Ensuring Outdoor Stays for Older Adults in Residential Care Facilities Through Governance and Policy–A Position Paper

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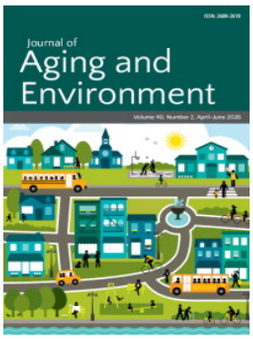

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Ensuring Outdoor Stays for Older Adults in Residential Care Facilities Through Governance and Policy – A Position Paper

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ABSTRACT

Despite well-documented health benefits, outdoor stays remain limited for older adults living in residential care facilities (RCFs) across Europe. This position paper compares governance, policy, and research in the Netherlands, Finland, and Sweden, identifying key barriers, particularly for persons experiencing physical or cognitive decline. Drawing on three theoretical models, the paper highlights a persistent gap between evidence and practice, and calls for the establishment of legal rights, national strategies, and international guidelines to ensure equitable access to outdoor stays. Contact with nature and outdoor stays should be recognized not as optional amenities, but as fundamental human needs in later life.

KEYWORDS

governance and policy; northern Europe; older adult; outdoor environment; outdoor stay; residential care facility

Introduction

Older adults moving into residential care facilities (RCFs) often experience physical and cognitive decline, leading to reduced mobility, loss of independence, and increased care and rehabilitation needs (Ferrucci et al., 2016). Following relocation, outdoor stays tend to decrease, an outcome many older adults describe as one of their greatest losses (Liljegren, 2025). Consequently, much of their time is spent indoors engaging in sedentary activities (Parry et al., 2019). RCFs provide 24-hour care and rehabilitation

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delivered by multidisciplinary teams, comprising nursing assistants, registered nurses, occupational therapists, and physiotherapists.

Medical care is overseen by physicians specialized in the care for older adults. Services encompass both social support and healthcare, including meals, hygiene, and meaningful activities, as well as medication management, rehabilitation, and therapeutic interventions (The Swedish National Board of Health and Welfare, 2024a). Person-centred care and rehabilitation are common guiding principles at RCFs, emphasizing the importance of tailoring services to individual needs and preferences (Fazio et al., 2018; McCance & McCormack, 2021; Zidén et al., 2024). The physical environment, both indoors and outdoors, supports this approach through accessible design and mobility-friendly spaces (Bengtsson, 2015; Nordin, 2016).

Contact with nature and outdoor stays are recognized as fundamental human needs and are particularly important for older adults in vulnerable health (Nordin et al., 2024). Viewing nature can motivate older adults to go outside (Musselwhite, 2018), and outdoor stays have been shown to reduce anxiety, stress, medication use, and feelings of depression and loneliness (Nicholas et al., 2019). Participating in gardening activities can further benefit cognitive function and behavior (van der Velde-van Buuringen et al., 2021), and outdoor walking has been shown to reduce behavioral and psychological symptoms of dementia (Sjöholm et al., 2025). Furthermore, the first-line managers' leadership is essential, as it establishes the organizational conditions that enable outdoor stays (Dahlkvist et al., 2023). Despite these documented benefits, outdoor stays for older adults in RCFs remain uneven, according to the authors' professional experience in care and rehabilitation. A study of 126 European RCFs found that only 62% had gardens. Among those that did, common activities included walking (95%) and gardening (64%), while passive activities such as sunbathing (90%) and observing nature (56%) were also prevalent (Artmann et al., 2017). More recently, a European mapping of access to outdoor environments and opportunities for outdoor stays revealed considerable variation between countries (Fursa et al., 2025). The absence of international guidelines or governance frameworks may contribute to disparities, potentially leading to unequal access to outdoor stays and outdoor environments for older adults living in RCFs.

Rationale

Despite strong evidence that contact with nature and outdoor stays support health and well-being among older adults in RCFs, related interventions remain inconsistent across Europe. Many countries lack clear policies or

governance frameworks that ensure fulfillment of this fundamental human need. Barriers such as limited access to outdoor environments and the absence of established routines particularly affect individuals with physical or cognitive decline. These challenges extend beyond logistical concerns and risk neglecting a basic human need central to person-centred care and rehabilitation. Policy and practice must therefore shift to providing equitable and meaningful access to outdoor stays. This position paper reviews and advocates for governance and policy measures to secure such access for older adults living in RCFs in northwestern Europe, thereby promoting their health and well-being.

Theoretical perspectives

This position paper draws on three theoretical perspectives to elucidate the importance of outdoor stays and access to outdoor environments: *The environmental domains framework* (de Boer et al., 2020), *The affordance-based actor-network model* (Rappe et al., 2020), *and The principal model of four zones of contact with the outdoor environment* (Bengtsson, 2015; Liljegren, 2025).

The environmental domains framework

A conceptual framework developed in the Netherlands explains how the daily lives and functioning of older adults living with dementia in RCFs are shaped by the interaction between the individual and the environment, commonly conceptualized as person–environment fit (de Boer et al., 2020; Jao et al., 2021). This framework is grounded in Lawton and Nahemow's ecological model of aging (1973), which emphasizes that well-being in later life emerges from the dynamic interplay between individual competence and environmental demands. A meaningful daily life depends on the extent to which environmental demands correspond to residents' needs and abilities, suggesting that well-matched environments can actively support adaptive behavior. The framework distinguishes three interdependent environmental domains; physical, social, and organizational (de Boer et al., 2020). The physical environment includes aspects such as interior design, architectural layout, sensory stimulation, and access to outdoor spaces, including gardens. The social environment encompasses interactions among residents, staff, family members, and the wider community. The organizational environment refers to the way care is structured and how organizational culture is perceived (de Boer et al., 2020). Meaningful integration of outdoor stays, such as regular garden use, requires coordinated efforts

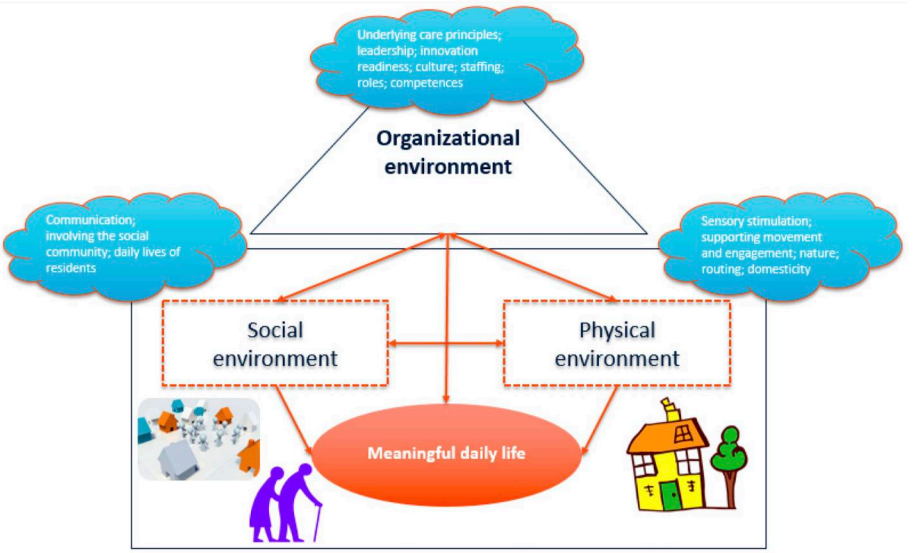

Figure 1. Theoretical framework integrating the physical, social, and organizational environments. Illustration: de Boer et al. (2020), permission received.

across all three domains to ensure both effective implementation and meaningful impact (Figure 1).

The affordance-based actor-network model

Building on this perspective, a conceptual model from Finland, grounded in Actor–Network Theory (Latour, 2005) and Affordance Theory (Gibson, 1979), has been proposed to explain how various "actors", including not only humans but also environments, routines, and technologies form networks that shape well-being (Rappe et al., 2020). Affordances refer to the possibilities for action that an environment offers, as perceived by the person. This model illustrates how supportive affordances (e.g., for movement, interaction, or rest) interact with an older person's capabilities and needs, mediated by multiple contextual factors (Figure 2). Mediating factors can either promote or hinder the actualization of affordances. In the model, essential affordances for the well-being of older adults living in RCFs include social relationships, meaningful activities, physical activity, and individual lifestyle. Social interaction is important for residents' autonomy, sense of safety, and experience of community. Engagement in activities, maintenance of functional ability, participation, and access to services are successful when conditions for mobility and involvement are met. Opportunities to live a life that reflects one's individuality are manifested in residents' satisfaction and comfort.

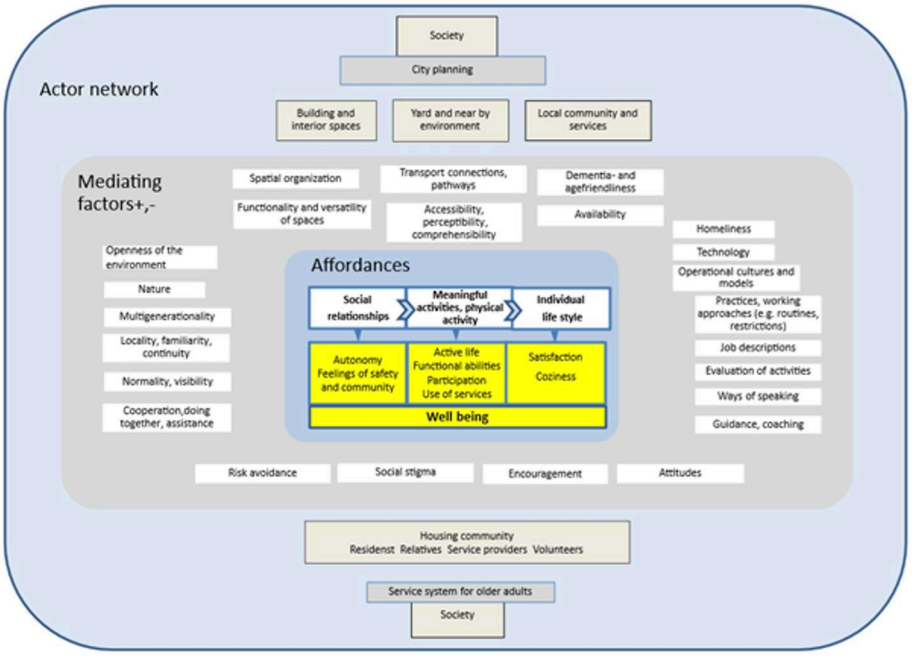

Figure 2. A conceptual model illustrating how actors and affordances promoting the well-being of older adults are interconnected through mediating factors. Illustration: Rappe et al. (2020).

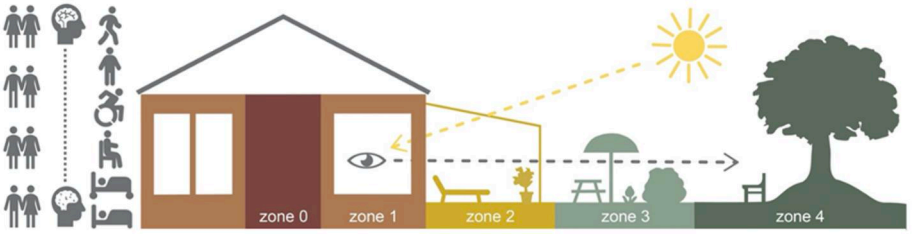

Figure 3. The zone model, including four zones in contact with the outdoors, and illustrating the body positions/functional capacities, and cognitive status of older adults, as well as the involvement of care workers. Illustration: M. Liljegren (2025).

The principal model of four zones of contact with the outdoors

A principal model from Sweden outlines different levels of physical contact with the outdoor environment in RCFs, organized into a series of "zones" that range from no visual exposure to access to public outdoor spaces (Figure 3). At the lowest level, *Zone 0* represents indoor spaces without windows, where no visual contact with the outdoors is possible. *Zone 1* refers to views of nature through windows, while *Zone 2* includes semi-outdoor environments such as balconies, patios, or conservatories. *Zone 3* encompasses gardens directly adjacent to the facility, and *Zone 4* extends to

public outdoor spaces in the surrounding area. Each zone contributes in different ways to health and well-being, yet supportive access across zones (Bengtsson, 2015; Liljegren, 2025). The model has evolved to also consider older adults' physical capacities (Bengtsson et al., 2018) cognitive status (Nordin et al., 2024), and the presence of care workers (Liljegren, 2025), all of which critically influence whether and how contact with nature and outdoor stays is realized.

Taken together, these three frameworks are not merely descriptive but analytically complementary. The environmental domains framework clarifies the organizational, social, and physical conditions necessary for implementing outdoor stays, while the affordance-based actor-network model explains how these conditions translate into perceived opportunities for action in everyday life. The four-zone model further operationalizes these interactions by illustrating graded levels of contact with outdoor environments. Combined, these perspectives provide an integrated conceptual lens for understanding why access to outdoor environments in RCFs depends not only on physical design, but also on organizational practices and older adults' capacities and social interactions—thereby underpinning the central argument of this position paper.

Materials and methods

This study employed a qualitative comparative policy analysis, a research method for evaluating public policies and their impacts to inform decision-making and improve outcomes (Bardach & Patashnik, 2020; Browne et al., 2019). The analysis examined the conditions that enable or hinder older adults' contact with nature and outdoor stays in RCFs in the Netherlands, Finland, and Sweden, addressing three interconnected levels: governmental, municipal, and research.

Data collection

A qualitative document analysis was conducted on national- and municipal-level materials published between 2000 and 2025, including laws, regulations, policy frameworks, official guidelines, governmental reports, municipal strategies, and peer-reviewed research. A common set of categories guided both the selection and the analysis:

- Legal and policy frameworks related to older adults' rights to contact with nature and outdoor stays.
- National guidelines and quality standards for care and rehabilitation in RCFs.

- Municipal-level strategies and initiatives that promote outdoor stays in RCFs.
- Research and innovation projects concerning outdoor environments for older adults in RCFs.

The Netherlands, Finland, and Sweden were selected as comparable northwestern European welfare states with aging populations and established older adult care systems, yet differing in governance, decentralization, and policy implementation. This selection allowed the study to examine how variations in national and local structures influence outdoor stays in RCFs. Document identification relied on the authors' contextual knowledge of policy and regulatory landscapes in each country, with materials retrieved from official governmental and municipal websites, regulatory authorities, and research institutions rather than from a single standardized database. The authors' expertise in older adults' health and well-being, the design of health-promoting indoor and outdoor environments, and the organization and leadership of RCFs ensured that documents were interpreted in a nuanced and contextually informed manner. This approach facilitated the inclusion of country-specific policy documents and grey literature often not indexed in bibliographic databases, allowing for a comprehensive and context-sensitive analysis.

Analytical approach

A structured comparative analysis identified key similarities and differences across countries (Bardach & Patashnik, 2020; Browne et al., 2019), using a three-level model:

- Governmental level: examining national laws, policies, and quality frameworks.
- Municipal level: reviewing local strategies, practices, and innovations implemented by selected municipalities.
- Research level: analyzing findings from empirical studies and pilot projects related to outdoor stays in the care of older adults.

This approach enabled a systematic comparison of how each country conceptualizes and operationalizes contact with nature and outdoor stays for older adults in RCFs, and how these conceptualisations translate into practice.

Ethics

This study was based exclusively on publicly available documents, legal texts, reports, and published research. Since no human participants or sensitive data were involved, formal ethical approval was not required.

Results

This section describes the conditions for older adults' contact with nature and opportunities for outdoor stays in RCFs in the Netherlands, Finland, and Sweden. The analysis is organized both by country and across three interconnected levels: governmental, municipal, and research.

The Netherlands

Older adults residing in Dutch RCFs do not have a statutory right to contact with nature or to outdoor stays. No national regulation mandates the provision of accessible outdoor environments in these facilities. Although national quality frameworks emphasize person-centred care and older adults' rights, the implementation of consistent opportunities for outdoor stays varies considerably across settings.

Governmental Level: The Dutch government formulates policy in various ways regarding older adult care and its requirements. The Dutch Healthcare Institute has developed the *Guideline for Insight into the Quality of Life of People with Care Needs at Home, in the Community, or in a Nursing Home*, which sets out quality policy for nursing home care and community nursing. This guideline covers a broad scope of long-term care, emphasizing autonomy, rehabilitation, and interdisciplinary networks (Dutch National Health Care Institute, 2021, 2024). Despite its focus on supporting older adults to live meaningful lives, the framework lacks specific requirements regarding contact with nature or outdoor stays.

Another regulation concerns the *Building Regulations*, governed by the Environment Buildings Decree (effective January 2024). This decree addresses safety, accessibility, and environmental sustainability for healthcare facilities but does not specify minimum outdoor space standards for RCFs. The most detailed technical guideline is the *Construction Standards for Nursing and Care Facilities* (Netherlands Organisation for Applied Scientific Research (TNO) & College Construction Hospital Facilities, 2022), which recommends semipublic enclosed courtyards for people living with dementia and adjacency of living spaces to outdoor environments; however, these guidelines are not legally binding or consistently enforced. Finally, the Dutch *Compulsory Care Act* (Government of the Netherlands, 2018) governs involuntary care under a principle of "no, unless", requiring that restrictions on freedom of movement—including confinement indoors—must be justified and proportionate. This law underlines the ethical and legal importance of outdoor access as a fundamental human right, further reinforced by the Dutch Constitution and the European Convention on Human Rights.

Municipal Level: Dutch municipalities hold substantial autonomy in organizing care for older adults under the Social Support Act (Government of the Netherlands, 2015), which enables local authorities to tailor social and spatial planning in their neighborhoods. This results in considerable local variation in the prioritization of outdoor access for older adults. Municipalities coordinate care, housing, and social services within Integrated Service Areas (ISAs). Urban ISAs often center on service hubs with nearby care housing, while rural ISAs emphasize provider networks and gradual spatial adaptations. These models influence the accessibility of outdoor environments but do not guarantee standardized outdoor opportunities.

Research Level: In the Netherlands, several studies have examined outdoor stays and their effects on older adults living in RCFs. Innovative models, such as green care farms – small-scale, homelike care environments that integrate agricultural and natural elements with care services – provide alternatives to traditional nursing home care, particularly for people with dementia (de Boer et al., 2017). Research shows that older adults in these settings engage more frequently in outdoor and nature-related activities than those in conventional facilities (Brouwers et al., 2023).

A national survey conducted by the Netherlands Institute for Social Research (SCP) reported that about 30% of RCF residents rarely or never go outdoors, although nearly half expressed a desire to do so more often (Verbeek-Oudijk & Koper, 2019). The main barriers to outdoor activity included health limitations (60%) and lack of companionship (34%) (Verbeek-Oudijk & Koper, 2019). Among older adults living with dementia, similar patterns emerged, with physical decline (e.g., wheelchair dependency) being the strongest predictor of infrequent outdoor activity (defined as going outside less than once a month). Factors associated with increased outdoor engagement (i.e., going outside daily or weekly) include frequent visits from family and friends, better mood, and lower attachment to the indoor environment (van der Velde-van Buuringen et al., 2025).

Finland

In Finland, well-being services counties are responsible for assessing and responding to older adults' social, healthcare, and well-being needs, including the provision of opportunities for outdoor activities. These activities must be tailored to individual preferences and physical abilities, and participation must remain voluntary.

Governmental Level: The *Quality Recommendation for Active and Functional Aging and Sustainable Services* (Ministry of Social Affairs and Health, Hyvil Oy, & Association of Finnish Local and Regional Authorities,

2024) mandates the provision of opportunities for everyday movement and outdoor activities as part of care and rehabilitation. When a resident's wish for outdoor stays is identified but access is not provided, any denial must be strongly justified by reasons other than budgetary constraints.

The Deputy Parliamentary Ombudsman has emphasized access to the outdoors as a basic need linked to human dignity. Despite this, outdoor stays are often insufficient and concentrated in the warmer months. Although the Ministry considered establishing a subjective legal right to outdoor stays, this was deemed unjustifiable due to financial implications. Instead, the Ministry recommended implementing effective measures within existing frameworks to promote physical activity and outdoor engagement.

Well-being Services County Level (previous municipal level): Well-being services counties instruct RCFs to include outdoor stays in individualized care and rehabilitation plans. Outdoor activities can be stipulated in contracts with private service providers, and compliance is monitored. While outdoor stays are generally available year-round, 90% of units report offering this opportunity, daily outdoor stays occur in only 41% of RCF units, with other units providing less frequent opportunities. The actual occurrence of outdoor stays depends heavily on older adults' willingness to participate and on encouragement from care workers. Family members and volunteers play a significant role, with 76% and 59%, respectively, reporting their involvement. Variations in care workers' resources and knowledge contribute to inconsistent provision of outdoor stays.

Research Level: Research on outdoor stays among older adults in Finnish RCFs remains limited. Rappe (2005) found that horticultural activities enabled residents to use cognitive skills, provided emotional experiences, and facilitated social relationships. Autonomy, sense of control, and identity were also supported. Residents valued contact with nature, and garden visits clearly improved mood, particularly among those with depression. Visiting an outdoor garden was strongly associated with self-rated health, and this association remained significant after accounting for health-related distress. Outdoor stays were mainly restricted due to lack of assistance or unfavorable weather, while health issues were rarely cited by residents as a reason. Depression was associated with residents' perceptions of obstacles and distress related to visiting the garden.

More recently, within the RECETAS project, Kolster et al. (2025a, 2025b) found that 96% of 854 RCF residents considered nature important, yet only 51% had contact with nature as often as they desired. Preferences for nature-based activities were clear and largely feasible: 83% expressed a desire to participate in nature-based interventions. Nature connectedness was associated with psychological well-being and happiness, with this association being even stronger among residents with poorer mobility.

Outdoor stays in RCFs are monitored via the Resident Assessment Instrument (RAI) (Finnish Institute for Health and Welfare, 2026; Morris et al., 1990). In 2022, only 25% of older adults had been outdoors during the previous three days, and just 4% went out daily (Karppanen et al., 2025). Client satisfaction surveys indicate that 62% of RCF older adults experience the frequency of their outdoor stays is adequate (Leppäaho et al., 2024). Recognizing the nationally identified need to promote nature contact and outdoor stays among older adults, two new research initiatives have recently been launched. These projects aim to increase opportunities for outdoor engagement and improve the monitoring of such activities for older adults receiving home care or living in RCFs. The initiatives launched by Ministry of Social Affairs and Health and The Finnish Innovation Fund Sitra will develop practical models that can be implemented across all Well-being Services Counties (Ikäinstituutti, 2025).

Sweden

Older adults living in Swedish RCFs who are unable to move independently between indoor and outdoor environments currently have no legal right to contact with nature or to outdoor stays. By contrast, inmates in the prison system are guaranteed at least one hour of outdoor time daily (The Swedish Government, 2010), illustrating that a legally mandated right to outdoor stays already exists for another population group. Although no such legal mandate currently exists for older adults in RCFs, a parliamentary motion addressing this issue has recently been submitted (The Swedish Parliament, 2025).

Governmental Level: The Swedish National Board of Health and Welfare conducts annual Open Comparisons surveys of RCF older adults and managers. The 2024 surveys revealed significant dissatisfaction: 35% of older adults found outdoor environments unpleasant or only partly pleasant, and 43% rated their opportunities to go outdoors as mediocre or poor. Managers reported major deficits in accessibility, 60% of RCFs lacked basic outdoor accessibility conditions, 80% lacked supportive conditions for movement outdoors, and 92% had no routines for outdoor care and rehabilitation (The Swedish National Board of Health and Welfare, 2024b).

Municipal Level: Responsibility for providing contact with nature and opportunities for outdoor stays lies with Sweden's 290 municipalities, resulting in considerable variation across the country. Some municipalities have developed strategic initiatives:

- Gothenburg has established guidelines guaranteeing access to a minimum outdoor environment at ground level (Zone 3 according to the zone model) for each apartment in RCFs (Gothenburg City, 2024).

- Malmö has implemented an "outdoor stay guarantee," ensuring that all older adults are offered daily outdoor access in Zones 2 or 3, and at least once weekly access to Zone 4, throughout the year (The City of Malmö, 2023).
- Lund provides individually tailored outdoor walks for older adults experiencing behavioral and psychological symptoms of dementia (BPSD) (The Swedish BPSD register, 2022).
- Karlskoga is currently constructing a new residential care facility designed according to the zone model, with the aim of improving access to all four zones.

Research Level: The interdisciplinary *OUT-FIT* project investigates older adults' needs and care workers experiences related to outdoor environments, integrating healthcare science, architecture, and landscape architecture/environmental psychology (University of Gothenburg, 2025).

Key findings from recent research highlight the critical importance of contact with nature and outdoor stays for older adults living in RCFs. Older adults consistently express a need for daily outdoor stays across all zones of the zone model, with those who are unable to move independently requiring increased personal support. Care workers emphasize that outdoor environments are essential components of person-centred care and rehabilitation, recognizing their role in promoting physical, psychological, and social well-being. However, a comprehensive national mapping of 2,036 RCFs revealed a widespread lack of access to outdoor environments. For example, 62% of RCFs had limited access to balconies, patios, and conservatories (Zone 2) for older adults, while 83% lacked such access for care workers. Access to own gardens (Zone 3) was also limited, with only approximately half of the facilities (54%) offering such environments. In the surrounding areas (Zone 4), only 13% of the RCFs had access to public squares that could support social interaction and everyday errands (Liljegren, 2025). In response, a national strategy has been proposed to improve both access to outdoor environments and opportunities for outdoor stays, underscoring the urgent need for coordinated policy and governance efforts to ensure equitable access for all older adults in RCFs (Bengtsson et al., 2025). In addition, research is ongoing on outdoor environments for older adults with dementia attending day care programmes, as well as on the use of technological devices to monitor health-related data in outdoor environments.

Discussion

This position paper examined how governance, policy, and research frameworks in the Netherlands, Finland, and Sweden shape the conditions for

nature contact among older adults living in RCFs. All three countries emphasize person-centred care and rehabilitation and acknowledge the health benefits of exposure to nature; however, our analysis reveals a clear gap between evidence and practice. Notably, none of the countries guarantees a legal right to daily outdoor stays for older adults in RCFs, despite strong evidence that such stays support physical and cognitive health and enhance quality of life. By contrast, prisoners in all three countries are legally entitled to daily outdoor time under national legislation (Imprisonment Act, 2005 [Finland]; Ministry of Justice and Security, the Netherlands, 2024; Remand Imprisonment Act, 2005; The Act on the Treatment of Persons Held in Police Custody, 2006; The Swedish Government, 2010 [Sweden]), highlighting a paradox that underscores the need for legal and ethical reconsideration of older adults' rights.

At the governmental level, Finland formally recognizes outdoor stays as a basic need linked to human dignity and mandates their integration into care and rehabilitation plans, yet implementation remains inconsistent. Sweden lacks a national legal guarantee and demonstrates substantial variation across municipalities, while the Netherlands relies on the local autonomy of RCFs to organize residents' quality of life, coupled with relatively weak enforcement of design guidelines. Across all three countries, care worker staffing levels, competence, and daily routines strongly influence whether outdoor stays are facilitated in practice.

At the municipal level, large disparities exist both within and across countries. In Sweden, municipalities vary widely in their provision of outdoor stays and access to outdoor environments, whereas in the Netherlands, municipalities benefit from greater autonomy to implement locally tailored solutions. Across countries, environmental design features such as wide doorways, level thresholds, and accessible gardens remain inconsistent, and misalignment with older adults' physical or cognitive capacities limits opportunities for outdoor stays (Liljegren, 2025; Rappe et al., 2020). Consequently, those with the greatest needs, including older adults with reduced mobility or cognitive decline, often spend the least time outdoors, contrary to the principles of equity and person-centred care and rehabilitation.

At the research level, promising developments are evident in all three countries. Interdisciplinary initiatives, such as the Netherlands' green care farms and Sweden's OUT-FIT, offer replicable models for integrating nature-based approaches into care. However, these initiatives remain largely isolated and are not systematically scaled up or embedded in policy and practice. National strategies, such as the one recently proposed in Sweden, have the potential to translate research evidence into actionable standards and to improve both outdoor stays and access to all four zones of the zone model for older adults living in RCFs.

As with nutritional standards and fall-prevention programmes, regular outdoor stays should be regarded as an integral component of person-centred care and rehabilitation, supporting physical, cognitive, and social well-being. Recognizing outdoor stays as an essential aspect of care and rehabilitation also aligns with older adults expressed wishes for daily access to outdoor environments, as highlighted earlier in this paper, and underscores the need for coordinated policies and standards at both national and international levels. Taken together, the findings highlight the need for coordinated and multi-level action to ensure that contact with nature and outdoor stays become an integral and equitable component of care and rehabilitation at RCFs.

Moving forward: necessary steps to ensure outdoor stays

To advance the provision of contact with nature and outdoor stays for older adults in RCFs, several key steps are recommended: (a) enshrine a legal right to daily outdoor stays, guaranteeing older adults access to daily contact with nature and outdoor environments, adapted to individual capacities; (b) in the meantime, prioritize contact with nature and outdoor stays for those with the greatest needs by ensuring accessible, age-friendly environments and adequate care worker support for older adults experiencing physical or cognitive decline; (c) integrate education on the importance of contact with nature, outdoor stays, outdoor care and rehabilitation, and the design of outdoor environments into the training of care workers, including assistant nurses, nurses, occupational therapists, and physiotherapists, as well as professionals involved in designing and planning outdoor environments, such as architects and landscape architects; (d) develop a national strategy for contact with nature, outdoor stays, and access to outdoor environments, including coordinated plans with measurable goals, minimum design standards, and mechanisms for scaling up effective practices; (e) establish international guidelines to promote equity by creating global standards for outdoor stays in RCFs, aligned with age-friendly principles; (f) regularly monitor and evaluate outdoor stays through surveys and operational data to identify gaps and drive continuous improvement.

Methodological considerations

This position paper employed a qualitative comparative policy analysis based on publicly available documents, guidelines, reports, and research literature. The approach enabled cross-country comparison grounded in context-specific governance structures and realities. Its primary strength lies in synthesizing policy, practice, and research perspectives across governmental,

municipal, and research levels, providing a comprehensive view of enablers and barriers to outdoor stays in RCFs. The authors' contextual expertise in each country added depth, allowing nuanced interpretations and the identification of policy levers not evident in formal documents.

However, reliance on publicly available materials may have excluded unpublished practices that shape daily life in RCFs. Data quality and level of detail also varied between countries, which limited comparability. Future research could incorporate empirical studies, such as observations, interviews, or participatory design with older adults and care workers, as well as quantitative data on outdoor time linked to health outcomes, including formal cost–benefit analyses to strengthen the evidence base for policy change. Additional research could examine organizational policies, training documents, and care worker education materials to better understand how institutional practices shape access to outdoor stays and support the implementation of person-centred care and rehabilitation.

The zone model offered a useful framework for visualizing and mapping access to outdoor environments in Swedish RCFs. Similar mappings in other countries could help identify shortcomings and guide improvements that ensure meaningful outdoor stays for all residents.

Conclusion

This study demonstrates that, despite strong evidence of the health benefits of nature contact, older adults in RCFs across northwestern Europe continue to face substantial barriers to outdoor stays. Fragmented governance, the absence of binding regulations, uneven municipal priorities, and limited support for care workers all contribute to this persistent gap. To fully realize person-centred care, governance and policy must explicitly recognize outdoor stays as a fundamental right and a core component of care and rehabilitation. National strategies and international guidelines are urgently needed to ensure that all older adults, regardless of ability or location, can access nature and enjoy the outdoors as a meaningful and integral part of daily life.

Author contributions

CRediT: **Madeleine Liljegren**: Project administration, Writing – original draft, Writing – review & editing; **Melanie van der Velde – van Buuringen**: Writing – original draft, Writing – review & editing; **Erja Rappe**: Writing – original draft, Writing – review & editing; **Monique A. A. Caljouw**: Writing – original draft, Writing – review & editing; **Susanna Nordin**: Writing – original draft, Writing – review & editing.

Disclosure statement

The authors report that there are no competing interests to declare.

Declaration of AI

The AI service ChatGPT has been used for language enhancement and review.

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