Policies for Ageing Well at Home in Ireland

Improving Access to Support

2026

Contents

INTRODUCTION

The National Positive Ageing Strategy highlights that population ageing is one of humanity's greatest triumphs and one of its greatest challenges. How we plan for ageing, how we choose to address challenges and maximise opportunities will determine whether society can reap the benefits of the 'longevity dividend' (Department of Health, 2013b, p. 6).

ALONE and *Social Justice Ireland* believe that all individuals should be supported to age well in the community, and that this should be government's overarching policy goal for an ageing population. This requires accessible social and care support to allow people to remain in their own homes. It also requires a focus on wellbeing and maintenance of good health, prevention and management of chronic conditions, as well as suitable and accessible housing and transportation options. This involves a broad governmental and societal engagement across many areas of public policy and services that empowers older people.

ALONE is a national organisation that enables older people to age at home. ALONE's work is for all older people and aims to improve physical, emotional and mental wellbeing. *Social Justice Ireland* is an independent think tank and social justice advocacy organisation. Both organisations support a vision of Ireland where older people can age happily and securely at home and are strongly connected to their local communities.

According to Census 2022 there were 781,299 people aged 65+ in Ireland on Census night in 2022 and, by 2025, they have increased to 861,100 (CSO, 2024a; 2025a). Projections from the Central Statistics Office (CSO) suggest that the proportion of individuals aged 65+ will increase by 70 per cent between 2022 and 2040; an increase of more than half a million people (CSO, 2024a, M2). When we look at people who are older again, the proportional increase is even greater – those aged 80+ in 2022 numbered just over 181,000, and they are expected to increase to just under 400,000 by 2040, an increase of about 120 per cent (2024a, M2).

ALONE and *Social Justice Ireland* have already published discussions of policies for ageing well at home and made a series of recommendations. These include increasing funding for Home Support Services, establishing a statutory Home Support scheme, improving Day Care provision, and strengthening support for carers (2025a, b). Other recommendations made include providing dedicated housing options for older people as part of the social housing stock, outlining plans to encourage construction of the right type of housing for an ageing population, and investment in housing adaptation grants to upgrade existing housing stock (ALONE and *Social Justice Ireland*, 2024).

In this paper, we focus on improving access to various supports needed to support us all to age at home. This paper should, therefore, be read alongside others in this series, particularly our 2024 and 2025 publications (ALONE and *Social Justice Ireland*, 2024, 2025a). When services are difficult to access, whether due to long waiting times, transportation barriers, insufficient communication options, information gaps, or financial constraints, it can prevent equitable outcomes being reached.

We first outline the current context, focusing on how ageing is experienced in Ireland today. Next, we discuss the policy environment, presenting key features of government policies and strategies related to ageing and their practical implementation. Finally, we present a suite of policy recommendations that can contribute to greater quality of life for older people in Ireland.

CURRENT CONTEXT: AGEING IN IRELAND

Demographic Change – An Ageing Population

The number of people aged 65+ recorded in Ireland in the 2022 census was 781,299. The most recent CSO Population and Migration Estimates for April 2025 suggest that people aged 65+ numbered 861,100, an increase of nearly 80,000 since 2022 (CSO, 2024a; 2025a). Between 2019 and 2025 their numbers increased by 159,700 people and jumped as a share of the population from 14.1 per cent (in 2019) to 15.8 per cent (in 2025) (CSO, 2024a; 2025a).

Table 1: Population Growth Breakdown by Age (in numbers and as a percentage of total population)

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

Source: Based on CSO (2024a) Population and Labour Force Projections 2023-2057 (M2)

By 2040, it is projected that over 1.3 million people will be aged 65+, constituting approximately 22 per cent of the population (2024c). Amongst them, the growth in those who are oldest is striking, with projections suggesting that almost 400,000 people will be aged 80+ in 2040, which is nearly double their numbers in 2025 (208,842) (see Table 1).

Ageing populations represent increased longevity, a success story that is to be welcomed. However, significant increases, particularly in numbers of people amongst the oldest old, will involve increased numbers living with long-term illness and/or disability. A strong link is demonstrated in the 2022 Census between disability and increased age (CSO, 2023a), with the percentage of people experiencing long-lasting conditions or difficulties beginning to rise from age 50 on, increasing more rapidly from age 75 on. For those aged 85+, the proportion that experienced disability was almost 76 per cent. Healthy Ireland surveys also indicate that reported 'good' health declines with age (Department of Health, 2025). The number of expected "healthy life years" at age 65 has unfortunately decreased from 13.6 years in 2019 to 11.7 years in 2023 (CSO, 2025c). This indicates that while the population is indeed ageing, the quality of those added years may be in decline. Physical health issues, as well as loneliness, were the most frequently reported concerns in needs assessments of older adults supported by ALONE in 2025 (ALONE, 2026a). Mobility issues and housing were the next most cited issues, and since 2023, there had been notable increases in physical health needs and mobility issues as well as housing need (ALONE, 2026a).

Furthermore, while people's needs often increase with age, data shows that many lack the resources to adequately meet their needs. Poverty and deprivation among older people is a significant problem. A relatively high percentage of single households aged 65+ had difficulties making ends meet in 2025 – the percentage who did so 'with difficulty' was 10.9 per cent and an additional 5.9 per cent did so 'with great difficulty' (CSO, 2026b). At nearly 15 per cent, that age group (65+) had the highest at risk of poverty rate of all age groups in 2025 (CSO, 2026b). When 'enforced deprivation'[1] is considered, the rate for people aged 65+ was just under 10 per cent (CSO, 2026b).

The link between poverty and ill-health is well established by research, with international reports underlining inequalities in life expectancy by socio-economic status, including education level, income or occupational group (OECD, 2019). The Department of Health (2025a) highlights that 80 per cent of health outcomes from acute to chronic disorders are influenced by social, economic, and environmental factors - called social determinants of health. Furthermore, health inequalities accumulate in older age. A report from Pobal (2024) highlights how differences in the disability rate between the most deprived and the most affluent areas grow significantly over the life course in Ireland. For example, in childhood this difference stands at about 5 percentage points; however, by retirement age, the gap has more than doubled to 13 percentage points, suggesting that there is

[1] The CSO considers that 'deprivation' involves being excluded and marginalised from consuming goods and services which are considered the norm for other people in society, due to an inability to afford them. There are 11 items or deprivation indicators (https://www.cso.ie/en/releasesandpublications/hubs/p-opi/olderpersonsinformationhub/incomeandpoverty/deprivation/)

a cumulative impact of deprivation across the life span. Gender is also an issue, with women over 65 in disadvantaged areas (that is, very or extremely disadvantaged) more likely to report a significant disability than men (Pobal, 2024). Thus, some older people are more vulnerable than others due to socioeconomic factors that have accumulated over their lives, and, as a group, older people in general face growing disparities compared to the general population due to functional decline, risk of social isolation, illness, and ageism (Tind, et al., 2026). Issues of digitalization, social networks, transport, financial insecurity, and healthcare access have been found to be particularly impactful on older people's health (Tind, et al., 2026). All of this underscores the need for a focus on how *all* older people can continue to access vital healthcare and other services.

It is also increasingly recognised that unnecessary frictions can complicate or delay access to programmes and services, that this can undermine fairness and effectiveness of public policies, and that older people are highly affected (Samahita and Lades, 2026). Examples include outdated/confusing websites, unhelpful staff, and jargon-filled communications, that amplify inequality by placing the greatest strain on those least equipped to bear it. Irish research suggests that older people, those with poorer physical or mental health, and rural dwellers are amongst those who are most vulnerable in this regard (Samahita and Lades, 2026). Clearly, one implication is that digital design cannot assume universal literacy or confidence, and assisted-digital options, helplines, and local access points remain vital, especially for older people (Samahita and Lades, 2026). Overall, ageing brings with it an increased level of needs and potential to experience significant health inequalities and various types of exclusions unless issues of access are prioritised.

Loneliness, Social Isolation and Connectedness

A report from the ESRI noted strong links between loneliness, mental health issues, and reduced quality of life, pointing to the importance of initiatives focused on strengthening social connectedness and promoting mental wellbeing throughout life (Mohan, 2025). Loneliness is understood as the feeling of lacking meaningful social interactions and is recognised as a serious public health issue (European Commission, 2023). Amongst EU countries, Ireland had the highest level of loneliness in the general population in 2022 (European Commission, 2023). The CSO's 2025 Survey in Income and Living Conditions (SILC) suggests that relatively high levels of loneliness exist amongst older people in Ireland (CSO, 2026a), with 12.5 per cent of people aged 65+ reporting feeling lonely some of the time. Irish households in which one older person lived alone was the household type that experienced the greatest levels of loneliness amongst all household types, with 23.8 per cent of those aged 65+ living on their own reporting that they felt lonely some of the time (CSO, 2026a). Much research suggests that, among older people, social isolation and loneliness increases risks for many physical health issues (see, amongst others, Henriksen et al., 2022; Kraav, et al., 2020; Ward, McGarrigle, and Kenny, 2019).

Furthermore, as already mentioned, older people are more likely to live alone than other age groups, with over one-quarter of people aged 65 or over doing so according to the 2022 Census, rising to 44 per cent for people aged 85+ (CSO, 2023b), which is when disability and chronic conditions are also most prevalent. Needs assessments carried out by ALONE highlight the ongoing prevalence of loneliness: in 2025, 45 per cent of older people supported by ALONE reported feeling lonely (ALONE, 2026a). A study of older people by Aware (2024) found the highest prevalence of anxiety among people not in a relationship or living alone, and among people with chronic conditions and women.

Supports to enhance connectedness and participation are clearly important in combatting social isolation. Appropriate transport options play an important role in this. Some groups are especially likely to lack access to appropriate transport, including older people and people with chronic illnesses or disabilities (Richman et al., 2024). ALONE's research with people whom the organisation supports has found that older people struggle to access appropriate transportation. In 2025, 38 per cent of the older people surveyed[2] said they did not have access to a car, and 44 per cent said they could not easily ask someone to bring them (ALONE, 2025c). Nearly half of respondents indicated they cannot easily use public transport for an appointment (48 per cent). It is worth noting that some international research evidences that volunteer transportation programmes typically provide low costs and flexible services that benefit older adults and those with disabilities to stay connected to essential services and other activities – and also that volunteer drivers can provide social interaction to help prevent social isolation (National Aging and Disability Transportation Center, 2021; Krasniuk, Lawson, and Crizzle, 2025).

Additionally, transport is a crucial issue in supporting older people to live at home, including by facilitating people to make medical appointments – and research suggests that transport difficulties can impede them in this. When older people are unable to access the care they need, they face a heightened risk of adverse health outcomes, including avoidable hospitalisations and ultimately loss of quality of life (Briggs and Kenny, 2025). A review of the international research literature identified transport issues as one reason for patients not attending outpatient appointments (known as 'Did Not Attends') (Department of Health and IGEES, 2019). An Irish study with older people living in different rural areas, found that trips to health facilities were considered the most important trips but were also the most difficult to make, something attributed to a lack of coordination between transport operators and health service providers (Ahern and Hine, 2015). The experience of Age Friendly Ireland (2025) bears this out – suggesting that older people sometimes cannot get to hospital because they cannot drive, or their carer does not feel comfortable driving in Dublin, parking difficulties at hospitals, or no one is available to provide a lift.

[2] ALONE's 2025 *Cost of Living Survey* to which 402 older people responded. The majority (60%) were aged 71-85 years and just over 10% of respondents were 65 or younger (ALONE, 2025c).

Consistent with this too are findings from the Citizens Information Board (CIB) (2025) concerning people aged 66+, which indicate that poor public transport in rural Ireland is a barrier to attending hospital and GP appointments. Lack of public transport can involve great expense and, even where public transport is available, mobility issues can impact accessibility, or there may be no way to get from one's own home to the departure point (CIB, 2025). As the CIB (2025) concludes, access to primary care services plays a central role in enabling older adults to remain independent and living in their communities, and poor public transport operates as a limitation on ability to attend hospital and GP appointments, and we need better integration between transport and healthcare services.

In recent years with many services going online, digital access is relevant to issues of loneliness and social isolation as well as access to increasingly digitised healthcare and other services. International studies suggest that as public services go online, older people who struggle with technology risk losing vital opportunities not only for healthcare access, but also for social engagement and democratic participation (Kużelewska et al., 2026). But, by comparison with other EU states, Ireland lags behind in internet usage by older citizens (Flynn, 2024), and, as already mentioned, older people are particularly vulnerable to unnecessary frictions in engaging with services (such as outdated/confusing websites, unhelpful staff, etc) that increase inequalities and most disadvantage those least equipped to deal with it (Samahita and Lades, 2026). It is, therefore, essential that older people are aware of, and involved in, moves towards digitisation and have the confidence and skills to access essential technologies (HIQA, 2022). In 2024, the CSO found that just over half (54 per cent) of people aged 75+ had used the internet in the previous three months (CSO, 2024b). However, 41 per cent of them had *never* used it, and a further 5 per cent had not used it within the previous three months (CSO, 2024b). Indeed, even for a younger age group – those aged 60 to 74 – 12 per cent had never used the internet and a further 2 per cent had not done so within the previous three months (CSO, 2024b). It is notable that a large-scale study across countries found that older adults with no internet access also had less healthy lifestyles and worse health status (Yen and Huang, 2025).

Therefore, as healthcare provision embraces technology and digitisation, considerable challenges are emerging to ensure that older people can access services and, at the same time, that the potential of new technologies can be harnessed to augment services in appropriate ways. The emergence internationally of digital health treatments (such as wearable sensors and mobile health apps) shows promise in preventative care for older adults (Daniels and Bonnechère, 2024). But digital transformation is not experienced equally across all age groups, and older people are less likely to use the internet and can find themselves both digitally excluded and simultaneously obliged to go online to access essential services (Kużelewska et al., 2026). The Citizens Information Board (CIB) reports that loss of in-person health services and reliance on digital systems negatively impact independence and confidence to manage alone, particularly among people with low digital literacy (CIB, 2025). It is critical, therefore, that, as well as supports with digital access, services

retain non-digital channels – telephone, face-to-face service desks, or postal options. While, many older people remain excluded from the digital age due to lack of confidence, motivation and digital literacy plus economic factors (Kużelewska et al., 2026), some research evidences openness to continued learning about technologies by Irish older people, suggesting untapped potential to facilitate informal peer learning, and non-formal learning through for example, community and volunteering programmes (Smith, 2024).

A related issue concerns health literacy, which is important in making sure that people can navigate the healthcare system, engage with healthcare providers, manage their health, and prevent diseases, but has been found to be lacking in a significant proportion of the Irish population and can lead to poorer health outcomes and increased healthcare costs (Murray et al., 2024). Furthermore, low health literacy is recognised amongst older people, which can affect ability to make healthcare related decisions, while individual-focused health literacy interventions can be effective in addressing this (Marshall et al., 2025).

Overall, supporting people to live at home involves an integrated approach to services and infrastructure – one that includes health and social care services that are accessible for older people and that also encompasses a range of other factors such as transport, digitisation and health literacy.

Health, Care and Nutrition

A large proportion of health and social care in Ireland is delivered to older people, with over half of all inpatient bed days used by those aged 65+ (Walsh and Kakoulidau, 2025). Associated with increases in the older population, analysis from the ESRI projects significant increases in demand for short stay and long stay care, and in home support by 2040 (Walsh and Kakoulidou, 2025). Simultaneously, numbers of people being cared for, and wanting to be cared for, at home is increasing and the preference of older people tends to be to remain in their own homes (Moore and Ryan, 2017). Moreover, evidence suggests that highly dependent people can live safely and more happily in domestic settings, provided that appropriate supports are in place (Department of Health, 2020). However, as of January 2026, people assessed and waiting for the provision of home care numbered 5,310 (HSE, 2026). Furthermore, TILDA research shows that many older people remain undiagnosed or inadequately managed for a range of conditions despite evidence that prevention and early intervention can improve health outcomes, quality of life, and reduce healthcare costs (Briggs and Kenny, 2025).

The Irish model of healthcare has traditionally prioritised hospital care over care in the community (OECD/European Observatory on Health Systems and Policies, 2025) and Ireland is the only country in the EU without universal primary care coverage, putting more pressure on hospitals (European Commission, 2024). Despite some changes in recent years, Ireland's care services are significantly oriented towards hospital or institutional care, which, for example, means that older people are eligible for financial support for nursing home care, under the NHSS/Fair Deal scheme,

but no equivalent exists for homecare (Loughnane, 2024). Home support is an efficient and cost-effective alternative to overused hospital facilities (OECD/European Observatory on Health Systems and Policies, 2021; 2023). It also needs to be part of a broader approach across all areas of government to support wellbeing people and integrations in communities.

In Ireland, family carers, on whom our system relies heavily by international comparison, play a vital role (Walsh and Connolly, 2024). As the population ages, numbers of people providing regular unpaid care has increased and is likely to increase further. For example, numbers of informal carers increased by over 50 per cent between the 2016 and 2022 Census to almost 300,000 people, representing 6 per cent of the population (CSO, 2023a). The majority were women, and, notably, about 15 per cent were aged 65+ (CSO, 2023a). International and Irish studies have found that family carers experience high rates of poor health and poor wellbeing. For example, The Irish Longitudinal Study on Ageing (TILDA) examined the experience of carers aged 60 and older, finding that carers who provided more than 50 hours of care each week report poorer mental health and reduced overall wellbeing (McGarrigle, 2025).

Irish research also shows concerning evidence of poor nutritional intake among older adults – in a study from TILDA, the majority of older people were found not to meet the 2012 Department of Health Food Pyramid recommendations, with 76 per cent failing to meet daily fruit and vegetable intake and 68 per cent overconsuming foods high in fat, salt and sugar (O'Connor, Leahy and McGarrigle, 2017). Population ageing is also associated with a rise in malnutrition rates in Ireland, contributing to poorer health, poorer quality of life, worse disease outcomes and more demands on health services (Bardon et al., 2020; The Irish Society for Clinical Nutrition and Metabolism (IrSPEN), 2025; Rice, 2025). In fact, older people are five times more likely to develop malnutrition than younger adults (IrSPEN, 2025). According to IrSPEN, there has been a 59 per cent increase in numbers of patients of all ages with, or at significant risk of, malnutrition since 2012, and costs to the Irish health system of malnutrition are estimated to have doubled (Rice, 2025). Furthermore, 20–30 per cent of people in receipt of Home Care Support are estimated to experience malnutrition, as are 14 per cent of primary care patients aged 65+ (Rice, 2025). Concerns in respect of nutrition are also reflected in the needs assessments carried out among older people supported by ALONE. Nutrition related concerns have increased in reports since 2023 (ALONE, 2026a). In 2025, nutrition related concerns rose to 27 per cent of those with a personal care issue (1,046 individuals, up from 535 in 2023) (ALONE, 2026a). It is important to note that weight loss and malnutrition increase the risk of serious but potentially *avoidable* complications resulting in more GP and outpatient visits, increased likelihood of admittance to hospital and of longer, more complicated hospital episodes (IrSPEN n.d; Rice et al., 2016). The Irish Society for Clinical Nutrition and Metabolism (IrSPEN) points to a shortage of Dietitians in the Irish system, and a failure to identify and treat patients experiencing malnutrition in primary care settings (IrSPEN, 2025; Rice et al., 2016). There is clearly a need for more recognition and early intervention on this issue.

Ageing and Housing

A healthy and long life results from many complex factors, including housing (Committee on the Future of Healthcare, 2017). Ageing populations affect housing demand and housing types required. ALONE and *Social Justice Ireland* (2024) estimate that the number of households headed by someone aged 65+ will increase by 70 per cent from 481,505 to 819,753 by 2040, assuming the present rate as a proportion of the 65+ population persists.[3] As mentioned, older people are more likely to live alone than other age groups, particularly the oldest old (CSO, 2023b). Furthermore, renting from private landlords by households headed by someone aged 65+ has significantly increased – numbering almost 17,000 households according to Census 2022, an 83 per cent increase since 2016 (CSO, 2023c). In the absence of appropriate supports to continue to age at home, many people lack alternatives to nursing home care, when they may not even need support at the level provided. An additional problem with nursing home reliance is the financial barrier involved for those living in rented accommodation (who cannot avail of the NHSS/Fair Deal), which is likely to become an increasing problem over time (ALONE and Threshold, 2023).

Housing quality affects older people to a greater extent than other age groups due to the prevalence of long-term disabilities and conditions, and due to the fact that many people over 85 years spend 90 per cent of their time at home (Grey et al., 2024). According to Eurostat, amongst households where a person aged 65 lives alone, 17 per cent had a leaking roof, dampness in walls, floors or foundation, or rot in window frames or floor in Ireland in 2023 (Eurostat, 2026a). One study found that one in five of those aged 55+ in Ireland had housing facility problems and the same proportion had difficulty with the cost of upkeep and in carrying out maintenance (Gibney et al., 2018). Issues reported included lack of a bath or shower and of a downstairs toilet/bathroom. Housing problems were also associated with increased likelihood of respiratory, bone and joint conditions, while good quality housing reduced admissions to residential care (Gibney et al., 2018).

Accessibility is another key issue, with much of Ireland's current housing being inaccessible for many older people and people with disabilities (Grey et al., 2024). In that connection, it is notable that falls are the most frequent cause of hospital admission among older people in Ireland and are a leading cause of injury, disability, and loss of independence (Briggs and Kenny, 2025). Falls can be associated with intrinsic illness/impairment but also with environmental factors – such as hazards in the home. On the other hand, research suggests that home modifications can prevent falls and increase likelihood of ageing in place (Kempton and Warby, 2011; Cha, 2025). In needs assessments of older people supported by ALONE in 2025, falls were one of the most prevalent physical health concerns, accounting for 33 per cent of physical health issues reported (ALONE, 2026a). Relatedly, 36 per cent of those assessed had a housing-related issue, with the need for housing adaptations being the most commonly reported issue amongst them (ALONE, 2026a). In

[3] Projection is based on CSO population and labour projections, 2023-2057 and Census of Population 2022 Profile 2 - Housing in Ireland.

this context, grant schemes play an important role in making older people's homes more suitable as they age, notably the *Housing Adaptation Grant for People with a Disability,* but there can be considerable access barriers and delays in accessing grants (which we come back to below).

Warm housing is also important. Older people are more likely to live in older houses and, therefore, less likely to live in an energy or fuel-efficient home (Gibney et al., 2018). At the same time, people with medical vulnerabilities are considered to benefit from a slightly higher temperature than is the norm in homes, and energy poverty increases health service use (HSE, 2022). In 2023, amongst single households of people aged 65+, the percentage reporting inability to keep their house warm was 10.2 per cent, falling to 6.3 per cent in 2025 (Eurostat, 2026b). In addition, older people were the age group most likely to rely on oil for home heating in Census 2022: of people aged 65+ nearly half (49 per cent) relied on oil, compared to just 5.5 per cent using electricity, while 1.4 per cent had no central heating (CSO, 2025e). Recent increases in costs of energy would not be reflected in these statistics, and increased oil prices due to the 2026 Iran war will have an outsized impact on older people dependent on oil for heating. Furthermore, in 2025, 4.1 per cent of households consisting of one adult aged 65+ was in arrears on utility bills and had failed to make a payment 'twice or more' within the previous 12 months (CSO, 2025d). These rates would not reflect increases in energy prices in 2026. All of this contributes to a situation where housing adaptation and retrofitting are crucial steps in providing more energy efficient, warmer homes, and in responding to changings needs as people age in their communities.

As mentioned above, some people are in nursing homes who may not need to be. Without change to housing and care supports, nursing homes will experience increasing pressure as the older population increases (ALONE and Threshold, 2023). While 'rightsizing[4]' is referenced in several government policies (including the *Action Plan on Housing, Delivering Homes, Building Communities, 2025-2030*) (Department of Housing, Local Government and Heritage, 2025), this is unlikely to succeed without increasing supply of smaller one- and two-bedroom homes and housing with support units. Furthermore, a Housing Agency report (2020) found that investment in supported housing would confer considerable financial benefits on the State. UK research supports this cost-saving potential, also finding that residents of specialist housing for older people have improved wellbeing and quality of life (Housing Learning and Improvement Network, 2019).

Overall, housing conditions, housing options, including dedicated housing for older people, housing accessibility and energy efficiency are of key relevance as to whether our ageing population can age in place with dignity. ALONE and *Social Justice Ireland* have made the case

[4] The Action Plan on Housing, Delivering Homes, Building Communities, 2025-2030 refers to 'rightsizing' stating that it refers to older adults moving from larger family homes to smaller, more manageable homes that will support a person to age in place.

in some detail for a suite of housing options and additional supports to address this (ALONE, 2021; ALONE and *Social Justice Ireland*, 2024).

POLICY AND DELIVERY

Ageing in Ireland – Overall Policy Environment

In this section, we explore the social policy environment that shapes ageing in Ireland. The National Positive Ageing Strategy (NPAS) (Department of Health, 2013b) sets out Government's overall policy approach to ageing and older people. The strategy is supposed to be a 'milestone' in departing from previous policies on ageing, which were concerned almost exclusively with health and social care, to a wider focus that positions ageing as an issue to which all key policy spheres are relevant and for which all sectors of society have responsibility (Department of Health, 2013b, p.8-9,14). Although the National Positive Ageing Strategy (NPAS) outlines key areas for action, it lacks a cohesive implementation plan. It instead relies on the implementation, monitoring and review mechanisms for Healthy Ireland (see below), as well as the Healthy and Positive Ageing Initiative (HaPAI), a collaborative research programme set up as part of the NPAS. While this provides the envisioned foundation for implementation, the NPAS also committed to a separate implementation plan, based on its specific strategic direction and goals, which has not been produced. An important aspect of the NPAS is the requirement that attention be paid to the needs of more marginalised, vulnerable and hard-to-reach groups; this policy briefing addresses issues faced by those groups.

The *Healthy Ireland* framework is intended to improve health and quality of life of people of all ages and recognises older people as an important group in this mission (Department of Health, 2013a; 2021a). Specifically related to older people, amongst its proposed actions is to work towards providing more opportunities to involve older people in cultural, economic and social life, and to age with confidence in comfort, security and dignity in their own homes and communities for as long as possible (Department of Health, 2013a, Theme 3)[5]. Likewise, Sláintecare, the ten-year strategy for reforming Ireland's health and social care system, is designed to move towards universal access to health services for everyone and to enable people to stay healthy in their own homes and communities for longer (Oireachtas Committee on the Future of Healthcare, 2017). The 2017 Sláintecare report has been followed by a number of related documents including the *Sláintecare Implementation Strategy and Action Plan* and *Path to Universal Healthcare: Sláintecare & Programme for Government 2025+* (Department of Health, 2021b; Government of Ireland, 2025b).

[5] Consultation took place in the first half of 2026 an developing the next phase of the Healthy Ireland programme.

Within this context, the Programme for Government, *Our Shared Future* (2020), committed to establishing a Commission on Care whose members first met in 2024. The terms of reference of the Commission include examining health and social care services and supports provided to older people, whether the support provided for healthy, positive, and autonomous ageing is fit-for-purpose, and examining the role of technology in meeting older people's care needs (Department of Health, 2024a). Furthermore, the HSE's *Public Health Strategy 2025-2030* set six priorities, which include to strengthen action on the wider determinants of health, to reduce health inequalities across all stages of life, and to strengthen health services to address population needs, emphasising prevention and early intervention (HSE, 2025c).

In addition, policies on informal or family caregiving are also relevant to enabling older people to age with dignity in their own homes. As mentioned already, many carers are themselves aged over 65 (CSO, 2023a). As the National Economic and Social Council (NESC) notes, a society grounded in mutual support values care and carers, whether paid or unpaid, and is fundamental to the functioning of our economy and society, but remains undervalued and unevenly distributed (NESC, 2025). The *National Carers' Strategy* (Department of Health, 2012) introduced initiatives to enhance some supports available to family carers. However, studies evidence that carers experience high rates of poor health and poor wellbeing (McGarrigle, 2025). This can then negatively affect capacity to provide care, increasing the likelihood of negative health outcomes for both carer and care recipient. This points to government actions to support carers, including older carers, as another important element of supporting people to age at home.

Supporting Better Nutrition

Recognising that lifestyle factors, including poor diet, are key risk factors for chronic disease, the NPAS refers to action on nutrition (Department of Health, (2013a, Goal 2, p.52). As outlined already, there is concerning evidence of poor nutritional intake and malnutrition among older adults in Ireland, and malnutrition is associated with poorer health (O'Connor, Leahy and McGarrigle, 2017; Bardon et al., 2020; Rice, 2025). In 2023, *Healthy Ireland* published guidelines for healthy eating for older adults. The *Sláintecare & Programme for Government 2025+* plan commits to complete workforce demand projections for several health professionals, including Dietitians, by quarter 1, 2025 (Government of Ireland, 2025b, p.81). Meanwhile, IrSPEN (2025) points to a shortage of Dietitians and suggests that there is an urgent need to integrate routine nutritional screening and care for those at risk of hospitalisation, specifically people in receipt of home care – a key group at higher risk of malnutrition. Figures from the HSE suggest that in September 2025, 20,641 people were waiting for a Dietetics appointment within the community, and of them 6,494 people were aged 65+, representing some 31 per cent of those on the waiting list (HSE, 2025b). People aged 65+ who had been waiting for more than a year numbered 1,305 (HSE, 2025b).

The *Roadmap for Social Inclusion 2020-2025* published in 2020[6] commits to develop a comprehensive programme of work to further explore the drivers of food poverty and to identify mitigating actions (Government of Ireland, 2020, p 70). Consistent with this, the latest Programme for Government, *Securing Ireland's Future* (2025), commits to 'increase funding for the national Meals on Wheels network and develop a plan to ensure there are supported providers in every town in the country' (p.96-97). In addition, the HSE Service Plan for 2026 committed to providing 'funding to deliver over 3.3 million Meals on Wheels annually, focusing on areas of greatest need' (HSE, 2025a, p.23). The Meals on Wheels service tends to be embedded in communities and positioned to identify and respond to client needs (National Meals on Wheels Network, 2025). However, Meals on Wheels providers receive funding from various sources, and the availability of the funding is often inconsistent and insufficient (National Meals on Wheels Network, 2025).

Access to Digital Health Services

Increased digitisation of health services is challenging when we recall that it is the oldest old who have the least access to the internet (CSO, 2024b) and that they are also the people who are most likely to need to access healthcare services. Government's digital health framework, *Digital for Care – A Digital Health Framework for Ireland 2024-2030,* aims to enhance healthcare delivery through data driven services and digitally enabled and connected care. The framework articulates a digital future for healthcare aligned, amongst other things, with delivering universal healthcare and building integrated care models. It aims to 'widen access to health and social care services, provide improved affordable and equitable care' (Department of Health, 2024b, p.4-5). The framework also acknowledges the risk that some groups are left behind and commits to maintenance of access to health and social care services through non-digital channels, of key importance for older people.

Government's framework is complemented by implementation plans from the HSE. These include the *HSE Telehealth Roadmap* 2024–2027 and the *Digital Health Strategic Implementation Roadmap* (HSE, 2023; 2024). The HSE Telehealth Roadmap concerns virtual care using remote consultations, remote health monitoring, and online supports and therapies, and acknowledges challenges that include lack of broadband connectivity, digital literacy, and concerns about reduced quality, safety, and security (HSE, 2023). The Telehealth Roadmap commits to work with community organisations of older people (amongst other groups) to identify strategies, address barriers and ensure more inclusive design (HSE, 2023, p.22). The HSE's *Digital Health Strategic Implementation Roadmap* is stated to align with Sláintecare – in particular, with the need for investment in digital health solutions and electronic health records. Transformational goals referred to in the HSE strategy include implementing Electronic Health Records (EHRs) and Shared Care Records (SCR), allowing a single point of access to health information for patients

[6] Because the Roadmap for Social Inclusion 2020-2025 has reached the end of its duration, a new plan is currently in preparation. Public consultation on this was launched in 2025.

and staff. A Health App has been introduced (February 2025), aiming to enable patients to access personal health information. The Roadmap also states that 'efforts will be made to educate and empower those who are less familiar with technology, helping them feel confident in using digital solutions for their health and social care needs' (HSE, 2024, p. 10).

Likewise, the Government's *Path to Universal Healthcare: Sláintecare 2025+* commits to many digital initiatives, including the Enhanced Community Care (ECC) rollout of remote consultations (Attend Anywhere) across ECC teams, HealthLink e-referrals, Heart Virtual Clinics and HSE AreaFinder (Government of Ireland, 2025b). Specifically, there is a commitment to a range of 'Enabling Reforms'. These include a commitment to build on pilot projects in community settings, involving the ECC Programme, selecting one Community Virtual methodology and deploying it six times, one in each HSE region. Evaluation is to be designed to test the potential for major investment and subsequent scaling up (Government of Ireland, 2025b, p. 86). Consistent with this, the HSE *Service Plan* for 2026 commits to actions to increase access to primary and enhanced community care services, including through advancing remote or virtual services. Specifically, it commits to ensure patients in community healthcare networks (CHNs) and community specialist teams (CSTs) with low or limited digital literacy are empowered to engage and access virtual services (HSE, 2025a, p.21).

Overall, and as the policy strategies and plans discussed acknowledge, use of digital technologies provides opportunities for improved care, but brings challenges. It will be essential to ensure that a digital divide is not reinforced in Ireland in accessibility for those least able to navigate the new systems or less able to afford access. Alternative options must be provided for the older people who would otherwise be excluded, often the oldest old who are *most* likely to need to access health and social care services. It is, therefore, essential that they can influence framing and implementation of public policies. Alternative options need to include telephone, face-to-face service desks, or postal options as well as supports with digital access (CIB, 2025). Alongside this is the need to recognise that increased digitisation and use of information technology bring opportunities for older people and necessitates making it possible to improve skills and abilities of those who wish to do so. ALONE and *Social Justice Ireland* (2025a,b) have recommended that Government fund assistive and digital technology to maximise independence and harness efficiencies, and that older persons' organisations be central to the provision of digital enablement training.

Older People's Access to Health and Medical Appointments

The Sláintecare report calls for better integration and coordination between every aspect of the health service and other relevant sectors, including transport (Oireachtas Committee on the Future of Healthcare, 2017). Access to primary care services is central to enabling older adults to remain living in their communities. However, poor public transport limits ability to attend hospital and GP appointments, especially in rural areas (CIB, 2025). Sláintecare is not only a roadmap for

achieving reform by delivering care closer to home, but also for improving productivity (Government of Ireland, 2025b). In pursuance of that aim, the *Sláintecare & Programme for Government 2025+* commits to building the capacity of Ireland's health and social care systems. Among a range of other actions, this includes reducing occurrences of what are known as 'Did Not Attend's (DNAs) (Government of Ireland, 2025b, p.48). A 'Did Not attend' is when a patient unexpectedly does not attend a hospital appointment – associated with increased waiting times, worse care for patients, and inefficient use of staff time (Department of Health, 2024c). In 2022 there were nearly half a million DNAs for outpatient appointments equivalent to a national DNA rate of 12.4 per cent (Department of Health, 2024c).

The current Programme for Government commits to work 'to integrate Local Link transport routes with health services to improve access for individuals seeking care' (*Securing Ireland's Future*, 2025, p.76). An allocation of over €30 million was made for rural transport in Budget 2026 (Dáil Éireann, 2026). Since 2022, services connecting towns and villages to the public transport network have included 61 new healthcare connections (Dáil Éireann, 2026). The *Sláintecare & Programme for Government 2025+* also commits to improve access for patients (Government of Ireland, 2025b, p. 57, 87) and references a Savings and Productivity Taskforce to: 'oversee the implementation of opportunities and measures that will contribute to greater productivity, including a focus on local operational opportunities. The over-riding objective is to increase patient access to care within existing funding parameters (Government of Ireland, 2025b, p. 87).

The National Transport Authority (NTA) funds the Rural Transport Programme managed by Local Link offices, providing scheduled bus services and demand-led transport (NTA, 2021). The NTA's *Connecting Ireland (CI) Rural Mobility Plan (2022 – 2026),* aims to facilitate access to local services (NTA, 2025). There is also a Department of Transport initiative to develop a new vehicle adaptation scheme to provide support for vehicle adaptations and to provide a personal means of transport to people with disabilities (Dáil Éireann, 2025). Any such schemes ought also to benefit older people (CIB, 2025).

Transport to medical appointments is provided through a mix of Government health services, community and voluntary organisation, and specialist charities, but coverage is uneven and gaps need to be addressed. Availability often depends on where you live or on having a specific medical condition. There are currently some Demand Responsive Transport (DRT) pilots and some Community Car pilots in some local authorities. Examples include the Health Appointment Service via TFI Local Link in Louth, Meath and Fingal, covering hospital visits in Meath, Louth, Cavan and Dublin, and the Irish Cancer Society Volunteer Driver Service and Travel2Care service. Evaluation studies from other countries suggest that access to a non-emergency medical transportation programme is cost-effective in reducing hospital expenditures (Richman et al., 2024). Clearly, services like TFI Local Link, HSE Transport, and community/voluntary car schemes play an essential role in helping older people access medical appointments, but there is

the need for better integration between transport and healthcare services, particularly in rural and underserved areas (CIB, 2025).

Overall, it is clear that population ageing means increased need for improved transport networks and services that meet the needs of older adults, especially in rural areas. Individual Government Departments and their agencies are responsible for research agendas in sectors within their remits but the issues under consideration here require research across different departments and NGOs. Greater research on transport and engaging with health and social care (including GPs, hospitals and other settings) with a particular focus on older people in an Irish context, would better inform policy rollout. This should be carried out across different sectors and geographical areas, given the need for integration between healthcare and transport providers to address this issue in a comprehensive manner.

Housing Policy and Ageing

The built home environment can either constrain or enhance mobility and freedom to age well at home, and housing is a crucial issue in seeking to meet policy aims enshrined in many government policies and commitments concerning ageing. These include the NPAS goal to enable people 'to age with confidence, security and dignity in their own homes and communities for as long as possible' (Goal 3, Department of Health, 2013b). They also include commitments under Sláintecare, including the ECC programme, which aims to support people to age in place by moving more care to the community (see *Sláintecare & Programme for Government 2025+,* Government of Ireland, 2025b). It is increasingly recognised that a more seamless and appropriate continuum of housing options for older people is needed and that living in adapted or specialist housing may reduce reliance on health and social care services and result in measurably improved health status, lower rates of hospital admissions and a greater sense of wellbeing (Department of Housing, Planning and Local Government and the Department of Health, 2019, p.13). As mentioned already, research lends support to this (Housing Learning and Improvement Network, 2019; Housing Agency, 2020). The *National Planning Framework* 2025 also draws attention to the need for appropriate housing policies for ageing at home and refers to the strategic goal of delivering 'a new model of integrated older persons' health and social care services, across the care continuum supporting older people to live independently in their own homes and communities for longer in line with the Sláintecare' (Government of Ireland, 2025a, p.172). We particularly welcome the commitment to the development of 'community-based housing with supports by moving to new models of 'home-first' care for older people and 'Housing with Support' purpose-built, noninstitutional, 'own front door' accommodation with support or care services in conjunction with the Department of Housing' (Government of Ireland, 2025a, p.172).

Government's action plan on housing, *Delivering Homes, Building Communities, 2025-2030,* articulates an aim to increase 'delivery of house choices for older people across both public and private housing to facilitate older people to age in place' and commits to developing a new action

plan on housing for older people (Department of Housing, Local Government and Heritage, 2025, p.66). It refers to increased delivery of social housing, to more suitable homes and choice in private housing, and increasing choice to support voluntary rightsizing[7] for older people (p. 70, action 5.14) something already referred to in the 2021, *Housing for All* plan. Furthermore, it commits to collaboration between relevant governmental departments on integration of health and social care supports and housing for older people. This is said to be done taking account of learnings from the Richmond Place, Inchicore Pilot Model of supported housing for older people and other projects (p.66). This is also referred to in the *Sláintecare & Programme for Government 2025+,* which commits to staff and operationalise the Housing with Support demonstrator project in Inchicore, Dublin (Government of Ireland, 2025b, p.74). These are welcome commitments. However, ALONE has queried why the Action Plan did not set national targets for delivery of housing for older people and suggested that the commitment to deliver 12,000 new social homes every year over the lifetime of the plan is insufficient, given levels of demand among older people and across the population (ALONE, 2025b).

There is also a 2019 joint policy statement from the Department of Housing, Planning and Local Government and the Department of Health, *Housing Options for Our Ageing Population Policy Statement* (Department of Housing, Planning and Local Government and the Department of Health, 2019). This joint policy statement underscored the importance of aligning housing solutions with varying care and social support needs of older people. It outlined critical principles, including ageing in place and sustainable lifetime housing based on Universal Design. Yet it did not adequately address integration of healthcare expertise into the housing adaptation process. The final report of the relevant implementation group suggested that many of the 40 strategic actions to be completed by 2021 remained incomplete (Department of Housing, Local Government and Heritage and Department of Health, 2022). These include the need to review the social housing allocation model and enhance consultation between the HSE and local authorities.

Grant schemes contribute to progress in making older people's homes more suitable as they age. The *Housing Aid for Older People,* the *Housing Adaptation Grant for People with a Disability,* and the *Mobility Aids Grant Scheme* aim to improve the living conditions of older people. The Government's housing plan, *Delivering Homes, Building Communities, 2025-2030*, recognises that older people are amongst groups that face many housing challenges and can require targeted assistance (p. 65). The housing plan commits €130 million in 2026 for the *Adaptation Grant* scheme (Department of Housing, Local Government and Heritage, 2025, p.70). This is intended to fund some 17,000 grant claims for older people and disabled people to support living in their own homes (Department of Housing, Local Government and Heritage, 2026). While this is welcome, the scheme has long waiting times and complex application procedures that delay

[7] For definition of 'rightsizing', see footnote 5

essential works. In some cases, people supported by ALONE waited for essential adaptations to be approved or completed for more than a year, and, in other cases, up to two years, leaving them living in unsafe or unsuitable conditions (ALONE, 2026b). Furthermore, it is reported that applications to the *Housing Adaptation Grant for People with a Disability* have been closed, or are being closed, in the first half of 2026 by several County Councils, due to lack of funding and/or funding thresholds being reached[8]. As, outlined already, this is at a time of great increase in numbers of older people, especially amongst the oldest old, the age group most likely to experience chronic ill-health and disability (CSO, 2024a) and, therefore, to require home adaptations. In that context, these grants must be funded such that they meet demand and are available year-round. Overall, barriers to accessing these grants are most regrettable at a time when demand for them is likely to continue to increase in line with demographic projections.

As mentioned, government policies acknowledge the need for a more seamless and appropriate continuum of housing options for older people (Department of Housing, Planning and Local Government and the Department of Health, 2019, p.13). However, as mentioned, 'rightsizing' as referred to *Action Plan on Housing, Delivering Homes, Building Communities, 2025-2030*) (Department of Housing, Local Government and Heritage, 2025), is unlikely to succeed without increasing supply of smaller one- and two-bedroom homes and housing with support units. Therefore, as well as facilitating housing adaptations and ensuring that nursing home care is available to those needing higher levels of care, also needed are the following types of housing as our population ages:

- Smaller, one- and two-bedroomed units suitable for rightsizing and built according to universal design principles.
- Shared housing options which including living in own apartment but with access to communal areas and activities, as well as home shares.
- Bespoke housing built specifically to meet needs of people as they age, especially housing with supports.

Issues regarding the housing needs of older people are discussed in greater detail in our 2024 paper, (ALONE and *Social Justice Ireland*, 2024). Overall, despite policy commitments, significant gaps exist in ensuring that housing needs are met alongside healthcare requirements and in a way that is integrated with health and social care services.

Energy Poverty among Older People

As well as the need for housing with support and accessibility adaptations, housing maintenance and heating are highly relevant to ageing in Ireland. 'Energy poverty', also known as 'fuel poverty,' refers to households with difficulty, or inability, to afford basic energy needs for indoor activities,

[8] See, for example, news reports from the following counties: Kildare, Louth, Monaghan, Sligo

such as heating, cooking, and lighting (HSE, 2022). As outlined, older people are less likely to live in energy efficient homes and have a higher risk of experiencing fuel poverty, and those with chronic illnesses and disabilities are particularly vulnerable (Gibney et al., 2018).

Energy poverty can increase use of health services due to factors such as respiratory infections and worsening of health conditions (HSE, 2022). However, positive effects on health were found from Ireland's Warmth and Wellbeing Pilot Scheme (2016–2022). In that pilot, energy efficiency measures were installed in 1,650 Dublin households of older people with respiratory conditions (Milner et al., 2024). Evaluation found that after installation, contacts with the health service due to respiratory issues decreased (GP consultations, emergency room visits, hospital admissions), and participants reported satisfaction with ability to control the temperature of homes, to pay fuel bills, and with inviting visitors to their homes (Milner et al., 2024). Furthermore, an evaluation of a warm home scheme delivered in Manchester (AWARM), that receives referrals from a range of sources, found that warm housing interventions in targeted populations are most likely cost effective and a good use of public resources (Threlfall, 2011).

The HSE has noted that energy poverty is a complex issue requiring a co-ordinated, multi-sectoral response (HSE, 2022). A range of recommendations as to how to address energy poverty were made in a HSE rapid review, many of them focusing on increased communication about the issue (HSE, 2022). Recommendations for the HSE included increasing awareness among all staff. Recommendations for Government included: 'Develop and implement an evidence-informed, population-wide communication strategy focussed on energy use and conservation' and 'continue to roll out retrofit schemes, prioritising people who may be vulnerable to Energy Poverty. All efforts should be put in place to avoid delays in implementation' (ps.3-5).

The 2025 Programme for Government (*Securing Ireland's Future*, 2025, p. 51) commits to: 'Revise and improve the provision of grants and financing models for homeowners who wish to retrofit, enhancing energy efficiency and reducing costs. Ensure all grants and schemes are accessible to older people in our community'. The HSE *Public Health Strategy 2025-2030* includes a focus on older people and specifically on preventative approaches across the life-course committing to 'Design and implement preventive programmes and services…that enable older adults to live and thrive with the best possible health and wellbeing (HSE, 2025c, p.40). It also commits to do as follows (HSE, 2025c, p.29): '4.1 Drive awareness of the Public Health impact of climate change and environmental degradation across the HSE, and of key issues that require a health service response such as extreme weather events' and '4.2 Foster collaboration, partnership, and joint working with organisations and communities to identify and promote behaviours to improve health, support adaptation to climate change and environmental degradation and support sustainability'.

The *Better Energy Warmer Homes Scheme* (2009) aims to improve the energy efficiency of homes owned by people on low incomes and who get certain social welfare payments by installing a range of energy efficiency measures, such as attic and wall insulation, and draught-proofing. This can help address issues of energy poverty amongst older people and improve living conditions more broadly. However, this is only available to those with their own homes and there are significant waiting lists[9]. In the context of a growing number of people entering old age retirement while continuing to rely on the private rental market for their accommodation, it is essential that Government take steps to ensure that landlords invest in making homes warmer and more energy efficient. Older renters are especially vulnerable in respect of this matter.

POLICY RECOMMENDATIONS

The policy options detailed in this section are intended to help address issues discussed in this paper, and, indeed, to support meeting the aspirations of a range of public policies discussed above. They aim to promote enhanced access to services and supports within the community to enable older people to remain at home for longer.

Invest in Access to Digital Health Services

Overall, use of digital technologies provides opportunities for improved care, but brings challenges. This is especially so when we recall that it is the oldest old who have the least access to the internet (CSO, 2024b) and that they are also those who are *most* likely to need to access healthcare services. It is essential to ensure that a digital divide is not reinforced. Thus, we need to move towards digitisation of healthcare in a way that is inclusive of older people, especially of those who are least likely to be able to navigate the new systems.

As noted above, the importance of supporting an inclusive digital transition has been recognised in the HSE *Digital Health Strategic Implementation Roadmap*, which states that 'efforts will be made to educate and empower those who are less familiar with technology, helping them feel confident in using digital solutions for their health and social care needs' (HSE, 2024, p. 10). Additionally, *The Path to Universal Healthcare: Sláintecare 2025+* commits to pilot community virtual care projects in community settings (Government of Ireland, 2025b, p. 86). Furthermore, the HSE Service Plan for 2026 commits to ensuring patients in community healthcare networks (CHNs) and community specialist teams (CSTs) with low or limited digital literacy are empowered to engage and access virtual services (HSE, 2025a, p.21).

[9] The SEAI suggests that there can be a wait of up to 26 months from receipt of an application to completion of works (https://www.seai.ie/grants/home-energy-grants/fully-funded-upgrades-for-certain-homeowners#:~:text=If%20you%20receive%20any%20of,assessing%20and%20installing%20any%20works. (SEAI website accessed April 2026)

Therefore, we recommend the roll out and evaluate of a pilot digital enablement training project to support older people to access virtual health appointments through the Attend Anywhere system. This is to be achieved through the development of digital training modules, the training of Digital Champion Volunteers and include digital needs screening embedded across services.

Improve Older People's Access to Health and Medical Appointments

When older people are unable to access the care they need, they face a heightened risk of adverse health outcomes, including avoidable hospitalisations and ultimately loss of quality of life. Transport is a crucial issue in supporting older people to live at home, and poor public transport limits their ability to attend hospital and GP appointments, especially in rural areas. As noted above, there was almost half a million 'Did Not Attends' for outpatient appointments in 2022 (Department of Health, 2024c). This is not only detrimental to the health care of those who miss their appointments, but also to the efficiency of the health service.

The 2025 Programme for Government commits to work 'to integrate Local Link transport routes with health services to improve access for individuals seeking care' (*Securing Ireland's Future*, 2025, p.76). *Sláintecare & Programme for Government 2025*+ commits to report on productivity measures introduced to decrease the number of Did Not Attends and waiting times by end 2025 (Government of Ireland, 2025b, p.87).

Therefore, we recommend that a pilot transport solution to enhance access to health and medical appointments for older people be delivered in one CHN. This pilot should be delivered by a community and voluntary organisation to provide transport to an estimated 100 older people in financial difficulty/unable to access public transport to access to estimated 1,200 health appointments in 2027. Additionally, we recommend that a quantitative study is undertaken to better understand the main causes of missed appointments across the healthcare system to further inform policy action.

Invest in Housing with Support

Government policies acknowledge that a more seamless and appropriate continuum of housing choices and options for older people is needed. Much progress must be made, given that housing quality affects older people more than other age group due to the prevalence of long-term conditions amongst them, and due to problems with the age and condition of housing in which many older people live. Grant schemes play an important role in making older people's homes more suitable as they age, notably the *Housing Adaptation Grant for People with a Disability,* but there can be delays in accessing these grants, and some County Councils close application processes for the grant relatively early in the year due to funding issues. We reiterate that funding for home adaptations for older people needs to meet demand and additionally recommend that access to funding be maintained year-round.

As well as housing adaptations to existing homes, also needed are a range of types of housing with supports. The *National Planning Framework* 2025 commits to the development of community-based housing with supports by moving to new models of 'home-first' care for older people and 'Housing with Support' purpose-built, non-institutional, 'own front door' accommodation with support or care services in conjunction with the Department of Housing (Government of Ireland, 2025a, p.172). The housing action plan, *Delivering Homes, Building Communities, 2025-2030* outlines an overall aim to increase delivery of house choices for older people to facilitate ageing in place and recognises that older people can require targeted assistance (Department of Housing, Local Government and Heritage, 2025, pp 65-66). The action plan additionally commits to increased delivery of social housing for older people, increased delivery of more suitable homes and choice for older people in private housing, and increased choice for older people to support voluntary rightsizing (Action 5.14, p. 70).

Therefore, recognising the clear need for housing options that facilitate ageing at home for as long as possible, and to give effect to its commitments, we recommend that Government invest in Housing with Supports options for older people e.g. housing with access to 24/7 on-site support and care. This would be an appropriate alternative to nursing homes for some people, offering greater independence and a better quality of life. This option requires substantial investment and promotion from the government. Government should set targets of 1,914 housing with support units to be delivered by 2040 as part of the social and affordable housing stock, to be achieved by provision of 69 units per annum. While construction involves a one-off capital expense, the delivery of "supports" requires recurring annual investment.

Enhance Access to Nutritional Information and Supports for Older People

There is concerning evidence of poor nutritional intake and malnutrition among older adults living in their own homes, which is linked to greater ill-health and greater – but avoidable – use of health services. There also appears to be a failure to identify and treat patients experiencing malnutrition in primary care settings. Action is needed to address these issues, including earlier identification and interventions, and a more widespread roll out of related services.

The Roadmap for Social Inclusion 2020-2025 commits 'to develop a comprehensive programme of work to further explore the drivers of food poverty and to identify mitigating actions' (Government of Ireland, 2020, p 70). Additionally, the HSE Service Plan for 2026 commits to providing funding to deliver Meals on Wheels, focusing on areas of greatest need. (HSE, 2025a, p.23). This in turns requires greater needs assessment to determine areas of greatest need, as well as greater information sharing so that those who require additional nutritional support are able to avail themselves of it.

Therefore, we recommend that Government enhance access to nutritional information and supports for older people by roll out and evaluating a nutrition needs assessment pilot to support earlier intervention and improved access to nutritional supports in community and voluntary settings. Additionally, we recommend action is taken to improved access to dietetics in the community in line with population demand. Furthermore, ALONE and *Social Justice Ireland* (2025a,b) have previously made recommendations relative to the Meals on Wheels network and to nutrition. These include expansion and adequate resourcing of Meals on Wheels to deliver high-quality meals consistently to those who need them, as well as the development of a Healthy Ireland public awareness campaign to combat malnutrition, building on the *Healthy Eating Resources* aimed at older adults. We again reiterate these recommendations.

Energy Poverty – Improve Access to Information and Practical Supports

Action to address energy poverty is needed to support older people's wellbeing and to support them to continue living in their own homes. This is because older people are less likely to live in an energy efficient home, have a higher risk of experiencing fuel poverty than other groups, and the fact that energy poverty can increase ill-health and use of health services.

Programme for Government 2025 commits to: 'Revise and improve the provision of grants and financing models for homeowners who wish to retrofit, enhancing energy efficiency and reducing costs. Ensure all grants and schemes are accessible to older people in our community' (*Securing Ireland's Future*, 2025, p.51). Additionally, HSE *Public Health Strategy 2025-2030* (HSE, 2025c, p.29,40): commits to 'Design and implement preventive programmes and services [...] that enable older adults to live and thrive with the best possible health and wellbeing' and 'joint working with organisations and communities to identify and promote behaviours to improve health, support adaptation to climate change and environmental degradation and support sustainability'.

Therefore, we recommend that the eligibility criteria for the Better Energy Warmer Homes Scheme (BEWH) Fully Funded Energy Upgrade be expanded to include all people in receipt of a State Pension, with the relevant BER eligibility. We additionally recommend that Government improve access to health information and practical supports for older people experiencing energy poverty, particularly those using oil and solid fuels (as outlined in *Rapid report on energy poverty* (HSE, 2022)) to be delivered through a public information campaign targeted at older people.

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

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