Opening Statement to the Joint Oireachtas Committee on Health, 10 June 2026

Cathaoirleach, thank you for inviting ALONE to present to the Committee today.

The number of older people in Ireland over 65 is set to exceed 1 million by 2030[1]. Demand for nursing home beds is projected to grow by up to 80% by 2040. Although people are living longer, they spend an average of six years in poor health. And yet our health system continues to treat long-term residential care as the default response to ageing, at enormous cost to the State and to older people.

Last year, through our national network of staff and volunteers, ALONE supported more than 46,500 older people across our services[2]. The older people we support report higher levels of loneliness, poorer quality of life, and greater use of health services compared to national populations[3]. Many of them face challenges across physical and mental health, loneliness, housing, finance, energy poverty, and safety: issues that are deeply interconnected. Our goal is to deliver what matters most to them, ensuring that all relevant strategies and programmes reach older people through their own front door.

Delivering what matters to older people means building the pathways and systems that make remaining at home possible. Ireland's health strategy must rise to meet a rapidly ageing population by recognising that ageing is not a uniform experience and designing a system flexible enough to reflect that reality.

Care in the Community

Structural reform must be matched by greater investment in community-based supports that prevent or delay hospital admission and nursing home entry. There is broad consensus on the need to deliver care closer to home, and ALONE is proud to be a core component of the HSE's Enhanced Community Care (ECC) programme. However, progress across health and social care services is not fast enough to meet existing demand.

ALONE believes there are a range of practical initiatives that could support older people to age at home for longer. When delivered early and equitably, these interventions cost a fraction of long-term residential care and deliver far better outcomes. Tools like InterRAI, when fully rolled out, can provide the clinical foundation to identify need early and connect people to the right supports at the right time. These include falls prevention, assistive

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[1] 'Population and Labour Force Projections 2023-2057' CSO (2024) https://www.cso.ie/en/releasesandpublications/ep/p-plfp/populationandlabourforceprojections2023-205… Population Projections Results Population and Labour Force Projections 2023-2057 - Central Statistics Office

[2] 'ALONE ECC End of Year Report 2025' (2026). Available from: https://alone.ie/library/alone-ecc-end-of-year-report-2025/

[3] 'Transforming Ageing at Home: Evaluating ALONE's Impact Through Enhanced Community Care' (2025). Available from: https://alone.ie/alones-impact-report-launched-showing-improved-quality-of-life/

technology, a national action plan to tackle loneliness, addressing malnutrition, improving transport, and expanding home support.

Falls are one of the biggest reasons why older people seek support from our services and a leading risk factor for nursing home admission. Specialised exercise programmes can reduce the rate of falls, and these should be funded at scale. Evidence also highlights that assistive and digital technology can support older people to live well at home[4], and that when appropriately funded and delivered, may generate cost savings to the State.

Loneliness remains the second highest issue for older people we support and has been shown to be an independent risk factor for nursing home admission[5]. Despite clear international recognition of loneliness as a public policy issue, the commitment to develop a national action plan on loneliness has not been delivered[6][7].

Malnutrition among older patients is also a significant and underrecognised issue, reducing the likelihood of discharge back to home following hospitalisation[8]. It is a problem that can be identified and addressed in the community, before it leads to hospitalisation. Better collaboration between primary care, Healthy Ireland, and community organisations like ALONE could make a meaningful difference.

Beyond these issues, there is a broader set of measures that would allow significantly more people to live well in their own homes. Implementing a statutory home support scheme, improving transport, investing in GP services, and properly resourcing mental healthcare and community multidisciplinary teams would collectively transform what is possible for people living in the community. We have set out detailed recommendations across these areas in our Pre-Budget submission, which we are happy to discuss.

Housing with Care/Support

The community-based measures outlined above can keep people at home for longer, but it is vital that older people also have somewhere appropriate to live should their needs change. At present, they do not. Ireland effectively offers two paths: remain at home or enter a nursing home. There is very little in between.

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[4] 'Can Smart Home Technologies Help Older Adults Manage Their Chronic Condition? A Systematic Literature Review' Facchinetti, Gabriella, Giorgia Petrucci, Beatrice Albanesi, Maria Grazia De Marinis, and Michela Piredda (2023). *International Journal of Environmental Research and Public Health* 20, no. 2: 1205. Available from: https://doi.org/10.3390/ijerph20021205

[5] 'Loneliness as a risk factor for care home admission in the English Longitudinal Study of Ageing' Hanratty, Stow et al, Age and Ageing (2018). Available from: https://academic.oup.com/ageing/article/47/6/896/5051695

[6] 'From loneliness to social connection: charting a path to healthier societies', WHO Commission on Social Connection (2025). Available from: https://www.who.int/publications/i/item/978240112360

[7] This commitment was also made in the 'Healthy Ireland Strategic Action Plan 2021-2025', available from: https://assets.gov.ie/static/documents/healthy-ireland-strategic-action-plan-2021-2025.pdf

[8] 'Post-discharge consequences of protein-energy malnutrition, sarcopenia, and frailty in older adults admitted to rehabilitation: a systematic review' Chan, Fei et al (2023) Accessible from: https://www.clinicalnutritionespen.com/article/S2405-4577(23)00025-6/abstract

Long-term residential care costs the state up to 1.2 billion a year. Many older people who do not require the highest levels of care either remain at home beyond safe limits or enter residential care earlier than necessary. Although nursing homes play a vital role in the provision of care for older people, our overreliance on them has been highlighted in numerous reports, including those of previous Joint Oireachtas Committees[9] and successive Government policies[10]. The result is poorer outcomes for individuals and significant avoidable costs for the State.

Housing with Care is a well-established international model, grounded in universal design principles and a "home-first" approach to ageing. It combines independent "own door" living with access to 24/7 onsite non-medical supports, enabling older people to maintain dignity, independence and community connection for as long as possible. The first national Housing with Support demonstrator project opened in Inchicore this year. ALONE provides supports to residents within this scheme. However, despite strong policy alignment and more than a decade of sustained effort across both the NGO and State sectors, individual projects have not yet translated into a national model capable of ensuring equitable access and consistent service provision.

The core problem is structural. Housing with Care in Ireland is treated primarily as a housing product rather than as a health and care intervention, with access determined by social housing need rather than clinical or support needs. Without clear leadership from the Department of Health and the HSE, the potential for Housing with Care to reduce pressure on nursing homes and acute health services will remain unrealised, and it will not be replicated. This is despite strong evidence showing that investment in supported housing models would deliver significant financial and social benefits for the State[11].

Ireland's housing demand is estimated at 45,000 to 50,000 new units annually to accommodate population growth and demographic shifts. Housing with Care represents a small portion of these units. However, it took ten years to deliver the first development. We believe that Ireland cannot afford to wait another ten years for the second. ALONE is ready to work with the Committee, Ministers, the Department of Health, and the HSE, to make sure this does not happen.

Conclusion

Overall, Ireland's health strategy must shift towards a broader vision of healthy ageing.

[9] 'Housing Options for Older People', Joint Committee on Housing Planning & Local Government (2018). Available from: https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_housing_planning_and_local_government/reports/2018/2018-07-10_housing-options-for-older-people_en.pdf

[10] 'Housing Options for our Ageing Population Policy Statement', Government of Ireland (2018). Available from: https://assets.gov.ie/static/documents/housing-options-for-our-ageing-population-policy-statement-440b4908-bec9-4d77-9499-9ed.pdf

[11] 'Thinking Ahead: The Financial Benefits of Investing in Supported Housing for Older People', Rory Mullholland and Roslyn Molloy, The Housing Agency (2020). Available from: https://www.housingagency.ie/sites/default/files/publications/Thinking-Ahead-Supported-Housing.pdf

This Committee has an opportunity to drive that change. ALONE is ready to support you in doing so.

Thank you for your attention.