



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,
First Floor- Offices 13, 14, 15,
Roselawn House, University Business Complex,
National Technology Park,
Castletroy,
Limerick.

19th March 2025

Deputy Marie Sherlock,
Dail Eireann,
Leinster House,
Kildare Street,
Dublin 2.
E-mail: marie.sherlock@oireachtas.ie

Dear Deputy Sherlock,

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary question, which was submitted to this department for response.

PQ: 12002/25

To ask the Minister for Children; Equality; Disability; Integration and Youth the actions her Department has taken to act on the “Wasted Lives” report and to end the practise of people under 65 years living inappropriately in nursing homes designed for care of older people; and if she will make a statement on the matter.

HSE Response

The HSE has 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.

Transitions to the Community

To date in 2025, 4 people under the age of 65, who were residing in nursing homes, were supported to move into more appropriate community settings.

Including this year's transitions and based on the data we have from the U65 Operational Tracker, there has been in total 101 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. These individuals are at different stages of the case management process as follows:

Most individuals are at pre-approval stage i.e. their business case preparation is in progress.

- Some are ready to move but are awaiting Home support staff availability.
- Some individuals are in active transition planning including; working with potential service providers, sourcing suitable housing, planning adaptations to the home, recruitment of staff etc. and will be the next group to transition in the immediate to medium term

Currently there are 17 individuals, (with available budget) with planned transitions in the short to medium term.

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 provide with EQLS.

For the majority of those continuing a NH placement, the reason 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.

The U65 Model of Service directly addresses the issue of alternatives to nursing homes, including specialised residential options and other disability service options including home support.

Yours Sincerely,

Bernard O'Regan
Assistant National Director,
Access and Integration,
Disability Services

