



**Oifig an Stiúrthóir Cúnta Náisiúnta,  
Foireann Míchumais Náisiúnta, An Chéad**  
Urlár - Oifigí 13, 14, 15, Áras Phlásóg na Rós,  
Coimpléasc Gnó na hOllscoile, Páirc  
Náisiúnta Teicneolaíochta, Caladh an  
Treoigh, Luimneach

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17<sup>th</sup> July 2025

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**PQ: 36248/25**

*To ask the Minister for Children; Disability and Equality the number of people under 65 who have transitioned out of nursing homes since 2021; the number in the same cohort who have entered nursing homes in that same period; and if she will make a statement on the matter.*

**PQ: 36251/25**

*To ask the Minister for Children; Disability and Equality the rationale behind cutting the budget for the enhanced quality of life scheme which supports personal assistants and electric wheelchairs and so on, from €812,000 to €251,000 in the past year; if this reduction can be justified in the context of the Government's stated aim to end the institutionalisation of under 65s, when this fund was set up to empower people with disabilities to live independently; and if she will make a statement on the matter.*

Details supplied: Referred to HSE: As this question refers to service matters, I have asked the Health Service Executive (HSE) to respond to the Deputy directly. Based on a statement provided by the HSE in this article:

<https://www.rte.ie/news/primetime/2025/0617/1518998-hse-warns-of-risk-to-nursing-home-exit-plan-for-under-65s/>

Dear Deputy Ó Murchú,

Thank you for your Parliamentary Questions referenced above, which have been forwarded to me for direct reply.

The HSE established a dedicated funding stream as part of the National Service Plan to enable people under the age of 65 years living in Nursing Homes to move to homes of their choosing in the community, with support. This initiative is in line with the Programme for Government and the UNCRPD, as well as Time to Move On Policy and the Ombudsman's Report into the placement of persons under 65 years of age in nursing homes.

In 2019, the Ombudsman commenced a systemic investigation into people under 65, living in nursing homes (NHs), and in May 2021 "*Wasted Lives: Time for a better future for younger people in nursing homes*" was published.

The Ombudsman's research suggests that nursing homes in general are designed for frail older people in the latter stage of their life. They are therefore not equipped to provide the rehabilitation that a younger person living with a disability may require, nor do they provide a social model of care focused on enabling the people concerned to return to their communities. Such a model of care is essential to implement the Transforming Lives Programme and to meet the commitments under the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

The Ombudsman's report details a series of findings and nineteen recommendations covering a range of themes including funding, informed consent, quality of life, access to services, navigating the system and policy and human rights.



## National and Regional U65 Structures and Supports

In response to the Ombudsman's report, the HSE is co-ordinating a programme of work at both the Health Regions (HRs)/CHO operational and at national levels, to progressively address the Wasted Lives Report review and implement the report's recommendations for which the HSE has accountability.

Nationally, the Implementation Steering Committee (ISC) oversees the programme of work. The membership represents, Acute Services, Older Persons services, Disability and Primary Care Services, along with Clinical Leads and representatives for people with lived experience. The ISC meets on a bi-monthly basis.

Additionally, there is an U65 Programme Office and the Implementation Project Team. The implementation programme has been divided into 5 work streams with 5 work stream leads.

The work streams are as follows:

1. Quality of life and model of service development – “ *A Place to Call Home*”
2. Funding and personal finances
3. Services access and navigation
4. Informed consent policy and human rights
5. NH U65 survey ( previously SRF project)

At local Health Regions/CHOs, there is an identified U65 lead per CHO, who is responsible for progressing U65s transitions and working with individual disability case managers. The operational activity is supported by two U65 Trackers. Firstly the U65 Operational tracker which manages the U65 programme within each CHO and provides data on U65 operational activity for the National Office. Secondly, the U65 Finance Tracker, which manages and provides governance over the U65 budget within the CHO and Nationally.

## Number of U65 NH residents and Nursing Home Admissions

As of May 2025, based on Nursing Homes Support Scheme/Fair Deal (NHSS) data there were 1,227 U65 residents in NHs. Data from 2021 to present, shows an overall trend of a decrease in numbers of people under 65s residing in Nursing Homes. In 2021 to 2023, there has been a drop of 100 in the average number of U65 individuals in NHs per month. However data over 2024/2025, shows that the number has plateaued around an average of approx. 1,250 individuals per month.

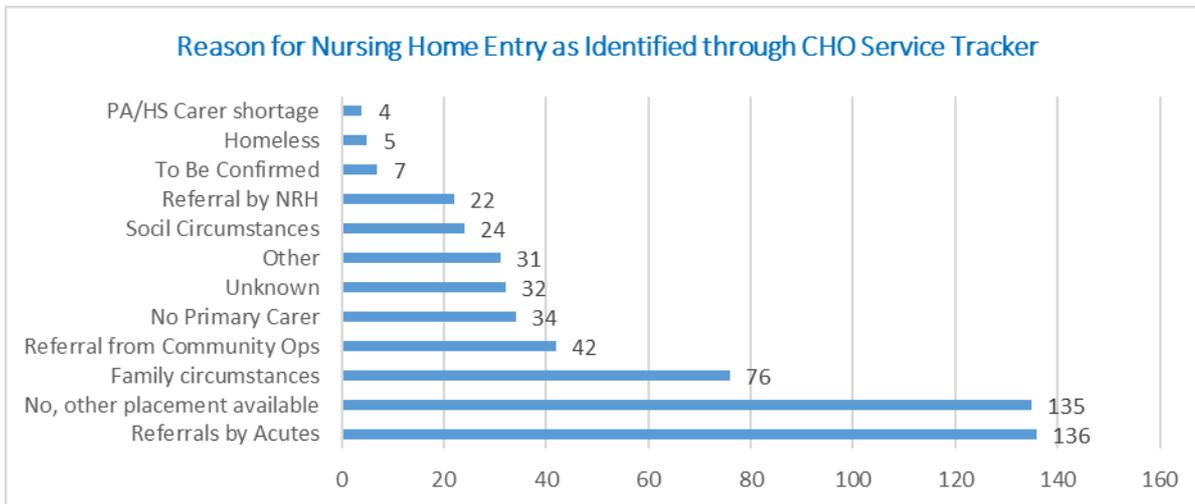
The NHSS data indicates that the overall yearly admission rates from 2021 to present has remained consistent around the 27 per month average. The number of admissions to Nursing Homes has not seen a decreasing trend. The data shows that the Acute hospitals are the highest source of admissions and reflects the impact wider government and HSE policies have on the numbers of people under 65 in Nursing Homes, particularly the Winter Discharge Programme and its' sustained focus on increasing discharge rates and turnaround times from Acute hospitals.

**Note:** NHSS data is only Fair Deal funded individuals by age profile and hence does not cover privately funded residents.



Based on data obtained from the U65 Operations Tracker, see figure 1 below and cross referencing with responses from the U65 Nursing Homes survey (2023), the main reasons for admission are:

1) referral from Acutes (inc. National Rehabilitation Hospital NRH), 2) the lack of alternative placement options and 3) family and social circumstances.



**Fig 4. Main reasons for individuals U65 being admitted to NHs May 2024**

The combined data indicates that to reduce admissions to NHs, priority needs to be given to; 1) focusing on Acute & NRH referrals, 2) the development of suitable alternative residential options and 3) increased home supports packages and supports for family members. The U65 Model of Service, “A Place to call Home” aims to provide guidance on these areas within the perspective of U65s.

### Primary Diagnosis of U65s in NHs

Data from the U65 Operational Tracker (May 2024) shows that Acquired Brain Injury (ABI) is the primary diagnosis for the majority of U65s in a NH at approx. 26% of the U65 cohort.

This is followed by Acquired Neurological conditions (MS, CVA, Neurology–other) at approx. 24% of the population. Intellectual disability is the third highest category at approx. 9.5% of the population. Other primary diagnosis include Cerebral Palsy, Dementia, and Spina Bifida.

Based on this data, the U65 Model of Service draft has focused on addressing the needs of these groups and working with the Neuro-Rehabilitation team to ensure alignment between the two work streams and strategies.

### Transitions to the Community

Including this year’s transitions and based on the data we have from the U65 Operational and Finance Trackers, as of April 2025 there has been in total **104 transitions** since the project commenced. There are 17 further new transfers, with reserved funding, expected to move before end 2025. As of end of 2025, estimated total of transitions is expected to be 121.

The majority moved to community residential placements including sheltered living, specialised and residential placements, with other individuals returning to their own/family home or to a new personal home.

The U65 Operational Tracker, monitors the progress of individuals who are in active planning for potential discharge to the community in the short to medium term.

The National Mapping Survey of U65s in NHs was completed in 2023 and direct survey for service users is currently open. This survey is an additional option for U65 NH residents and their families to engage with the HSE and to start transition planning back to the community, if that is their wish.



## People under 65 years of age continuing a NH placement and Enhanced Quality of Life Supports

Enhanced Quality of Life Supports (EQLS) are aimed at improving an individual's quality of daily life in a nursing home, and where appropriate, to support the pre-transition work, to help individuals prepare for a move back into the community.

The funding for EQLS as part of the U65 programme has not been cut for 2025, rather, it has been funded through the overall programme budget. Since the start of the programme, there has been no specific national funding allocation ring fenced for EQLS.

In the estimates process specific funding requests have been submitted to fund EQLS specialist rehabilitation and Personal Assistant (PA) supports. No separate EQLS funding has been obtained. Consequentially, all EQLS funding has needed to be taken from the overall programme's budget (€4,854,894 in 2025). With limited funds and the high cost of placements, disability teams have needed to prioritise available funding for community transitions.

Within the overall U65 budget, the only EQLS costs funded this year to date is for the Headway project in the South West at €251,238.20. RHA South West (CHO 4) initiated a successful pilot with Headway, where U65 long term/institutionalised residents in NHs, with Acquired Brain Injury, have benefitted from bespoke rehabilitation supports to address their individual needs, to enable each individual to either transition back to the community or live a more independent life in a NH, depending on their unique status.

Headway provision summary is as follows:

- Currently funding pays for 6 fulltime Social Care Workers and includes their travel and administration expenses
- Currently 30 residents active in programme
- Working in 11 private and voluntary nursing homes and 8 HSE run units
- Assessment and individual programme planning
- Specialist Rehabilitative Assistant providing 1:1 service at least once weekly (varies according to individual requirements and progress)
- Day Service
- Music Therapy
- Specific support to clients who are planning transition to community living, (using public transport, integrating in community activities, shopping, housework etc.).
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The national objective would be to expand this opportunity to other regions, to ensure long term residents in NHs in other regions, are enabled to benefit from similar specialised rehabilitation supports.

It is the National Disability team's aim to re-submit an EQLS estimate for 2026 to secure: 1) ring –fenced funding for EQLS and 2) appropriate funding to expand the learning and opportunities from the Headway pilot to other regions, to ensure long term residents in nursing homes in other regions, are enabled to benefit from similar specialised rehabilitation supports and to continue to fund Headway's programme.

With no specific EQLS recurring funding available and the need to prioritise transfers out of nursing homes, we will however be in a position later in the year to estimate the amount of one-off TRS (Time Related Savings) available under this initiative and use same to meet one-off EQLS related costs, based on HSE Health Regions' submissions which will be collated over the coming months.

In 2024, EQLS allocations funded 44 individuals prior to October 2024. Using once-off funds, after October 2024, a further 110 individuals were supported with EQLS. These supports ranged from iPads, Laptops, Audio Books & Head Phones, TV in own room, Motorised Wheelchairs, Exercise Bikes, PA (until year end), Support Chairs etc.



Based on data from the U65 Operational Tracker, for the majority of those continuing a NH placement, the reason given is due to their current personal will and preference. Disability services recognise that the issue of will and preference is changeable and that there needs to be planned engagements with individuals to better understand their reasons why they may wish to stay.

This is followed by those who are staying due to their assessment of needs requirements. (There are also a number of people who have complex medical and social care needs that require intensive nursing and medical care that cannot be provided in a home setting or by family members. (This might include people who have conditions such as Acquired Brain Injury or early onset dementia.)

Bearing in mind the uniqueness and complexities of each person's situation, choice, social and medical/care needs and requirements, all options must be explored and considered.

Please see the Table below which provides an overview of key statistics as per April 2025.

Total moved under the U65 programme to date	<b>104 ( 7 YTD)</b>
Planned transitions for 2025 (within provided funding)	<b>17</b>
Total no. of people supported with Enhanced Quality of Life Supports while in a NH	<b>154</b>
Average cost of Transfer	<b>€207,926</b>
Total no of U65s in NHs (NHSS Fair Deal data May 2025)	<b>1,227</b>
No of individuals on U65 Operational Tracker	<b>656</b>

Yours Sincerely,

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Tom McGuirk,  
General Manager, Disability Services, Access & Integration