed to supporting this work and initiating the required collaboration with stakeholders to ensure the charter reflects real-world experience.

59 NESC. (2012). *Quality and Standards in Human Services in Ireland: Residential Care for Older People*. NESC Report No. 128. (pp. 101 – 102).

60 Department of Health (2023). *Commission on Care for Older People: Terms of Reference*. Government of Ireland. Available at: <https://assets.gov.ie/static/documents/commission-on-care-terms-of-reference.pdf>



Participants also welcomed the progress of the UN Convention on the Rights of Older Persons⁶¹, which would set international benchmarks for autonomy, dignity, and participation. Aligning Ireland's national policy with this emerging framework was seen to further demonstrate leadership and ensure that rights are embedded in both legislation and lived experience.

A national nursing home care policy, co-produced with residents, families, care providers, regulators, and government, was described as essential to addressing long-standing fragmentation. It offers an opportunity to reframe residential care as a valid and valued option, one that is rights-based, sustainable, and embedded in the broader ambition of ageing well.



Key Insights

- **Ireland's Policy Vacuum is a Structural Weakness**

Participants agreed that the absence of a national nursing home care policy is a serious and systemic gap. Without a unifying framework, funding, regulation, rights, and planning remain disconnected, reinforcing reactive, crisis-driven approach.

- **A National Policy Must Embed Rights and Integration**

Participants emphasised that any future policy should be rights-based, integrated within broader health planning, and designed to support quality, sustainability, and equity. Residential care was described as a valid, planned option that must be positioned as such, not as a last resort.

- **Charters and Frameworks as Supporting Tools**

A Charter of Rights was proposed by several participants as a potential tool for transparency and accountability. Some participants also highlighted the value of aligning with emerging international frameworks, such as the UN Convention on the Rights of Older Persons.

- **NHI Has a Leadership Role to Play**

Participants acknowledged the importance of continued stakeholder engagement and policy leadership. NHI was seen as well positioned to ensure that resident voice and the lived realities of care provision inform future reforms.

⁶¹ United Nations Human Rights Council (2024). *Draft resolution: Human rights of older persons*, A/HRC/58/L.24/Rev.1

4.2 Safeguarding, Human Rights, and Resident Voice

Participants identified safeguarding, human rights, and the resident voice as essential foundational pillars of quality nursing home care. Without a national policy to embed these principles through legislation, regulation, and investment, it remains challenging to deliver consistent high standards or sustain public trust across the sector.

Participants emphasised that safeguarding must extend beyond procedural compliance or risk management. It should reflect a culture of dignity, autonomy, and inclusion. Emotional neglect, restrictive practices, lack of communication, and social isolation were all recognised as safeguarding issues in their own right.

The Assisted Decision-Making (Capacity) Act 2015⁶², now in force, was welcomed as a transformative shift towards supported, person-led decision-making. Participants noted, however, that implementation is uneven and hampered by gaps in workforce training, access to therapeutic supports

(such as speech and language therapy), and communication tools for residents with dementia or cognitive decline. Without adequate infrastructure, the rights affirmed in legislation risk being inconsistently applied.

Some participants expressed strong support for moving beyond traditional care plans toward life plans, a term used in the discussion to describe a more holistic, person-led approach that captures emotional, spiritual, and cultural identity alongside clinical needs. While not referenced at the roundtable, this perspective aligns closely with frameworks such as the 4Ms (What Matters, Medication, Mentation, and Mobility), which offer a structured approach to embedding personal values and priorities into everyday care planning⁶³.

"We need to move away from person-centred language and toward person-led care."

Participants also highlighted the need to build staff and family confidence in addressing safeguarding and rights-related issues. In particular, more education and support were recommended on topics such as communication, consent, spirituality, and sexuality, especially in increasingly diverse care environments.

The roundtable underscored that safeguarding and rights are inseparable. Entry into residential care should not diminish a person's autonomy or participation in decisions about their life. Yet participants acknowledged the daily tensions faced by care staff in balancing duty of care, risk, and regulatory compliance, particularly in the absence of a coherent national safeguarding policy.

Several contributions also focused on the role of families during the transition into care. Families often encounter the system in moments of crisis, with limited preparation or emotional support. More structured guidance and emotional supports for families were proposed, along with clearer communication about care expectations and stronger inclusion of carers in planning.

The Alzheimer Society of Ireland's work on adult safeguarding and dementia care was specifically commended⁶⁴, with participants calling for this type of practical guidance to be embedded in national frameworks rather than remaining discretionary.

Participants emphasised the importance of embedding rights-based care more systematically across the nursing home sector. There was support for collaborative efforts to develop practical resources, promote good practice, and inform national policy through partnership with

⁶² Government of Ireland. (2015). *Assisted Decision-Making (Capacity) Act 2015*.

⁶³ Ahern, E (2024), HSE. *Optimal Management of Care of the Older Adult in Urgent & Emergency Care Services*.

<https://www.hse.ie/eng/about/who/national-services/patient-flow-academy/optimal-management-of-care-of-the-older-adult-in-urgent-and-emergency-care-services-.pdf>



government. The discussion also highlighted the opportunity for Ireland to demonstrate international leadership by aligning domestic policy with the emerging UN Convention on the Rights of Older Persons⁶⁴.

Participants also briefly highlighted how ageism, whether structural, systemic, or individual, continues to influence how older people's rights are perceived and upheld in care settings. Addressing this requires a national policy that explicitly challenges ageist assumptions and embeds respect, dignity, and equal status for older people into the culture and practice of residential care.

"Safeguarding can't be looked at in isolation, it's about fairness, respect, dignity and autonomy."

A future national nursing home care policy must treat safeguarding not as a standalone function but as part of a wider, rights-based commitment to dignity, autonomy, and inclusion. Embedding human rights into everyday care, through legislation, training, infrastructure, and culture, will ensure that safeguarding becomes proactive, person-led, and consistently upheld. When backed by policy and practice, these principles move beyond aspiration to become a lived standard for every resident.



Key Insights

- Safeguarding Requires a Dedicated Legal and Policy Framework**
 Participants underscored the absence of a safeguarding legislative framework tailored to nursing home care. Safeguarding must go beyond compliance to encompass emotional safety, dignity, and protection from isolation. It was widely agreed that safeguarding should be a foundational element of any future nursing home care policy.
- Embedding Rights Requires Practical Action and Cultural Change**
 Participants emphasised that rights such as autonomy, dignity, and participation must be embedded in daily routines, not just endorsed in policy. Achieving this will depend on staff training, supportive infrastructure, and fostering a culture of person-led care.

- Families and Staff Need Structured, Ongoing Support**
 Participants identified a clear need for better support for both staff and family carers. This includes training on communication, consent, spirituality, and sexuality, as well as emotional guidance during transitions into care. Involving families in care planning was seen as vital to resident wellbeing.
- From Care Plans to Life Plans: A More Holistic Approach**
 Participants expressed support for moving from task-based care plans to holistic life plans that reflect the full identity, values, and aspirations of each resident. This shift was seen as central to realising a rights-based, person-led model of care.

64 Alzheimer Society of Ireland. (2023). *Adult Safeguarding and People with Dementia in Nursing Homes: Final Report*.

65 Human Rights Watch. (2025). *Older Persons' Rights: Submission to the United Nations Human Rights Council, 58th Session*
https://www.hrw.org/sites/default/files/media_2025/03/Older%20Persons%27%20Rights%20-%20HRC58.pdf

4.3 Access to Services and Equity of Care

Access to essential health and social care services for nursing home residents was identified as a critical equity issue by roundtable participants. While the Fair Deal scheme supports nursing care and accommodation, it excludes core therapeutic, diagnostic, and primary care services. This has created a two-tier system, where nursing home residents often do not receive the same access to primary care services as they would if living independently in the community.

Participants described this as a “postcode lottery”, where access to services like physiotherapy, occupational therapy, speech and language therapy, and GP care depends on geography and local arrangements. These services are not guaranteed under current frameworks, leading to inequities that compromise care quality. In many cases, residents or families must pay privately, or care providers absorb costs, practices seen as unsustainable and unfair.

“Where you live determines what supports you get. That's not equity.”

Participants emphasised the urgent need for a clearly defined, holistic basket of care services accessible to all nursing home residents, regardless of location or provider type. This should include core therapies, chronic disease management, primary care supports, and timely diagnostics. The exclusion of nursing home residents from national health initiatives was seen as a clear example of structural inequity and age-based discrimination. For example, programmes like the HSE’s Chronic Disease Management Programme and Structured Opportunistic Case Finding currently

prioritise community-based populations, often excluding those in residential settings⁶⁶.

Access to primary care-level diagnostics was also identified as inconsistent. While not all tests were mentioned by name, participants highlighted general gaps in access to key investigations that support chronic disease management and monitoring. However, access to plain film radiology has improved following the nationwide rollout of a mobile X-ray service in March 2024, which was welcomed as a practical and resident-friendly innovation.

This community-based initiative, funded by the HSE, enables residents to receive X-ray examinations in the nursing home, typically in their own rooms, with results returned to the referring doctor within hours. It was widely welcomed by participants as a practical example of how policy-supported innovation can improve access and equity in nursing home care⁶⁷.

“We should stop calling it a postcode lottery and start asking what rights older people are entitled to.”

⁶⁶ Health Service Executive (HSE) (2024). *Opportunistic Case Finding Programme in General Practice: Report on First Two Years of Implementation*.

https://about.hse.ie/api/v2/download-file/file_based_publications/Opportunistic_Case_Finding_Programme_in_General_Practice_Report_c0Zq5pi.pdf

⁶⁷ Government of Ireland (2024). *Minister Butler welcomes completion of the nationwide rollout of mobile X-ray services to older people in the community*.

<https://www.gov.ie/en/department-of-health/press-releases/minister-butler-welcomes-completion-of-the-nationwide-rollout-of-mobile-x-ray-services-to-older-people-in-the-community/>



Participants further emphasised the unmet needs of younger residents in nursing home care, particularly those with young-onset dementia. This group often requires specialised psychological, social, and therapeutic support that current care models are not equipped to provide. A more personalised, age-appropriate approach was called for, with dedicated resources and staff training to support the behavioural and cognitive complexity of these cases.

"GPs are doing their best, but the system isn't supporting them, access remains a workforce and policy challenge."

Ultimately, participants called for a rights-based policy response to ensure nursing home residents retain the same entitlements to health and social care as they would if living independently. Without such a framework, outcomes will continue to be determined by geography and provider capacity rather than clinical need, undermining residents' rights and placing unsustainable pressure on care providers.



Key Insights

• Inequitable Access Undermines Quality and Rights

Participants described a "postcode lottery" in access to therapies, GP services, and diagnostics, with significant disparities based on geography and provider capacity. These supports are often excluded from the Fair Deal scheme and national programmes, creating a two-tier system in which residents in nursing homes receive less support than those living in the community. This was viewed as discriminatory and incompatible with a rights-based model of care.

• A National Basket of Care Must Be Guaranteed

Participants widely supported the need for guaranteed access to core services, such as physiotherapy, occupational and speech therapy, chronic disease management, and diagnostics, for all nursing home residents, regardless of location or provider. This was seen as essential to equity and person-led care and should be reflected in national policy and funding.

• Younger Residents and Dementia Care Require Specific Supports

Existing care models were seen as insufficient for meeting the behavioural, psychological, and social needs of younger residents and those with dementia. Participants called for age-appropriate supports, dementia-specific resources, and staff training to deliver responsive, person-centred care.

• Service-Level Innovations Can Improve Access and Equity

The national rollout of HSE-funded mobile X-ray services in 2024 was welcomed as a practical example of how policy-supported innovation can improve access and equity for residents. Participants encouraged similar initiatives across other services to ensure more consistent and timely care for all nursing home residents.

4.4 Workforce and Staffing Challenges

Roundtable participants identified workforce shortages and instability as among the most urgent challenges facing nursing home care. In the absence of a dedicated national workforce strategy, care providers are under growing pressure to recruit and retain staff, fill clinical gaps, and maintain service quality in an increasingly complex care environment.

Participants emphasised that nursing home care is a skilled, relationship-based area of practice, yet remains undervalued in national planning. The sector's growing reliance on international recruitment, now accounting for nearly half of all nurses⁶⁸, was seen as both a necessity and a challenge. While the contribution of overseas nurses is essential, participants noted that all staff, particularly those new to the sector or trained overseas, require consistent orientation, clinical upskilling, and continuing professional development to ensure safe, confident, and high-quality care.

There was strong support for expanding the number of Clinical Nurse Specialists (CNSs) and Advanced Nurse Practitioners (ANPs) working in nursing homes. These roles can significantly enhance onsite clinical capacity, manage complex care needs, and reduce hospital admissions. Similarly, expanding practice nurse roles was viewed as a way to alleviate pressure on overstretched GP services, while supporting continuity of care.

"Retention starts with education, it's essential for continuity of care."

Throughout the discussion, participants called for greater investment in gerontological education and for formal recognition of gerontological nursing as a clinical specialty. The complexity of care for older people, particularly those with dementia, frailty, or chronic illness, requires specific training and expertise that is not always reflected in current workforce structures. Postgraduate education, such as the new Department of Health-funded diploma in gerontological nursing, was not discussed at the roundtable but is consistent with its priorities. Participants stressed the need for scalable, ongoing training supports to meet the complexity of care and to elevate the professional standing of nursing home staff.

Nursing homes were also identified as important clinical learning environments. Participants suggested that undergraduate students in nursing and medicine should have regular placements in nursing home settings to build gerontological experience in complex care, dementia support, palliative care, and relationship-based practice. This would not only support workforce development but also help shift perceptions of nursing home care as a dynamic and respected field of practice.

Safe staffing guidance was raised as a priority, with reference to the COVID-19 Expert Panel's recommendation for sector-specific standards. Participants highlighted the challenges posed by limited staffing flexibility, particularly in light of maternity leave, gender equity concerns, and work-life balance. Improving terms and conditions, beyond simply matching HSE rates, was seen as essential to valuing the emotional and physical labour provided in residential care.

"Gerontology courses are key to upskilling and supporting the existing workforce."

While not discussed directly during the roundtable, the 2025 Programme for Government commitment to create career

68 Caulfield, P., Hynes, T., & O'Connor, P. (2022). *A System Dynamics Model of Nursing and Midwifery Workforce Supply*.

Spending Review 2022. Research Services & Policy Unit, Department of Health, Irish Government Economic and Evaluation Service.

<https://assets.gov.ie/290148/3bdeb7f3-4450-472f-bb4d-1bdfb3d52159.pdf>



pathways for Healthcare Assistants (HCAs) was viewed by NHI as a key opportunity⁶⁹. Participants stressed the importance of structured progression routes supported by training and qualifications. A defined path from HCA to senior care roles, underpinned by continuous professional development, would improve retention, enhance job satisfaction, and elevate the status of care work across the sector. Participants also noted the need to challenge public perceptions and elevate nursing home care as a respected, skilled profession.

"We need more Advanced Nurse Practitioners, and an education system that helps them get there."

Participants agreed that the sustainability of nursing home care depends on long-term investment in its workforce. Any future national nursing home care policy must embed workforce planning as a core pillar, recognising that care is only as strong as the people who deliver it, and that they must be supported, valued, empowered, and appropriately remunerated at every stage of their career.



Key Insights

- Workforce Shortages Are a Major Threat to Care Quality and Sustainability**
 Participants identified severe staffing shortages, high reliance on international recruitment, and difficulty accessing GPs, therapists, and clinical specialists as critical pressures. Without national workforce planning, investment, and recognition, safe, person-centred care cannot be sustained.
- Gerontological Specialisation and Career Pathways Must Be Strengthened**
 Participants emphasised the importance of recognising gerontological care as a distinct area of expertise, with expanded access to postgraduate training, continuous professional development, and clearer career progression, particularly for Healthcare Assistants. These steps were seen as essential to staff retention and the delivery of complex, relationship-based care.
- Specialist Roles and Clinical Training Must Be Embedded in the Sector**
 Participants supported the expansion of specialist roles such as Clinical Nurse Specialists (CNSs), Advanced Nurse Practitioners (ANPs), and practice nurses to strengthen clinical capacity and continuity. They also emphasised the value of recognising nursing homes as important learning environments for undergraduate and trainee health professionals.
- Safe Staffing Requires Sector-Specific Standards and Gender-Sensitive Supports**
 Calls were made for safe staffing framework tailored to residential care settings. Flexibility around maternity leave, gender equity, and work-life balance must be built into workforce policy to reflect the realities of a predominantly female workforce.

⁶⁹ Government of Ireland. (2025). *Programme for Government 2025 Securing Ireland's Future*.
<https://assets.gov.ie/static/documents/programme-for-government-securing-irelands-future.pdf>

4.5 Integration into the Health and Social Care System

Roundtable participants consistently highlighted the lack of integration between nursing home care and Ireland's broader health and social care system. Despite delivering complex, high-dependency care, nursing home care is often treated as peripheral to mainstream health services, excluded from primary care structures, and disconnected from planning frameworks.

This divide was described as both cultural and structural. Nursing home residents frequently lack equitable access to essential services like physiotherapy, dietetics, public health nursing, and mental health supports, services they are entitled to and considered standard in community settings. The legislative gap whereby nursing homes are required to secure GP care, but GPs are not obligated to provide it, was cited as a clear example of fragmented responsibility.

Participants noted that nursing home care is often perceived as stepdown care and as a solution to pressures in our acute hospitals, but there needs to be broader recognition of its vital, proactive role within an integrated health and social care system that effectively meets residents' needs in their communities. Addressing this perception is essential through targeted policy and practice reforms.

"Nursing homes need to be embedded in the healthcare system, not seen as the overspill."

Participants called for a national policy to embed integration as a core principle, ensuring nursing home residents are included in health system planning, chronic disease management, and resource allocation. The rollout of Regional Health Areas (RHAs) was seen as a key opportunity to do this, but only if nursing home care is fully recognised as part of population-based service delivery and not left outside newly established Integrated Health Areas (IHAs) and Community Healthcare Networks (CHNs).

Integration, participants stressed, must be co-designed, not imposed, and supported by cross-departmental structures. This includes formal representation of the sector

in regional governance, collaborative care planning, and shared access to health data, diagnostics, and specialist supports.

Many care providers already deliver services beyond long-term care, including respite, step-down, rehabilitation, and transitional beds, often without formal structures or dedicated funding. These contributions should be recognised and supported, not treated as ad hoc or exceptional. Previously mentioned, the rollout of the community-based mobile X-ray services was welcomed as a practical example of integration done well, with participants calling for similar models to be expanded across other services, diagnostics and therapies.

"Too often it's 'them and us.' We need to think integration, not division."

The discussion also addressed end-of-life care. The Caru programme⁷⁰, developed by the Irish Hospice Foundation (IHF) in partnership with the All-Ireland Institute of Hospice & Palliative Care (AIHPC) and the HSE, and supported by Nursing Homes Ireland, exemplifies the kind of continuous learning and person-centred approach participants called for. It empowers staff to

70 Irish Hospice Foundation. (2023). Caru: <https://caru.ie/>



deliver compassionate palliative, end-of-life, and bereavement care, supporting quality of life, a good death, and easing the grieving process for families and staff. Participants stressed that such models should be expanded and embedded within national palliative care planning.

"People need to visit nursing homes more, because connection with community is part of care too."

Participants highlighted the need to reframe how nursing home care is perceived, not only as a setting for support and clinical care, but as a valued part of the health system, connected to community life and contributing to clinical education and workforce development. They also emphasised the importance of including staff, residents, families, and external professionals in shared planning and decision-making to foster continuity, trust, and more person-led care.

The roundtable affirmed that integration of nursing home care is not optional, it is essential to sustainability. Without a national nursing home care policy that embeds nursing home care structurally within Ireland's health and social care system, fragmentation will persist, and resident outcomes will suffer.



Key Insights

- Nursing Home Care Must Be Embedded in Health and Social Care Planning**
 Participants agreed that nursing home care is too often treated as peripheral to Ireland's health system, with residents excluded from core community-based services. Integration must be structural, not incidental, ensuring access to therapies, public health nursing, GP care, and chronic disease management as standard, not exception.
- The Role of Nursing Home Care Is Expanding, and Policy Must Keep Pace**
 Nursing homes are increasingly providing services such as respite, transitional, and rehabilitative care, often without formal recognition or dedicated funding. Participants stressed that these contributions reduce hospital pressure and should be formally acknowledged and resourced within national planning frameworks.
- The Rollout of Regional Health Areas (RHAs) Is a Defining Opportunity**
 The rollout of Regional Health Areas (RHAs) was noted as an important opportunity to embed nursing home care in population-based planning. Participants emphasised the need for deliberate inclusion of the sector in service design, governance, and resourcing to avoid perpetuating structural exclusion.
- Integrated Care Requires Co-Design and Cultural Change**
 Integration requires more than referrals or shared data, it demands co-designed care models, inclusive planning structures, and a shift in how nursing home care is valued within the system. Participants pointed to initiatives like the Caru programme as examples of what person-centred integration can look like when supported in practice.

4.6 Quality of Life and the Social Model of Care

Quality of life must be at the heart of nursing home care. Roundtable participants consistently emphasised that care should not be defined solely by clinical oversight or safety, but by the extent to which residents are supported to live with autonomy, purpose, and connection. Emotional wellbeing, identity, and meaningful relationships were described as essential, not peripheral.

Participants highlighted the need to shift from a narrow, task-based model to a broader social model of care, one that reflects each resident's values, choices, routines, and aspirations. While regulation and funding structures often emphasise compliance, participants argued that true quality lies in the daily experience of life in care settings. Residents must be and feel involved, respected, and empowered in their own care.

"We should be asking, 'How do you want to spend your life?'"

While not cited explicitly at the roundtable, findings from the 2022 Nursing Home Resident Experience Survey offer an instructive backdrop to the discussion. While 90.3% of residents reported a good or very good overall experience, a notable minority felt uninvolved in decisions or lacked someone to confide in⁷¹. These insights mirror roundtable calls to deepen personal connection and ensure that resident voice shapes care at every level.

Participants strongly supported embedding resident voice into care planning, training, and quality improvement frameworks. There was broad agreement that resident engagement must be regular, structured, and meaningful, not tokenistic, and grounded in genuine efforts to understand and act on what matters most to residents.

"We need to move away from routines and create real life plans, not just care plans."

Loneliness and isolation were identified as significant threats to wellbeing, particularly in the aftermath of the COVID-19 pandemic. Participants called for expanded investment in social interventions such as befriending programmes, intergenerational engagement, and digital inclusion. These are not "extras" but core elements of person-led care.

"What residents want is a home, with care available, not a facility with rules."

⁷¹ National Care Experience Programme (2022). *Nursing Home Resident Experience Survey*



The importance of culturally sensitive, inclusive care was also strongly emphasised. Residents come from diverse backgrounds and care settings must recognise differences in language, faith, food, gender identity, and expressions of sexuality. Failing to address these aspects risks undermining dignity and belonging.

"Quality of life starts with asking residents what matters, not just what's medically needed."

Participants agreed that quality of life must be defined, measured, and resourced as a core outcome of care, not treated as aspirational or secondary. Any future national nursing home care policy must enshrine this principle and ensure that the systems, supports, and training needed to realise it are in place.

"It's not just the mechanics of care that families worry about, it's whether the environment feels like a home."



Key Insights

- **Quality of Life Must Be a Core Outcome of Care**

Participants agreed that quality of life, emotional wellbeing, autonomy, and connection, must be recognised as a central outcome of nursing home care, not an add-on. National policy must embed this outcome in how care is planned, delivered, evaluated, and resourced.

- **The Social Model of Care Requires Cultural and Systemic Change**

There was strong support for moving from task-based care plans to holistic life plans that reflect each resident's identity, values, and aspirations. Supporting rights, dignity, and emotional expression in daily routines is essential to a truly person-led model of care.

- **Resident Voice, Relationships, and Emotional Support Must Be Strengthened**

While the 2022 Resident Experience Survey was not discussed on the day, it echoes roundtable concerns about emotional support and the need for deeper resident involvement in decision-making. Participants called for structured experience measurement and investment in staff skills to support relationship-based care.

- **Inclusion, Loneliness, and Belonging Are Foundational to Wellbeing**

Loneliness was identified as a key threat to residents' emotional health. Participants emphasised the importance of culturally inclusive practices, staff training on identity and diversity, and social initiatives, such as befriending programmes and digital inclusion, that build connection and belonging as core elements of care.

4.7 Funding and Financial Sustainability

Roundtable participants frequently highlighted financial instability as an underlying challenge affecting many aspects of the nursing home sector. While not the central focus of the discussion, funding and sustainability were described as foundational to quality, workforce capacity, access to services for residents, and future planning.

Participants agreed that while the Fair Deal scheme remains essential, its current pricing model presents significant limitations in meeting today's care needs. Although it covers nursing care and accommodation, it excludes critical services such as therapies, diagnostics, and GP care, all widely recognised as fundamental to delivering high-quality, person-centred care. As a result, residents, families and/or care providers often shoulder these additional costs, creating systemic inequities and unsustainable cross-subsidisation. Participants also highlighted that funding imbalances across the wider health and social care system can lead to inappropriate admissions to nursing homes, as alternative supports face resource constraints.

Care providers described growing difficulty in maintaining viability while absorbing rising costs, navigating regulatory requirements, and supporting increasingly complex resident needs. Items like staff training, GP retainer fees, and infrastructure upgrades are not included in Fair Deal calculations, creating a significant funding gap. Multiple pricing reviews (2015, 2018, 2021) have highlighted these shortfalls.

Care providers also warned that new bed development is increasingly unviable, particularly in areas where capacity is most needed. This is leading

to geographic imbalances that further limit access for residents in their local community and strain services.

The need for transparency in costs was repeatedly raised. Families often lack clear information about what Fair Deal covers and what costs fall outside the scheme. This lack of clarity creates stress at the point of entry and undermines trust in the system. Participants echoed the COVID-19 Expert Panel's call for clearer public guidance and greater transparency in how care is funded, regulated, and delivered.

Participants called for a national economic analysis that reflects the full 'basket of care', a detailed account of what it actually costs to deliver comprehensive, person-led residential care. Reference was made to work done by University College Cork (UCC) and Irish Hospice Foundation, in the context of bereavement to show the value and economic impact of care beyond just its transactional components⁷². A similar, sector-wide approach was seen as vital to underpin future funding models and policy discussions.

Participants also emphasised that funding discussions must reflect the broader social and economic value of nursing home care. As key employers and community anchors, nursing homes contribute far beyond care delivery. Reframing investment in the

⁷² Dalton, C., Cornally, et al. (2022). *An Exploratory Investigation of the Economic Impact of Bereavement in Ireland*. University College Cork, Cork.

<https://hospicefoundation.ie/wp-content/uploads/2022/11/The-Economic-Impacts-of-Bereavement-in-Ireland-An-Exploratory-Qualitative-Study-UCC-February-2022.pdf>



sector as investment in care, people, place, and public health was seen as essential to shifting the narrative from dependency to contribution. Noted on the day, “we need to look at spending on prevention rather than reacting”, underscoring the need for a forward-looking, proactive funding approach.

“Fair Deal only covers basic care, residents still have to pay for therapies, GPs, and more.”

The discussion concluded with a clear call for policy clarity and political resolve. The sector cannot plan effectively while financial uncertainty persists. Without a clear, rights-based funding model, nursing home care will remain undervalued and under-resourced, leaving residents, families, care providers and society to bear the cost of ongoing policy failure.



Key Insights

- Fair Deal Does Not Reflect the True Cost of Care**
 Participants agreed that the Fair Deal funding scheme faces challenges in fully meeting current sector needs. It excludes critical components of care, such as therapies, diagnostics, GP services, and staff training, forcing residents to pay privately or care providers to cross-subsidise. This creates systemic inequities, financial strain, and undermines sustainability across the sector.
- Future Bed Development Is at Risk Without Capital Investment**
 Participants warned that economic constraints and the lack of a capital investment strategy are stalling new bed development, particularly in high-need areas. This is leading to regional disparities and raising concerns about capacity to meet rising demand.
- Transparency Is Lacking and Public Trust Is at Risk**
 Families often enter the system unaware of what Fair Deal includes or excludes. This lack of clarity causes confusion, stress, and erodes confidence. Participants echoed calls for accessible, transparent pricing and stronger public communication around the real costs of long-term care.
- A Rights-Based Funding Model Must Reflect the Full Value and Cost of Care**
 Participants called for a national costing model that accurately captures the full “basket of services” required for high-quality, person-led residential care, encompassing clinical supports, therapies, staffing, and social engagement. They also urged a shift in how nursing home care is viewed: from cost centres to essential community infrastructure. Investment in the sector must reflect its broader value, as a foundation for healthy ageing, public health, and social cohesion.

4.8 Public Perception, Community Engagement and Trust

Roundtable participants consistently identified a disconnect between the public perception of nursing home care and the lived reality within homes. Participants highlighted that stigma, outdated assumptions, and negative portrayals, often shaped by limited personal experience or media narratives, contribute to a view of some nursing homes as institutional and isolating, rather than as homes built on compassion, dignity, and skilled care.

There was strong agreement that transforming public understanding is not cosmetic, it is essential to building trust, supporting families, attracting future staff, and securing long-term investment. Participants emphasised that any national nursing home care policy must place public trust, visibility, and community connection at its core.

Participants called for a deliberate shift in language, tone, and storytelling, both in media and in policy. Highlighting lived experience, meaningful relationships, and the vibrancy of daily life in residential care can help challenge ageism and redefine societal attitudes towards nursing home care.

"People don't really understand what nursing homes do, public perception often remains negative."

Nursing homes must be recognised not as places of last resort, but as valued, community-rooted care settings that support dignity, connection, and daily life. In this context, public-facing initiatives such as Nursing Homes Week, National Arts in Nursing Homes Day, in partnership with Age & Opportunity, and the Nursing Homes Ireland Care Awards were cited as important platforms for showcasing positive resident experiences and building pride in the sector. Participants commended efforts to spotlight creativity, social connection,

and the professionalism of staff, bringing visibility to care settings and helping communities see beyond clinical stereotypes.

Participants noted that trust is not restored through messaging alone, it requires action, transparency, and continuous quality improvement.

While this paper was drafted before and during a time of renewed public concern, following revelations of unacceptable care practices in two nursing home settings, such incidents, while not the focus of this paper, cannot go unacknowledged. Poor care is never acceptable. It must be condemned, investigated, and addressed with transparency and accountability.

In this context, the sector must continue to demonstrate a commitment to quality improvement, and Nursing Homes Ireland will play a central role in upholding these standards. Public trust is not earned through messaging, but through action, through robust regulation, consistent delivery of person-centred care, and a culture of openness.

The discussion underscored that many nursing homes are already playing a leadership role in community engagement, hosting school visits, partnering with local groups, and acting as cultural and social hubs. These practices were seen as key to breaking down barriers and embedding nursing homes more fully in the life of local communities.



Participants also urged greater clarity for families navigating care decisions, including clearer signposting of supports and improved communication about what nursing home care involves. They emphasised the value of listening to resident and family feedback as a continuous improvement tool. While not discussed at the roundtable, public reporting of resident satisfaction data, such as the 90.3% positive good or very good rating in the 2022 Nursing Home Resident Experience Survey⁷³, offers a complementary way to build confidence and transparency.

"We need to highlight the good work happening every day, for many, nursing homes are a lifeline, not a last resort."

Ultimately, public perception, understanding, and trust were framed as measurable outcomes of national policy, outcomes that must be actively built through lived experience, community connection, inclusive language, and the consistent delivery of person-centred care.



Key Insights

- **Reframing Perception and Rebuilding Trust Requires Visibility, Accountability, and Action**

Outdated narratives portraying some nursing homes as institutional or isolating continue to fuel stigma, diminish public confidence, and obscure the value of care provided. Transforming perception must be a core policy objective, built on consistent, person-centred care, open acknowledgment of shortcomings, and robust regulation. Trust is earned through transparency and lived experience, not messaging alone.

- **Families Need Clear Information and Reassurance**

Participants called for clearer signposting, support, and communication to help families navigate care decisions. Public reporting of resident experience data, such as the 90.3% of residents reporting a good or very good experience in the 2022 survey, was identified (outside the roundtable) as a complementary way to build confidence and clarity.

- **Language and Tone Influence Attitudes and Policy**

A deliberate shift in language, toward words that emphasise home, relationships, and rights, is essential to challenging ageism and aligning public discourse with the lived experience of residents.

- **Community Engagement Strengthens Trust and Belonging**

Many nursing homes are already actively engaging their communities through school visits, local partnerships, and cultural events. These connections help dismantle barriers, reinforce nursing homes' role as community assets, and contribute directly to resident wellbeing and sector pride.

- **Visibility and Lived Experience Shape Public Understanding**

Participants highlighted the value of initiatives such as Nursing Homes Week, National Arts in Nursing Homes Day, and the NHI Care Awards in showcasing everyday life, relationships, and creativity in nursing homes. These platforms help challenge assumptions, celebrate staff and residents, and make care more visible to the wider public.

⁷³ National Care Experience Programme (2022), *Nursing Home Resident Experience Survey*

4.9 Innovation, AI and Future Care Models

Roundtable participants agreed that the future of nursing home care must be shaped by thoughtful innovation, grounded in rights, relationships, and resident voice. As Ireland faces rising demand, workforce pressures, and shifting public expectations, the sector must evolve with purpose, embracing new technologies and care models that enhance, rather than erode, person-led care.

Participants acknowledged the promise and the pitfalls of innovation. Artificial intelligence (AI), digital tools, and assistive technologies were seen as having the potential to reduce administrative burden and support nursing home staff. While specific tools were not detailed in the discussion, participants emphasised that any use of technology must be implemented ethically and in support of resident autonomy.

"Technology should support more human interaction, not replace it."

However, participants stressed that technology must never displace human connection. Innovation should serve as an enabler of safety, dignity, and wellbeing, not a substitute for relationships. This view aligns with international research, which highlights the benefits of digital tools when thoughtfully designed, but also cautions against the risks of depersonalisation and staff burnout when poorly implemented⁷⁴.

Digital readiness emerged as a key challenge. The lack of interoperability between services, particularly across hospitals, GPs, and long-term care, was seen as a

major barrier to continuity and efficiency. In follow-up correspondence, participants highlighted the limited access to platforms such as HealthLink as a practical constraint⁷⁵. Participants called for investment in digital infrastructure and shared data systems, as well as national policy guidance on ethical AI use, data governance, and digital inclusion for both residents and staff.

Innovation was not discussed in technological terms alone. Participants explored broader questions about how future models of care should look and feel. There was strong support for diversifying care models beyond long-term accommodation to include short-stay, day-support, intergenerational, and community-integrated approaches. Participants emphasised the value of smaller, domestic-style environments that prioritise resident choice, identity, and purpose, aligning with international best practice trends that favour homelike, person-led care over institutional models.

"We need to explore AI and robotics, but always with ethics front and centre."

⁷⁴ Toghian Chaharsoughi N, AhmadiFaraz M, Leila Sadat Kahangi L. *A critical review of reflective models in clinical nursing learning*.

Journal of Multidisciplinary Care. 2022;11(3):149-156. doi:10.34172/jmdc.2022.1127.

⁷⁵ HSE (2025). Healthlink. <https://www.healthlink.ie>



Participants noted that many current design and staffing structures were not built for today's levels of complexity, nor tomorrow's resident expectations. Future policy must therefore support more flexible, values-led care models that reflect the diversity of communities and support ageing in place where appropriate. While innovation can help sustain the sector, it must never come at the expense of rights, relationships, or human dignity.

Finally, participants called for a proactive national approach to shaping innovation, through investment, research, staff training, and inclusive design. A forward-looking, rights-based national nursing home care policy must not only guide ethical innovation, but help the sector anticipate change, plan for it, and deliver care that is safe, personal, and future-ready.



Key Insights

- **Innovation Must Be Grounded in Person-Led Values**

Participants agreed that future care models must prioritise dignity, autonomy, and human connection. Innovation should enhance, not replace, relationship-based care, and must always reflect the lived experience, identity, and rights of residents.

- **Technology Can Support, Not Replace, Human Care**

Digital tools, such as fall detection systems or communication aids, were recognised more broadly as having real value if deployed ethically and thoughtfully. While specific tools were not discussed, participants agreed innovation must reduce administrative burden and improve access without eroding meaningful engagement between residents and staff.

- **Digital Readiness and Interoperability Present Barriers to Integration**

Participants highlighted the lack of interoperability between services and limited access to platforms like HealthLink as practical constraints to integrated care. They emphasised the need for national guidance on ethical

AI use, data governance, and staff digital training. While not all homes are digitally equipped, the discussion pointed to the need for coordinated planning to support continuity and coordination.

- **Future Care Models Should Be More Diverse and Community-Rooted**

There was strong support for expanding care models beyond traditional long-term accommodation to include options like short-stay, day-support, intergenerational, and domestic-style settings. These models should reflect residents' cultural, emotional, and social needs, not just clinical ones.

- **Policy Must Provide the Framework to Guide Future Innovation**

Participants emphasised that any future innovation in nursing home care should be informed and supported by a clear national policy framework. Such a policy can help ensure that emerging models, technologies, and practices align with resident rights, support relationship-based care, and reflect the values and priorities of those living and working in the sector.

4.10 Future Planning and Policy Development

Roundtable participants consistently agreed that Ireland can no longer approach nursing home care in a reactive or fragmented way. While immediate gaps in funding, staffing, and access require urgent attention, there was a shared view that an ambitious, long-term, and forward-looking strategy is equally essential. Planning must anticipate demographic change, increasing care complexity, and evolving public expectations, while remaining resident-led and focused at every stage.

Participants called for a national policy roadmap that embeds nursing home care within the wider continuum of health and social care, alongside home care, supported housing, and community-based supports. Any future-facing strategy must be cross-departmental, linking health, housing, social protection, and workforce planning to deliver consistent, person-led care across the continuum of care settings.

"Policy on the future provision of care must include cost, capacity, and cross-departmental planning."

Participants emphasised the need for coherence between nursing home policy and broader national care frameworks. Many care providers operate across both nursing home and home care settings, yet policy, funding, and standards often remain siloed. Aligning these domains will be essential to ensuring equitable access, consistent rights, and seamless transitions as care needs evolve.

Participants urged government to designate policy champions for the sector, mirroring successful approaches in disability and family carers policy. The Commission on Care was seen as a potential vehicle for reform, but there was concern that nursing home care must not be sidelined. Any national strategy must explicitly include residential care, with clear standards, entitlements, and a vision for workforce development.

Participants highlighted the importance of data and research as tools for accountability and improvement. There was broad consensus that more frequent, resident-informed research is needed, and that it must be embedded into service design, quality improvement, and policy formulation. There was strong support for co-designed, participatory research that centres residents, families, and staff.



Finally, participants emphasised the value of learning from international models. Some other countries have adopted more integrated, rights-based approaches to long-term care, with investment in smaller-scale homes, stronger entitlements, and greater inclusion of older people's voices.

"We need a long-term vision, one that plans not just for end-of-life, but for how people want to live."

Ireland has an opportunity to learn from these systems, and from innovation already happening within its own borders, to inform a more inclusive, person-led future for care.



Key Insights

- **Nursing Home Care Policy Must Shift from Reactive to Strategic**

Participants consistently agreed that Ireland's approach to nursing home care has been reactive and fragmented. While immediate gaps in funding, staffing, and access require urgent attention, there was clear support for a long-term, values-led strategy that anticipates demographic change, increasing complexity, and evolving resident needs.

- **Policy Planning Must Be Integrated Across the Continuum of Care**

Participants emphasised that future planning must be cross-departmental, linking health, housing, social protection, and workforce planning, and must align nursing home care with the statutory home care scheme. Consistency in rights, funding, and care standards across settings is essential to delivering person-led, equitable care.

- **Stronger Political Leadership and Policy Ownership Are Needed**

There was broad support for appointing dedicated policy champions within government. Nursing home care must

be explicitly included in any national framework for older people, with clear accountability, defined entitlements, and a vision for future capacity and workforce development.

- **Investment Planning Must Prioritise Prevention, Not Just Crisis Response**

Economic uncertainty and the absence of a capital investment strategy were seen as major risks to future bed development. Participants stressed the need to move from short-term crisis funding to planned, prevention-oriented investment that supports sustainability and meets projected demand.

- **A Data-Informed, Resident-Led Approach Is Essential**

Participants welcomed initiatives like the Nursing Home Resident Experience Survey but identified the lack of regular, co-designed, and resident-informed research as a key barrier to meaningful policy development. There was strong support for embedding lived experience into service planning, quality improvement, and strategic decision-making.





Section Five:

Policy Development Challenges and Opportunities

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5.1 Policy Development Challenges and Opportunities

The February 2025 Roundtable reinforced what national and international evidence already makes clear: nursing home care must no longer sit at the margins of health and social care policy. Ireland needs a national nursing home care policy that is rights-based, person-led, and fully integrated into how care is planned, funded, and delivered.

Nursing Homes Ireland recognises that meaningful reform cannot be achieved in isolation. Developing a national nursing home care policy must be a collaborative endeavour, grounded in shared values, co-designed with residents, families, care providers, professionals, and advocates for older people, and sustained through commitment across the entire health and social care system.

Grounded in our HOMES strategy, we are taking proactive steps to build momentum for reform. We remain committed to working in partnership with Government, regulators, community services, and other care providers, and all stakeholders, including nursing home residents, to advance a more equitable and coherent system for older person care, for current and future generations.

We do not see policy development as the sole responsibility of Government. As sector leaders and advocates for older people, Nursing Homes Ireland will continue to convene voices, foster cross-sector collaboration, and deliver the evidence and insight needed to shape policy from the ground up. Together, we can reimagine the role of nursing home care and deliver real change for older people in Ireland.

This paper reflects the next stage of that work. Informed by the February 2025 roundtable and validated through wide consultation, it captures the strategic direction we believe is necessary to continuously improve nursing home care, starting with the call for a dedicated national policy.



In the months ahead, we will build on this paper with a focused Policy Action Plan, setting out SMART recommendations and implementation pathways. These will form the next chapter of our leadership on behalf of the sector, and, most importantly, on behalf of those who reside in nursing home care.



The five HOMES pillars reflect how we lead:

- Highlighting**
 We elevate the lived realities of residents and staff, through campaigns, surveys, and storytelling, to challenge outdated narratives and reframe public understanding of nursing home care.
- Engaging**
 We maintain regular consultation with our members to ensure our policy voice is grounded in real practice and reflects the diversity of care settings across Ireland.
- Organising**
 We structure insight from our members, residents, and stakeholders into actionable policy themes that form the basis of our advocacy and engagement.
- Shaping**
 We contribute to national debate through research, proposals, and policy leadership, ensuring the voice of the nursing home sector is visible, evidence-informed, and future-focused.
- Motivating**
 We align efforts across the sector and beyond, creating trusted relationships with public, private, and voluntary actors to build shared ownership of long-term change.

5.2 Challenges: Systemic Barriers to Policy Leadership

While the insights gathered through the February 2025 roundtable and broader sector engagement highlight significant opportunities for strengthening nursing home care, they also reveal persistent and complex challenges that must be addressed. Policy development does not happen in a vacuum, it requires clear ownership, cultural alignment, political will, and sufficient capacity within both the system and the sector to design, deliver, and sustain meaningful change.

Across the roundtable discussion and supporting evidence, one conclusion emerged as the most defining: Ireland urgently needs a dedicated national nursing home care policy. This is not one theme among many, it is the structural foundation upon which all other improvements must be built. The thematic areas explored in this paper, including safeguarding, workforce, and quality of life, reflect gaps that cannot be fully addressed without a coherent, rights-based, and person-led national framework for nursing home care.

Guided by this understanding, Nursing Homes Ireland has identified safeguarding and rights, workforce, and quality of life as its highest priority areas for targeted action. These themes will anchor our implementation and advocacy in the next phase. At the same time, we recognise that progress depends on navigating the systemic challenges outlined below, barriers that sharpen our strategy and reinforce the need for coordinated, values-led leadership.

Challenges

- Lack of Clear Policy Ownership and Fragmented Accountability
- Competing Priorities and Limited Political Bandwidth
- Damaged Public Trust and Negative Sector Perception
- Cultural Devaluation and Workforce Undervaluation
- Data Deficits and Evidence Gaps
- Structural Fragmentation and Integration Barriers
- Short-Termism and Lack of Investment Vision
- Change Fatigue and Sectoral Capacity Constraints
- Societal Ageism and the Marginalisation of Older People







Section Six:

Next Steps – From Insight to Action

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6.1 Next Steps – From Insight to Action

The insights shared in this paper highlight a clear and urgent need for a national nursing home care policy, one that is rights-based, person-led, and fully integrated into the broader health and social care system. The February 2025 Roundtable was not an endpoint, but the beginning of a structured, collaborative, and action-oriented policy programme.

Drawing on the insights outlined in this paper, Nursing Homes Ireland is now developing a detailed set of policy priorities and SMART (Strategic, Measurable, Actionable, Relevant, and Timebound) recommendations that will guide our work over the coming months and years.

Our next steps will include:

- Continuing to champion quality of life, resident voice, and the value of nursing home care in public discourse
- Advancing the development of thematic policy papers aligned with roundtable insights
- Exploring the feasibility and development of a National Residents Forum
- Publishing a national Scorecard to monitor Programme for Government commitments to the sector
- Strengthening internal infrastructure and stakeholder partnerships to drive policy engagement
- Hosting structured engagement forums, including a Policy Lab and member advisory channels

These actions will be presented in a standalone Policy Action Plan, to be published in late 2025. This follow-up document will set out Nursing Homes Ireland's short-, medium-, and long-term priorities in greater detail and form the foundation for ongoing collaborative advocacy, implementation, and reform.



6.2 Conclusion

This insights paper has laid bare a central insight: Ireland urgently needs a dedicated national nursing home care policy. Such a policy is not a singular endpoint, but a living framework, one that aligns resident rights, regulation, funding, planning, under a coherent vision of care. It must reflect the realities of ageing, the voice of residents, the contribution of care providers, and underpinned by the values of dignity, inclusion, and shared responsibility.

The insights gathered through Nursing Homes Ireland's February 2025 roundtable discussion, combined with evidence from members, national frameworks, and international practice, have informed a compelling policy agenda. This is not just about highlighting what is missing, it is about articulating what is possible.

Through the actions outlined across this document, Nursing Homes Ireland commits to:

- Leading with credibility and transparency
- Partnering with residents, families, Government, and civil society
- Advocating for evidence-informed, person-led solutions
- Embedding the voices of those who live and work in care into national dialogue
- Building the policy infrastructure required for long-term transformation

The development of a national nursing home care policy will not happen overnight. But it must begin, with clear priorities, visible action, and shared accountability. This paper is both a contribution and a call to action: to reframe nursing home care not as a system on the margins, but as a core component of how Ireland supports its people to age with dignity, choice, and support.

6.3 References


- Accenture. (2021). Understanding Nursing Home Care in Ireland: A Fact-Based Analysis. Commissioned by Nursing Homes Ireland. https://nhi.ie/wp-content/uploads/2021/08/Accenture-NHI-Report-Final-August_2021.pdf
- Ahern, E (2024), HSE. Optimal Management of Care of the Older Adult in Urgent & Emergency Care Services. <https://www.hse.ie/eng/about/who/national-services/patient-flow-academy/optimal-management-of-care-of-the-older-adult-in-urgent-and-emergency-care-services-.pdf>
- Alzheimer Society of Ireland. (2023). Adult Safeguarding and People with Dementia in Nursing Homes: Final Report. <https://alzheimer.ie/wp-content/uploads/2023/09/Adult-Safeguarding-and-People-with-Dementia-in-Nursing-Homes-Final-Report-2.pdf>
- Barry, U. (2010). Elderly Care in Ireland: Provisions and Care providers. UCD School of Social Justice Working Papers Series, 10(1), 1–34. Dublin: University College Dublin.
- Behrendt, D., Spieker, S., Sumngern, C., & Wendschuh, V. (2023). Integrating social support into interventions among the elderly in nursing homes: a scoping review. *BMJ Open*, 13(4), e071962. <https://doi.org/10.1136/bmjopen-2023-071962>
- Cahill, S. (2018). The right to a good quality of life in care homes or in nursing homes. In *Dementia and Human Rights* (pp. 99–130). Bristol: Bristol University Press.
- Caulfield, P., Hynes, T., & O'Connor, P. (2022). A System Dynamics Model of Nursing and Midwifery Workforce Supply. Spending Review 2022. Department of Health, Irish Government Economic and Evaluation Service. <https://assets.gov.ie/static/documents/spending-review-2022-a-system-dynamics-model-of-nursing-workforce-supply.pdf>
- Cranley, L., Sivakumaran, G., Helfenbaum, S., Galessiere, D., Meyer, R., Duggleby, W., McGillis Hall, L., & McGilton, K. S. (2022). Development of communication tool for resident- and family-led care discussions in long-term care through patient and family engagement. *International Journal of Older People Nursing*, 17, e12429. <https://doi.org/10.1111/opn.12429>
- Cohen, L. W., Zimmerman, S., Reed, D., Brown, P., Bowers, B. J., Nolet, K., Hudak, S., Horn, S., & THRIVE Research Collaborative (2016). The Green House Model of Nursing Home Care in Design and Implementation. *Health services research*, 51 Suppl 1(Suppl 1), 352–377. <https://doi.org/10.1111/1475-6773.12418>
- Cronin, H., O'Sullivan, R., & Weafer, J. (2022). The Economic Impacts of Bereavement in Ireland: An Exploratory Qualitative Study. University College Cork & Irish Hospice Foundation. <https://hospicefoundation.ie/wp-content/uploads/2022/11/The-Economic-Impacts-of-Bereavement-in-Ireland-An-Exploratory-Qualitative-Study-UCC-February-2022.pdf>
- Dalton, C., Cornally, N., Fitzgerald, S., Hartigan, I., Nuzum, D., Walsh, E., & Murphy, A. (2022). An Exploratory Investigation of the Economic Impact of Bereavement in Ireland. University College Cork, Cork.
- Department of Health (2013). National Positive Ageing Strategy. <https://assets.gov.ie/static/documents/national-positive-ageing-strategy-252ec34c-5471-4cff-9f8c-8f266721b4dc.pdf>
- Department of Health. (2014). The Irish National Dementia Strategy. <https://assets.gov.ie/10870/3276adff5273f4a9aa67e7f3a970d9cbb1.pdf>
- Department of Health (2015). Review of the Nursing Homes Support Scheme, A Fair Deal. <https://assets.gov.ie/static/documents/review-of-the-nursing-homes-support-scheme-a-fair-deal.pdf>
- Department of Health. (2017). National Cancer Strategy 2017–2026. <https://assets.gov.ie/static/documents/national-cancer-strategy-2017-2026.pdf>
- Department of Health. (2020). COVID-19 Nursing Homes Expert Panel: Examination of Measures to 2021. <https://assets.gov.ie/static/documents/covid-19-nursing-homes-expert-panel-final-report.pdf>
- Department of Health (2021). A Value for Money Review of Nursing Home Care Costs. Available at: <https://assets.gov.ie/static/documents/a-value-for-money-review-of-nursing-home-care-costs.pdf>
- Department of Health (2023a). Health in Ireland: Key Trends 2023, p. 20. Available at: <https://assets.gov.ie/static/documents/health-in-ireland-key-trends-2023.pdf>
- Department of Health. (2023b). Sláintecare Progress Report 2021–2023. Dublin: Government of Ireland. <https://assets.gov.ie/static/documents/slaintecare-progress-report-20212023.pdf>
- Department of Health. (2024). National Adult Palliative Care Policy. <https://assets.gov.ie/static/documents/national-adult-palliative-care-policy.pdf>
- Deutsche Welle. (2012). Dutch Create Neighborhood for Dementia Patients. <https://www.dw.com/en/dutch-create-neighborhood-for-dementia-patients/a-15812582>
- Economic and Social Research Institute. (2024). Changes and Challenges Facing the Irish Long-Term Residential Care Sector Since COVID-19. <https://www.esri.ie/news/changes-and-challenges-facing-the-irish-long-term-residential-care-sector-since-covid-19>

- ESRI. (2025). Projections of National Demand and Bed Capacity Requirements for Older People's Care in Ireland, 2022–2040: Based on the Hippocrates Model. https://www.esri.ie/system/files/publications/RS214_1.pdf.
- European Commission: Directorate-General for Employment, Social Affairs and Inclusion, Erudio, IKEI, Oxford Research, Panteia and VVA, Study on social services with particular focus on personal targeted social services for people in vulnerable situations – Final report, Publications Office of the European Union, 2022, <https://data.europa.eu/doi/10.2767/552978>
- European Parliamentary Research Service. (2023). Towards a Common European Action on Care. [https://www.europarl.europa.eu/RegData/etudes/ATAG/2023/751475/EPRS_ATA\(2023\)751475_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/ATAG/2023/751475/EPRS_ATA(2023)751475_EN.pdf)
- European Social Network. (2022). 2022 European Semester Report: Social Services' Priorities for Recovery and Resilience. <https://www.esn-eu.org/sites/default/files/2022-10/2022%20ESN%20EU%20Semester%20Report-final%20online.pdf#page=27>
- Frank G. Miskelly, Assistive technology in elderly care, *Age and Ageing*, Volume 30, Issue 6, November 2001, Pages 455–458, <https://doi.org/10.1093/ageing/30.6.455>
- Gelsthorpe, L., Mody, P., & Sloan, B. (2020). Introduction: Spaces of Care – Concepts, Configurations, and Challenges. In L. Gelsthorpe, P. Mody, & B. Sloan (Eds.), *Spaces of Care* (pp. 1–20). London: Hart Publishing.
- Government of Ireland. (2015). Assisted Decision-Making (Capacity) Act 2015. Dublin: Irish Statute Book. <https://www.irishstatutebook.ie/eli/2015/act/64/enacted/en/html>
- Government of Ireland, Department of Health. (2024) Minister Butler welcomes completion of the nationwide rollout of mobile X-ray services to older people in the community. <https://www.gov.ie/en/department-of-health/press-releases/minister-butler-welcomes-completion-of-the-nationwide-rollout-of-mobile-x-ray-services-to-older-people-in-the-community/>
- Government of Ireland. (2025). Programme for Government 2025 Securing Ireland's Future. <https://assets.gov.ie/static/documents/programme-for-government-securing-irelands-future.pdf>
- Health Act 2007 (No. 23 of 2007). <https://www.irishstatutebook.ie/eli/2007/act/23/enacted/en/html>
- Health Bill 2006. <https://www.oireachtas.ie/en/bills/bill/2006/67/>
- Health Information and Quality Authority (HIQA). (2016). National Standards for Residential Care Settings for Older People in Ireland. <https://www.hiqa.ie/reports-and-publications/standard/national-standards-residential-care-settings-older-people-ireland>
- HIQA (2018). Overview of 2017 regulation of social care and healthcare services. https://www.hiqa.ie/sites/default/files/2018-06/Regulation-overview-2017_0.pdf
- HIQA. (2024). 15 Years of Regulating Nursing Homes 2009–2024: Reflecting on the Experience and Looking to the Future. Dublin: HIQA. <https://www.hiqa.ie/sites/default/files/2024-10/15-Years-of-Regulating-Nursing-Homes-2009-2024.pdf>
- Health Service Executive (2017). Palliative Care Services Development Framework 2017–2019. <https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/palliative-care-services-development-framework.pdf>
- HSE (2024). Opportunistic Case Finding Programme in General Practice: Report on First Two Years of Implementation. https://about.hse.ie/api/v2/download-file/file_based_publications/Opportunistic_Case_Finding_Programme_in_General_Practice_Report_c0Zq5pi.pdf
- HSE. (2025). Chronic Disease Management Programme. <https://www.hse.ie/eng/services/list/2/primarycare/chronic-disease-management-programme/>
- HSE (2025). Healthlink. <https://www.healthlink.ie>
- Hoel, V., Seibert, K., Domhoff, D., Preuß, B., Heinze, F., Rothgang, H., & Wolf-Ostermann, K. (2022). Social Health among German Nursing Home Residents with Dementia during the COVID-19 Pandemic, and the Role of Technology to Promote Social Participation. *International journal of environmental research and public health*, 19(4), 1956. <https://doi.org/10.3390/ijerph19041956>
- Human Rights Watch. (2025). Older Persons' Rights: Submission to the United Nations Human Rights Council, 58th Session. https://www.hrw.org/sites/default/files/media_2025/03/Older%20Persons%27%20Rights%20-%20HRC58.pdf
- Irish College of General Practitioners (ICGP) & Nursing Homes Ireland (NHI). (2021). Joint Position Paper: Care of Older Persons in the Residential Care Setting.
- Irish Hospice Foundation. (2020). Irish Hospice Foundation Strategy 2020–2025: Every Life Matters. <https://hospicefoundation.ie/wp-content/uploads/2020/12/Irish-Hospice-Foundation-Strategy-2020-2025.pdf>

6.3 References

- IHF. (2023). Caru. <https://caru.ie/>
- Irish Human Rights and Equality Commission. (2023). Policy Statement on Care. <https://www.ihrec.ie/app/uploads/2023/07/Policy-Statement-on-Care.pdf>
- The Irish Longitudinal Study on Ageing (TILDA). (2018). Loneliness and Social Isolation in the Irish Population. Trinity College Dublin. https://tilda.tcd.ie/publications/reports/pdf/Report_Loneliness.pdf
- Knippenberg, I. A. H., Leontjevas, R., Nijsten, J. M. H., Bakker, C., Koopmans, R. T. C. M., & Gerritsen, D. L. (2022). Stimuli changes and challenging behavior in nursing homes during the COVID-19 pandemic. *BMC geriatrics*, 22(1), 142. <https://doi.org/10.1186/s12877-022-02824-y>
- Leading Healthcare Care providers SkillNet (2024). Postgraduate Diploma in Gerontological Nursing in Partnership with the Department of Health. <https://www.lhpskillnet.ie/courses/pgdip-gerontological-nursing>
- National Care Experience Programme. (2022). Nursing Home Resident Experience Survey 2022. Dublin: Health Service Executive, HIQA, and Department of Health. <https://yourexperience.ie/wp-content/uploads/2022/11/Nursing-Home-Resident-Report-2022-V3.pdf>
- Nursing Homes Ireland (2023). The Experience of Nursing Home Staff of Residents' Access to Services. <https://nhi.ie/wp-content/uploads/2023/06/NHI-Report-The-Experience-of-Nursing-Home-Staff-of-Residents-Access-to-Services.pdf>
- NHI (2023). PwC Report Reveals Funding Crisis in Nursing Home Sector. <https://nhi.ie/pwc-report-reveals-funding-crisis-in-nursing-home-sector/>
- NHI (2024). Nursing Homes Ireland HOMES Strategy 2024–26. https://nhi.ie/wp-content/uploads/2024/04/NHI_Strategy_2024_2026.pdf
- Nursing Homes Support Scheme Act 2009 (No. 15 of 2009). <https://www.irishstatutebook.ie/eli/2009/act/15/enacted/en/html>
- Office of the Ombudsman. (2010). Who Cares? An Investigation into the Right to Nursing Home Care. Dublin: Office of the Ombudsman. <https://ombudsman.ie/pdf/?file=https://assets.ombudsman.ie/media/285271/7b841825-3c97-47ca-8440-66ae886d7848.pdf#page=null>
- O'Connor, J. (1995). The Workhouses of Ireland: The Fate of Ireland's Poor. Dublin: Anvil Books.
- Robins, J (1988). The Way Ahead: A Policy for the Elderly – Report of the Working Party on Services for the Elderly. 1988. <https://www.lenus.ie/handle/10147/46365>.
- Sage Advocacy. (2025). Five Human Rights Concerns in Ireland: Focus on Older People and Adults in Vulnerable Situations. Dublin: Sage Advocacy. <https://www.sageadvocacy.ie/publications/five-rights-issues-210225.pdf>
- Savundranayagam, M. Y. (2014). Missed opportunities for person-centered communication: Implications for staff–resident interactions in long-term care. *International Psychogeriatrics*, 26(4), 645–655. <https://www.sciencedirect.com/science/article/pii/S104161022400245X>
- S. Cheresarov, G. Dragomirov, G. Gustinov, S. Hadzhikoleva, and K. Yotov, “Transforming Nursing Home Care: An Integrated Approach Using Sensors, AI, and Monitoring Technologies”, *Comp. Sci. and Interdiscip. Res.*, vol. 1, no. 1, Jul. 2024, doi: 10.70862/CSIR.2024.0101-01.
- Spencer LH, Carney M, Yang S, Lynch M (2025) Human Rights of Residents in the Nursing Home Sector: A Rapid Review of the Evidence. *Int J Nurs Health Care Res* 8: 1616. <https://doi.org/10.29011/2688-9501.101616>.
- Timonen, V., & Doyle, M. (2007). From the Workhouse to the Home: Evolution of Care Policy for Older People in Ireland. *International Journal of Sociology and Social Policy*, 27(3/4), 148–159.
- Toghian Chaharsoughi N, Ahmadifaraz M, Leila Sadat Kahangi L. A critical review of reflective models in clinical nursing learning. *Journal of Multidisciplinary Care*. 2022;11(3):149-156. doi: 10.34172/jmdc.2022.1127.





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