Policy discourses on homecare services for rural older people in Ireland: Spatial and age-based drivers of narratives and absences

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Policy Discourses on Homecare Services for Rural Older People in Ireland: Spatial and Age-Based Drivers of Narratives and Absences

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Abstract:	Research highlights significant inequalities in the provision of homecare in rural communities. However, less is known about how these inequalities are rooted within existing policies and policy discourse, and to what degree values and assumptions related to spatial constructions or age-related constructions are driving these inequalities. This article presents a critical review of how homecare for rural dwelling older people is framed in policy and policy-related materials, and to assess the underpinning values in relation to related representations and discourses. Using Ireland as an illustrative case, a critical discourse analysis approach was employed that was informed by spatial justice, and ageism conceptual perspectives. Analysis focused on 53 documents that captured official policy, policy-related material and the broader narrative context of Ireland's policy landscape. A discourse of fragmentation and absence emerged as the overarching discursive theme regarding home care for rural older people in Ireland. However, this narrative was interwoven with and reinforced by a complex array of discourse framings that are layered across rural, ageing and care polices, including: a rural de-prioritization of ageing and older adults; a care and ageing subordination of rural contexts; economic-oriented development; and all-age-inclusion. Findings are discussed with respect to a rural spatial ageism, and the future of homecare reform in Ireland.
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09-07-2024

Dear Professor Smith,

Please find attached an original research article on *Policy Discourses on Homecare Services for Rural Older People in Ireland: Spatial and Age-Based Drivers of Narratives and Absences*. We believe the article will be of interest to your readership.

We are submitting this article as a part of the **Contemporary Rural Gerontologies** virtual special issue, edited by Mark Skinner and Rachel Winterton.

Should you require any further information, please do not hesitate to contact me.

Sincerely,

Jianmei Zhou

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Highlights:

- Fragmentation and absence emerged as the overarching discursive theme related to homecare for rural older people in Ireland.
- Fragmentation and absence characterised both the description of service provision, and the formal discursive neglect of this topic.
- A parallel disregard of the circumstances of older people in rural policy, and of rural contexts in ageing-related and care policy was evident.
- A rural spatial ageism lens may help foster equitable procedural inclusion and an equitable distribution in the future of homecare reform

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Abstract:

Research highlights significant inequalities in the provision of homecare in rural communities. However, less is known about how these inequalities are rooted within existing policies and policy discourse, and to what degree values and assumptions related to spatial constructions or age-related constructions are driving these inequalities. This article presents a critical review of how homecare for rural dwelling older people is framed in policy and policy-related materials, and to assess the underpinning values in relation to related representations and discourses. Using Ireland as an illustrative case, a critical discourse analysis approach was employed that was informed by spatial justice, and ageism conceptual perspectives. Analysis focused on 53 documents that captured official policy, policy-related material and the broader narrative context of Ireland's policy landscape. A discourse of fragmentation and absence emerged as the overarching discursive theme regarding home care for rural older people in Ireland. However, this narrative was interwoven with and reinforced by a complex array of discourse framings that are layered across rural, ageing and care polices, including: a rural de-prioritization of ageing and older adults; a care and ageing subordination of rural contexts; economic-oriented development; and all-age-inclusion. Findings are discussed with respect to a rural spatial ageism, and the future of homecare reform in Ireland.

Keywords: Community-based care; critical discourse analysis; ageism; social injustice; discourses

Introduction

When comprehensive in provision, formal homecare can play a vital role in the quality of later life of rural older people, addressing their care needs and supporting their capacity to age independently in place (Institute of Public Health in Ireland, 2018). Although the majority of rural older people continue to rely on informal care within many jurisdictions, formal provision is arguably becoming even more critical given the ways in which outward migration, and globalized processes of urbanization and mobility have disrupted traditional support systems in rural settings (Neil Hanlon & Robin Kearns, 2016; Thomas Scharf et al., 2016). Along with the pronounced demographic ageing patterns in many rural settings, these changes have meant demand for formal homecare provision is rapidly increasing. However, despite this importance and the recognition of longstanding inequalities manifest in service fragmentation (Brown & Blancato, 2006), workforce retention and care quality in rural places (Keating, 2008), there remain questions around how rural home care is conceived, constructed and prioritized within policy and political spheres (Zhou et al., 2022). Discourses within such spheres, which are expressed in the language of policy institutions and their materials, can offer these insights. Discursive practices both represent and are likely to shape, political and public attitudes on homecare for older people, but the specific meanings that they hold and reinforce have largely been neglected. Without such an analysis, we are not in a position to assess the potential of existing framings to help generate shared and appropriate understandings of the value, and the challenges associated with rural home care, nor the solutions that support equitable provision. This article sets out to address this deficit.

There are a number of reasons why policy discourse and its analysis matters, especially in understanding the persistent nature of inequalities in rural homecare provision. Discourse can take

multiple interconnected forms and is therefore best understood as being multifaceted in itself, incorporating expression of values (Jensen, 1988), people's attitudes (Burr, 1995), social practices (Fairclough, 2013a). Policy discourses also do not just exist solely within formal materials but implicate and "emphasize the processes involved in the creation of discourse from a broader socio-institutional context" (Bacchi, 2000). Thus, policy discourse is socially constructed. It is through these facets and features, that an analysis of discourse – particularly one that is led by a critical equality perspective – can help to identify the ways in which certain dominant understandings and practices around policy formulation and its delivery are produced and reproduced. It may as such help situate differences in power and control identified in text-based discourse within wider social structures, helping to answer how discourses are constructed in social institutions (Wodak, 2014). A focus on discourse thus can assist in illuminating the discursive manner in which rural homecare is represented, the social discourse that informs that representation, and the views of those in power with regard to the way rural older people are perceived, treated and are prioritized with respect to home care.

The international literature presents a range of previously identified representations and narratives regarding rurality and ageing in the context of care provision, that are evident within policy discourses on this topic. This is both in terms of a combined focus on rural care for older people, and the singular components of rurality and ageing.

First, in terms of rurality and care, there are multiple representations that can be drawn from both empirical studies, and from critical and conceptual analyses that are broadly reflective of the ways in which rural areas are conceived. This includes place-based descriptive typologies (i.e., population size, economic and social development) which locates care as taking place within a particular setting and, in some cases, in relation to the needs and infrastructures within that setting

(McAreavey, 2022). This includes rurality and care as a socially constructed set of meanings that are attributed and shaped by societal structures, norms and policies, and the various actors within and external to local places (Shucksmith & Brown, 2016). This also includes, the rural as a as socio-historical and cultural representation, which embodies and supports particular cultural and cohort-specific expectations regarding care (Keating et al., 2008). Hanlon and Poulin (2021) go further and identify three binary but disparate narratives of older people's health and well-being in the rural countryside. The idyllic bucolic narrative views health and care of ageing populations as benefiting from close-knit and rejuvenating rural communities, with the more contemporary constitutions of this narrative linking positive well-being impacts to therapeutic landscapes, and 'green' and 'blue' spaces. The rural disparity narrative, in contrast, posits that older populations and their care needs are characterised by increased risks of co-morbidities and unmet needs for individuals, and increased disease burden for societies. The bifuracated narrative notes the dual competing representations, where rural older adult care is: (1) supported by high-levels of unconstrained, proximate informal social care – despite the evidence of the out-migration of younger generation support networks (Neil. Hanlon & Robin. Kearns, 2016; Thomas. Scharf et al., 2016); (2) is undermined by deficient services, disadvantaged infrastructures and a lack of a critical population mass to justify investment.

With an extensive critique of the over-simplified representations contained within these kinds of narratives (Thomas Scharf et al., 2016; Shucksmith, 2018; Skinner et al., 2021; Soares da Silva et al., 2016), the concept of spatial injustice (Lefebvre, 1968, 1991) has been increasingly applied to circumstances of populations such as older people susceptible to exclusion in rural places. In such cases the care of older people in rural settings is considered to be representative of distributive and procedural failings (Madanipour et al., 2022). The constitution of a spatial

injustice of care may involve a relational spatiality where processes that (re)produce inequalities are inherent within the relations of policies and resource allocation. It may also involve different scalar levels, where (dis)advantaging processes incorporate and flow through different levels, such as international and European contexts, national jurisdictions, older adult care policy, and local settings.

In terms of ageing, representations of older people in relation to health and care are equally diverse. The prolific utilization of constructs such as healthy ageing (e.g. Sláintecare (2017)) and active ageing (Department of Health, 2013) within health and social care policy is well documented, as is their connection to age-friendly community programmes (WHO, 2007). Aimed, in respective terms, at optimizing health and functionality, encouraging participation and contribution, and enabling ageing well, all three constructs represent a more positive turn towards the potential embodied within later life (Timonen, 2016). However, with a well-developed critique of these constructs, the heteronormative and sometimes ageist underpinnings of these representations have also been well highlighted (Ylänne, 2022), and have been noted to homogenize and potentially overlook the needs of populations with different and diverse health profiles (Carroll et al., 2023), different activity patterns and resident in different environments (Waldbrook, 2015), including rural settings (Burholt et al., 2014; Keating et al., 2013). Representations that convey more direct discriminatory bias have also been identified, with concerns being raised in relation to institutionally ageist narratives that problematize, and deprioritize care for older adults (Doron & Georgantzi, 2018; Hodgins, 2011; WHO, 2021). Again, this is in terms of an over-emphasis on the social and economic burden of older populations' care needs, and the assumed detrimental impact of demographic ageing on system sustainability, and intergenerational fairness (Harper, 2014). It is also in terms of how older adults have been

constructed as a population who will gain less value from, or are underserving of scarce resources – a narrative identifiable in some public and political debates during the Covid-19 pandemic (Huang & Liu, 2023). Where these narratives have been applied to rural environments, rural dwelling older populations have being viewed as examples of where the burden is greatest, or hardest to ameliorate (Kovacs et al., 2024), and where the rationale for investment is questioned given stagnated, declining populations and places, which are both of little productive value (Araújo et al., 2023).

These discourses exist amidst the various patterns and ideas regarding homecare in research and policy. This includes the well-evidenced challenges with respect to implementing a balanced and integrated model of homecare (WHO, 2019), and the exclusionary consequences for older people when public policies on homecare are poorly conceived (Grenier & Guberman, 2009). It also includes the range of concepts, frameworks and initiatives that aim to embed more rights-based approaches, or establish more person-centred and integrated models of provision (Health Information and Quality Authority, 2022) across different countries. Ultimately, the extent to which any or all of the discursive narratives and representations, and their spatial or age-based components, function to inform the conception, construction and prioritization of homecare for rural older people in policy has not been extensively investigated to date.

The aim of this article is to conduct a critical review of how homecare for rural-dwelling older people is framed in policy and policy-related materials, and to assess the underpinning values in relation to representations and discourses of rurality, ageing and care. This article draws particularly on the Irish policy and political landscape for this analysis. Ireland offers a valuable study setting for three reasons: it is in the midst of efforts to advance homecare legislation and regulation; it possesses one of the highest proportions of rural-dwelling older people in Western

Europe (43%) (Central Statistics Office, 2016); and, it has committed at all levels of its government to support the development of age-friendly environments.

Homecare in Ireland

Homecare in Ireland comprises a mixed model of provision, and includes publicly funded and provided homecare services, privately provided homecare services, which can be privately or publicly funded through a contracted provider (private), and informal homecare (Brendan Walsh & Sean Lyons, 2021). The term 'formal homecare', as used in this article refers to homecare services that "are paid and provided in a person's home" (Health Information and Quality Authority, 2021a). Public homecare in Ireland is coordinated by the Health Service Executive (HSE) (Ireland's national health service). Although significant investments have been made to rebalance statutory long-term care (LTC) expenditure towards community-based and home care provision in recent years (mirroring a trend in the majority of LTC systems in western developed nations), homecare is generally acknowledged to be still fragmented in provision and underfunded, with families remaining the dominant care source of support for older people in Ireland (Carter et al., 2021). While a number of initiatives are underway to support the development of a new home support scheme (including draft regulations (Department of Health, 2022) and a Commission of Care (Department of Health, 2024)), homecare is currently not underpinned by a statutory entitlement. A Professional Home Care Bill (Colm & Emer, 2020) which remains at draft stages has also been proposed, and sets out to support independent living, privacy and dignity, quality of care, and protection. As such there is not a single official policy, or set of policies, that focus solely on homecare provision – in rural areas or otherwise. Instead, homecare is dealt with under wider

strategies and frameworks within the health and social care sector (e.g. the Irish government's Sláintecare 10-year improvement plan (Burke et al., 2018)) or referenced in a broader and more scattered manner across ageing-related policies, and strategies related to rural settings.

Despite the lack of a legislative underpinning, policy and practice debates and developments regarding homecare are long-established in Ireland. There is a relatively long history of service variation in this area, spanning home assistance (home-help), personal care and home support. There is a longer history of policy-related calls for additional state-led services to support care of older people in the community (e.g. Care of the Aged Report (Government of Ireland, 1968); Years Ahead Report (Department of Health, 1988)) , as well as a range of reports that have examined standards and quality in relation to home care in Ireland as state services did evolve (e.g. NESF, (2009) ; NESC, (2012)). However, these historic calls rarely led to implementation or at least implementation with adequate budgetary resourcing (Health Information and Quality Authority, 2022). This is generally reflective of policy for older people in Ireland, where even Ireland's most recent and comprehensive policy – the National Positive Ageing Strategy (Department of Health, 2013) – was not accompanied by implementation.

Methodology

Study design and conceptual approach

This article employs an adapted form of a critical discourse analysis (CDA) and draws on traditional critical discourse analysis approaches (Bryman, 2016; Dalglish et al., 2020; Janks, 1997; Mullet, 2018), in addition to practical argumentation in policy analysis (Fairclough, 2013a,

2013b; Glynos et al., 2009). While universal standardized guidelines are not available, CDA is understood to assist with unveiling differences in power and control, that are rooted in social structures (Wodak, 2014). Given the Irish specific context, where there is a lack of a single formal policy on homecare in rural areas and a lack of implementation, the analysis approach had to account for the potential lack of availability of formal text, and the ways in which the discourse may be fragmented across a range of sources. On this basis, a three-level approach was taken to the selection of policies and policy related materials, and the analysis of the discourse itself. This included: having a core analytical focus on the main topic of rural homecare – referred to as the intersectional discourse; a combined or joint focus on policy materials in any one of the three main components of the topic – ageing, care and rurality; and a wider ecosystem focus that incorporated expressions in non-document-based exchanges, or civil society views.

Although CDA encourages an inductive interpretative process, a loose conceptual framework was used to support the recognition of representation and discourse components. The framework was informed by two conceptual literatures. First, to analyse the discourse of rural homecare for older people from a critical spatial perspective, the article draws on the concept of spatial justice. The concept of space itself and justice itself is socially constructed (Nordberg, 2020). Soja (2010, p. 2) defines spatial justice as "an intentional and focused emphasis on the spatial or geographical aspects of justice or injustice' and 'the fair and equitable distribution in space of socially valued resources and the opportunity to use them. his is used to explore the allocation and distribution of power and resources linked to homecare in rural areas across multiple spatial levels (Madanipour et al., 2022). A spatial justice framework encourages a critical examination of representations of and discourses from Irish policy's perspective of what is rural, and how discourse around rural influences the power relations within care, rural and ageing

policies, which may enable or restrict equitable access to rural homecare resources (Buffel et al., 2024)

Second, the concept of institutional ageism, referring to 'ageist principles in formal rules and procedures and in wider institutional cultures' (Lloyd-Sherlock et al., 2016, p. 1), is used as an explanatory lens to examine how value-based processes (stereotypes, prejudice, and discrimination (WHO, 2021) related to ageing may inform/disrupt the spatial flow of power and resources, and result in health/care inequalities for older people (Neysmith, 2018). In the context of this analysis, institutional ageism is used as a means of illuminating age-based and age-biased discourse constructed around older people, and within and across rural, care, and age-related policy and policy-related materials. It is used to identify to what extent, if any, age-bias is informing the construction of representations of older people, and any process related to the assessment and ranking of care needs (Wyman et al., 2018).

Critical Discourse Analysis: Steps and Stages

In this study, the analysis approach involved five stages: (1) problem identification; (2) policy document selection; (3) relevant text selection; (4) selected text excerpts analysis; and (5) interpretation analysis (Bryman, 2016; Dalglish et al., 2020; Fairclough, 2013a, 2013b; Glynos et al., 2009; Janks, 1997; Mullet, 2018).

Table 1. Five stages of Critical Discourse Analysis (adapted from Mullet, 2018)

Stage	Description	Application in this analysis
Problem Identification	Identify a social problem related to injustice or inequality in society	Challenges that rural older people face with unequal homecare provision
Policy Documents Selection	Select relevant policy and policy-related materials	Contemporary rural, care, and age-related policy documents, implementation documents, public debate, and legal documents
Relevant Text Selection	Prepare the data for analysis: 1) extract text from selected documents 2) code texts and categorize 3) identify overarching themes and sub-themes	Coding quotes into different categories around the issues of rural homecare in both singular and combined terms
Selected Text Excerpts Analysis	Internal text analysis: map the discourses around these themes with steps by transitivity, genres and interaction analysis	Discovering main themes (discourses) from representations found in stage 3 and critically analysing base on information focus, word usage and tone.
Interpretation Analysis	Critically analysing and interpretating these discourse in broader context and intertextual context	Exploring forces that shape those discourse across different documents, and from the broader context with the lens of spatial justice

Stage 1: Problem Identification

Stage 1 involved identifying a topic that is related to a social wrong, such as injustice or inequality in society (Fairclough, 2013; Mullet, 2018). Driven by the rationale presented in the introduction of this article, the definition and scope of the problem identification were set out in two guiding questions, which are:

- Guiding Question 1: How is rural homecare represented, in terms of being conceived, constructed and prioritized, in policy and policy related materials?
- Guiding Question 2: To what degree are these representations linked to spatial and age-based inequalities in rural homecare?

Stage 2: Policy Document Selection

This stage involved the selection of relevant policy and policy-related materials, and was divided into two steps: identification, and selection. First, due to limited direct coverage of the specific topic of homecare for rural older residents in Ireland, the three spheres of rural, care, and age-related policies were identified. Four types of documents and materials were identified across these spheres, and included official documents, implementation documents, public debates, and legal documents), based on the guiding analysis questions (Kayesa & Shung-King, 2021). This broad scope was chosen to maximize the comprehensiveness of the analysis, and allowed for an exploration of current policies, and how those policies are implemented or influenced, and how the public think about this issue. Second, three criteria were used to define the documents and text sources included in this review: inclusion dates, the topic of focus, and indicative lists of sources as to where to search for materials (Kayesa & Shung-King, 2021). Only current policy documents published in the last 15 years were included to maintain a focus on contemporary circumstances, and their discourses. With reference to Table 2, to capture as many relevant documents as possible, different search terms were used that addressed the specifics of the topic, and the three spheres. Fifty-three documents were returned from this search. See appendix A for details and categories of these documents.

Table 2: Search terms in different spheres

	Search Terms	**Topics focus**
Care policies	Care policy OR health care and social care policy OR community-based OR homecare OR family care OR respite care	Social care; Home care; Home support; Home help;
Rural Policies	Rural OR island	Social dimension; Older people; Care/Health/Homecare/Social care/
Age-related policies	Age friendly OR healthy ageing OR positive aging	Older people; Health; Care; Social care; homecare
Policy-relevant materials	Title of included policies OR homecare OR home support OR home support/care in (rural) Ireland	Report, action plan OR Homecare in (rural) Ireland OR homecare report in (rural) Ireland OR homecare implementation, evaluation

Stage 3: Relevant Text Excerpts Selection

This stage involved the data collection component of the analysis and comprised of extracting text excerpts relevant to the first guiding question 1, and which indicate how rural homecare for older people, and/or rurality, ageing, and (home)care are represented in combined and singular terms in policy. Only core policies as identified in Table 3 (See in Appendix A) were focused on in this stage. Broad categorizing criteria (table 4) were first developed and used to aid the identification and extraction of references in the text that were relevant to the issue of homecare services for rural older people in Ireland. Second, a preliminary thematic analysis on the extracted references were performed by coding and categorizing the text descriptions into different themes about representations. All texts were read and re-read, and keywords, themes, and other potential indicators of themes were recorded during these reading processes. NVivo 20 qualitative analysis software was used to help manages this process and the final representations of homecare for rural older people.

Table 4: Selection Criteria

Three spheres	Concepts in Singular Term	Concepts in Combined Term
Rural	Representations of rurality	Rural health OR Rural care Ageing in rural
Care	Representations of care/ community-based care/ home care	Older people in Care OR Care for Older people Care in Rural
Age-related	Representations of ageing and older people	Older people in Rural Care in ageing discourse

Stage 4: Data analysis of selected text excerpts

This stage comprised the analysis of discourse within policy documents. The analysis process involved breaking down the narratives and linking the various representations identified in stage 3 within policy materials. To do so, this stage involved re-reading the main thematic representations and searching and analysing the internal relations in text excepts at three levels: The overarching discourse on homecare for older people (combining rural, ageing, and care elements); any cross-over discourses between two or more of the spheres; and singular discourse arising from any one of the spheres. For instance, in the case of rural policy documents, it was first attempted to identify discourses on homecare for older people in rural policy, then cross-over discourses on care in rural policy and/or older people in rural policy; followed by a singular discourse on rural within rural policy. The internal relations were analysed by considering the focus of the text, word usage, tone, targeted group, and constructions connected with the social problem (Janks, 1997).

Stage 5: Interpretation Analysis

This stage involved setting about analysing the identified discourse from a broader scope, incorporating the external relations with other materials. A broader context here refers to an intertextual context (across documents) and situational context (interpretation situated in wider social and policy commentary). In step 1, the intertextual context is analysed by examining textual similarity and hybridity with respect to homecare for rural older people amongst both policy documents and policy-related materials. This involved using the same process as outlined for stage 3, but this time applied to representations of homecare for rural older people in Ireland within broader sets of policy-related materials, across care, rural, and age-related spheres. A comparative analysis of discourses on rurality, ageing, and care across these broader contexts (three spheres, and four document types) was conducted, by examining similar word use or common tone (textual similarity), and how different texts privilege different variations of these elements within discourses (textual hybridity) (Janks, 1997) ; for example, the common tone of homecare for rural older people, or different attitudes toward homecare for rural older people. In step 2, the situational context of time and space is considered during the interpretation analysis, particularly the factors that related to the broader Irish context in the production of this discourse.

Findings

The findings are presented in two parts. First, the core representations (findings from stage 3) regarding homecare for rural older people, and its core constituent components (rurality; ageing; care) are first presented. Second, the main discourses around homecare for rural older people

drawing from those representations and the broader narrative context (stages 4 and 5 of the analysis) is presented.

Representations

Homecare for rural older people is not, as may have been expected, defined or represented in an explicit form within the policy material included in this stage, with intersectional representations of rural homecare fleeting or all but absent. The representations presented in the main, therefore, refer to related phenomena and topics, that combine central areas of the core themes, or descriptions of the central constructs of rurality, ageing and care.

Representations of (home)care and older adult care users

Representations of homecare mirror the evolution of homecare services in Ireland. Representations indicated a shift in the view of policy (and public) that instrumental tasks and personal care should be more readily integrated into a broader support approach, which includes help with activities of daily living, personal care and rehabilitative services, and which includes the services of nurses, homecare works, and other health professionals. In more recent representations, and with a specific focus on what homecare should and can be, the nature and quality of what this entails and enables has been expanded. Although a forward-looking draft document, this includes the objectives and principles regarding independent living, privacy and dignity, quality of care and protection as espoused within the Professional Home Care Bill (Colm & Emer, 2020). In other cases, and as within the draft regulations for provision of home support services representations have

emphasized a vision for homecare that is assessable in terms of its person-centred and quality of provision, and the rights that it enables:

> "… the service provider shall have regard to the person-centred approach and outcomes set out in HIQA quality standards and that are based upon four principles: human rights, safety and wellbeing, responsiveness, and accountability."
> (Draft Regulations for Provision of Home Support Services, 2022: p. 7)

In some instances, homecare is depicted as one of the central components within a larger integrated needs-led system that helps rebalance health care provision towards local community-based services and reorientates models of delivery towards person-centred ecosystem of care.

> "All care is planned and provided so that the patient is paramount, ensuring appropriate care pathways and seamless transition backed-up by full patient record and information; Timely access to all health and social care according to medical need; Care provided free at point of delivery, based entirely on clinical need; Patients accessing care at most appropriate, cost-effective service level with a strong emphasis on prevention and public health"
> (Sláintecare Report, 2017: p.13)

References to homecare across general care, ageing or rural policies are not as detailed or extensive, but generally reinforce the view that homecare supports independent living, or in a more technocratic manner to help older people 'to remain in their own homes and communities for as

long as possible'. Representations of homecare or general care for older people also point to and entwine representations of older adult care users. In overall terms, the vulnerability of older people and the potential complexity of their care need is emphasized and linked to physical and mental ill-health, comorbidities, or frailty. A consequent requirement for a broad range of care services is as such sometimes stressed – mostly within care and age-related polices. However, care of older people emerges in some instances as being characterized by unmet need and the need for further investment. These gaps, and vulnerabilities intersect in references across policies where both appear to be intensified by the circumstances associated with diversity and risk, including living in rural settings:

> "Particular attention should also be paid to the needs of more marginalized, vulnerable, hard to-reach and minority groups of older people such as the frail and the oldest old (aged 80 years and over); people living in rural areas; persons with impaired mental capacity or dementia and those who care for them; older migrants and people from different ethnic backgrounds; older people with specific physical and intellectual disabilities; Travellers; and lesbian, gay, bisexual and transgender older people."
> (National Positive Ageing Strategy, 2013: p.13)

> "There was consensus that significant improvement and investment in mental health services for all groups is needed as part of an integrated approach to health and social care. Groups which highlighted concern with the deficiencies in current services included those representing children, the older population, people with disabilities, people with chronic conditions and disadvantaged populations."

(Sláintecare Report, 2017: p.152)

Representations of rural care

Despite the recognized value of meeting the needs of older people in their own communities, care supports for ageing in rural areas are little emphasized across polices. Three other dimensions of rural care are apparent. First, within rural polices, dominant representations of rural care concentrate on childcare, eHealth, primary care or general health services, where although older people are one of the key populations likely to be positively impacted by the latter three services, they are rarely referenced directly. Second, a general theme of less variety and depth in provision cross-cut representations of rural care. Illustrative of both of these themes, the following excerpt emphasizes the importance of these services in providing essential health and social care:

> "Good access to high-quality primary care services is essential to rural Ireland to provide health and social care services to the local community and reduce the reliance on acute hospital services…The development of primary care services, inclusive of GPs, health and social care professionals and Public Health Nursing, is part of the design to improve accessibility... The role of GPs in delivering healthcare is significant for rural populations, along with access to emergency medical treatment. GPs are typically deeply embedded in the communities they serve…"
>
> (Our Rural Future, 2021: p. 62)

Third, and related to the previous dimension, rural care is sometimes evident as a function of the limits created by its geographically distant and remote setting. Rural care here is mainly framed as a challenge – embodied by limited choice, inadequate inequitable provision, longer distances, and having less appeal for care workforces – that complicates provision, or an added consideration in service planning:

> "Particularly in rural areas, a client's choice of provider might be severely restricted, due to the limited availability of services in their area."
> (An Evaluation of the Consumer Directed Home Care Pilot Project in Community Healthcare Organisation 3, 2019: p.113)

> "There is a need to take into account population need, demographics, deprivation/poverty and even rurality and population dispersion in developing a resource allocation model for primary care and social care services."
> (Sláintecare Report, 2017: p.93)

Representations of rural ageing

Representations of rural ageing are evident, but are not extensive or holistic in form across the selected polices. Outside of brief references, care provision is not a key dimension of rural ageing representations. This is despite care of older people's representations suggesting that the diversity of older people's circumstances must be considered. Mobility, in contrast, emerges as a strong dimension of rural ageing, with a focus on transport often dominant as a key enabler or a source

of risk when there is a lack of, or no longer access, to transportation (e.g. driving cessation; bereavement of main household driver).

> "For older non-drivers, the accessibility and affordability of different modes of transportation are essential factors to ensure that they can remain actively engaged in their communities."
>
> (National Positive Ageing Strategy, 2013: p.27)

This, however, is just one of the risk factors that are evident within rural ageing representations, which largely convey rural older people as a homogenous group. Generally, vulnerability is again a central characteristic of these representations. While rural older people emerge in some cases as rich sources of cultural knowledge, they are also depicted as a group who lack certain abilities. This includes not having the ability to use digital technologies:

> "The policy also acknowledges the needs of older people and the value of intergenerational initiatives within rural communities to support the transfer of knowledge, skills and heritage between different age groups, including the opportunity for young people to support older age groups to adapt to digital technologies"
>
> (Our Rural Future, 2021: p.27)

As a result of such factors, ageing is depicted in some representations as a factor that is perceived to drive the lack of sustainability of rural areas, and their stagnation:

> "Over 20% of the islands' population in 2016 were aged 65 years and older; this is considerably higher than the national average of 12% for that age cohort... This age profile represents a challenge to the ongoing viability of the islands as places to live." (Our Living Islands, 2023: p.17)

Singular representations of rurality and ageing and (home)care

Outside of the combined forms presented thus far, it is helpful to consider how the central constructs of rurality and ageing are represented within domain specific policy materials.

Setting aside the complications of geographic distance illustrated within the representations in previous sections, representations regarding rural places generally convey a flexible definition of what rural means, illustrating a diversity and range of different kinds of places. These depictions are typically evident as a part of a broader place-based approach towards rural development. Such approaches problematizes the application of a one-size-fits-all understandings and promotes the value of these spaces as sites of heritage and economic activity with natural resources, such as farming, forestry, tourism, and small-scale industries. Nevertheless, across some of these representations, rural areas are defined relative to urban centers and influence which in some cases is used to convey the potential for growth, but often is used to illustrate a gradient of disadvantage:

> "While the term "rural Ireland" is widely used, there are many different perceptions of what "rural Ireland" means. The fact is that rural areas are not identical, and every town, village and parish differ considerably in terms of its individual strengths, needs and possibilities."

(Our Rural Future, 2021: p.23)

> "The three rural categories are: Rural areas with high urban influence Rural areas with moderate urban influence, highly Rural/Remote areas. Some of the key findings of the CSO report show the vulnerability of Highly Rural/Remote areas".
>
> (Our Rural Future, 2021: p.24)

While needs and vulnerability, and some homogenization and sustainability concerns, were all evident in relation to ageing in the previous representations, positive expressions of later life and older people were evident in equal measure – particularly in relation to age-related policy. In this form, ageing is presented as a period of opportunity where all individuals have the potential to live healthy, independent lives in older age. In some of these representations there is a strong emphasis on encouraging older people and households to actively participate in society, and to take responsibility for their own ageing. In others, older populations are depicted as a population group who can play a productive and positive role within their communities:

> "The reality is that older people are a vital resource for social and economic development… Productive ageing recognizes that older people contribute to society in many different ways."
>
> (National Positive Ageing Strategy, 2013: p.27)

However, demographic ageing is generally also framed within a wider life-course perspective, where older age is not seen as a distinct life stage but instead as a period that is connected to and

leads on from what has occurred in people's lives previously. In this regard, age is not seen as a fixed threshold that separates out older people ageing, with some references explicitly removing as a criterion for support, in this care homecare provision: *"Age is removed as a barrier to access." Regulation of Homecare (Health Information and Quality Authority, 2021b)*. Growing older is instead is presented as an experience that is/will be shared across individuals and generations.

> "We have a tendency to think of older people as a separate group rather than to recognize that, hopefully, old age will be a phase in all our lives".
>
> (National Positive Ageing Strategy, 2013: p.4)

Discourses

In all, five discourses related to homecare for rural older people were identified from the analysis of policies, policy material and the broader narrative context. These discourses will again be presented across intersectional, cross-over, and singular analysis levels, connecting to different extents with the representations presented in the previous section.

Homecare for rural older people – an intersectional discourse of fragmentation and absence

A discourse of fragmentation and absence emerged as the overarching discursive theme regarding home care for rural older people in Ireland. However, its construction implicates two distinct but interrelated sets of meanings. First, drawing together the identification of homecare services as being most deficient in rural areas, the concerns for vulnerabilities and unmet needs of older people

within these settings, and the repeated calls to address spatial inequalities in provision, rural homecare is discursively conceived and conveyed as at best a fragmented, and often an absent service. This is explicit in form within political discussion, and independent evaluations and commentaries, where debates and appraisals draw out concerns for spatial inequities and the implications for individuals, households and communities:

> "…a national system should reflect access to services, and in particular, take account of the needs of more isolated rural communities; population density; the distribution of the Travelling community; the needs of ethnic minorities; variations in the age profile and conditions such as dementia, as well as all levels of disabilities"
> (Improving Home Care Services in Ireland, 2018: p.48)

However, this discursive pattern is also evident in more implicit form where singular references across official policies and strategies to overall homecare spatial inequalities, rural care delivery challenges, and rural ageing vulnerabilities all stitch together to delineate the nature of this narrative. In certain cases these singular descriptions are narratively connected within sentences or paragraphs in single domain specific policies (mostly care and ageing, but sometimes rural). In other cases they arise separately across documents from different domains to patch together an overarching sense of fragmentation and absence across the policy landscape:

> "It is very difficult to access home care and support."
> (Sláintecare, 2017: p.48)

> "Services such as day care, home help and particularly home care packages can clearly assist family caregivers to continue providing care, but their availability is uneven" (The Irish Dementia Strategy, : p.22)

> "The dispersed settlement patterns and the demographic profile of rural Ireland, which has a higher age profile than urban areas, creates a social vulnerability for many people living in rural areas."
> (Our Rural Future, 2021: p.29)

Second, fragmentation and absence also refer to the nature of the discourse around homecare for rural older people, which in itself is not well developed, and discerned from fragments and fleeting references. As evidenced within the findings on representations, this on one level just relates to absences of a more granular, intersectional focus on homecare for rural older people. In care and ageing-related policies, the coverage of rural is simply limited, and rooted in the general descriptions of vulnerability and delivery challenges. In rural policies, rural care representations do not directly in discuss, describe or call for home care provision – care provision is not a key dimension for older people in rural areas, with older people's needs and preferences paid much little attention. This absence of representations that attend to this topic functions to reduce the possibility and the narrative space for a discourse to emerge on homecare for older people across polices, at the nexus of care, rurality and ageing.

Across this narrative, and its two sets of meanings, there are clear signifiers and factors that serve to evidence and reinforce the discourse, but also the practical manifestation of a fragmented service in provision. This includes the ambiguity over definition, where a single

standardized and accepted understanding of what is and is not a part of homecare services, and a part of the wider home support ecosystem. This includes the lack of clear eligibility criteria, and as of yet the lack of statutory entitlement, legislation and regulation, which are discursively and empirically connected to spatial fragmentation, and which in effect embeds the scope and scale of expectations and any assessment of appropriateness within a discourse around care provision. Finally, and connectedly, this includes the recognition of the indecision and the lack of adoption of a defined model of homecare and the linguistic portrayal of the implications – this is despite the obvious assertion of key components and valuable approaches regarding person-centered and rights-based approaches. All of these factors contribute to a tangible uncertainty around homecare, but particularly rural home care through appropriate spatial consideration and provision. Deficits across these factors are also in effect likely to suppress the development of a stronger, more evident discourse around rural homecare, in terms of an officially stated direction, and how that direction can drive a dialogue of assessment and critical debate. While not in the context of rural homecare specifically, these deficits are recognised and used in conjunction with many others (e.g. staff shortage; inconsistencies in provision; costs) to signify the need for, and the ongoing development of homecare services that are comprehensive and person-centred:

> "There needs to be a clear definition of what is considered homecare."
> (Regulation of Homecare: A Position Paper, 2021: p.5)

> "In particular, lack of clear eligibility criteria in home care has been criticized for giving rise to 'uneven provision and hence glaring inequity in access to services throughout the country."

(Geographic Profile of Healthcare Needs and Non-acute Healthcare Supply in Ireland, 2019: p.7)

A statutory entitlement to home care is essential if the service is to attract ring-fenced funding and to meet the needs and preferences of older people."
(Sláintecare, 2017: p.48)

"It is important to point out that there is no statutory entitlement to funding for formal homecare packages equivalent to the Nursing Homes Support Scheme (Fair Deal Scheme)"
(Regulation of Homecare: Research Report, 2021: p.23)

"Advocates have questioned whether the consistent delays in progressing reform for older people's care is indicative of institutional ageism"
(Policy Statement on Care, 2023: p.63)

Cross-over discourses relevant to homecare for rural older people

Two discourses that sit at the juncture of rurality and care, and ageing and care were identified as being relevant to homecare for rural older people, and potentially explaining the overarching discursive theme of fragmentation and absence. These discourses result in the same outcome, namely the circumstances of rural older being overlooked, but arise from different policy realms and sources, and are driven by different concerns.

A rural de-prioritization of ageing and older adults

A discourse of de-prioritization of ageing and older adults was apparent within rural policy, where specific considerations of rural ageing and care are neither attended to, nor promoted. In essence the concerns of older people were not synonymous with the ambitions presented in these documents and strategies, nor integral to the mechanisms and dimensions that were described as a vision for vibrant, viable and cohesive rural communities. This is evident in a number of ways, where narratives regarding certain ideas and views (such as those presented in some of the representations) are privileged, rather than others. For instance, with respect to services and supports, it is the representation of rural care as having a focus on general health and social care provision that dominates. Further, and despite the portrayal of older people as a vulnerable group within rural policy, and even with the legitimacy of the needs of this group recognised in terms of mobility, meaningful consideration of individual preferences is largely absent – with these considerations rarely featuring within rural priorities. In part, this absence is likely to be reinforced by the homogenization of older populations and the concentration that is directed elsewhere within policy and policy related material. However, a more value-based discursive underpinning was also evident. In some instances, this was about the choice of where to concentrate attention, and upon whom investment should be focused for the future of rural communities. As per many developmental policies, younger generations were central to the direction of future orientated agendas and objectives:

> “This policy places a particular focus on supporting young people in rural communities to encourage their active participation in issues that affect their daily lives, to build their leadership capabilities and to provide on-going input to the development of future initiatives and policies for rural Ireland…”
>
> (Our Rural Future, 2021: p.27)

In other instances, this appeared to be about who investment should not be focused upon. The association between demographic ageing and economic and social stagnation identified within the representation of rural ageing, was one linguistic dimension of this discourse. Together with a strong more direct age-bias in relation to the enablement and support of younger people’s participation, this may in effect de-value the contributions of older people, and undermine the importance of and their entitlement to (a rural) citizenship. In contrast to ageing-related objectives to enable older people to remain living independently in their own communities, rural policies focus more on how to retain, or attract back younger people in rural areas:

> "The need for good quality jobs and career opportunities in order to retain young people on offshore islands, and to attract graduates back to the islands".
>
> (Our Living Islands, 2023: p.72)

> “Many of the factors limiting the participation and engagement of older people in society are linked to ageism or age discrimination”
>
> (Healthy & Positive Ageing Report, 2015: p.55)

Care and ageing subordination of rural contexts

The analysis indicated that a discourse around the subordination, or less favourable ranking of rural contexts, was evident within both care and ageing policies and policy related materials. This discursive narrative was formed across a number of dimensions. First, it is formed through the neglect of the specifics of rural settings. This was certainly a reflection of the general lack of consideration any type of area conditions and spatial effects, that go beyond references to a broad call for community-based infrastructures and age-friendly communities. But while urban and suburban communities are generally drawn into the focus of objectives and agendas through inferred infrastructural, proximal and local prerequisites, rural settings are markedly often absent. Second, this discourse is formed through rural depictions within the representations of rural care and rural ageing, where rurality is conveyed as both a risk-factor for individuals and a compounding condition for service challenges. Implied across both of these elements is not only a vulnerability, but also, in some instances, a responsibility for a self-exclusion that falls to those living in rural settings. Third, even where rurality is acknowledged in through a risk lens, the diversity of rural contexts and their related effects are generally overlooked, or encapsulated through a label of 'rural and remote'. This again both drives, and is reinforced by a homogenized categorization of older people, in this case those within rural communities leading to an assumption of increased needs, and decreased agency. There is, therefore, little effort to explore the construction of vulnerability and risk for different groups of older populations, across different places. Is it only remoteness of rural preventing the sustainability of care provision and delivery or other characteristics of rural influence on care provision and delivery both from good and bad sides as well are not clear. While most evident in debates and discussion that sit outside public and

political dialogues on ageing and care, a rural subordination was also evident with respect to what some consider an active discrimination within resources allocation. This is evidence by attitudes and assertions regarding the slow pace of rural development implementation and the apparent power differential between urban and rural regions:

> "The Minister, Deputy Ryan, has said time and again that he is waiting for the All-Island Strategic Rail Review. We have heard that many times. We did not have to wait for the rail review to put more than €20 billion into infrastructure and transport in Dublin. Why do we have to wait in the west of Ireland? We should not have to wait. That is why people get extremely frustrated and annoyed. They see the discrimination that exists. We have a city that is going in one direction and rural communities in the west of Ireland going in the altogether wrong direction. We need to see investment in infrastructure and to build back up, so we have balanced regional development once and for all. That is critical."
>
> (Our Rural Future Statement, House of Oireachtas, 2023.06.14)

> "How many towns center first officers have been recruited across our local authorities. It is a mark of failure that we still do not have a rural-proofing mechanism in place two years-plus after the emergence of Our Rural Future. That is something on which work has been in train for some time".
>
> (Our Rural Future Statement, House of Oireachtas, 2023.06.14)

Singular Discourses

Findings also point to two further discourses, situated within single policy domains, that may be relevant to the overall interpretation of the narrative positioning of homecare for rural older people in Ireland:

A dominant discourse of *economic-oriented development* characterized the rural, in rural policies and policy related material. Building on the singular rural representations identified earlier, this discourse delineated rural communities as spaces for economic activities, and conveys the need for on-going development. In many cases, these sorts of narratives appear to be set relative to urban-centric measures of success and vibrancy. With, for example, the stated aim of 'Our Rural Future' to "make rural areas a good place to work and live" there is a drive towards a required improvement. There is also a focus on the economic and technical means to achieve this improvement, including job creation, digitalization and technology across industries, such as agriculture, marine, forestry:

> "The Government's vision is for a rural Ireland that is thriving and is integral to our national economic, social, cultural and environmental wellbeing and development. That vision is built on the talent, skills and creativity of people in rural communities; on the importance of vibrant and lived-in rural places; and on the potential to create quality jobs in rural areas and sustain our shared environment."
>
> (Our Rural Future, 2021: p.5)

The main discourse of ageing in age-related policy is a shift to an *all-age-inclusion* but with a potential challenge. Two dimensions of this main discourse are evident. First, out of previous representations of ageing as a life-course view, age is recognized as a barrier to access to services and should be removed. This view addresses the role of early life on quality of later life, and as such places an emphasis on younger life stages as a way to elevate the circumstances of future generations of older people. Therefore, while there is an acknowledged vulnerability with respect to rural older people, this shift in focus runs the risk of discursively masking the circumstances of current generations of older people, and diluting the significance of older people contemporary concerns.

> "…it would be a mistake to think that this Strategy is only aimed at older people. Positive ageing starts from birth – the way we care for our children, educate our population and provide for a society in which all stages of the lifecycle can be supported to live well"
>
> (National Positive Ageing Strategy, 2013: p.4)

Second, in terms of information focus, word usage, and targeted group, the information around ageing tends to rethink the position of older people in Ireland. The main purpose of age-related policy is to "enhance health and wellbeing and quality of life as they age for all age groups". The targeted group is not only older people, but for people at all ages. Government should take the lead role in creating the mind-set shift from "precious, ignored resource" towards "a vital resource to make an important contribution to the fabric of our society". In this sense, the word usage of ageing is found to be more positive. The policy constructed ageing, as a "celebration" for progress

in society, suggesting viewing “population ageing is a success history, with some challenges and we have confidence to plan for it”.

Discussion

The aim of this article was to conduct a critical review of how homecare for rural dwelling older people is framed in policy and policy-related materials. In completing this analysis, the intention was to also illuminate the underpinning values in relation to representations and discourses of rurality, ageing and care, in singular and combined terms. Given the under development of formal policy with respect to rural home care, constructing these discourses from existing materials was going to be a challenge. Under the circumstances of patchy and disjointed text and narrative expressions, it might be suggested that the value of a critical discourse analysis approach would be limited. The fact that homecare developments are in a transitional state would also suggest that these discourses are in flux and may not be a sufficient reflection of the direction that policy is moving in and how it frames homecare for rural older people. The analytical limits and caveats that may arise from both set of circumstances are recognised. However, and partly arising from the discursive structures created by these circumstances, it is argued that the critical discourse analysis presented in this article, and its loose framework of spatial injustice and ageism, has helped to draw out valuable insights regarding the central discourses and their underpinnings,

The overarching theme of fragmentation and absence can be viewed as a corresponding narrative to the reality of older people’s experiences in attempting to access homecare services in rural Ireland. Although possessing an expected unevenness across the three policy areas, this narrative suggests a wide awareness and, by in large, a collective agreement regarding the

challenges of unequal provision that exist. There is in relative terms an extensive research literature in Ireland that testifies to rural home care inequalities and provides an empirical foundation for such a discourse. Research drawn from international settings demonstrate that these sorts of challenges are mirrored in many jurisdictions. This dimension of the narrative should in itself signify a potentially valuable discursive focus around which to rally and advance change. However, the fragmented and weak nature of this narrative betrays an inequality in the discursive space that is long-standing, and illustrates the meagre attention given to the specifics of rural home care within policy perspectives. Any awareness and collective agreement regarding this challenge and need for action is, therefore, likely to be dampened in its capacity to motivate change within policy making circles. In this respect, the emphasis placed on the absence of homecare definitions, statutory entitlement, regulation and eligibility criteria can be viewed as structural frustrations. These frustrations represent a longer-term discursive legacy that is indicative of a lack of action and a lack of prioritization ((Burke et al., 2014), which extends back to the beginning of this article's analysis period (e.g. review of statutory home care supports: NESC, 2009), and much further into the past (e.g. Care of the Aged Report, 1968).

There is a question as to how this narrative of fragmentation and absence embodies a particular rural and ageing hold. The combined and singular discourses – although moving away from the central focus of homecare for rural older people – point to at least some linguistic insights where these various thematic levels may be more closely interrelated. The *rural de-prioritization of ageing and older adults*, and the *care and ageing subordination of rural contexts* suggest distinct but parallel discursive processes that appear to drive a deemphasis on home care for rural older people – or at the very least that fails to sufficiently engage and draw attention to the topic. Reducing the possibility for direction and leadership to arise from either source of policy and

policy dialogue, this in effect may mean homecare for rural older people simply falls through the system's cracks. It seems fair to equate such a detachment to general, and unmet, calls made within the broader rural and ageing policy spheres in Ireland (and indeed internationally) that push for a cross-policy integrated focus. On the one hand, and as evidenced within the *Our Rural Future* strategy (2021) (and many others across international settings) the asserted need for 'rural proofing' across polices may have more readily helped orientate care and ageing strategies towards a meaningful consideration of rural older people. On the other hand, the cross-departmental focus on ageing promoted within Ireland's *National Positive Ageing Strategy (2013),* and the calls for *'mainstreaming'* ageing within more recent national and international policy dialogue (e.g. Madrid International Action Plan Review, (2022)) – both of which that have yet to materialize – may have functioned to lever a more ready focus on ageing policies within rural communities.

Instead, ideas and orientations related to *economic-orientated development* and *all-age inclusion* appeared to be the dominant building blocks within rural and ageing/care policies respectively. However, and with reference to Figure 1, these are not un-related ideas. Drawing on critical understandings of social exclusion, both economic focused concerns and inclusionary mechanisms (e.g. employment), and symbolic, homogenizing identity exclusions (such as those seen to an extent within an *all-age inclusion*) can distance the concerns and circumstances of heterogenous older populations from policy agendas (Grenier & Guberman, 2009; Van Regenmortel et al., 2016; Walsh et al., 2021). Inherent within such framings, normative views of productive and active societal contributions are prominent, which not only establish what constitutes valuable contributions, but from whom and even from where these contributions arise. As has been argued for other topics, it would seem reasonable to suggest that economic focused, urban-leaning and youth centred approaches may interweave to distance our gaze from rural

homecare for older people. The perceived strength of each of these approaches is also likely to be grounded in the assumption that they not only maximize investment because of a 'productive' focus, but that they minimize the risks associated for societies. In this case, these risks are those that are domain related (economic, over care/social), spatial related (urban, over rural), and age related (younger generations, over older).

It is under such conditions, that it may be tentatively offered that the *economic development discourse* may influence both de-prioritization of rural older people (on the basis of who contributes), and a rural subordination (on the basis of where the contribution will come from) discourses. It may also work in a tandem, mutually reinforcing manner with an *all-age inclusion* focus (who may contribute now and into the future), which in turn may in certain circumstances de-prioritize a focus on current generations and contexts of rural older people. In line with the promised capacity of critical discourse analysis to unveil power differentials, it is with these economic, urban and youthful orientations and those that drive and are seen to respond to their related agendas that the power lies.

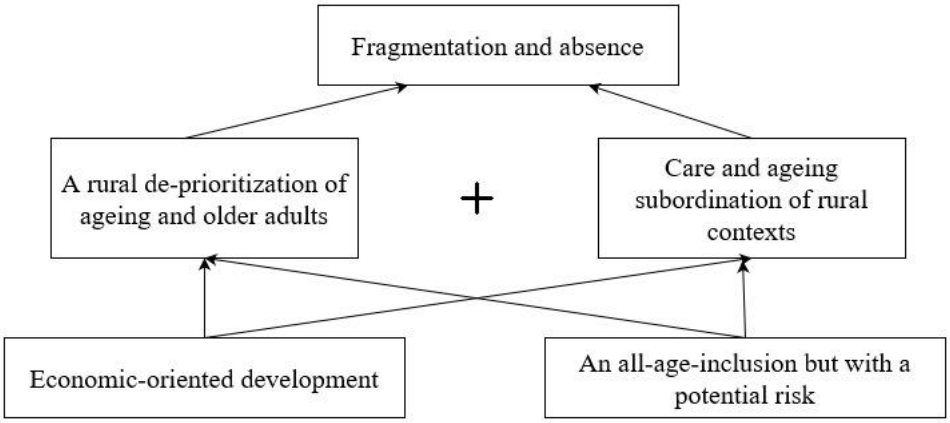

Figure 1: Potential interrelationships between identified discourses

There is, though, a need to consider the pragmatics of policy development. Building economic sustainability in rural settings, creating employment and countering depopulation of rural places are not of course unreasonable, unnecessary, or indeed poorly judged policy objectives. Similarly, a shift towards an age inclusive perspective is not only practicable, it is – when underlined by a strong life-course view of ageing trajectories, continuities and discontinuities within people's lives – valuable, and required. However, the emphasis on these sorts of discourses becomes foremost due to an economic-driven model of resource allocation, and development, which dominates rural policy, and provides at the very least the political backdrop for ageing and care polices. Room for social, equity or even need-based pillars to develop and prevail within models of allocation and development is consequently heavily constrained. Transversing well-trodden ground in Irish public policy, and revisiting in part the calls regarding *proofing* and *mainstreaming,* strong integrative perspectives remain underdeveloped in many policy areas. It is perhaps fair to say that it is often apparent that single domain policies, are being asked to do too much, with their attention spread too thin, or their scope and parameters set too narrow. This is unsurprising in many ways, and is likely to be a function of a simple lack of policy development and implementation, within the areas of rural development, but particularly in the area of ageing and care. The strategies separated by extended periods, with little resourcing just cannot contend with the amount of policy ground that has to be covered. Thinking again of the power that can gather around economic, urban and youthful policy orientations, it is because of these circumstances that some commentators and many policy makers may assert no one at a departmental or unit level has the power – at least to deliver meaningful actions – without all government reprioritization of budgets and targets.

Whether such a context rationalizes the current dynamics or not, it is argued in this article that it is evident that discursive narratives within the Irish public policy system function to represent, and reinforce inequities in homecare for rural older people. The findings of this analysis indicate the discourse evidence for a heavily apathetic, and somewhat comfortable, stagnation within government policy for homecare provision for rural older people, where significant unmet need persists and the provisions of the vast majority of care is being left to families and local communities. This is in terms of the direct care delivery, or where older people and their families need to purchase homecare services from private providers to avoid protracted waiting times for public provision (Brendan Walsh & Sean Lyons, 2021). The increasing role for private providers in Ireland's long-term care in general has been noted to mirror well-established international trends regarding cost reductions, and a de-coupling of statutory interests. The introduction of a need-based spatial resource allocation simulation model (Department of Health, 2023), and the establishment of a Commission of Care (Department of Health, 2024) that is tasked with addressing and legislating for statutory home support provision are likely to help address some of these inequities, if properly actioned and supported.

Nevertheless, there remains a need to be vigilant that the existing discursive legacy does not continue into any new reforms and to consider other means of altering the discursive context regarding home care for rural older people. Returning to the broad conceptual framework utilized in this paper, we argue it is valid to suggest that a form of a spatial ageism is evident within policy practice where both spatial injustices and institutional ageism are operational within the discourses on this topic. Across both representations and discourses, it was evident that (rural) spatial and age-biased linguistic components were central in many of these narrative framings. In terms of their relative weighting within a cumulative impact, it would appear that these linguistic

components were heavily intertwined. Where distributive injustices are occurring, they appear to be characterized by an older age-biased nature that is discursively patterned across a rural spatial structure. Where procedural injustices are occurring – such as decisions regarding what to prioritize and what to support – neither a rural or age-based equality appear evident. To inform future developments in relation to homecare for rural older people, it is appropriate that both grounds are actively considered within a broader understanding of how a rural spatial ageism can arise. Such understandings should be driven by an equitable procedural inclusion and an equitable distribution across space and older age of socially valued resources and the opportunities to use them. Exploring the application of this understanding in an empirical context is required to assess its capacity to leverage a more equitable model of home care delivery, and to delineate the necessary principles that should support this model.

Conclusion

This article employed a critical discourse analysis informed by a spatial justice and ageism conceptual frame to illuminate the discursive contexts of homecare for rural older people in Ireland, and the key representations and discourses that shape that context. The findings indicate a narrative of fragmentation and absence. Notwithstanding a strong awareness of the current inequalities, and some positive signs for the future, this narrative is interwoven with and reinforced by a complex array of framings that are layered across rural, ageing and care polices, that suggest a form of a rural spatial ageism. This illustrates an inequitable neglect of rural settings and the older people that live within them. The discursive context of homecare for rural older people may be in a transitional state, but efforts are needed to ensure the outcome of that transition is a genuine

discourse that promotes a spatial age-based equality for rural older people. It therefore must be supported and defined by the commitment contained within tangible resources and evidenced actions. Advancing ideas regarding how to counter a discursive spatial ageism may help to achieve this outcome but must be underpinned by the experiences and voice of older people and their rural communities.

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