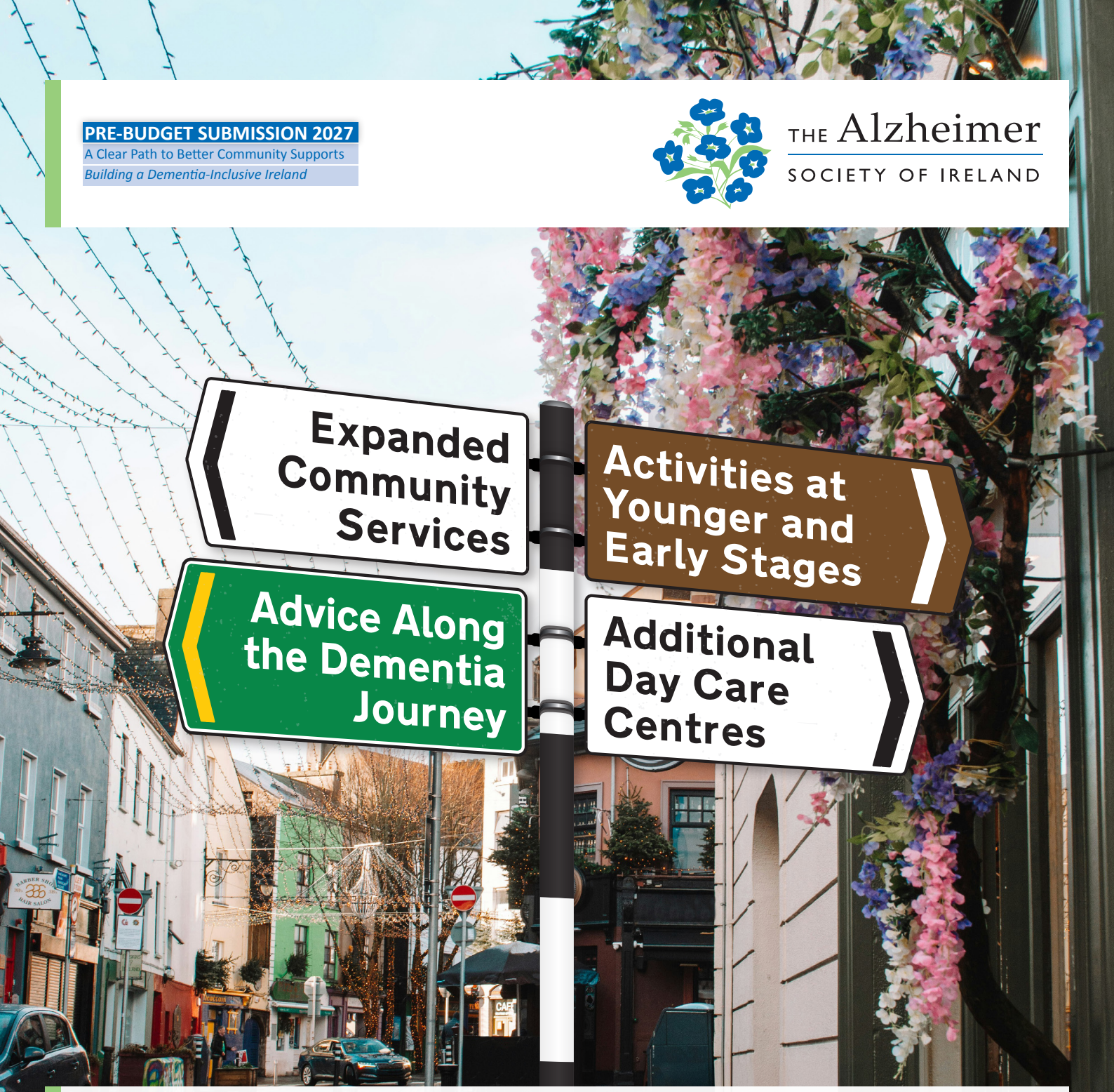
PRE-BUDGET SUBMISSION 2027

A Clear Path to Better Community Supports

Building a Dementia-Inclusive Ireland

THE Alzheimer SOCIETY OF IRELAND



Policy & Evidence Paper

Pre-Budget Submission 2027

Laura O'Philbin Ph.D. and Sarah McDonnell LL.M.

research@alzheimer.ie

Contents

CEO Introduction

In recent months, the country has been brought together by the extraordinary efforts of the FTD Brothers, Jordan and Cian Adams, who ran a staggering 32 marathons over 32 days, raising funds for frontotemporal dementia research in honour of their mother, Geraldine, who died from the disease in 2016. Across Ireland, people continue to play their part in supporting fundraising efforts for The Alzheimer Society of Ireland's services.

While this dedication is deeply valued, it is no substitute for sustained Government investment. Voluntary fundraising must complement - not replace - the direct public funding of key services and the provision of targeted social entitlements that support families living with dementia.

The Programme for Government sets out a clear direction of travel to support people living with dementia and their family carers in the years ahead. While Budget 2026 included welcome funding, more must be done to respond to a growing and ageing population, nor the diverse needs of people living with dementia, including those with rarer forms of dementia such as younger onset. Our Pre-Budget Submission 2027 offers the Government a roadmap that helps address the growing demand for services and support.

At its core, dementia care cannot be reduced to a simple cost-benefit exercise. Too often, the budgetary process frames investment decisions in terms of euros and cents, when, in reality, the true value lies in the impact on people's lives, families and communities. Effective individually centred dementia care reduces pressure on family carers, enables people to live with dignity for longer, and provides quality supports that benefit society as a whole.

Demand for dementia-specific, community-based supports continues to outstrip supply and will do so without sustained and targeted investment. In this budget, we are calling for a renewed

commitment to expanding day care, day care at home, home support, alongside increased access to Dementia Advisers and supports for early stage and younger onset dementia.

These service developments, which are in line with Programme for Government commitments, must be underpinned by a stable, dementia-skilled workforce and a social protection system that recognises the financial impact of dementia on individuals and families, particularly for carers who are often forced to reduce or leave employment.

At the same time, Government policy recognises the need to expand diagnostic infrastructure, including Memory Assessment Services and specialist memory clinics, as set out in the Model of Care for Dementia. These plans must now be accelerated and delivered at scale to ensure timely diagnosis and early intervention.

Without this urgency, there is a real risk that diagnostic services will fall behind growing demand, making timely diagnosis and effective early support more difficult to achieve.

One of the most significant challenges we see is the poverty gap experienced by people living with dementia and their families. In 2026, The ASI has continued to highlight the needs of those under 65 living with younger-onset dementia. This group is particularly vulnerable: many are still working, raising families and paying mortgages. A diagnosis often leads to a sudden loss of employment and income. The drop from an average weekly wage of €1,012 to a disability payment of €254 can be devastating. A diagnosis of dementia should never be a pathway into poverty.

Many people with young-onset dementia struggle even to qualify for income supports. Existing criteria do not reflect their circumstances, particularly where people are forced to leave work early. As a result, financial hardship can arise immediately after diagnosis.

Standing together with Family Carers Ireland and Care Alliance Ireland, we are calling for practical reforms to alleviate financial pressure on family carers: abolishing the means test for Carer's Allowance, increasing the weekly rate to €325, raising the annual Carer's Support Grant, and removing the 18.5-hour work limit, which does not reflect the realities of work or caring.

It is also essential that carers aged over 66 can retain the full Carer's Allowance alongside the State Pension, recognising their ongoing contribution. Additional supports are needed, including access to a medical card, a Blue Badge and simpler access to key information on entitlements, to reduce the financial and administrative burden of care.

Ireland will see the number of people living with dementia increase significantly in the years ahead. This budget represents a critical opportunity to set a clear and ambitious direction of travel - one that delivers not just services, but real value to individuals, families and communities.

Outside of Budget 2027 a wider discussion needs to be held on how we meet the scope of the challenges and build a person-focused, health care and social system that helps people lead their best lives. As partners in that process, we are ready to respond to the challenge, but we are looking for that support to deliver.

Andy Heffernan

CEO, The Alzheimer Society of Ireland

June 2026

Economic Foreword – The Fiscal Cost of Dementia Inaction

Dr. Brian O'Donnell, DBA

Principal, Aurex Insights | Economic Policy · Public Affairs
Commissioned by the Alzheimer Society of Ireland | May 2026

Ireland faces a fiscal problem it has not yet chosen to measure. Its dementia population is growing at approximately 3% per year - a rate fixed by demographics that no policy can alter.[1] The people who will have dementia in 2030 are alive today. Their number is known. Their care costs are modelled. What is not yet reflected in any Irish budget document is what it costs the Exchequer when the community care system is not equipped to support them.

This note provides that figure. It is not a projection derived from pessimistic assumptions. It is an arithmetic consequence of published prevalence data, official NTPF nursing home rates, and peer-reviewed cost evidence - applied to five independently verifiable scenarios in which the State absorbs avoidable cost through the most expensive pathways in the public health system.

The annual fiscal cost of inaction - the incremental, avoidable expenditure the Exchequer incurs when adequate community-based dementia supports are not in place - is estimated at approximately €476 million in Budget year 2027. By 2030, as Ireland's dementia population reaches approximately 84,700, that figure rises to approximately €505 million. The increase is not linear: it is driven by prevalence growth compounding across five cost channels simultaneously - premature Fair Deal admissions, preventable acute hospital episodes[2], and carer labour market exit among them. Each year of deferral locks in a higher cost baseline, with the cumulative exposure - not the annual increment - being the fiscally critical measure. The cumulative cost of inaction across 2027–2030, if Budget 2027 does not act, is approximately €1.97 billion over four years.[3]

The arithmetic is not complicated. Ireland's annual Fair Deal liability per nursing home resident is €48,671 - derived directly from the NTPF country average rate of €1,291 per week at the State's 72.5% liability share (March 2026)[4]. The equivalent annual cost of a well-resourced community dementia package is €11,440 to €22,880. The ratio between these two modes of care - between 2.1:1 and 4.3:1 - means that preventing even a modest number of avoidable residential admissions generates very large fiscal returns. Of Ireland's 77,500 people with dementia in 2027, approximately 37% are already in residential care; the community-dwelling cohort at risk of avoidable transition is approximately 48,825 people. At a conservative 10% avoidable transition rate - the lower bound of the international peer-reviewed range - the annual

1 2027 figure interpolated from published 2021 anchor at 3.0% p.a.

2 Acute hospital cost (€9,000): Carter et al. (2022)

3 Total economic cost (€4.47bn) updated to 2026 prices using CSO CPI (2.2% p.a., multiplier 1.4165) applied to current prevalence.

4 Fair Deal rate (€48,671/yr): NTPF/BDO, March 2026. Country average €1,291/week at 72.5% State share.

State saving from community investment over the Fair Deal default exceeds €238 million per year from Scenario A alone.

The return on investment is independently verifiable and robust to challenge. Every €1 of investment in community-based dementia supports in Budget 2027 is estimated to return €3.97 to €4.76 in avoided State expenditure. At a 50% uncertainty discount - a haircut no comparable infrastructure investment would be required to apply - the return remains above €1.98 per €1 spent. The net annual fiscal saving from acting rather than not acting is approximately €356–396 million per year from 2027 alone.

Budget 2026 ringfenced additional home support hours for dementia[5] - a welcome step that nonetheless delivered packages covering fewer than 1.5% of those living at home with the condition. Welcome is not sufficient. The structural gap between provision and need is not closing. It is the gap this submission addresses.

Against this backdrop, the investment sought by The Alzheimer Society of Ireland for Budget 2027 is - by any fiscal measure - conservative. The new dementia-specific funding requested across three themes - approximately €9 million in total - represents approximately 2% of the annual fiscal cost of not providing it. It is the first tranche of a three-budget rebalancing programme, sized not against political appetite but against the demonstrated avoided cost. It is consistent with the Programme for Government 2025, the Model of Care for Dementia, and the Sláintecare framework. It is, on the evidence available, the last budget window in which the cost of acting is still manageable. After 2029, the demographic arithmetic exposes that window significantly (1-8).

This analysis does not ask the Government to spend more on dementia. It asks the Government to spend less - by spending earlier, in the right settings, before the demographic arithmetic removes the choice.

Dr. Brian O'Donnell, DBA

Principal, Aurex Insights | Economic Policy · Public Affairs | May 2026

Aurex Insights is an independent economic policy consultancy. This foreword and the accompanying Economic Note do not represent the policy position of the Alzheimer Society of Ireland and should be read as the independent professional assessment of the author. All figures are derived from peer-reviewed literature and published official administrative data; full methodology and sources are set out in the accompanying Economic Note.

5 Home support costs (€11,440–€22,880): Morrow & Lynch (2025)

Recommendations for Budget 2027

The submission calls on Government to build on dementia commitments in the Programme for Government, with an additional **€8,238,730** sought in 2027.

Funding Asks

No.	Investment Area	Description	Amount (€)
1	Day Care Centres (New)	Develop five new dementia-specific Day Care Centres	240,000
2	Day Care Centres (Existing)	Expand capacity in existing Day Care Centres	100,000
3	Day Care at Home	Increase supports, reaching an additional 173 people	716,100
4	Home Care Supports	Provide 180,000 additional dementia-specific home care hours	6,163,200
5	Dementia Adviser Service	Expand the Dementia Adviser Service	629,000
6	Activity Clubs	Fund groups for younger-onset and early-stage dementia	210,080
7	Activity Clubs	Evaluate the impact of Activity Clubs	75,000
8	MCST	Expand Maintenance Cognitive Stimulation Therapy (MCST)	105,350

Dementia in Ireland: Context and Policy Landscape

Prevalence and Projections

As the number of people living with dementia in Ireland rises, the urgency to invest in services grows ever more profound. By the year 2050, Alzheimer Europe estimate that there will be over 150,000 people in Ireland living with dementia, a significant increase from the current estimated 70,000 (9). The most significant risk factor for dementia is ageing, and Ireland has one of the most rapidly ageing demographic profiles in the EU (10). A recent ESRI publication estimates that the population of Ireland aged over 65 is projected to grow to over 1.3m by 2040 (11).

Social Impact of Dementia

Dementia is the biggest health and social care issue of our time. It is a progressive, life-changing and devastating diagnosis, both for the person and their families. It is estimated that for every one person diagnosed with dementia, three family members are significantly impacted (12). People living with dementia and carers face declining mental and physical health, isolation, fear, stigma, stress and burnout (13-17). The right services and supports have the power to ease this journey.

Economic Impact

Dementia care in Ireland costs over €1.69 billion per annum, with 48% of this attributable to family care and 43% to residential care. Formal health and social care contribute just 9% to the total cost [(18)]. Our current health and social care system depends largely on family carers who provide the main bulk of care; its estimated value to the State is in the region of €807m per annum [(2)].

Families affected by dementia face financial challenges and are disproportionately impacted by increases in the cost of living (19). For family carers, this exacerbates the already complex emotional, physical and practical demands of caring. Research by The ASI and Family Carers Ireland found that around half of family carers struggle to make ends meet, with many cutting back on essentials and social activities, and some falling into arrears on mortgages and household bills (17, 19). While MESL costs stabilised slightly in 2024 (20) and 2025 (21) evidence points to the ongoing cumulative impact of rising household costs, with prices expected to continue increasing over the coming years. This was equally reflected in a recent consultation with people living with dementia carried out by The ASI in April 2026 in which 10 out of 11 participants said the additional costs of living with dementia have a negative impact on their quality of life, with four saying that impact is significant.

Core Dementia Policy Frameworks

Dementia policy in Ireland is guided principally by the 2014 National Dementia Strategy (22), the 2023 HSE Model of Care for Dementia in Ireland (“Model of Care”) (23), and the 2025 Programme for Government (“PfG”) (24) commitments on dementia. The PfG underscores the current Government’s commitment to supporting people living with dementia and their families, outlining a range of measures, including the expansion of post-diagnostic supports and community-based supports and services. While the National Dementia Strategy sets out the vision for improving dementia care and support in Ireland, the Model of Care builds on that vision by providing the roadmap for how it can and should be realised in practice.

The Need to Invest in The Model of Care for Dementia in Ireland

This landmark, evidence-based policy framework sets out a nationally agreed approach to delivering timely, person-centred and integrated dementia care and support across the health and social care system. It is critically important in informing and underpinning many of the recommendations and investment asks contained within this Pre-Budget Submission. It provides clear national direction on the types of supports and services that should be available to people living with dementia and their families, including post-diagnostic supports, community-based services, psychosocial interventions, home supports and care coordination. As such, it strengthens the evidence and policy basis for sustained investment in dementia-specific services and supports.

However, while the Model of Care provides a strong and ambitious framework, it will only deliver meaningful change if it is fully implemented and appropriately resourced. Published in 2023, it has the potential to transform the experience of dementia care in Ireland by creating a more consistent, equitable and proactive system of support from diagnosis through to end-of-life. The ASI strongly advocates for the full national implementation of the Model of Care itself, so that its vision can become a reality for people living with dementia and their families across Ireland.

Other Relevant Policy Frameworks

Dementia-related commitments are also embedded across a range of government policies. Under the National Planning Framework 2025 (25), National Policy Objective 40 seeks to make Ireland more age-friendly, in line with Government policy to support older people to live with dignity and independence in their own homes and communities for as long as possible. Further, according to the National Development Plan (26), National Strategic Objective 10 prioritises access to health services and care for older people. Such commitments are spread across national health policies, with the HSE National Service Plan 2026 (27) setting out to ensure timely access to dementia care, including the provision of home support, assessment services, and memory clinics. The National Carer's Strategy (2012) (28) establishes a strategic direction for services, supports, and policies affecting family carers, including those caring for a person living with dementia. The home-first principle of Sláintecare is also highly conducive to effective dementia care, aiming to provide the right care in the right place at the right time.

Human Rights

The ASI advocates for a rights-based approach to dementia care. People living with dementia are entitled to the same human rights as everyone else throughout all stages of life. However, they often encounter barriers that prevent them from fully realising their rights. Dementia is considered a disability under the UN Convention on the Rights of Persons with Disabilities (CRPD) (29). The UN CRPD confers rights such as that to the highest attainable standard of health including with respect to a diagnosis, access to rehabilitation services and to post-diagnostic services including non-pharmacological supports. The ASI looks forward to the implementation of the UN CRPD according to the National Human Rights Strategy for Disabled People 2025-2030. In addition, the Charter of Rights for People with Dementia (30) affirms that people living with dementia have the right to:

- Access appropriate levels of care providing protection, rehabilitation and support
- Help to attain and maintain maximum independence, physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life
- Live as independently as possible with access to recreational, leisure and cultural life in their community.

Our Approach

The ASI is a grassroots organisation operating in the heart of communities across Ireland. As an organisation grounded in evidence and the voice of people affected by dementia, the investment asks outlined in this Pre-Budget Submission are informed by multiple sources including:

- Ongoing consultation and discussion with people living with dementia and family carers across Ireland.
- Internal data and consultation with front-line staff providing dementia supports and services.
- National research conducted in 2023, with 72 people living with dementia and 594 family carers.
- A comprehensive review of external reports and academic research.

Supporting People Living with Dementia to Remain at Home for Longer

A clear thread runs throughout the recommendations contained within this Pre-Budget Submission - supporting people living with dementia to remain living well at home and in their local communities for as long as possible, in line with their preferences and human rights. There are a range of benefits associated with supporting people with dementia to live at home and stay connected to their communities for as long as possible:

Improves wellbeing and quality of life by enhancing opportunities for social connection, cognitive stimulation, meaningful activity, and holistic psychosocial support. This helps maintain independence, identity, connection to community, and reduces isolation.

Prevents premature admission to long-term care as access to home and community-based supports is associated with reduced hospital admissions, shorter hospital stays, and delayed admission to residential care. Strengthening these supports aligns with Sláintecare's home-first approach while improving overall system efficiency.

Provides a dual benefit by improving outcomes not only for the person living with dementia, but also for family carers by reducing stress, isolation and caring workload by providing safe and quality support to the person living with dementia. In general, family carers want to support the person with dementia to live at home, but they need support to do this.

Addresses geographical inequities by investing in services and supports in underserved rural and non-capital areas ensuring people affected by dementia can access timely and appropriate supports regardless of where they live.

Provides economic benefits and system sustainability. As set out in the economic foreword, by investing in much-needed services now in Budget 2027, this Government could avoid the estimated annual cost of inaction of €476 million. Every €1 of investment in Budget 2027 is estimated to return €3.97-€4.76 in avoided State expenditure. Research, including ESRI analysis, similarly indicates that in-home support is significantly more cost-effective than residential care (31).

Upholds human rights as people living with dementia have the right to live as independently as possible, in a familiar environment linked to their communities under Article 19 UN CRPD and the Charter of Rights for People with Dementia (29, 30). Without the correct services and supports, it is not possible for them to realise this right.

Theme 1: Strengthen Home-Based Dementia Supports

Home-based dementia supports play a critical role in the lives of people living with dementia and their families, enabling people to live with dignity and independence, in line with their preferences and rights.

The current PfG outlines the Government's commitment to support older people to live at home and in their own communities, which includes the development of a statutory home support scheme, provision of additional home support hours, and enhanced dementia supports.

This commitment is reflected consistently across government policy, and in the Model of Care, (23) Target 30 of which states that *"every person with dementia assessed as requiring home-based care should be provided with personalised and flexible supports that meet both their personal and psychosocial care needs in their home."*

However, Ireland continues to rely disproportionately on residential care, despite longstanding policy commitments to support people living with dementia to remain at home including in the 2017 Sláintecare report (32) and the 2020 (33) and 2025 (24) Programmes of Governments. Seventeen years after the introduction of the Nursing Home Support Scheme (Fair Deal) in 2009, families continue to face a system that incentivises residential care over in-home support. Insufficient levels of home support mean that Ireland is falling short of its human rights obligations under Article 19 UNCRPD (29), which affirms the right of people with dementia to live independently and be included in their communities.

Recommendation 1: Expand Access to Day Care at Home

Ask: €716,100 | 21,700 hours | 173 New Clients

The current PfG commits to double funding for dementia Day Care at Home (DCAH).

DCAH is a unique ASI-provided service delivered by trained care workers who provide one-to-one support to a person living with dementia in their home every week in block hours. Unlike traditional home support, DCAH is activity-based, focused on providing variety, stimulation, social interaction and personalised enjoyable activities based on the interests of the person with dementia. DCAH is an essential support for people living with dementia, particularly those for whom Day Centres are not suitable or accessible. DCAH delivers quality psychosocial support, addressing a significant gap in home-based social care.

In 2025, The ASI provided 98,245 hours of DCAH to (an increase of 10% on the previous year). If delivered, €716,100 will help The ASI to provide a further 21,700 hours, supporting 173 more families.

An independent evaluation of The ASI's DCAH service, carried out by University College Cork and published in 2023, demonstrated that DCAH delivers significant benefits for both people living with dementia and family carers. High levels of satisfaction were reported by people living with dementia and family carers, driven in large part by the continuity of care and the strong, trusting relationships built with care workers over time (34).

The evaluation found that DCAH supports a previously underserved group of people for whom traditional Day Centres are not practical, acceptable or beneficial, including people affected by transport barriers, rural isolation, or individual preferences and needs. Importantly, DCAH supports both the person living with dementia and the primary carer, recognising their distinct but interconnected needs. The service helps people living with dementia to maintain a sense of identity by supporting their individual preferences, routines, and needs while family carers benefit from improved wellbeing, increased social connection, and reduced isolation. Overall, the findings demonstrate that DCAH is a highly valued, person-centred service with clear benefits for people living with dementia and their families.

Implementation Gap

The demand for DCAH since it was first rolled out in 2020 continues to grow. As of 10th June 2026, there are 2,007 families on referral lists for DCAH and Service Coordinators report that many families seeking help are in dire need of support. The evaluation of DCAH also highlighted a high level of unmet demand for the service resulting in long waiting lists and inequitable access across the country, which are more pronounced in rural areas (34).

Recommendation 2: Increase Investment in Dementia-Specific Home Support

Ask: €6,163,200 | 180,000 Additional Home Support Hours Ringfenced for Dementia

The current PfG commits to increase ringfenced home support hours for people living with dementia.

People living with dementia have diverse and evolving needs in relation to home support. High-quality dementia-specific home support is person-centred, consistent and delivered by dementia-trained staff and in partnership with the person with dementia and their family. Unlike task-orientated models of care delivered in short time slots, dementia-specific home support focuses on continuity, meaningful engagement, independence and inclusion while providing essential care.

In 2025, The ASI provided 126,653 hours of home care, an increase of 5% on the previous year.

There is strong evidence that high-quality home support is fundamental to enable people with dementia to remain living well in their own homes and communities. Research demonstrates that effective home support improves quality of life, supports psychological and emotional wellbeing, reduces hospital admissions and delays admission to long-term care (35-41). This, in turn, enables continued connection to everyday life and community. Home support workers also play a vital role in the lives of family carers, providing respite and reassurance to families which contributes to reduced stress (37).

However, outcomes are strongly influenced by how care is organised and delivered. Models that prioritise continuity of care, adequate time, dementia-specific training and relationship-based support are associated with better outcomes for both people living with dementia and family carers, while rushed, task-driven approaches risk undermining quality, wellbeing and independence (42, 43).

Research with people receiving and providing home support demonstrates that high-quality in-home dementia care requires an understanding of dementia, a person-centred approach and empathy, good relationships with the care worker, client and family and effective and supportive workplace policies and training (44).

Implementation Gap

In Budget 2026, €82 million was allocated for additional home support hours, with 22% ringfenced for dementia-specific home support. While this investment is welcome, demand continues to significantly outpace provision, resulting in delays, waiting lists, and the likelihood of families reaching crisis point before support is available.

Despite repeated commitments from successive Governments, a Statutory Home Support Scheme remains unimplemented. People who depend on home support continue to lack a statutory entitlement, leaving them without clear legal protections or enforceable rights to the support they need. In contrast, as the Fair Deal Scheme is on statutory footing, many families are left with no option but to pursue residential care.

Home Support remains one of the most desired dementia support services among people living with dementia and their families, supporting people to *"live their best life in their own home"* (17). However, when home support is available, staff are not always dementia-trained (17, 45). National research shows that people with dementia and carers view this lack of training as a significant barrier to quality care (17).

Sláintecare commits to delivering *"the right care, in the right place, at the right time."* For people living with dementia, the right care must include access to dementia-trained staff capable of delivering person-centred support specific to their needs. The importance of this is reflected by a family carer who described that after months of standard home support for his wife living with dementia, two sessions with a dementia-trained home support worker *"changed their lives."*

Impact of Investing in Home-based Dementia Supports

An investment of €6,163,200 would enable The ASI to provide 180,000 more home support hours to existing and new clients; and investment of €716,100 will provide a further 21,700 DCAH hours, supporting 173 more families. In addition to supporting people with dementia to remain at home for longer and its associated benefits, specifically investing in dementia-specific home care and DCAH will address unmet need while improving outcomes for people with dementia, families and the health (3). Home-based supports address both personal and psychosocial needs. Dementia-specific home care provides essential quality assistance with daily living, while DCAH delivers meaningful social engagement, cognitive stimulation and personalised activity. Both services are associated with improved quality of life.

Theme 2: Strengthen Dementia Day Centres

Dementia-specific Day Centres are a core component of the dementia care landscape in Ireland, playing a critical role in supporting people living with dementia and their families to remain connected to their local communities and to live well for longer.

The PfG 2025 commits to establishing 20 new dementia-specific Day Centres.

Recommendation 3: Establish Five New Dementia-Specific Day Centres and Expand Four Existing Day Centres

Ask (a) €240,000 | Develop Five New Day Care Centres | 40 Clients per Week | 2,000 Annual Attendances

Ask (b) €100,000 | Expand Three Existing Day Care Centres | 20 Clients per Week | 2,500 Annual Attendances

The ASI's Day Centres provide warm, welcoming, safe spaces in which people living with dementia can connect, engage, and thrive outside of their homes. They foster community through social interaction, guest performers, and structured activities tailored to meet the needs of participants. Day Centres also support family caregivers by providing a break from caring responsibilities.

Currently, The ASI has 62 Day Centres, with at least one in every county. In 2025, there were 81,153 attendances.

The Model of Care sets out a vision of integrated, person-centred care, with a strong emphasis on post-diagnostic supports that address not only clinical needs, but also social, emotional, and psychological wellbeing. Day Centres are a key mechanism through which these supports are delivered in practice. Target 32 further reinforces this role stating that *"the five strands of post-diagnostic support should be considered in the provision of day services for people living with dementia; having the dual benefit of restorative care for both the person with dementia and their family carer / supporter".* These five strands (information and education, emotional and psychological support, support for self-management, support for cognitive functioning, and support for physical health and wellbeing) are delivered in an integrated and practical way within dementia-specific Day Centre settings. This reflects the broader shift towards community-based, preventative care set out in Sláintecare.

Evidence from an independent evaluation of The ASI's Day Centres demonstrates that these services deliver meaningful and measurable benefits for people living with dementia and their families. Attendance is associated with improved social engagement, opportunities for cognitive stimulation, and maintenance of skills and abilities. Critically, the dementia-specific, person-centred model creates supportive environments that reduce isolation and enhance overall wellbeing, reflecting a quality of care that extends beyond basic service provision (46).

This is consistent with international evidence demonstrating that Day Centres meet the physical, social, nutritional and routine-based support needs of people living with dementia. According to people living with dementia, Day Centres provide psychologically supportive environments where they feel accepted, included and understood, offering a much-needed counterbalance to the stigma and social exclusion often associated with dementia. These services foster strong social connection, safety and belonging while facilitating meaningful activity, and supporting identity, autonomy and self-worth through person-centred support (47- 50).

There is also strong evidence that dementia-specific Day Centres deliver significant benefits for family carers, including improved wellbeing and reassurance that the person with dementia is safe, engaged and well-supported. These supports play a critical role in sustaining families' capacity to continue caring at home (51, 52).

Implementation Gap

Notwithstanding increased funding in recent annual budgets, The ASI remains unable to meet current demand for dementia day services. There are significant challenges with regard to capacity constraints, uneven access, and geographical inequities.

The demand for Day Centres nationwide greatly exceeds available capacity. This has led to lengthy waitlists, with 459 families currently waiting for places as of 10 June 2026. While there are currently 62 ASI Day Centres in operation throughout the country, there are notable disparities in opening hours. Only 14 Day Centres are open five days a week, with 33 only having the capacity to open for one or two days per week despite high demand. National research shows that many people living with dementia who attend Day Centres desire additional hours (17). Unmet demand is reflected not only in waiting lists for initial access, but also in requests for additional attendance days from people already attending services.

This disparity in access is most significant in rural areas, perpetuating geographical inequities. National research indicates that access to Day Centres is frequently limited by transport challenges, with many family carers noting that services are not located within reasonable proximity (17).

Without sustained investment in dementia-specific Day Centres, people living with dementia and their families are more likely to experience avoidable isolation, carer strain, crisis escalation and premature admission to long-term residential care.

Impact of Investment

Given the high value people living with dementia and family carers attach to dementia-specific day care, it is important to ensure the sustainability of existing provision and expand the capacity to provide more places and more days per week to areas across the country where the need in greatest. An investment of €240,000 would fund the establishment of five new dementia-specific Day Centres in the HSE Health Regions across West and North West; two in HSE South West; HSE Mid West; and HSE West and North West supporting an extra 2,000 extra attendances

An additional €100,000 would expand the capacity of three existing Day Centres: Bessboro, Blackrock, Cork City; Whistlemount, Navan, Co. Meath; and Bethany House, Co. Carlow supporting an extra 2,500 attendances.

This would be an important step toward achieving the aforementioned Target 32 of the Model of Care. In addition to supporting people with dementia to remain at home for longer and its associated benefits, these investments would support more people living with dementia to access structured supports, opportunities for cognitive stimulation, remain socially engaged, and maintain skills and abilities. These investments would not only provide places for people currently on waiting lists but also improve service

access for existing users. The dual benefit of these investments would be felt by more families, providing a much-needed break and respite on a weekly basis, substantially improving their wellbeing.

Theme 3: Increase the Number of Dementia Advisers in Ireland

The ASI's Dementia Adviser (DA) Service is a vital lifeline for thousands of people living with dementia and their families across Ireland.

The PfG 2025 commits to doubling the number of Dementia Advisers.

Recommendation 4: Grow the Dementia Adviser Service by funding eight new posts across Ireland

Ask: €629,000 | Deliver 8 Dementia Adviser Roles Across Kerry, Limerick, North Dublin, South Dublin, Longford /Westmeath, Laois/Offaly, Carlow/Kilkenny and Cork.

DAs provide a locally-based accessible point of contact, offering individualised outreach support to people concerned about their cognitive health, people living with dementia, and their families. They provide individualised practical, emotional and informational support across the dementia journey, from diagnosis through to end-of-life care. The service supports people to navigate the health and social care system, access appropriate supports, maintain independence and remain connected to their communities. Key functions include providing information and guidance, supporting participation and wellbeing, and signposting to relevant supports. The service plays an important role in providing early intervention to prevent crisis situations. DAs assist and support the person with dementia and their family to consider planning for the future, with a focus on legal, financial and care planning.

According to Target 24 of the Model of Care, *"100% of people diagnosed with dementia should be offered contact details for their local DA."* This recognises the vital role a DA plays in a person's dementia journey following diagnosis and affirms the need for enhanced locally accessible nationwide provision of the service.

There are currently 36 Dementia Advisers working across Ireland who are consistently in demand. In 2025, the service held 12,062 meetings. We worked with 4,953 new clients in 2025, a 5% increase on 2024.

The importance and impact of the DA Service is strongly reflected in both client feedback and independent evaluation findings (53, 54). Client feedback is consistent with the findings of an independent evaluation carried out by University College Cork, which identify the service as a vital source of post-diagnostic support. Engagement with DAs improved independence, confidence, understanding, community awareness and social connectedness for people affected by dementia.

The evaluation demonstrated that DAs provide an important source of ongoing information, emotional support and service navigation, helping people living with dementia and families to better understand the condition and access appropriate supports over time. Health and Social Care Professionals participating in the research identified the DA Service as particularly valuable post-diagnosis, highlighting its role in connecting people to local supports, supporting carers and families, and improving access to information and guidance. DAs often provide information sessions and awareness campaigns locally, which the independent evaluation indicates helps people affected by dementia to feel less isolated from society and more accepted in their community. While a dementia diagnosis can bring a sense of isolation, uncertainty and disconnection, the independent evaluation indicates that the DA service can significantly reduce feelings of isolation and helplessness.

The evaluation further highlighted the importance of early referral to the DA Service and identified strong support for wider national coverage and greater integration with existing health and social care services.

Implementation Gap

Access to more information and advice was one of the greatest needs highlighted by people living with dementia and family carers in Ireland in research conducted in 2023 (17). The DA Service directly addresses this. Without timely access to a DA, many people living with dementia and their families are left without the information, emotional support and service navigation needed to manage the condition effectively, increasing the risk of crisis, isolation and avoidable escalation of care needs.

There are significant inequities in regional access to the service. Despite a welcome increase in both the number and geographical coverage of the service in recent years, the gap between demand and provision is deepening due to growing prevalence and more referrals from health and social care services. Through ongoing expansion of the team, the average wait time to meet a DA in some counties is below four weeks. However, in many counties it can be up to 10 weeks. The number of referrals to this service is increasing rapidly, for example referrals in 2025 compared with 2024 have increased by 100% in Kerry, 63% in Carlow/Kilkenny, 26% in Limerick and 13% in Longford/Westmeath. It is anticipated that as the diagnostic services such as the developing Memory Assessment Services in Kerry, Limerick, North Dublin and Longford/Westmeath become fully operational, referrals will continue to increase. The service must be funded to continue to expand regionally to meet this increasing need.

Impact of Investment

An investment of €629,000 would provide eight additional DA roles in Kerry, Limerick, North Dublin, South Dublin, Longford /Westmeath, Laois/Offaly, Carlow/Kilkenny and Cork. This will support more people living with dementia and their families to navigate services and supports, and receive accurate, personalised and timely information about dementia. The service is closely linked with health and social care professionals, facilitating coordinated referrals and continuity of support.

A fully resourced nationwide DA service aligns with the Model of Care target for every person diagnosed with dementia in Ireland to be able to engage with the service, improving access to information, guidance, and support for people living with dementia and their families.

Theme 4: Supporting Social and Cognitive Health in Local Communities

Supporting people with dementia and their carers to live as well as possible in their communities, with timely psychosocial support, is a global public health goal (55). Key Irish frameworks including the National Dementia Strategy and the Model of Care emphasise the importance of post-diagnostic supports, evidence-based psychosocial interventions, and community-based programmes that promote wellbeing, independence, participation and quality of life. These frameworks recognise that dementia care extends far beyond clinical treatment alone and must also support the social, emotional and cognitive health of the person.

The importance of non-pharmacological interventions and community supports for people living with dementia cannot be underestimated. The Experience of Dementia in Ireland report highlights the significant value people living with dementia place on remaining socially connected, participating in meaningful activities, maintaining routine and purpose, and continuing to engage with their communities in ways that promote participation, independence and identity (17).

There is now a strong international evidence base demonstrating that structured activities and cognitive stimulation can support cognition, communication, social interaction and quality of life for people with mild and moderate dementia. This reinforces the importance of activity-based dementia supports that offer far more than occupation or entertainment alone. When activities are structured, person-centred and socially engaging, they can help people living with dementia maintain confidence, connection, participation and sense of self (56-58). These programmes are particularly valuable in the earlier and middle stages of dementia, where supporting autonomy, participation and continued community engagement are key priorities.

Recommendation 5: Fund and evaluate Activity Clubs for People with Young-Onset Dementia and Early-Stage Dementia

Ask a) €210,080 | Deliver 10 Activity Clubs

Ask b) €75,000 | External Evaluation of the Activity Clubs | Full Assessment and Effectiveness

Activity Clubs are a safe, engaging, and inclusive space where people living with young-onset and early-stage dementia can participate in a variety of enjoyable and/or therapeutic activities that can enhance their quality of life such as art therapy, music sessions, gardening and tailored social events and outings.

The PfG 2025 commits to rolling out more early age dementia supports. The National Dementia Strategy (2014) recognises that the challenges and needs of those with YOD can differ greatly from older people and commits to address them. This is echoed in the Model of Care, which acknowledges that the range of potential social supports for people with YOD is different from the older age cohort and are often difficult to find (59-61).

Activity Clubs are participant-led, with members designing and selecting activities each week depending on their interests and preferences.

Young-onset dementia (YOD) refers to dementia diagnosed before the age of 65 and according to recent estimates, there are approximately 5,200 people living with YOD in Ireland (23). People with YOD face distinct challenges, including changing family responsibilities, social isolation and reduced access to suitable post-diagnostic supports (60, 63). Consequently, mainstream dementia services, which are often designed primarily for much older adults, may feel inappropriate or alienating for someone in their 40s, 50s or early 60s (63).

Early-stage dementia refers to when a person's symptoms are relatively mild and not widely apparent, but family and close friends may notice (62). People with early-stage dementia can be of any age. National policy emphasises the importance of timely post-diagnostic and psychosocial supports that enable people in the earlier stages of dementia to remain active, connected and independent for as long as possible. Often, people in the earlier stages tend to avoid traditional dementia services because they are not ready to witness later stages of the condition or fear what engagement with services may represent. As a result, many choose to live without services until their needs change dramatically.

Recognising that people with young-onset dementia and people with early-stage dementia may require supports that are both age-appropriate and stage-appropriate, there is a strong and growing national and international evidence base demonstrating the importance of tailored community-based interventions (60,61). It shows that community-based activity and social groups support people with young-onset and early-stage dementia to maintain independence, social participation, identity, confidence and emotional wellbeing, while reducing isolation and promoting inclusion within their communities (63-66). Leisure and activity-based programmes also provide opportunities for self-expression, purpose, enjoyment and connection, helping to counteract social withdrawal and stigma (67).

Evidence consistently highlights that these supports are most effective when they are local, affordable, dementia-friendly, and flexible enough to respond to changing needs over time (17, 66-68). A person-centred and collaborative approach is particularly important, enabling individuals to exercise choice and influence over activities and participation (17, 63, 68, 69).

Collectively, the evidence demonstrates that young-onset and early-stage dementia activity groups are not simply recreational services, but an important component of post-diagnostic support.

Implementation Gap

There is a clear lack of age- and stage- appropriate supports for people with young-onset and early-stage dementia in Ireland, with limited availability of tailored groups and significant geographic disparities in access.

There is a clear need for greater investment in age-appropriate peer support, expanded geographic coverage, and more YOD-focused services and staff (70). Studies involving research from the University of Galway and from University College Cork identified substantial inequities in access to supports for people with YOD, with services concentrated in urban areas and limited face-to-face supports available in rural communities (71, 72). As a result, many have no choice but to rely on informal or self-organised peer support networks, which can be difficult to sustain without dedicated funding, coordination and staffing supports (71).

Although people with early-stage dementia can avail of most dementia supports and services in Ireland, there are similarly very few that are tailored specifically to this cohort. Such services are urgently needed, as existing services that cater to multiple stages are often not of interest to those in early-stage dementia due to the reasons cited above.

Findings from The Experience of Dementia in Ireland report reinforce this gap. One of the most requested supports among people affected by young-onset and early-stage dementia was access to age-appropriate activities, peer support and opportunities to socialise with others in similar situations (17). This underscores the urgent need for policy and system-level investment in sustainable, inclusive, and young-onset and early-onset dementia-tailored services.

As The ASI's Activity Club model is a relatively new service, investment in evaluation is essential to ensure its continued development and sustainability.

Impact of Investment

An investment of €210,080 would enable the development and expansion of 10 activity groups across Ireland, aligning with this government's commitment to roll out more early age dementia supports as set out in the PfG 2025. Increasing the availability of age- and stage- appropriate activity clubs would significantly contribute towards meeting the distinct and complex needs of people living with young-onset and early-stage dementia which are often not addressed by existing dementia services.

Funding of €75,000 would support an independent evaluation of Activity Clubs, providing robust evidence on participant outcomes, service impact and implementation. The findings would inform service improvement, explore directions for expansion, and strengthen the evidence base for investment community supports for people living with young-onset and early-stage dementia.

Recommendation 6: Expand Maintenance Cognitive Stimulation Therapy

Ask: €105,350 | Deliver 10 programmes (a programme is 1 x a 24-week session)

Cognitive Stimulation Therapy (CST) represents a practical and scalable intervention that can be delivered through community dementia services and day centres, contributing to the wider goal of supporting people with dementia to live well in their communities for as long as possible.

National policy frameworks, including the Model of Care, emphasise the importance of post-diagnostic supports and evidence-based psychosocial interventions that help maintain cognitive functioning, wellbeing and social engagement. Within this context, CST and its continuation through Maintenance Cognitive Stimulation Therapy (MCST) represent important non-pharmacological interventions that can support people to live well following a dementia diagnosis.

Cognitive stimulation is an evidence-based, non-pharmacological intervention designed to support cognitive function and quality of life in people living with dementia. The approach combines general cognitive exercise with social interaction and support, both underpinned by a person-centred approach, that upholds the dignity and value of the person living with dementia (56).

MCST sessions are planned to follow on from the completion of the 14-session (seven-week) CST programme and run once weekly over a 24-week period. The ASI currently delivers a structured 24-week MCST programme in community venues and day centres. The MCST sessions are delivered by a trained MCST Coordinator and a care worker and each session is themed. The aim of the sessions is to actively stimulate and engage people with dementia whilst providing an optimal learning environment within a social group setting. By providing continued cognitive stimulation and social engagement over a longer period, MCST helps reinforce cognitive benefits while also supporting routine, confidence, peer connection and overall wellbeing among participants.

The Model of Care identifies CST as an important post-diagnostic support for maintaining cognition. CST is also highlighted in several international clinical guidelines, including the National Institute for Health and Care Excellent in the UK (73). As one of the most widely used psychosocial interventions, CST has a strong and growing evidence base (74).

A recent Cochrane Review states that CST has consistently been shown to produce modest but meaningful improvements in cognitive performance equating roughly to a six-month delay in cognitive decline usually expected in mild to moderate dementia (56). Several systematic reviews and meta-analyses further demonstrate that CST is an effective and cost-effective intervention associated with benefits for social interaction, communication and overall wellbeing (56, 75-76). Irish research also demonstrates strong enthusiasm for CST among people living with dementia and family carers, who value it not only for its cognitive benefits but also for the opportunity it provides for social engagement, confidence-building and peer support (77).

Implementation Gap

Research from the National College of Ireland has identified a clear CST implementation gap in Ireland with a significant proportion of trained practitioners not delivering CST programmes due to resource constraints. As a result, opportunities to sustain the benefits of CST through follow-on programmes such as Maintenance CST remain limited.

Research conducted with 72 people living with dementia found that, when asked what services they would most like to see, most wished to have more opportunities to stimulate their minds while socialising with others (17).

Impact of Investment

Investment in Maintenance CST would help to protect and extend the investment already made in CST training and delivery by enabling people who complete the initial programme to continue benefiting from structured cognitive stimulation. Frequently cited barriers such as time and space would not be a constraint in this context. An investment of €105,350 will deliver 10 programmes (a programme is 1 x a 24-week session).

It would also support wider and more consistent access to evidence-based psychosocial interventions, strengthening post-diagnostic supports and helping people living with dementia maintain cognitive health, confidence and wellbeing for longer.

Bibliography

1. Pierse T, O'Shea E, Carney P. Prevalence, costs and projections of dementia in Ireland. BMJ Open. 2020;10(10):e037587.
2. Connolly S, Gillespie P, O'Shea E, Cahill S, Pierce M. Estimating the economic and social costs of dementia in Ireland. Dementia (London). 2014;13(1):5-22.
3. Morrow E, Lynch M. The economics of home support services in Ireland: exploring complex issues of healthcare sustainability and aging populations. Front Public Health. 2025;13:1602617. doi:10.3389/fpubh.2025.1602617.
4. Zhu CW, et al. Longitudinal study of effects of patient characteristics on direct costs in Alzheimer's disease. Neurology. 2015;84(15):1560-1566.
5. Carter L, Yadav A, O'Neill S, O'Shea E. Extended length of stay and related costs associated with dementia in acute care hospitals in Ireland. Aging Ment Health. 2022;27(5):911-920.
6. Sacco P, Menehan A, Martellucci C, Parris J. Health service utilisation and costs among dementia caregivers: a systematic review. Aging Ment Health. 2022;26(9):1795-1808.
7. University of Southern California Schaeffer Center for Health Policy and Economics. The cost of dementia in the United States: 2025 estimates. United States Cost of Dementia Model (USCDM) [Internet]. Los Angeles (CA): USC Schaeffer Center; 2025 [cited 2026 May]. Available from: https://schaeffer.usc.edu/cost-of-dementia-model
8. Trepel D. Economic analyses of dementia care in Ireland and Europe: perception of services and care, the market value of informal care and changes in service utilisation attributed to comorbid depression. doi:10.13140/RG.2.2.24615.55206
9. Alzheimer Europe. Dementia prevalence in Europe 2025 [Internet]. Luxembourg: Alzheimer Europe; 2025 [cited 2026 Jun 8]. Available from: https://www.alzheimer-europe.org/sites/default/files/202601/alzheimer_europe_dementia_prevalence_report_2025-final-_digital.pdf
10. Department of Health. Path to universal healthcare: Sláintecare implementation strategy and action plan 2025 [Internet]. Dublin: Government of Ireland; 2025 [cited 2026 Jun 8]. Available from: https://assets.gov.ie/static/documents/Path_to_Universal_Healthcare_Slaintecare__Programme_for_Gov_2025.pdf
11. Economic and Social Research Institute (ESRI). Projections of demand for healthcare in Ireland, 2015–2030: first report from the Hippocrates model [Internet]. Dublin: ESRI; 2017 [cited 2026 Jun 8]. Available from: https://www.esri.ie/system/files/publications/RS214_1.pdf
12. Cahill S, O'Shea E, Pierce M. Future dementia care in Ireland: sharing the evidence to mobilise action [Internet]. Dublin: The Alzheimer Society of Ireland; 2018 [cited 2026 Jun 8]. Available from: https://dementia.ie/wpcontent/uploads/2020/01/future_dementia_care_in_ireland.pdf
13. Garre-Olmo J, Vilalta-Franch J, Calvó-Perxas L, Turró-Garriga O, Conde-Sala L, López-Pousa S, et al. A path analysis of patient dependence and caregiver burden in Alzheimer's disease. Int Psychogeriatr. 2016;28(7):1133-1141.
14. Enache D, Winblad B, Aarsland D. Depression in dementia: epidemiology, mechanisms, and treatment. Curr Opin Psychiatry. 2011;24:461-472.
15. Rozzini L, Chilovi BV, Peli M, Conti M, Rozzini R, Trabucchi M, et al. Anxiety symptoms in mild cognitive impairment. Int J Geriatr Psychiatry. 2009;24:300-305.
16. Rapp MA, Schnaider-Beeri M, Wysocki M, Guerrero-Berroa E, Grossman HT, Heinz A, et al. Cognitive decline in patients with dementia as a function of depression. Am J Geriatr Psychiatry. 2011;19:357-363
17. The Alzheimer Society of Ireland. The experience of dementia in Ireland 2023 [Internet]. Dublin: The Alzheimer Society of Ireland; 2023 [cited 2026 Jun 8]. Available from: https://alzheimer.ie/wp-content/uploads/2023/09/The-Experience-of-Dementia-in-Ireland-2023.pdf
18. Trépel D, Crean M, Begley E. Economic analysis of home care services [Internet]. Dublin: The Alzheimer Society of Ireland; 2018 [cited 2026 Jun 8]. Available from: https://alzheimer.ie/wp-content/uploads/2018/12/Economic-Analysis-of-Home-Care-Services-Summary-Document.pdf
19. The Alzheimer Society of Ireland. The cost of living while caring [Internet]. Dublin: The Alzheimer Society of Ireland; 2023 [cited 2026 Jun 8]. Available from: https://alzheimer.ie/wp-content/uploads/2023/03/The-Cost-of-Living-while-Caring-FINAL.docx.pdf
20. Vincentian Partnership for Social Justice. Minimum essential standard of living 2024 [Internet]. Dublin: VPSJ; 2024 [cited 2026 Jun 8]. Available from: https://www.budgeting.ie/publications/mesl-2024/
21. Vincentian Partnership for Social Justice. Minimum essential standard of living 2025 [Internet]. Dublin: VPSJ; 2025 [cited 2026 Jun 8]. Available from: https://budgeting.ie/wp-content/uploads/2025/11/MESL-2025.pdf
22. Department of Health. The Irish national dementia strategy [Internet]. Dublin: Government of Ireland; 2014 [cited 2026 Jun 8]. Available from: https://assets.gov.ie/static/documents/the-irish-national-dementia-strategy.pdf
23. National Dementia Office. Model of care for dementia in Ireland [Internet]. Dublin: Health Service Executive; 2025 [cited

2026 Jun 8]. Available from: https://engagingdementia.ie/wp-content/uploads/2025/10/Model-of-Care-for-Dementia-in-Ireland-PDF.pdf

24. Government of Ireland. Programme for Government: securing Ireland's future [Internet]. Dublin: Government of Ireland; 2025 [cited 2026 Jun 8]. Available from: https://assets.gov.ie/static/documents/programme-for-government-securing-irelands-future.pdf
25. Government of Ireland. National planning framework: first revision April 2025 [Internet]. Dublin: Government of Ireland; 2025 [cited 2026 Jun 8]. Available from: https://www.npf.ie/wp-content/uploads/National-Planning-Framework-First-Revision-April-2025-1.pdf
26. Government of Ireland. National development plan 2021-2030 [Internet]. Dublin: Government of Ireland; 2021 [cited 2026 Jun 8]. Available from: https://assets.gov.ie/static/documents/national-development-plan-2021-2030.pdf
27. Health Service Executive. HSE national service plan 2026 [Internet]. Dublin: Health Service Executive; 2025 [cited 2026 Jun 8]. Available from: https://about.hse.ie/api/v2/download-file/file_based_publications/HSE_National_Service_Plan_2026.pdf/
28. Department of Health. National carers' strategy: recognising, supporting, empowering and valuing carers [Internet]. Dublin: Government of Ireland; 2012 [cited 2026 Jun 8]. Available from: https://assets.gov.ie/static/documents/national-carers-strategy.pdf
29. United Nations. Convention on the rights of persons with disabilities and optional protocol [Internet]. New York: United Nations; 2006 [cited 2026 Jun 8]. Available from: https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf
30. The Alzheimer Society of Ireland. Charter of rights for people with dementia [Internet]. Dublin: The Alzheimer Society of Ireland; 2014 [cited 2026 Jun 8]. Available from: https://alzheimer.ie/wp-content/uploads/2018/11/Charter-of-Rights-for-People-with-Dementia.pdf
31. Economic and Social Research Institute. Future demand for healthcare in Ireland: projections and implications for service planning 2020-2035 [Internet]. Dublin: ESRI; 2021 [cited 2026 Jun 8]. Available from: https://www.esri.ie/system/files/publications/RS122.pdf
32. Houses of the Oireachtas Committee on the Future of Healthcare. Sláintecare report [Internet]. Dublin: Houses of the Oireachtas; 2017 [cited 2026 Jun 8]. Available from: https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/committee_on_the_future_of_healthcare/reports/2017/2017-05-30_slaintecare-report_en.pdf
33. Government of Ireland. Programme for Government: our shared future [Internet]. Dublin: Government of Ireland; 2020 [cited 2026 Jun 8]. Available from: https://assets.gov.ie/static/documents/programme-for-government-our-shared-future-c0e5f2fe-ebb0-4430-9a42-68b34be57a16.pdf
34. The Alzheimer Society of Ireland. DCAH evaluation [Internet]. Dublin: The Alzheimer Society of Ireland; 2024 [cited 2026 Jun 8]. Available from: https://alzheimer.ie/wp-content/uploads/2024/01/DCAH-Evaluation-PLS.pdf
35. Manthorpe J, Vandrevala T, Abrams R, Samsi K. Working with colleagues and other professionals when caring for people with dementia at the end of life: home care workers' experiences. Int J Care Caring. 2019; 3(4):567-583. doi:10.1332/239788219X15651814499954.
36. Mole L, Kent B, Hickson M, Abbott R. 'It's what you do that makes a difference': an interpretative phenomenological analysis of health care professionals and home care workers experiences of nutritional care for people living with dementia at home. BMC Geriatr. 2019;19(1):1-10. doi:10.1186/s12877-019-1270-4.
37. Polacsek M, Goh A, Malta S, Hallam B, Gahan L, Cooper C, et al. 'I know they are not trained in dementia': addressing the need for specialist dementia training for home care workers. Health Soc Care Community. 2020;28(2):475-484. doi:10.1111/hsc.12880.
38. Hutt R, Rosen R, McCauley J. Case managing long term conditions: what impact does it have in the treatment of older people? [Internet]. London: The King's Fund; 2004 [cited 2026 Jun 8]. Available from: https://www.kingsfund.org.uk/sites/default/files/casemanagement.pdf
39. Hendriksen C, Lund E, Strømgård E. Consequences of assessment and intervention among elderly people: a three year randomised controlled trial. Br Med J (Clin Res Ed). 1984;289(6457):1522-4. doi:10.1136/bmj.289.6457.1522.
40. MRC Cognitive Function and Ageing Study. Dementia and elderly people at home and in institutions. Br Med J (Clin Res Ed). 1984;289(6457):1522-1525.
41. Bernabei R, Landi F, Gambassi G, Sgadari A, Zuccala G, Mor V, Rubenstein LZ, Carbonin PU. Randomised trial of impact of model of integrated care and case management for older people living in the community. BMJ. 1998;316(7141):1348. doi:10.1136/bmj.316.7141.1348.
42. Leverton M, Burton A, Beresford-Dent J, Rapaport P, Manthorpe J, Azocar I, et al. Supporting independence at home for people living with dementia: a qualitative ethnographic study of homecare. Soc Psychiatry Psychiatr Epidemiol. 2021;56(12):2323-2336. doi:10.1007/s00127-021-02084-y.
43. Manthorpe J, Samsi K. Person-centered dementia care: current perspectives. Clin Interv Aging. 2016;11:1733-1740. doi:10.2147/CIA.S104618.
44. Goh AMY, Polacsek M, Malta S, Doyle C, Hallam B, Gahan L, et al. What constitutes 'good' home care for people with dementia? An investigation of the views of home care service recipients and providers. BMC Geriatr. 2022;22(1):42. doi:10.1186/s12877-021-02727-4.

45. Department of Health. National Dementia Strategy Mid-Term Review [Internet]. Dublin: Department of Health; 2018 [cited 2026 Jun 8]. Available from: https://assets.gov.ie/static/documents/national-dementia-strategy-mid-term-review.pdf

46. Pierce M, Cullen K, Wynne R. Evaluation of the role and contribution of dementia-specific day care services in the evolving dementia care landscape [Internet]. Dublin: The Alzheimer Society of Ireland; 2020 [cited 2026 Jun 8]. Available from: https://alzheimer.ie/wp-content/uploads/2022/05/ASI_22_Day_Care_Report_Final-2-1.pdf

47. Scher CJ, Anderson K, Zagorski W, Siamdoust S, Li Y, Sadarangani T. "We feel like a family here": person-centered outcomes of adult day services use from the voices of people living with dementia and their caregivers. BMC Health Serv Res. 2025;25:13436. doi:10.1186/s12913-025-13436-8

48. Nyström L, Foucard E, Harnett T, Jönson H. Dementia as neither hidden nor defining: identity, group belonging, and wellbeing in day-care centres. Dementia (London). 2025;14713012251408714. doi:10.1177/14713012251408714.

49. Strandenaes MG, Lund A, Rokstad AM. Experiences of attending day care services designed for people with dementia: a qualitative study with individual interviews. Aging Ment Health. 2018;22(6):764-772. doi:10.1080/13607863.2017.1304892.

50. Rokstad AM, McCabe L, Robertson JM, Strandenaes MG, Tretteteig S, Vatne S. Day care for people with dementia: a qualitative study comparing experiences from Norway and Scotland. Dementia (London). 2019;18(4):1393-1409. doi:10.1177/1471301217712796.

51. Tretteteig S, Vatne S, Rokstad AMM. The influence of day care centres for people with dementia on family caregivers: an integrative review of the literature. Aging Ment Health. 2016;20(5):450-462. doi:10.1080/13607863.2015.1023765.

52. Zarit SH, Kim K, Femia EE, Almeida DM, Klein LC. The effects of adult day services on family caregivers' daily stress, affect, and health: outcomes from the Daily Stress and Health (DaSH) Study. Gerontologist. 2014;54:570-579.

53. The Alzheimer Society of Ireland. Dementia Adviser Service Client Impact Survey 2017 [Internet]. Dublin: The Alzheimer Society of Ireland; 2018 [cited 2026 Jun 8]. Available from: https://alzheimer.ie/wp-content/uploads/2018/11/DA-Client-Survey_2017_final-1.pdf

54. O'Reilly P, Coffey A. Evaluation of The Alzheimer's Society of Ireland Dementia Adviser Service [Internet]. 2018 [cited 2026 Jun 8]. Available from: https://hdl.handle.net/10147/623818

55. World Health Organization. Global action plan on the public health response to dementia 2017-2025 [Internet]. Geneva: World Health Organization; 2017 [cited 2026 Jun 8]. Available from:https://www.who.int/mental_health/neurology/dementia/action_plan_2017_2025/en/

56. Woods B, Rai HK, Elliott E, Aguirre E, Orrell M, Spector A. Cognitive stimulation to improve cognitive functioning in people with dementia. Cochrane Database Syst Rev. 2023;1(1):CD005562. doi:10.1002/14651858.CD005562.pub3.

57. Phinney A, Chaudhury H, O'Connor DL. Doing as much as I can do: the meaning of activity for people with dementia. Aging Ment Health. 2007;11(4):384-393. doi:10.1080/13607860601086470.

58. Bell G, Polack S, Silarova B, et al. The effect of community-based group activities on psychological well-being in people living with dementia: a systematic review. J Am Med Dir Assoc. 2025;26.

59. National Dementia Office. Young onset dementia in Ireland: a needs assessment [Internet]. Dublin: National Dementia Office; 2020 [cited 2026 Jun 8]. Available from: https://dementia.ie/wp-content/uploads/2020/12/Youngonsetdementia.pdf

60. Baptista MA, Santos RL, Kimura N, Lacerda IB, Johannenssen A, Barca ML, et al. Quality of life in young onset dementia: an updated systematic review. Trends Psychiatry Psychother. 2016;38(1):6-13. doi:10.1590/2237-6089-2015-0049

61. Richardson A, Pedley G, Pelone F, Akhtar F, Chang J, Muleya W, et al. Psychosocial interventions for people with young onset dementia and their carers: a systematic review. Int Psychogeriatr. 2016;29(9):1441-1454. doi:10.1017/S1041610216000132.

62. Alzheimer's Association. Stages of Alzheimer's [Internet]. Chicago (IL): Alzheimer's Association; [cited 2026 Jun 8]. Available from: https://www.alz.org/alzheimers-dementia/stages

63. Kilty C, Curtin C, Fox S. Harnessing community information and support for people with young onset dementia and their families [Internet]. Dublin: The Alzheimer Society of Ireland; 2022 [cited 2026 Jun 8]. Available from: https://alzheimer.ie/wp-content/uploads/2022/07/CK-et-al-2022-Harnessing-community-information-and-support-for-people-with-young-onset-dementia-and-their-families.pdf

64. Burgener SC, Buettner LL, Beattie E, Rose KM. Effectiveness of community-based, nonpharmacological interventions for early-stage dementia: conclusions and recommendations. J Gerontol Nurs. 2009;35(3):50-57.

65. van Vliet D, Persoon A, Bakker C, Koopmans RTCM, de Vugt ME, Bielderman A, et al. Feeling useful and engaged in daily life: exploring the experiences of people with young-onset dementia. Int Psychogeriatr. 2017;29(11):1889-1898. doi:10.1017/S1041610217001314

66. Stamou V, La Fontaine J, O'Malley M, Jones B, Parkes J, Carter J, et al. Helpful post-diagnostic services for young onset dementia: findings and recommendations from the Angela project. Health Soc Care Community. 2022;30(1):142-153. doi:10.1111/h

67. Gray K, Russell C, Twigg J, editors. Leisure and everyday life with dementia. Maidenhead: Open University Press; 2023.

68. Mayrhofer A, Mathie E, McKeown J, Bunn F, Goodman C. Age-appropriate services for people diagnosed with young onset dementia (YOD): a systematic review. Aging Ment Health. 2018;22(8):933-941. doi:10.1080/13607863.2017.1334038.

69. Stamou V, La Fontaine J, O'Malley M, Jones B, Gage H, Parkes J, et al. The nature of a positive post-diagnostic support as

experienced by people with young onset dementia. Aging Ment Health. 2021;25(6):1125-1133. doi:10.1080/13607863.2020.1727854.

70. Stamou V, Oyebode J, La Fontaine J, O'Malley M, Parkes J, Carter J. Good practice in needs-based post-diagnostic support for people with young onset dementia: findings from the Angela Project. Ageing Soc. 2024;44(10):2240-2263. doi:10.1017/S0144686X2200136

71. Wang Z, Hunter A, Geoghegan C, Qureshi MA, Davis M, Kicks H, et al. Social health experiences and support needs of people living with young-onset dementia: a qualitative study. Dementia (London). 2026;14713012261420036. doi:10.1177/14713012261420036.

72. Kilty C, Cahill S, Foley T, Fox S. Young onset dementia: implications for employment and finances. Dementia (London). 2023;22(1):68-84. doi:10.1177/14713012221132374.

73. National Institute for Health and Care Excellence. Dementia: assessment, management and support for people living with dementia and their carers. Recommendations (NG97) [Internet]. London: NICE; 2018 [cited 2026 Jun 8]. Available from: https://www.nice.org.uk/guidance/ng97/chapter/Recommendations

74. Luxton D, Thorpe N, Crane E, Warne M, Cornwall O, El-Dalil D, et al. Systematic review of the efficacy of pharmacological and non-pharmacological interventions for improving quality of life of people with dementia. Br J Psychiatry. 2026;228(1):55-67. doi:10.1192/bjp.2025.11.

75. Saragih ID, Tonapa SI, Saragih IS, Lee BO. Effects of cognitive stimulation therapy for people with dementia: a systematic review and meta-analysis of randomized controlled studies. Int J Nurs Stud. 2022;128:104181. doi:10.1016/j.ijnurstu.2022.104181.

76. Paggetti A, Druda Y, Sciancalepore F, Della Gatta F, Ancidoni A, Locuratolo N, et al. The efficacy of cognitive stimulation, cognitive training, and cognitive rehabilitation for people living with dementia: a systematic review and meta-analysis. GeroScience. 2025;47(1):409-444. doi:10.1007/s11357-024-01400-z.

77. The Alzheimer Society of Ireland. FAB-CST Report [Internet]. Dublin: The Alzheimer Society of Ireland; 2024 [cited 2026 Jun 8]. Available from: https://alzheimer.ie/wp-content/uploads/2024/05/FAB-CST-Report-Online-Version-FINAL.pdf