



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

Office of the Assistant National  
Director, National Disability Team,  
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Roselawn House, University Business  
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10<sup>th</sup> July 2025

Deputy Liam Quaide,  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.  
E-mail: [liam.quaide@oireachtas.ie](mailto:liam.quaide@oireachtas.ie)

**PQ: 33454/25**

*To ask the Minister for Children; Disability and Equality the number of under-65s residing in nursing-homes; to provide any additional information regarding these cohorts, such as the number with an intellectual disability and the number with an acquired brain-injury; and their reasons for being in nursing-home care.*

Dear Deputy Quaide,

Thank you for your Parliamentary Question referenced above, which has 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.

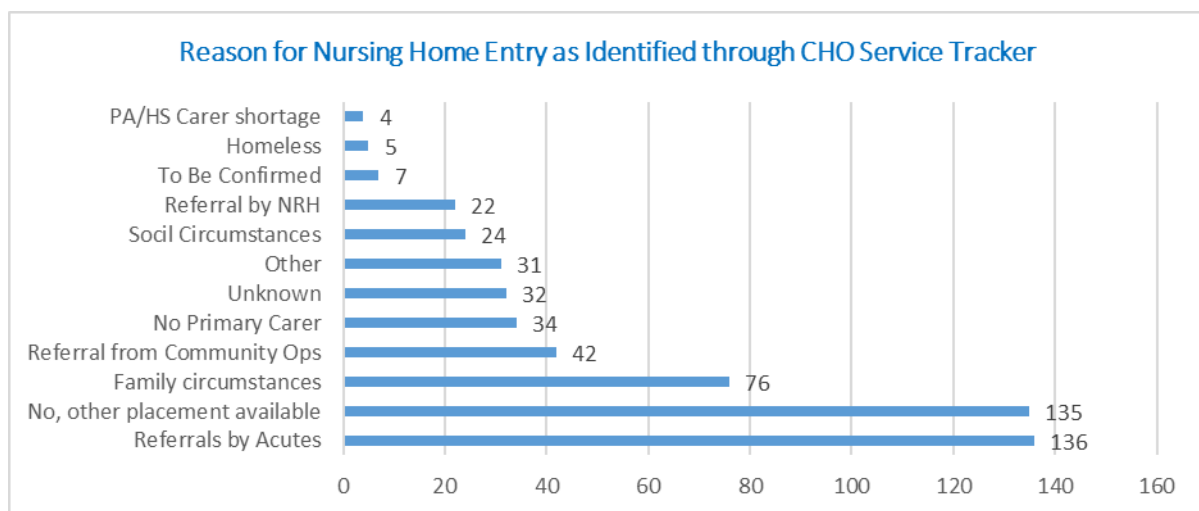
The work streams are as follows:

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.

### Reasons for a Nursing Home Admission

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 Tracker, there has been in total **104 transitions** since the project commenced.

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.

There are 17 new transfers, with reserved funding, expected to move before end 2025.

Individuals who need to continue in their Nursing Home placement have benefitted from Enhanced Quality of Life Supports (EQLS) funded by the U65 programme. These supports include: Personal devices, Transport, Social Care, Vocational, Therapeutic supports and PA hours. In 2024, 154 individuals, were provided with EQLS.

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 National Mapping Survey of U65s in NHs was completed in 2023 and direct survey for service users is currently open.

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

**Table 1.**

<i>Overview of key U65 statistics as per April 2025.</i>	
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>

## People under 65 years of age continuing a NH placement

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.

Due to the work of the U65 Integrated Steering Committee, the Health Region/CHO disability teams and the U65 project team, there is a greater awareness across Acutes, Older Persons and Disability services of the need to prevent U65s being placed in NHs.

Yours Sincerely,

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Tom McGuirk  
General Manager, Disability Services, Access & Integration