



Q2 2023

# ECC REPORT

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YOU'RE NOT ALONE

Quarter 2 2023 continues to build on the progress of the previous five quarters, with significant increases in the number of people supported by ALONE, the number and complexity of interventions, and referrals to ALONE's services.

Although it is too early to provide definitive trend analysis, the data used in the preparation of this report provide early indications of emerging trends with regard to the needs of older people in areas such as housing support, income adequacy, and social isolation. ALONE will continue to monitor these trends to ensure its services remain responsive to the needs of older people and to proactively engage with other stakeholders to shape policies in these areas.

This report has demonstrated how ALONE continue to fulfil its agreed objectives with the HSE within ECC Programme as follows:



21,900 older people provided with continued support from ALONE in Q2 2023

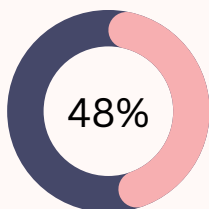


3,364 people newly engaged with ALONE in Q2 2023, showing an increase of 80% from Q2 2022

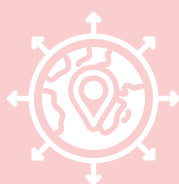


There were 3,190 new referrals, indicating increased awareness and trust in ALONE's services

External referrals continue to increase and are primarily driven by CHOs 1,2 and 5



48% of external agency referrals were from HSE Community Care Teams, 37% were from hospitals. 10% came from ICPOP and Charitable Organisations



The proportion of individuals in CHO4 doubled in Q2 2023 in comparison to Q2 2022, signifying ALONE's successful expansion into previously underrepresented areas



A higher proportion of older people supported by ALONE are living in rented accommodation compared to the national profile, indicating they have a higher need for support



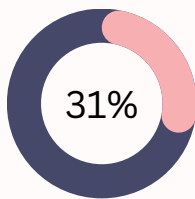
1,365 (60% of people assessed) experienced loneliness, compared to 53% in Q1 2023



1,092 (48% of people assessed) experienced an issue with physical health, compared to 44% in Q1 2023



696 (31% of people assessed) experienced an issue with housing, compared to 32% in Q1 2023



693 (31% of people assessed) experienced an issue with mobility, compared to 28% in Q1 2023



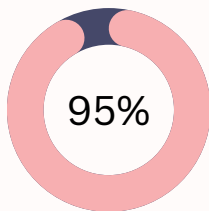
29% of homeowners assessed by ALONE had difficulty with their home compared to 35% who did not own their own home



Approximately 8% of older people assessed by ALONE were in long-term isolation



11,122 interventions were conducted, an increase of 131% compared to Q2 2022



95% of people assessed in Q2 2023 received an intervention in the same quarter



The average number of interventions per person was 3.2, ranging from 1 to 40



Support and Befriending interventions accounted for the highest number of interventions (2,136)



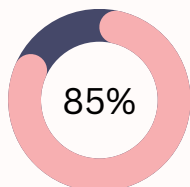
ALONE volunteers contributed support worth between €600,000 and €1.5 million in Q2 2023



Volunteers conducted 22,000 Visitation Support and Befriending visits, 52,000 Telephone Support and Befriending calls and supported over 6,200 calls on the National Support and Referral Line



The biggest increase in type of interventions provided, compared to Q2 2022, was in legal/financial need, showing the continued impact of the cost-of-living crisis on older people



85% of interventions completed by ALONE were successful, with outcomes being met



Over half of interventions relied on strategic partnerships, and focused on working with other stakeholders in the provision of physical health, social support, and state supports to older people



Assistive technology was part of 11% of interventions provided by ALONE, highlighting the crucial role technology plays in enhancing ageing in place



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## GLOSSARY OF TERMS

ALONE engages with older people each year, many of whom have complex needs. The ways in which ALONE supports older people vary and this is reflected in the terminology used by the organisation. Therefore, a brief glossary of terms used throughout this report is provided here.

**Assessment:**

Many older people engaging with ALONE receive an assessment. Assessments provide detailed information about the condition or situation of an older person. The resultant information can shed light on a whole host of different circumstances that older people find themselves in.

**BConnect:**

ALONE uses BConnect technology such as tablets, apps, and security pendants to create connections between older people and requisite supports, while helping those same people live independently at home.

**Community Healthcare Organisation (CHO):**

A CHO refers to a designated area in Ireland where community healthcare services outside of acute hospitals are delivered. These include primary care, social care, mental health, and other health and well-being services. These services are delivered through the HSE and its funded agencies to people in local communities, as close as possible to their homes. There are nine CHOs in Ireland.

**Contact:**

A contact is an older person who connects with ALONE and requires a service or assistance.

**Enhanced Community Care (ECC):**

The ECC programme is a €240 million investment in community health services by the HSE. It aims to enhance community care services and reduce pressure on hospital services, all while catering for the all-round wellbeing of an individual. It forms part of the Irish Government's Sláintecare plan.

**Intervention:**

An intervention refers to a distinct action taken to improve an older person's living situation. ALONE staff make or progress an intervention each time they interact with an older person.

## INTRODUCTION

Ireland has a rapidly increasing ageing population. At the last Census, the proportion of the Irish population aged 65+ was 15.1% (n=776,315), an increase of 21.8% in the number of people aged 65+ on Census night 2016 (CSO, 2022). This proportion is estimated to increase to 1.6 million by 2051. This unprecedented rapid increase in population requires governments and other stakeholders to promote the development and maintenance of frameworks, policies and supports that allow for healthy and productive ageing. Indeed, the National Strategy on Ageing (2013) set a national goal to enable people to age with confidence, security and dignity in their own homes and communities for as long as possible. The aim to support ageing in place remains a central focus of the Irish Government's Sláintecare programme of healthcare reform.

ALONE is a national organisation that aims to transform ageing at home in Ireland. ALONE has been providing a range of services to support older people to age at home for 45 years. With a focus on partnership working, ALONE aims to tackle social isolation, loneliness, and improve the health and wellbeing of older people across Ireland. Services are focused on four main areas:

- **Support Co-ordination services**
- **Support and Befriending services**
- **Housing**
- **Campaigning for change**



Where we are  
**TODAY**





**Support Co-ordination services** to empower older people by devising personalised support plans to address challenges and find solutions. ALONE offers access to its own services, while coordinating and enabling older people to access other services in their community. All services include providing technology solutions to support older people remain at home.



**Support and Befriending services** that provide companionship and practical supports to older people who would like or need it. The service also offers assistance to solve everyday problems, and links older people in with local events and activities. ALONE provides advice and information on health and wellbeing and will provide an older person with further support as and when required.



**Housing** which includes the provision of homes and ongoing support for older people who have housing difficulties. It also includes Housing with Support which is a model of universal design housing with 24/7 care and support staff providing on-site support. The aim is to create an alternative housing choice for those who need it and reduce the dependency on nursing homes.



**Campaigning for change** designed to assist older people with challenges they face that lead to positive outcomes at individual, local, and political levels.



**Social prescription** is integrated into each of ALONE's services. ALONE provides practical support and encouragement to older people to access non-medical sources of support within their community. In addition, ALONE provides telephone support and referrals through a National Support and Referral line (NSRL) which is available to older people from 8 am – 8 pm, 365 days a year.

ALONE is also committed to building the capacity of community groups through computerization, training, knowledge sharing and collaborative working. The organisation supports a range of smaller groups, services, and organisations around the country through a **Community Impact Network (CIN)**. Through the CIN, ALONE is developing partnerships between statutory, community and voluntary services which will enhance services for older people across Ireland. ALONE is supporting other organisations to replicate proven models of service to create a sectoral infrastructure and to consolidate community services provision nationally.

ALONE was founded by **volunteers** and the spirit of volunteerism remains at the heart of the organisation. Each volunteer is trained and matched to an older person, and volunteer work is focused on visits, phone support, social activities, and practical tasks, including shopping and physical activities. All volunteers are supported by a member of ALONE's staff.

ALONE is currently working with the HSE to roll-out a nationwide programme that helps to realise the vision of person-centred health care of Sláintecare. This involves roll-out of the ALONE Community Service Hub model as part of the Enhanced Community Care (ECC) programme. Further details relating to this collaboration are provided in Chapter 1 of this report.

# THE ALONE WAY

The ALONE Way is our unique culture. Our Board, Staff and Volunteers are all committed to living the ALONE Way. Our core values are:

- **We are Compassionate**
- **We are Honest**
- **We work Collaboratively**
- **We foster Innovation**

## PURPOSE OF THE REPORT

The main purpose of the report is to demonstrate how ALONE has supported the HSE to achieve its vision of increased person-centred community health supports in Q2 2023.

The data analysed shows the critical role played by ALONE in ensuring older people can live at home with an improved quality of life. The report demonstrates how ALONE is central to ensuring the success of Sláintecare, by creating a model of integrated care for older people, ensuring older people can access a range of services that enhance their physical and mental health. The increased diversity of support ALONE offers is symptomatic of the increasing health complexities that exist among Ireland's ageing population today, a trend further complicated by the COVID-19 pandemic.

This report is the sixth in a series and builds on the previous five reports, which described interventions delivered by ALONE in Quarter 1 2023 and in 2022. It presents a national picture of the support offered by ALONE and draws on a wealth of quantitative statistics as well as qualitative notes taken from casework and assessments. All data are anonymised.





## CHAPTER 1: ALONE'S COLLABORATION WITH HSE

ECC Q2 2023

ALONE is a national organisation that supports and empowers older people to age happily and securely at home. ALONE helps individuals and their families, and works with other organisations, to improve the lives of older people. ALONE works with all older people, including those who are lonely, isolated, frail or ill, homeless, living in poverty, or are facing other difficulties.

As outlined previously, ALONE provides an integrated system of Support Coordination, Practical support and Befriending, Telephone Support, Social Prescribing, Housing with Support, and Assistive Technology. ALONE also coordinates with other services and align to demographics and needs across Ireland, while contributing the planning to fill gaps and plan for future needs. ALONE's assistive technology allows medical professionals and families to remotely support the health needs of older people. ALONE is equipping its frontline staff with a range of technology while working with technology providers to adopt a preventative approach to reduce unnecessary hospital admissions, improve discharge times and helping people to remain in their homes.

Alongside this, ALONE has a well-established Community Impact Network (CIN) providing computerisation, training, knowledge sharing and collaborative working with external agencies across Ireland with the aim to consolidate the sector. ALONE was founded by volunteers and the spirit of volunteerism remains at the heart of the organisation. Volunteer activation in ALONE is focused on visits, telephone support, social activities, and practical tasks, including, shopping and physical activities and transport.

ALONE was awarded the overall winner of the HSE Excellence in Healthcare Award in 2017, while ALONE's support coordination model was also awarded the Think Tech Award and selected for Sláintecare funding to support the delivery of hospital discharges nationally starting in CHO DNCC. ALONE has three quality standards, services are independently evaluated, and they produce metrics and impact reports and work to universal services design approach. All data are stored on a secure management information system which allows ALONE to generate reports and identify trends and emerging needs. As ALONE further develop its impacts and outcome measurement, methods and findings will be shared with others to assist them to better demonstrate their efforts, produce national data and ensure common practices across Ireland.

ALONE service hub models are scalable, transferable, and replicable. Developed over 10 years and taking the learnings from OPRAH, DKIT Cúltaca and the Canterbury model each area works to ensure that older people have access to all the necessary supports and services that they require to age well at home. ALONE is currently collaboratively working and taking referrals in nine integrated care sites.

Building on the success of these approaches and the learning from the community call during the pandemic, ALONE's model has been included as part of the Enhanced Community Care (ECC) Programme with roll-out across the 96 Community Healthcare Networks (CHNs), linked to the 30 Community Specialist Teams for Older People and Chronic Disease.

## THE ENHANCED COMMUNITY CARE PROGRAMME (ECC)

ECC Q2 2023

In line with Sláintecare, the ECC objective is to deliver increased levels of healthcare with service delivery refocused towards general practice, primary care, and community-based services. The emphasis is on 'ageing in place' through the delivery of an end-to-end care pathway that will care for people at home, prevent referrals and admissions to acute hospitals where it is safe and appropriate to do so, and enable a "home first" approach.

The ECC Programme consists of 96 Community Health Networks (CHNs), 30 Community Specialist Teams for Older People, 30 Community Specialist Teams for Chronic Disease, national coverage for community intervention teams and the development of a volunteer-type model.



### Community Healthcare Networks

These provide the foundation and organisational structure through which integrated care will be delivered locally. These include GPs, Health and Social Care Professionals (HSCPs), Nursing leadership and staff empowered at a local level to drive integrated care delivery. Each of the 96 Networks serve an average population of 50,000 people. The number of CHNs per CHO ranges from 8-14.

### Community Specialist Teams (Hubs)

The work that has been undertaken by the Integrated Care Programmes for Older People and Chronic Disease (ICPOP) over recent years has shown that improved outcomes can be achieved particularly for older people who are frail, and those with chronic disease, through a model of care that allows specialist multidisciplinary teams engage and interact with services at CHN level, in their diagnosis and on-going care.

With the support of the Department of Health and Sláintecare, these models are now being implemented at scale, by the HSE, with the establishment and full rollout of 30 Community Specialist Teams for Older People and 30 Community Specialist Teams for Chronic Disease to support CHNs and GPs to respond to the specialist needs of these cohorts of the population, bridging and linking the care pathways between acute and community services with a view to improving access to and egress from acute hospital services.

These Community Specialist Teams will service a population on average of 150,000 equating on average to 3 CHNs each. Ideally, the teams will be co-located together in 'hubs' located in or adjacent to Primary Care Centres reflecting a shift in focus away from the acute hospital towards general practice, a primary care and community-based service model. The services are fully aligned with the acute system with clinical governance being provided through the relevant model 4 or 3 hospitals, but with the services being delivered in the community setting.

## IMPLEMENTATION OF THE ALONE MODEL

The focus of the ALONE model within the ECC programme is to develop an integrated model to deliver quality approved support coordination, visitation support and befriending, and telephone support and befriending driven by assistive technology and volunteers, with a structured network of contact and support at CHN level across all CHOs. ALONE will also deliver a service to the HSE in terms of data analytics, research and evaluation and ICT initiatives.

The end goal is to improve the quality of life for older people by improving access to integrated care through working with provider partners, statutory bodies and volunteers, in providing timely and the right level of care in an appropriate location, ideally in a setting of a service user's choice. Key objectives of the ALONE model within the ECC programme are outlined below.

### Key Objectives



# CHAPTER 2: IDENTIFYING NEED - ALONE ENGAGEMENT AND ASSESSMENT

## Profile of Older People Supported in Q2 2023

Overall, 3,364 people newly engaged with ALONE in Q2 2023, compared to 1,867 in the same period in 2022, representing an increase of 80.2% in the year (Figure 1).

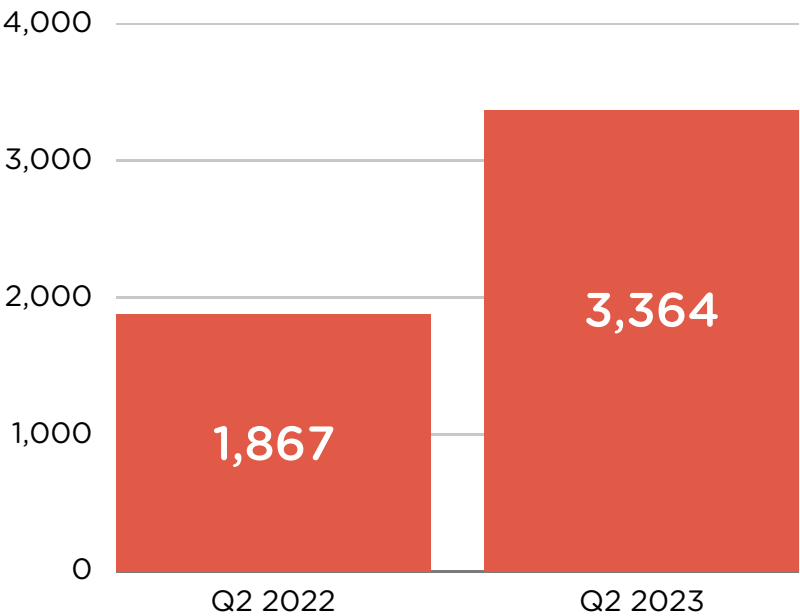


Figure 1: No. of People Supported, Q2 2022 v Q2 2023

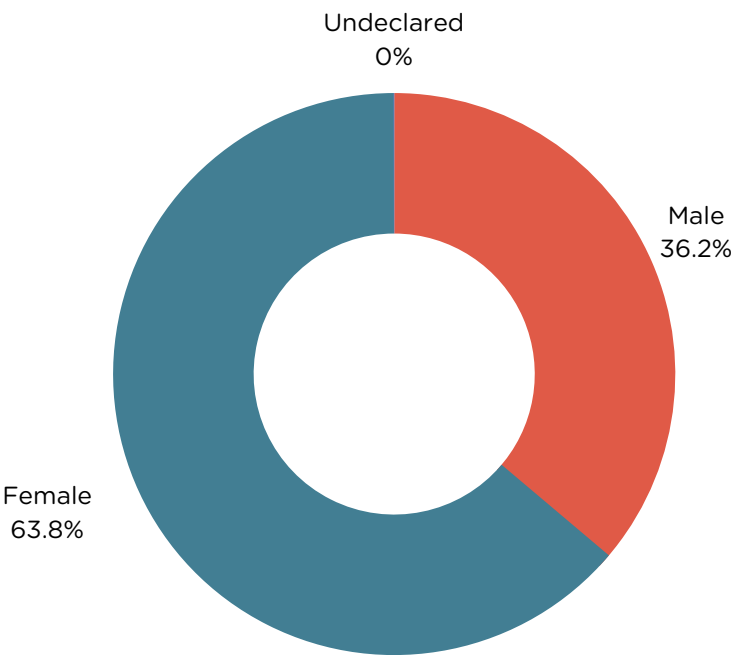


Figure 2: People Supported by Gender (%), Q2 2023

Of those for whom gender was reported (n=3,211), 63.8% were female (n=2,049) and 36.2% were male (n=1,161; Figure 2). This gender distribution remained similar to the same period in 2022 (61% female, 39% male).

1 A small proportion (n=1) were "Undeclared / Preferred not to say".



Where age was recorded (n=3,091), the majority (41.4%, n=1,280) of older people supported by ALONE were aged between **76 and 85** years old (Figure 3), which is the same as Q2 2022. In Q2 2023, ALONE supported 132 individuals younger than 61, while 50 individuals were older than 95.

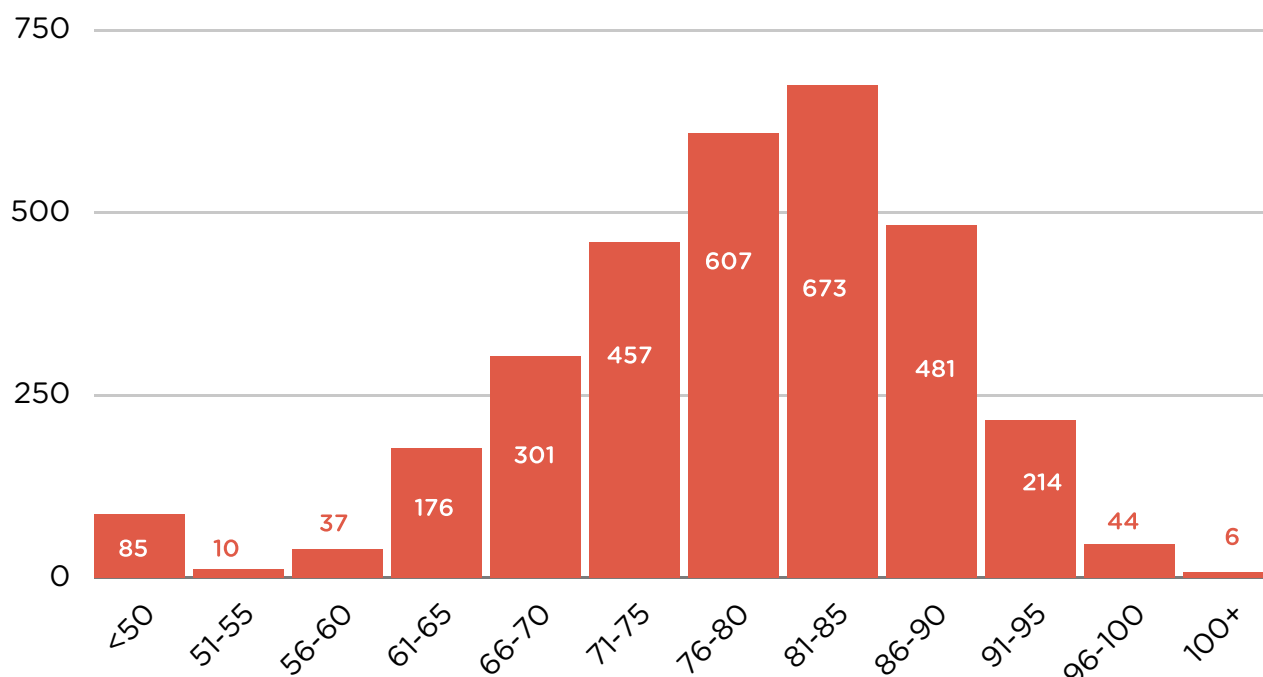


Figure 3: People Supported by Age Range, Q2 2023

In Q2 2023, CHO data were recorded for 3,364 newly engaged individuals. The most significant change compared to Q2 2022 occurred in CHO 4, where the proportion of people almost trebled and the number of people increased by 369.5%. There was also more than a 100% increase in the number of people supported in CHOs 2,3 and 5 (Table 1). In Q2 2022 three CHOs accounted for almost half of all new engagements: CHO 1 accounted for 21.5%, with CHO 8 and CHO 9 accounting for 15.9% and 11.6% respectively. However, in Q2 2023, almost half of all new engagements were in three CHOs: CHO 4 accounted for approximately 20% of new engagements, whilst CHO 2 accounted for 14.8%, and CHO 5 accounted for 15.2%. This indicates that the geographical spread of ALONE's work is becoming more evenly distributed. While more data over a longer period is needed to determine a trend, this continues a pattern observed in Q1 2023.

CHO	Q2 2022		Q2 2023		Q2 2022 v Q2 2023
	No.	%	No.	%	% Change (no. of people)
CHO 1	395	21.2	445	13.8	12.7
CHO 2	170	9.1	415	12.9	144.1
CHO 3	106	5.7	227	7.1	114.2
CHO 4	128	6.9	601	18.7	369.5
CHO 5	208	11.2	418	13.0	101.0
CHO 6	123	6.6	143	4.4	16.3
CHO 7	192	10.3	320	10.0	66.7
CHO 8	298	16.0	369	11.5	23.8
CHO 9	241	13.0	277	8.6	14.9
Unknown	2	0.1	149	4.4	7,350.0
<b>Total</b>	<b>1,861</b>		<b>3,364</b>		

Table 1: People Supported by CHO, Q2 2022 v Q2 2023



Referrals

The majority (58.1%) of the 3,190 referrals in Q2 2023 were made by external agencies, an increase from 54.5% in Q2 2022. Additionally, 19.3% of the referrals were self-referrals, where individuals directly contacted ALONE for support (Figure 4 and Table 2).

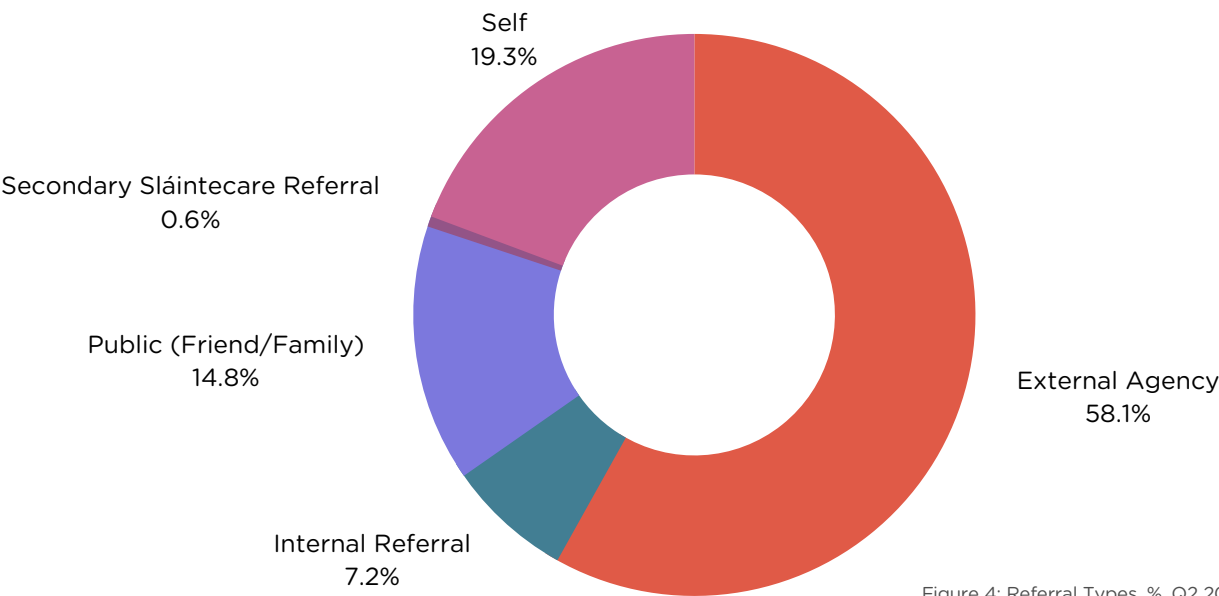


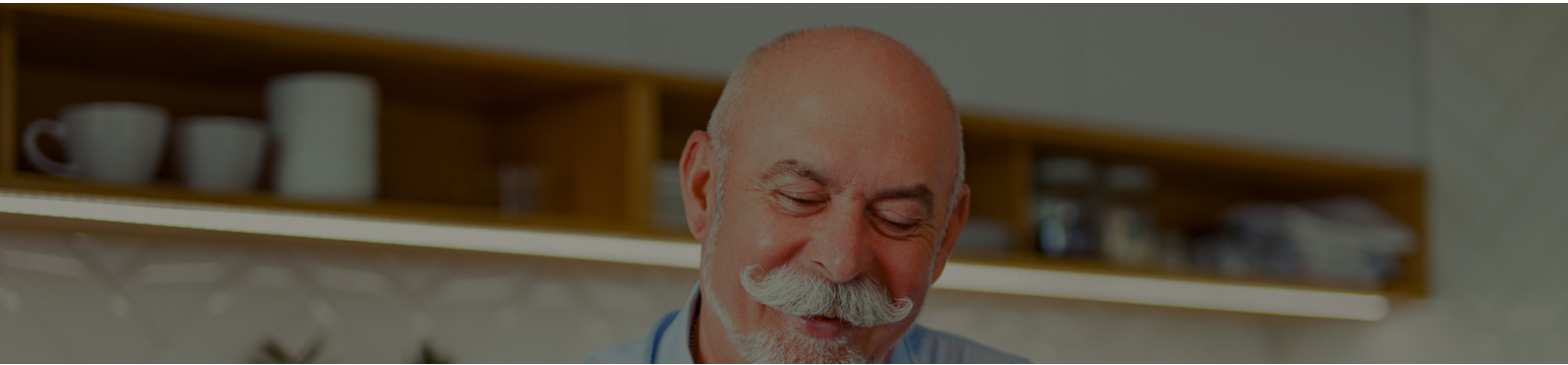
Figure 4: Referral Types, %, Q2 2023

External agencies in CHOs 1, 2 and 5 collectively represented 45.2% of all external referrals, similar to the previous quarter when these three CHOs accounted for 47.2%.

Referral Type	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Total
External Agency	309	309	150	293	304	95	186	236	158	2,040
Internal Referral	68	23	10	15	32	3	46	36	17	250
Public (Friend/Family)	72	66	36	84	67	22	49	46	47	489
Self	46	37	60	232	64	35	61	67	57	659
Secondary Sláintecare Referral	9	1		1	7					18
Total*	445	414	226	592	415	143	320	365	270	3,190

Table 2: Referral Type by CHO, Q2 2023

Note: The Total\* number refers to the number of individual people, where the same person may come through the service via more than one referral pathway.



Among the individuals referred by named External Agencies (n=1,074), 47.9% were referred by HSE Community Care Teams and 37.2% were referred by a hospital. ICPOP (Integrated Care Programme for Older Persons) and Charitable Organisations accounted for 10.1% of external referrals (Table 3). As in Q1 2023, four of the top five External Referral Agencies are healthcare organisations (95% of the total), demonstrating the importance of collaboration between ALONE and these essential healthcare services. As Table 3 shows, ALONE's model has become embedded in the ECC programme.

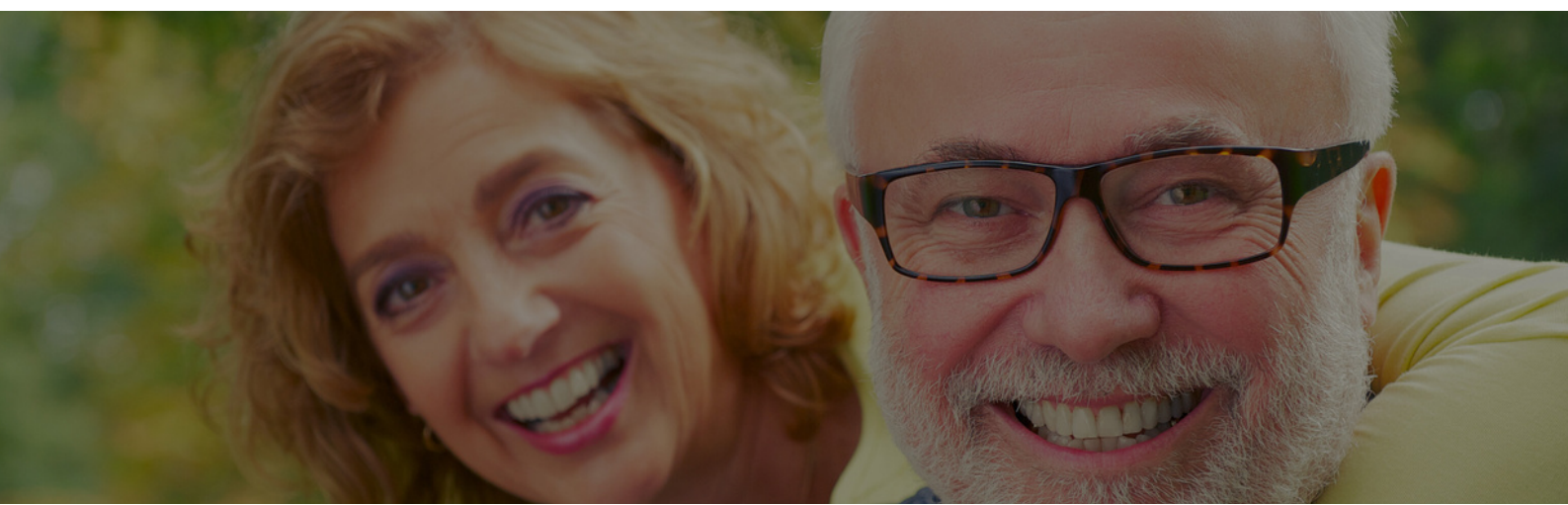
External Referral Agency	No.	%*
Community Care Team	514	47.9
Hospital	399	37.2
ICPOP	72	6.7
Charitable Organisation	36	3.4
Mental Health Team	34	3.2
Area Partnership	19	1.8
GP	14	1.3
Family Resource Centre	6	0.6
Home Care Provider	5	0.5
Local Authority	5	0.5
Physiotherapist	4	0.4
Social Worker	3	0.3
Hospice	3	0.3
Housing Body	3	0.3
Nursing Home	3	0.3
Safeguarding Team	3	0.3
Gardaí	2	0.2
Local Development Company	1	0.1
Memory Clinic	1	0.1

Table 3: External Referral Agencies, Q2 2023

Note: The %\* is based on the number of individual people referred by a named External Referral Agency, where the same person may come through the service via more than one referral pathway.

\*Charitable Organisations' includes national organisations such as the Alzheimer's Association of Ireland, the Simon Communities, Peter McVerry Trust and more specialised and/or local-level groups.

A further 1,281 people were referred to ALONE in Q2 2023 however data is currently unavailable as to referral source.



ALONE Assessment of Need

In Q2 2023, ALONE Support Coordinators assessed 2,266 older people, which indicates a 13% decrease compared to the number of people assessed in Q1 2023 (n= 2,609; Figure 5).

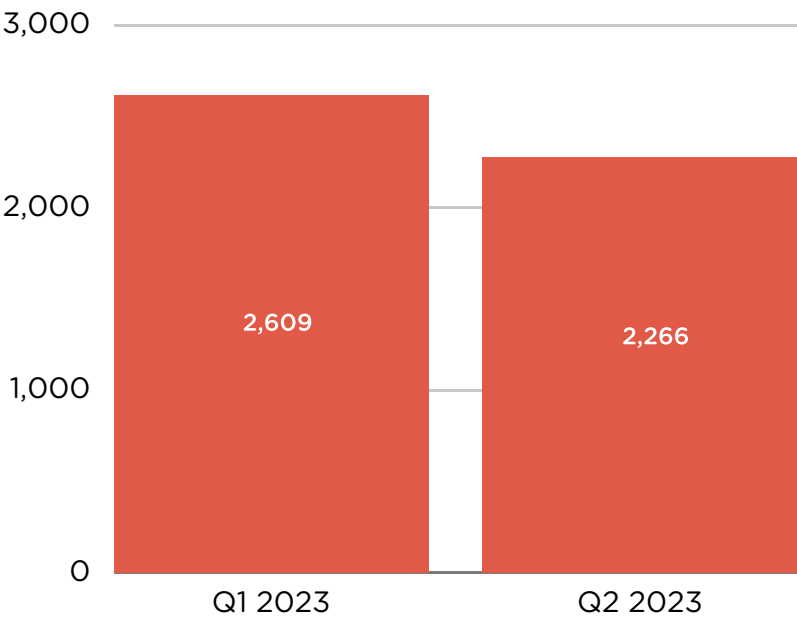


Figure 5: Number of Older People Assessed Q1 2023 v Q2 2023

During their assessment, an older person is asked if they are having issues with areas such as Housing, Personal Care, Physical Health, Mobility, Emotional/Mental Health, Finance, Social Isolation/Prescribing, and Safeguarding. Loneliness, which falls within the heading of Social Isolation/Prescribing on the assessment, is dealt with separately in this report as not everyone who feels lonely requires social prescribing and not everyone who requires social prescribing supports indicates that they are lonely. The number and proportion of people assessed who responded that they had issues under each of the main areas in the assessment is set out in Figure 6 and Table 4.

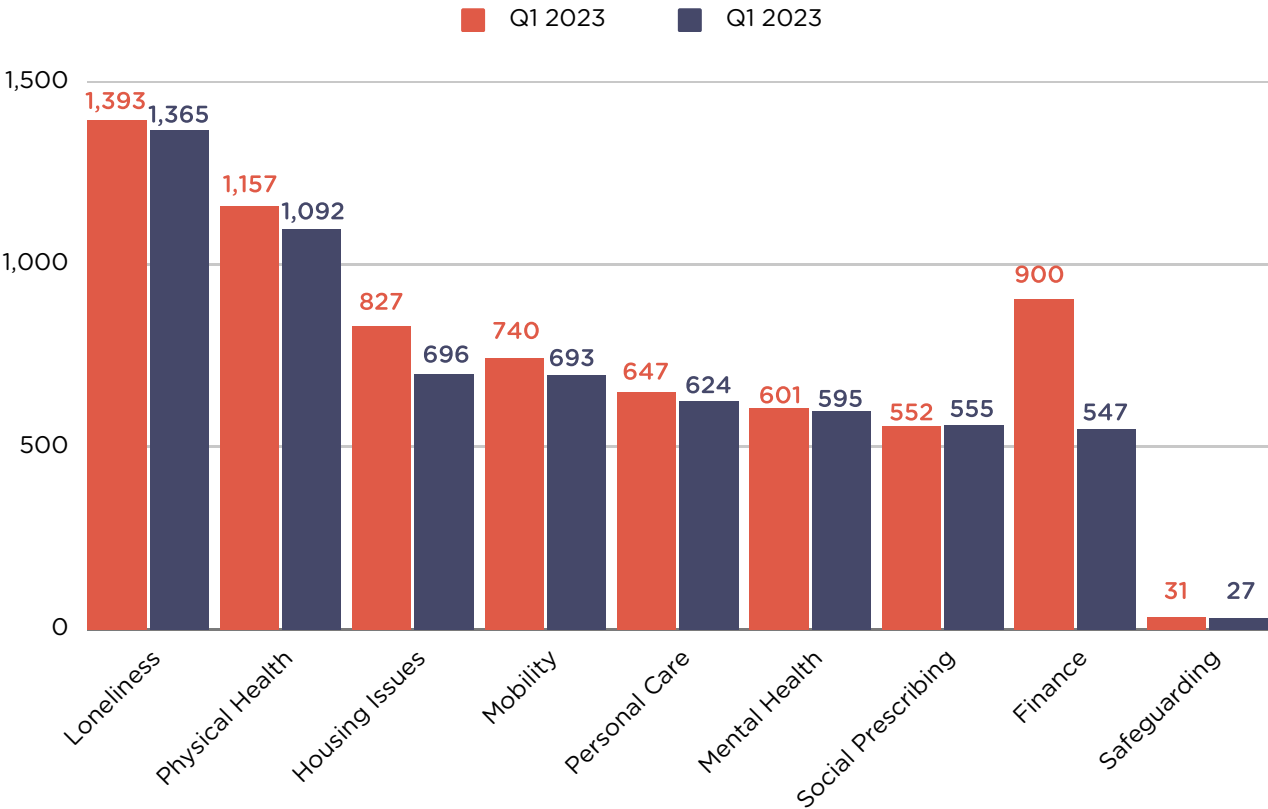


Figure 6: Issues Presenting in Assessments, number, Q1 2023 v Q2 2023



As Figure 6 above illustrates, 60.2% of all individuals assessed in Q2 2023 indicated that they felt lonely compared to 53.4% in Q1 2023. Additionally, 48.2% reported an issue with their Physical Health, while 30.7% and 30.6% experienced Housing and Mobility issues. Both the number and proportion of those reporting issues with Finance decreased significantly between Q1 and Q2 2023 (from 900 people or 34.5% of all those assessed in Q1, to 547 and 24.1% in Q2).

Category	Q1 2023		Q2 2023	
	No.	%*	No.	%*
Loneliness	1,393	53.4	1,365	60.2
Physical Health	1,157	44.3	1,092	48.2
Housing Issues	827	31.7	696	30.7
Mobility	740	28.4	693	30.6
Personal Care	647	24.8	621	27.4
Mental Health	601	23.0	595	26.3
Social Prescribing	552	21.2	555	24.5
Finance	900	34.5	547	24.1
Safeguarding	31	1.2	27	1.2

Table 4: Issues Presenting in Assessments, Q1 2023 v Q2 2023

Note: The %\* is based on the number of individual people, where the same person may experience an issue with more than one area.



Loneliness

1,365 people assessed in Q2 2023 indicated that they felt lonely, representing 60.2% of the people assessed in this period, in contrast to 1,393 (53.4%) people assessed in Q1 2023.

Of this group, 1,001 (73.3%) said they had someone to visit them. Of the 982 people who responded to the question of who came to visit them, more than three quarters (n=754, 76.8%) were visited by family, 12.4% by neighbours (n=122), and more than one in ten by friends (n=107, 10.8%).

890 individuals answered the question of when they were last out socially. Of those, 44.4% (n=395) said that they had been out socially in the last week, an increase on 37.4% in the previous quarter and likely reflecting improved weather later in the year, while 8.5% (n=76) had not been out socially in over a year, a similar proportion to the previous quarter (Table 5). ALONE will continue to monitor this rate of long-term isolation among older people.

Last time out socially	Q1 2023		Q2 2023	
	No.	%	No.	%
In the past week	347	37.4	395	44.4
In the past month	244	26.3	227	25.5
In the past 6 months	186	20.0	153	17.2
In the past year	69	7.4	41	4.6
More than a year ago	82	8.8	76	8.5

Table 5: Last Time Out Socially, Q1 2023 v Q2 2023



Of those who indicated that they felt lonely, more than one-third (37.3%, n=509) indicated that they had a hobby. These hobbies include gardening, reading, baking, yoga, bingo, playing cards, birdwatching, bowling, knitting/crocheting, and ballroom dancing. The frequency of these hobbies ranged from “most days” to “whenever possible”, with some depending on the availability of family or other supports. For those who did not have hobbies, reasons included poor health and mobility, bad weather, and a dislike of leaving the house.

Of the 1,365 people assessed as feeling lonely, the ALONE assessment identified 180 individuals who needed the ALONE Telephone and Befriending Service, 575 who needed the ALONE Visitation and Befriending Service, and 371 who needed both.

## Physical Health

Among the 1,092 individuals who reported having an issue with their Physical Health and provided additional information, 31.1% had an issue with Falls, while 14.5% had an issue with Memory (Figure 7). A similar trend was observed in Q1 2023, when almost one-third had an issue with Falls and 13% had an issue with Memory.

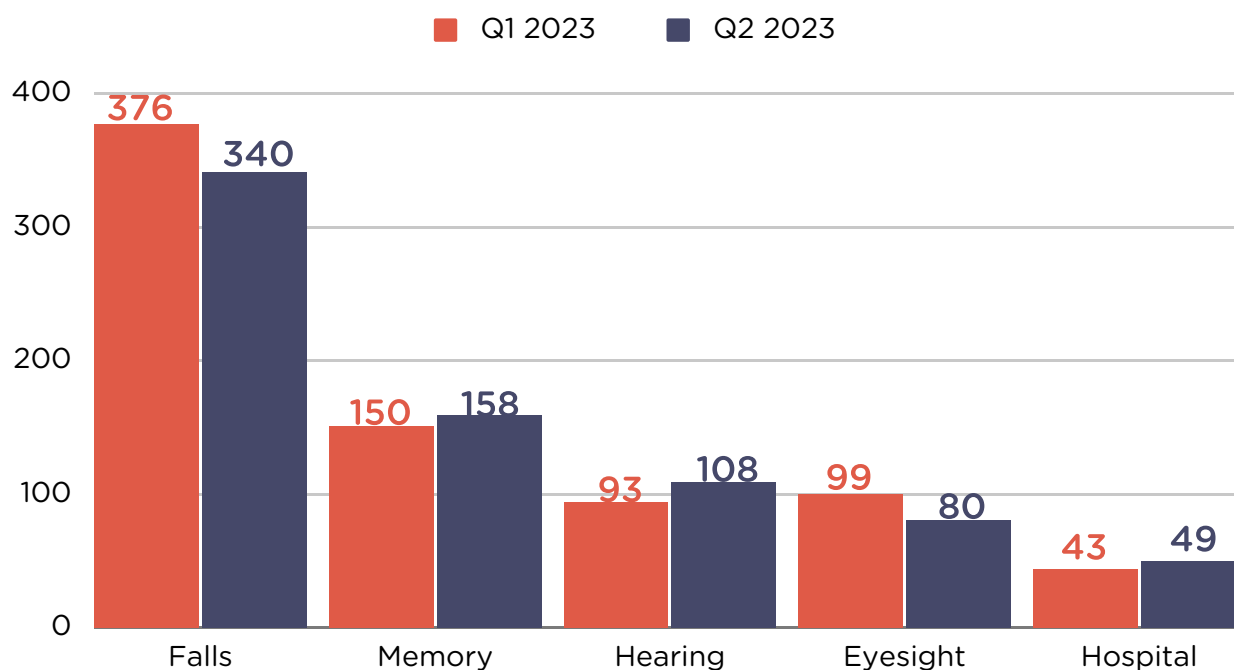
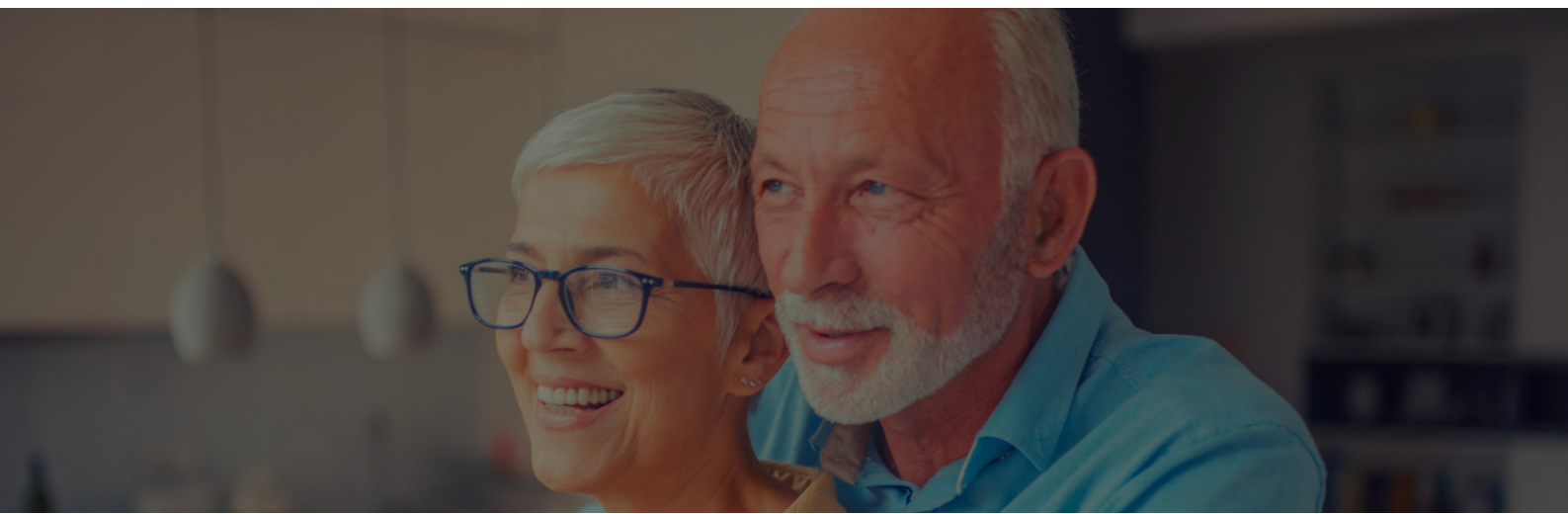


Figure 7: Physical Health Issues by Type, Q1 2023 v Q2 2023

Some 335 people (30.7%) who had issues with their Physical Health in Q2 2023 indicated that they received Home Help, with just 35 of those indicating that they had issues with the help they received. 92 people who indicated that they did not have Home Help had issues with it, with ALONE supporting 74 (80.4%) of those in this regard. A further 154 (24.8%) people who had issues with Personal Care also received Home Help.



HOUSING

Home Ownership & Living Arrangements

Of the 2,237 individuals who responded to this question in Q2 2023, 78% indicated that they owned their own home (n=1,743; Figure 8). This marks a slight proportionate increase compared to Q1 2023, where 75% of respondents indicated they were homeowners.

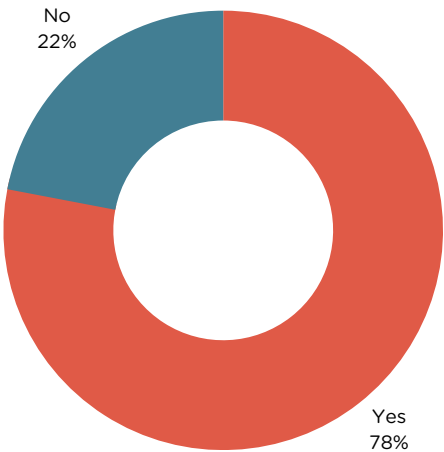


Figure 8: Home Ownership, %, Q2 2023

494 people responded that they did not own their own home, of which 433 provided details about their current living arrangements. The majority (62.2%, n=270) were living in Local Authority or Approved Housing Body (AHB) rented accommodation, and 13.8% (n=60) were renting in the Private Rented Sector. These figures align with the trends observed in Q1 2023 (Table 6).

Type of occupancy (non-owner occupied)	Q1 2023		Q2 2023	
	No.	%	No.	%
Local Authority	297	54.1	232	53.5
Other	97	17.7	84	19.4
Private Rented	92	16.8	60	13.8
AHB	43	7.8	38	8.7
Nursing home/ Long-term Care	13	2.4	15	3.4
Homeless	7	1.3	5	1.2
Total	549	100	433	100

Table 6: Types of Occupancy, non-owner occupiers, Q1 2023 v Q2 2023

As the Table above illustrates, 19.4% lived in “Other” accommodation. This mainly consisted of temporary arrangements such as living with family members or friends, in hotels, charitable housing, temporary accommodation awaiting placement into long-term care, and “prefab” housing near to family and friends.

According to Census 2022, 83.4% of households headed by people aged 65+ were owner occupied (77.8% with no mortgage, 5.6% with a mortgage), while 7.7% rented from a Local Authority or Approved Housing Body, and 3.5% rented in the private sector. While a relatively small proportion of people rented in the private sector, the number (n=16,986) of households increased by 83% since Census 2016.



Table 7 compares the tenure data of people who engaged with ALONE in Q2 2023 with the Census 2022 data for households headed by people aged 65+. The proportion of owner occupiers is lower in the ALONE data, while older people in all types of rented accommodation is higher, with twice the proportion living in Local Authority rented housing represented in the ALONE data compared to the Census 2022 data. This indicates that people in rented accommodation have a higher degree of need for ALONE services and supports.

Type of occupancy (excl. Nursing Home and Homeless)	ALONE Q2 2023 Data		Census 2022	
	No.	%	No.	%
Owner Occupier	1,743	76.7	401,596	83.4
Local Authority	297	13.1	31,124	6.5
Other	97	4.3	26,010	5.4
Private Rented	92	4.0	16,986	3.5
AHB	43	1.9	5,789	1.2
Total	2,272	100	481,505	100

Table 7: Household Tenure, ALONE Data and Census 2022 aged 65+

Of the 1,952 individuals who provided details of their living arrangements, 65.2% lived alone, one in five lived with a spouse, and the remainder lived with family, friends, or a lodger (Table 8).

Living Arrangements	Q1 2023		Q2 2023	
	No.	%	No.	%
Living Alone	1,497	68.0	1,272	65.2
With Spouse	420	19.1	405	20.7
With Son	102	4.6	109	5.5
With Daughter	62	2.8	69	3.5
With Other Family Member	61	2.8	63	3.2
With Partner	38	1.7	23	1.2
Lodger	13	0.6	10	0.5
Friend	9	0.4	2	0.1
Total	2,202	100	1,952	100

Table 8: Living Arrangements, Q1 2023 v Q2 2023

## Housing Issues



696 individuals assessed by ALONE in Q2 2023 indicated that they had issues with their home (Figure 6).

Of these, 513 owned their own home while 175 indicated that they did not<sup>2</sup>. Although a higher proportion of individuals who faced issues with their home were owner-occupied, it is essential to consider the higher rate of home ownership among people assessed by ALONE during this period. When analysed as a proportion of the indicated tenure type, 29.4% of homeowners assessed by ALONE had difficulty with their home compared to 35.4% of those assessed who indicated that they did not own their own home. Housing issues were also disproportionately experienced by people who did not own their home in Q1 2023. ALONE will continue to monitor these data over time to identify trends.

Similar to Q1 2023, more than one in three people with a housing issue in Q2 2023 (38.1%, n=265) required a Housing Adaptation, while more than one in five (21.1%, n=147) had issues with internal repairs. Additionally, 15.8% (n=110) had issues with Cleaning and External Repairs (Figure 9).

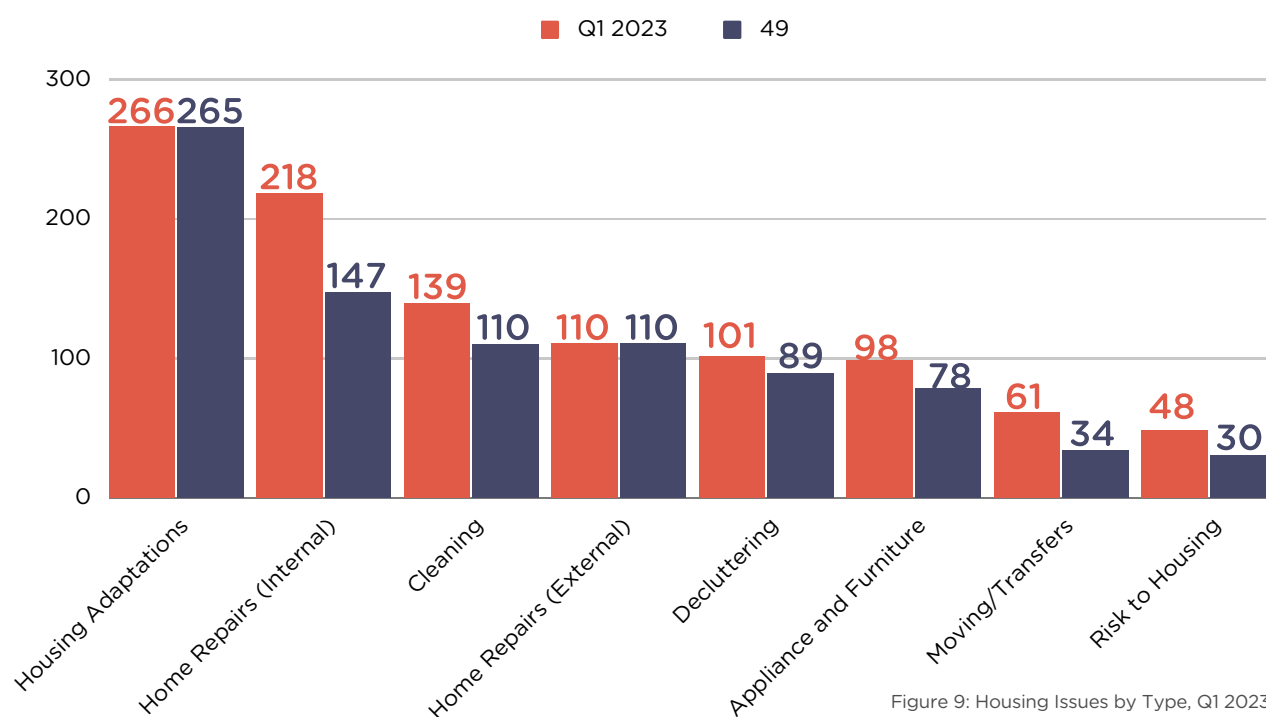


Figure 9: Housing Issues by Type, Q1 2023 v Q2 2023

<sup>2</sup> The remaining 8 did not indicate their tenure status.

More than three in five people with Housing Adaptation issues in Q2 2023 had issues with Bathroom Adaptations (61.9%, n=164), while 22.3% (n=59) had issues with Access Ramps, and 15.1% (n=40) had issues with Stair-lifts (Table 9), reflecting the prevalence of Mobility Issues in the Assessment data (Figure 6).

Housing Adaptation Issues	Q1 2023		Q2 2023	
	No.	%*	No.	%*
Bathroom Adaptation	164	61.7	164	61.9
Access Ramps	48	18.0	59	22.3
Stair-lifts	44	16.5	40	15.1
Level Access Showers	13	4.9	15	5.7
Downstairs Toilet	12	4.5	15	5.7
Extensions	11	4.1	12	4.5
Complete Application Form	7	2.6	12	4.5
Install Central Heating	26	9.8	9	3.4
Builders Quotations	7	2.6	6	2.3
Replace Boiler	15	5.6	5	1.9
Wheelchair Access	5	1.9	5	1.9
Proof of Property Tax Compliance (OP)	1	0.4	4	1.5
Rewiring	8	3.0	3	1.1
GP Report	1	0.4	3	1.1
OT Report	1	0.4	3	1.1
Certified Electricians Report	2	0.8	1	0.4
Oversee Building Works	1	0.4	1	0.4
Reclaim VAT	1	0.4	1	0.4
GA	1	0.4	0	0
<b>Total People with Housing Adaptation Issues</b>	<b>266</b>	<b>100</b>	<b>265</b>	<b>100</b>

Table 9: Housing Adaptation Issue by Type, Q1 2023 v Q2 2023

Note: The %\* is based on the number of individual people, where the same person may experience more than one issue

Almost one in four people who indicated that they had issues with Internal Home Repairs had issues with windows and doors (25.2%, n=37) and plumbing (24.5%, n=36). Moreover, 16.3% individuals reported electrical issues, while 14.3% had issues with painting and 13.6% had issues with internal insulation (Table 10). This contrasts to the previous quarter, where almost one-third of people indicated issues with plumbing, followed by issues with windows and doors (23.9%), electrical issues (18.3%) and internal insulation (17.4%).

Home Repairs (Internal)	Q1 2023		Q2 2023	
	No.	%	No.	%
Windows and Doors	52	23.9	37	25.2
Plumbing	70	32.1	36	24.5
Electrical	40	18.3	24	16.3
Painting	30	13.8	21	14.3
Insulation Internal	38	17.4	20	13.6
Flooring	23	10.6	19	12.9
Carpentry	31	14.2	18	12.2

Table 10: Home Repairs (Internal) Issue by Type, Q1 2023 v Q2 2023



Mobility

693 people stated that they had mobility issues when assessed in Q2 2023. Of these, 19.3% had issues with Mobility Aids, 17.5% had issues with Mobility Fixtures, 7.6% had issues with Mobility Furniture, and 3.9% had Other issues. This is similar to the previous quarter’s assessments, where 15.5% experienced issues with Mobility Aids, 15.1% with Mobility Fixtures, more than 1 in 10 had issues with Mobility Furniture, and 3.8% had Other issues (Figure 10).

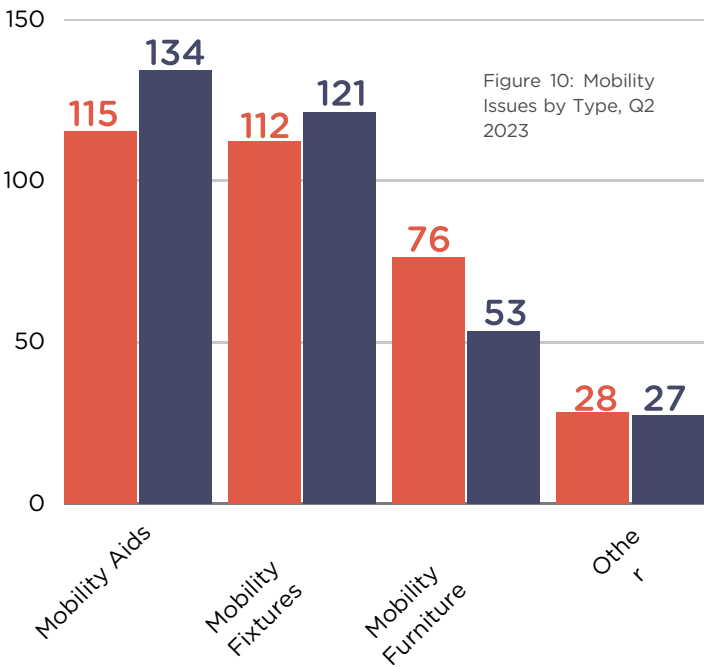


Figure 10: Mobility Issues by Type, Q2 2023

More than three quarters of those who indicated that they had an issue with Mobility Aids had an issue with their new rollator or walking stick, 16.4% had issues with their mobility scooter, and more than 1 in 10 had issues with their wheelchair (Table 11).

Mobility Aids	Q1 2023		Q2 2023	
	No.	%	No.	%
New Rollator	43	37.4	61	45.5
Walking Stick	43	37.4	45	33.6
Mobility Scooter	16	13.9	22	16.4
Wheelchair	13	11.3	14	10.4

Table 11: Mobility Aids Issues by Type, Q2 2023

51.2% who indicated that they had issues with Mobility Fixtures reported problems with grab rails in general, more than one-third had issues with grab rails in the bathroom, whereas 16.5% had issues with their bannisters, 9.9% needed a toilet seat riser, and just over 5.8% had issues with their wheelchair ramp (Table 12).

Mobility Fixtures	Q1 2023		Q2 2023	
	No.	%	No.	%
Grab rails (and fitted)	43	38.4	62	51.2
Grab rails bathroom (shower or toilet)	49	43.8	43	35.5
Bannister (and fitted)	20	17.9	20	16.5
Toilet seat riser	16	14.3	12	9.9
Wheelchair ramp	12	10.7	7	5.8

Table 12: Mobility Fixtures Issues by Type, Q1 2023 v Q2 2023

For the 27 people who indicated that they had ‘Other’ Mobility Issues, their specific challenges included painful prostheses, Parkinson’s disease, vertigo, being homebound due to an ankle issue, or mobility impairments resulting from a fall, and stroke.



621 people assessed by ALONE in Q2 2023 indicated that they had an issue with Personal Care. Of these, more than one-third had an issue with GP / Primary Care (34.9%, n=217), around one quarter (n=152) had issues with Carers, while 18.2% (n= 113) had issues with Nutrition, and just 7.7% (n=48) had issues with Medication (Figure 11). The number and proportion of people reporting difficulties with GP/ Primary Care engagement and Dental Care increased in comparison to the previous quarter.

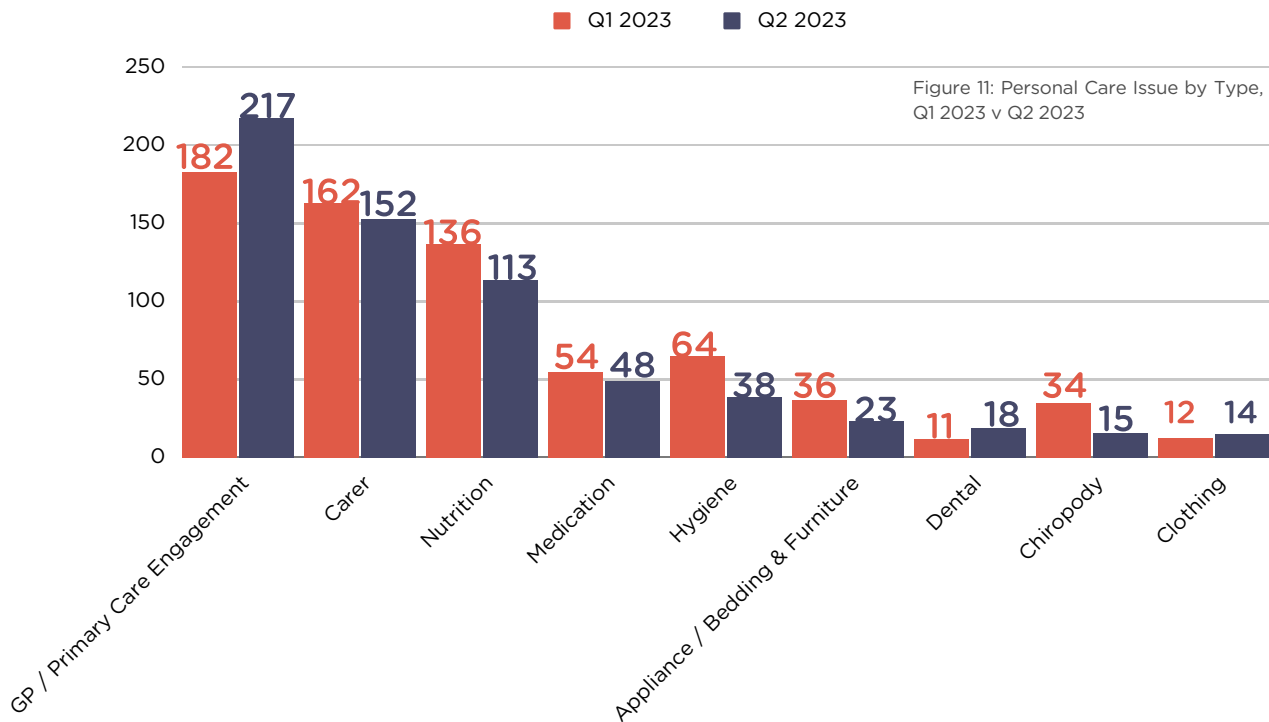


Figure 11: Personal Care Issue by Type, Q1 2023 v Q2 2023

Of the 217 people who indicated an issue with GP / Primary Care Engagement, more than half (57.6%) required support engaging with the Public Health Nurse, one in five (20.3%) required support accessing Occupational Therapy (OT), 18% required support advocating for a GP and 11.1% required support with Meals on Wheels (Table 13).

GP / Primary Care Engagement Issues	Q1 2023		Q2 2023	
	No.	%	No.	%
Public Health Nurse	86	47.3	125	57.6
Access OT	52	28.6	44	20.3
Advocate for GP to support	24	13.2	39	18.0
Meals on Wheels	30	16.5	24	11.1
Access Physio	19	10.4	21	9.7
Other	9	4.9	15	6.9
Support with Changing GP	3	1.6	8	3.7
Wound Dressing	2	1.1	3	1.4
Provide age-appropriate nutritional information	9	4.9	2	0.9

Table 13: GP / Primary Care Engagement Issues by Type, Q1 2023 v Q2 2023

152 individuals assessed indicated that they were having issues with Carers. Of these, 42.8% required help applying for a Carer, more than one-third had issues advocating for additional carer support, and 32.9% needed information on carer support (Table 14).

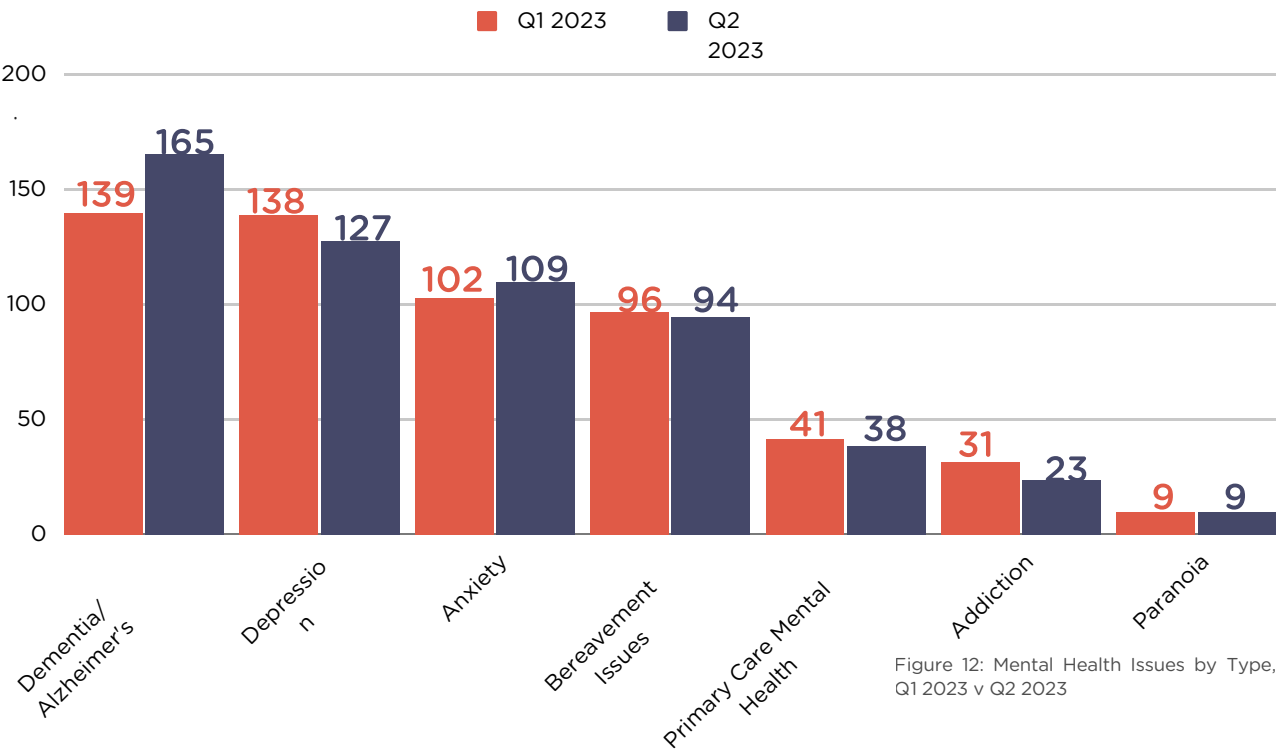
Carer	No.	%
Apply for PHN Carer	65	42.8
Advocate for additional carer support	59	38.8
Information on Carer Supports	50	32.9

Table 14: Carer Issues by Type, Q2 2023

Mental Health

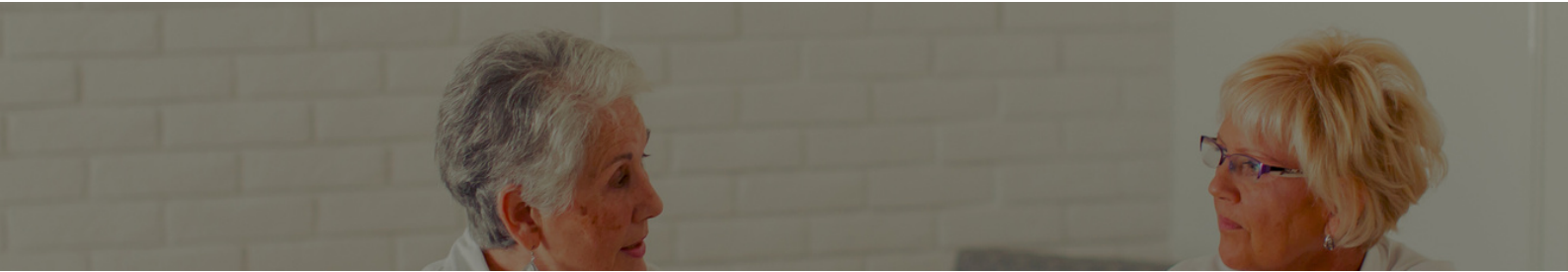
Of the 595 people assessed by ALONE and indicating that they had issues with their mental health, just 39.2% (n=233) had attended a GP, nurse, or medical practitioner. Of those, 80.3% (n=187) were prescribed medication of which 9.1% (n=17) said they forgot to take it.

The most prevalent mental health issue among those assessed by ALONE in Q2 2023 was Dementia / Alzheimer’s, with 27.7% indicating this as an issue. This was followed by Depression (21.3%), Anxiety (18.3%), and Bereavement issues (15.8%). Additionally, 6.4% reported issues related to Primary Care Mental Health Services, and 3.9% had issues with Addiction (Figure 12). While overall the previous quarter’s assessment presents a similar picture in mental health issues, an increase can be noted in individuals reporting issues with Dementia/Alzheimer’s and Anxiety in comparison to Q1 2023, as shown in Figure 12.



Of the 165 people assessed in Q2 2023 who indicated that they had issues with Dementia / Alzheimer’s, 47.3% (n=78) indicated that they needed information about supports and 32.7% (n=54) indicated that they had issues accessing supports, while 20% (n=33) indicated that they had issues with both.

Of the 127 people who indicated that they had issues with Depression, the vast majority (n=87) required information on counselling services (including accessing counselling services), while 12 people required a mental health assessment from their GP or Public Health Nurse.



## Social Prescribing

555 people assessed in Q2 2023 indicated that they required some social prescribing support with 85.2% (n=473) of those declaring an interest in a local community group, and 15.5% (n=86) interested in a one-off event.



## Safeguarding

Just 27 people assessed by ALONE in Q2 2023 indicated they were at risk of abuse, a slight decrease on the previous quarter. Similar to Q1 2023, 44.4% (n=12) felt at risk of Emotional Abuse, 33.3% (n=9) felt at risk of Financial Abuse, while 14.8% (n=4) were at risk of Self-Neglect and Physical Abuse (Figure 14).

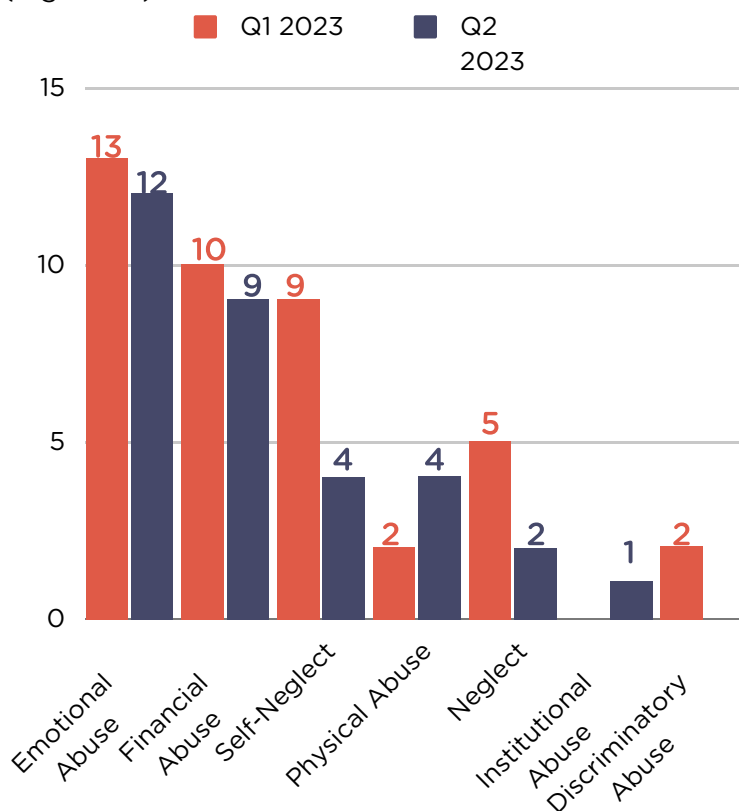


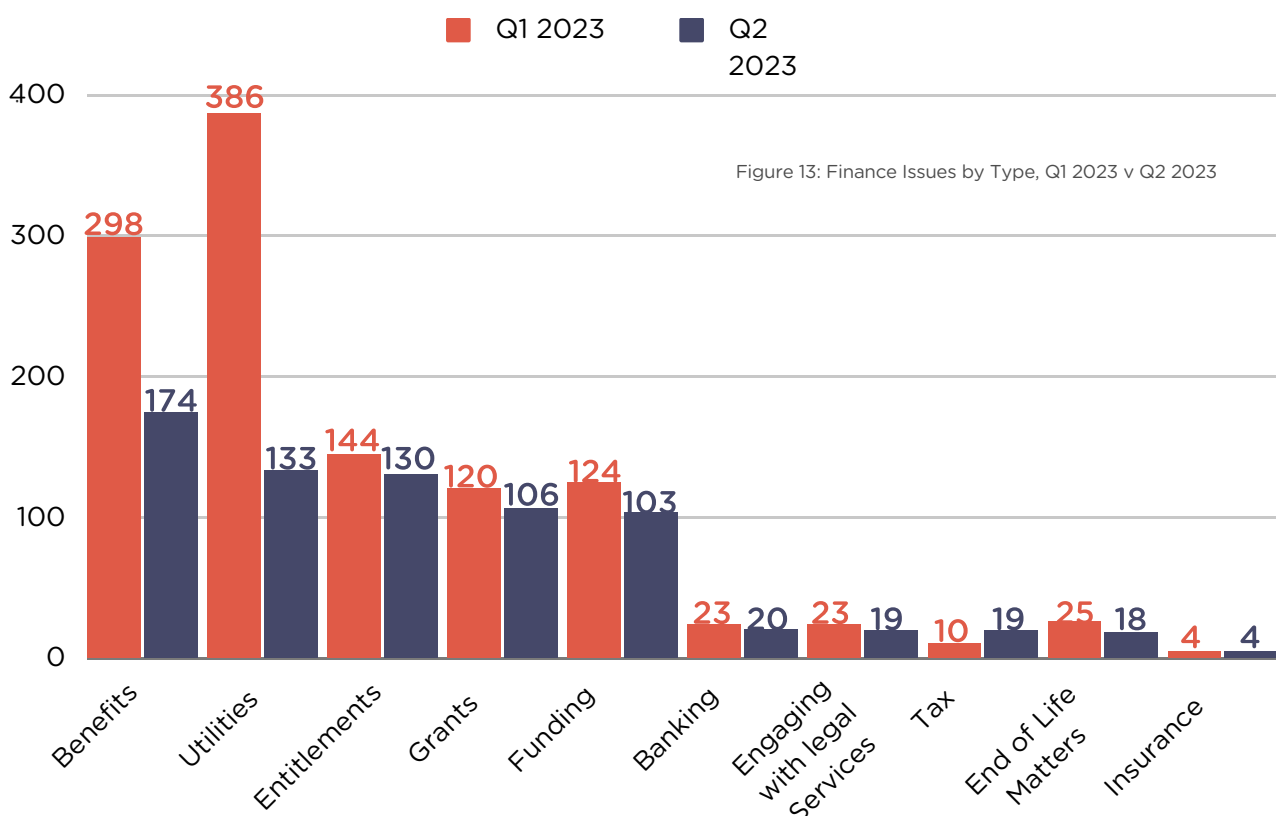
Figure 14: Safeguarding Issues by Type, Q1 2023 v Q2 2023

Of the 27 people with Safeguarding issues, 4 were submitted to the adult team / ALONE staff for escalation, where necessary, to the HSE Safeguarding Teams.

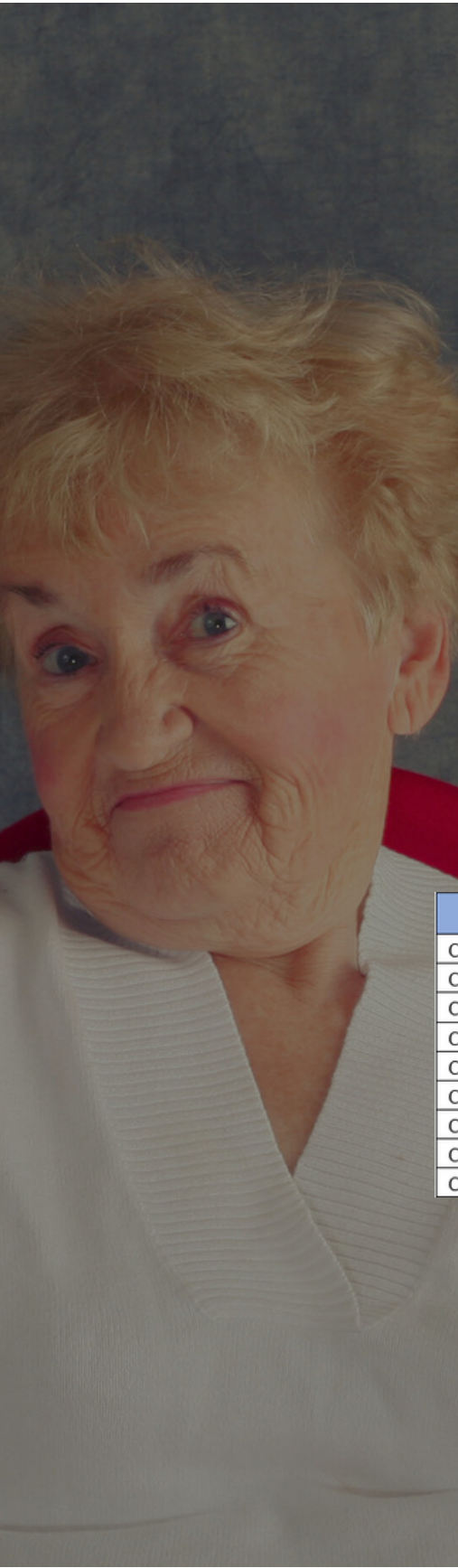
## Finance

547 people assessed by ALONE in Q2 2023 indicated that they had issues with Finance. This represents a significant decrease on Q1 2023 (n=900), and is due to the end of i) the Government's 'Warmer Homes Scheme', of which ALONE was a key stakeholder in supporting older people to access energy credits, and ii) the additional Winter Response Initiative whereby ALONE, in partnership with the Department of Climate and Communications, mobilised and coordinated a whole-of-community response to the cost of living crisis, including the provision of additional energy credits.

Of the 547 people requiring support with their finances, 174 people (31.8%) had issues with benefits, 133 people (24.3%) had issues with utilities, and 130 people (23.8%) had issues with entitlements (Figure 13). Issues with the Household Benefits Package was the most prevalent issue for those with benefits issues (36.2%, n=63), followed by the Winter Fuel Allowance (32.2%, n=56) and Exceptional Needs Payment (20.1%, n=35). Of those with utility issues, 84.2% (n=112) had issues with payments, arrears, or a payment plan, while only 12 people had issues claiming a refund from their utilities' provider.



CHAPTER 3:  
MEETING THE ECC OBJECTIVES:  
ALONE INTERVENTIONS



This Chapter considers how ALONE is responding to older people’s needs by providing individual tailored supports. To note, not every older person who underwent an Assessment in Q2 2023 received an intervention in that period, and similarly, some older people who were assessed in previous quarters commenced interventions in Q2 2023. This means that the numbers here refer to interventions conducted in Q2 2023, rather than the number of people, unless otherwise stated.

In total, ALONE provided **11,122 new support interventions to 3,510 people** in Q2 2023, an average of 3.2 interventions per person. This represents an increase of 130.9% on the number of interventions, and 122.6% on the number of people receiving them, compared to the same period in 2022.

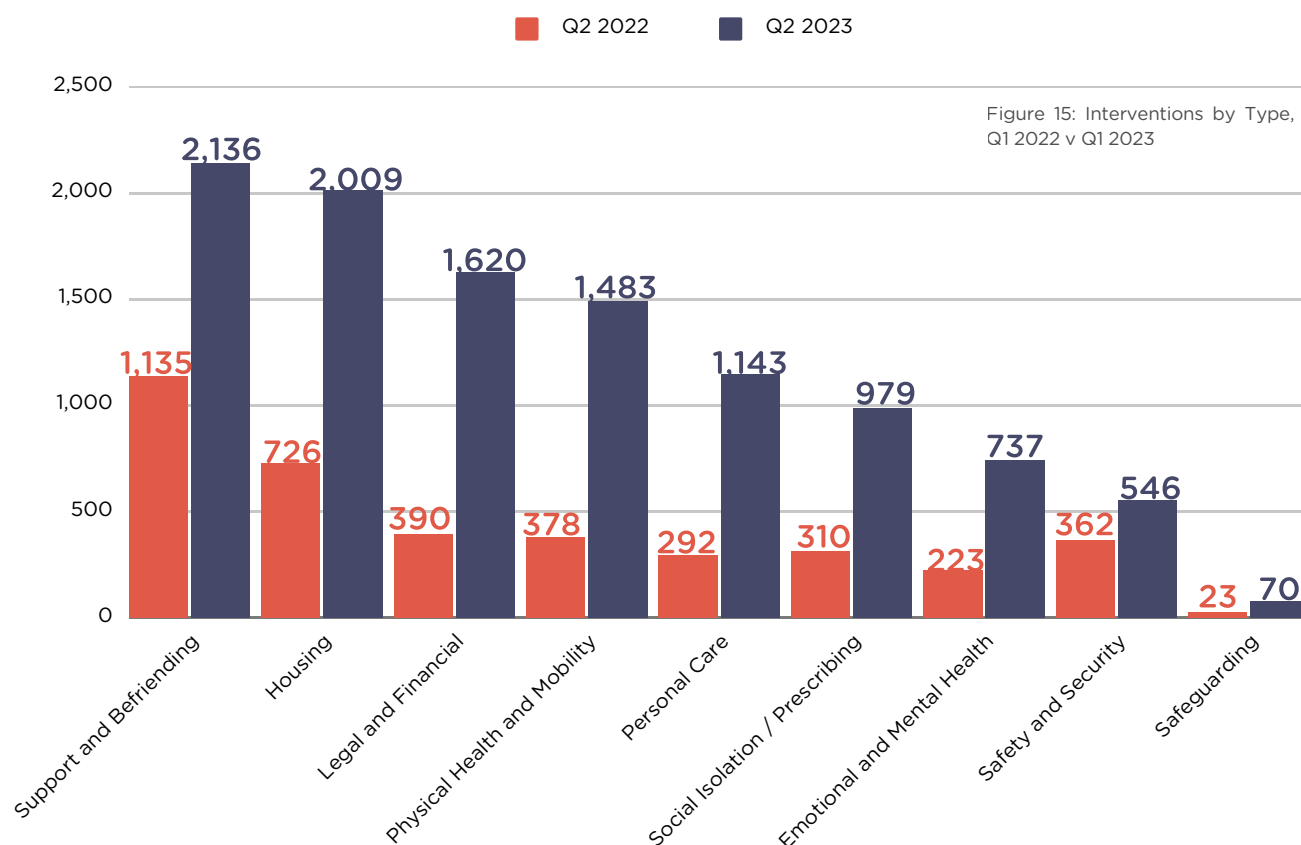
The highest number of interventions were undertaken on behalf of older people in CHO 2 (n=1,809) which also had the highest average number of interventions per person (4). The lowest number of interventions were undertaken in CHO 6 (n=686), while the lowest average number of interventions per person was in CHO 4 (2.7; Table 15).

CHO Area	No. People	No. Interventions	Average
CHO 1	524	1,472	2.8
CHO 2	456	1,809	4.0
CHO 3	232	800	3.4
CHO 4	583	1,556	2.7
CHO 5	453	1,279	2.8
CHO 6	201	686	3.4
CHO 7	337	1,043	3.1
CHO 8	381	1,461	3.8
CHO 9	324	974	3.0

Table 15: Interventions by CHO Area, no. of people, no. of interventions, and average, Q2 2023

The number of interventions per person range from 1 to 36. The area with the highest number of interventions was Support and Befriending, followed by Housing, Legal and Financial, and Physical Health and Mobility (Figure 15).





As technology has increasingly been integrated into other intervention types, it is no longer reported as a standalone intervention. Further information on Technology interventions is included below.

As can be seen in Figure 15 and Table 16, there has been a significant change in the number of interventions delivered by ALONE between Q2 2022 and Q2 2023 in all areas. The highest percentage change in this period was in Legal and Financial, which experienced **an increase of 315.4%** (Table 16). This represents a shift in support needs compared to Q2 2022, when Support and Befriending accounted for the highest number of interventions, followed by Housing, and Legal and Financial, although it is worth noting that these three support areas have been the most prevalent in the past two quarters. The increase in the cost-of-living, and its disproportionate impact on older people, and the need for clarity and support around Government interventions, all of which are discussed further below, resulted in an increase in the need for Legal and Financial supports.

Type of Intervention	Q2 2022	Q2 2023	% change
Support and Befriending	1,135	2,136	88.2
Housing	726	2,009	176.7
Legal and Financial	390	1,620	315.4
Physical Health and Mobility	378	1,483	292.3
Personal Care	292	1,143	291.4
Social Isolation / Prescribing	310	979	215.8
Emotional and Mental Health	223	737	230.5
Safety and Security	362	546	50.8
Safeguarding	23	70	204.3

Table 16: No. of Interventions by Type, Q2 2022 v Q2 2023 and % change

Although Support and Befriending interventions account for the highest number of interventions, and number of people supported, Housing remains the area with the highest number of interventions per person, indicating that this area is the most resource-intensive for ALONE (Table 17).

Type of Intervention	No. of People	No. of Interventions	Average
Support and Befriending	1,483	2,136	1.4
Housing	1,031	2,009	1.9
Legal and Financial	909	1,620	1.8
Physical Health and Mobility	925	1,483	1.6
Personal Care	651	1,143	1.8
Social Isolation / Prescribing	728	979	1.3
Emotional and Mental Health	489	737	1.5
Safety and Security	443	546	1.2
Technology	278	399	1.4
Safeguarding	43	70	1.6

Table 17: Interventions by Type, No. of People, No. of Interventions, Average per Person, Q2 2023



## Support and Befriending

Support and Befriending interventions are a bedrock of ALONE's suite of supports. As well as providing this service through its volunteer network, ALONE partners with other Support and Befriending services at a local level to support a comprehensive network of befriending partners.

As indicated above, Support and Befriending accounted for the highest number of interventions in Q2 2023 at 2,136. Of these, almost two-thirds (64%, n=1,366) were provided by the ALONE Visitation Support and Befriending service, a further 32.4% (n=693) were provided through the ALONE Telephone Support service, and the remaining (3.6%, n=77) were provided through alternative services and supports (Figure 16). This marks an increase of 72.7% for ALONE Visitation Support and Befriending, 124.3% for ALONE Telephone Support, and 120% for alternative services and supports compared to Q2 2022.

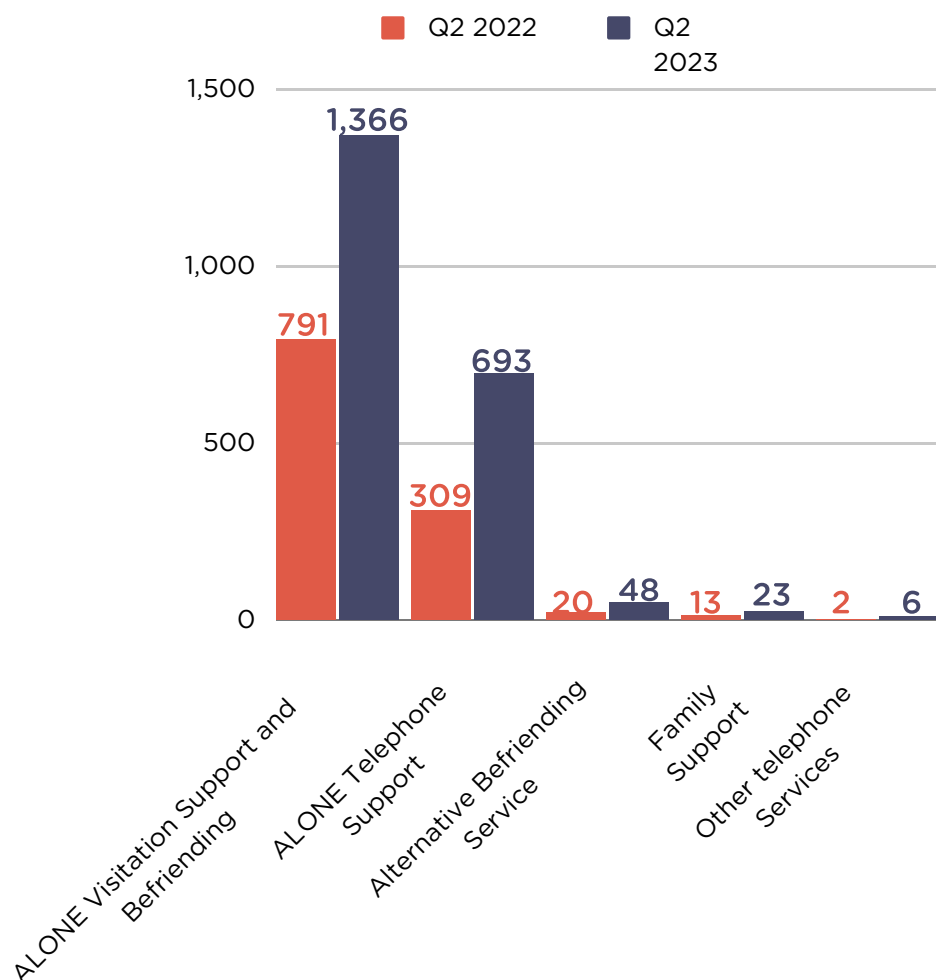
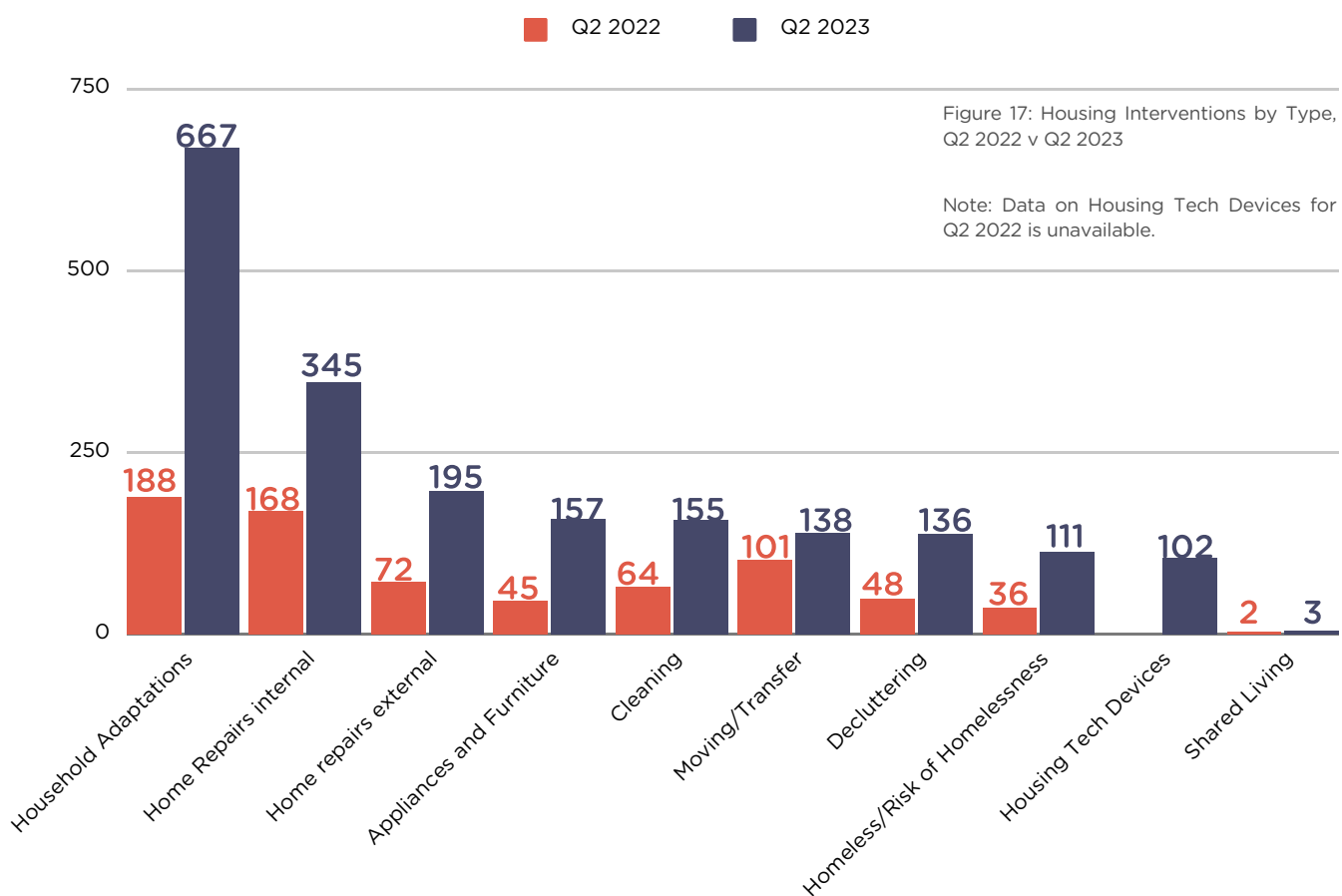


Figure 16: Support and Befriending Intervention by Type, Q2 2022 v Q2 2023



## Housing

2,009 interventions were made in relation to Housing in Q2 2023, an increase of 225.6% on Q2 2022. Of these, one-third were related to Housing Adaptations (33.2%, n=667), 17.2% (n=345) concerned Internal Home Repairs, and 9.7% related to External Home Repairs (n=195; Figure 17). During Q2 2023, Housing Adaptations saw a significant surge of 354%, whereas Internal Home Repairs increased by 205.4%, and External Home Repairs increased by 270%, compared to Q2 2022.



Of the 667 Housing Adaptation interventions, more than one in four (28.3%, n=189) were related to Bathroom Adaptations, while one in ten (10.6%, n=71) were related to an Emergency Pendant and 18.4% (n=123) were related to Stair-lifts and Access ramps. The full range of interventions provided by ALONE in relation to Housing Adaptations is set out in Table 18.

Housing Adaptation Interventions	No.	%
Bathroom Adaptation	189	28.3
Emergency Pendant	71	10.6
Stair-lifts	62	9.3
Access ramps	61	9.1
Front Door Safety Camera	38	5.7
Complete Application Form	34	5.1
Builders Quotations	30	4.5
Level access showers	20	3.0
Downstairs toilet	19	2.8
OT Report	19	2.8
Wheelchair access	17	2.5
GP Report	13	1.9
Extensions	11	1.6
Smart Indoor Security Camera	11	1.6
Install central Heating	10	1.5
Proof of Property Tax Compliance	10	1.5
Minifinder - Emergency Strap	9	1.3
Replace Boiler	9	1.3
House Alarm	7	1.0
Oversee Building Works	7	1.0
Smart Home Sensors	5	0.7
Reclaim V.A.T	4	0.6
Rewiring	4	0.6
V.A.T Paid to Builder	3	0.4
Proof of Tax Compliance (O.P)	2	0.3
Certified Electricians Report	1	0.1
Funding Shortfall	1	0.1

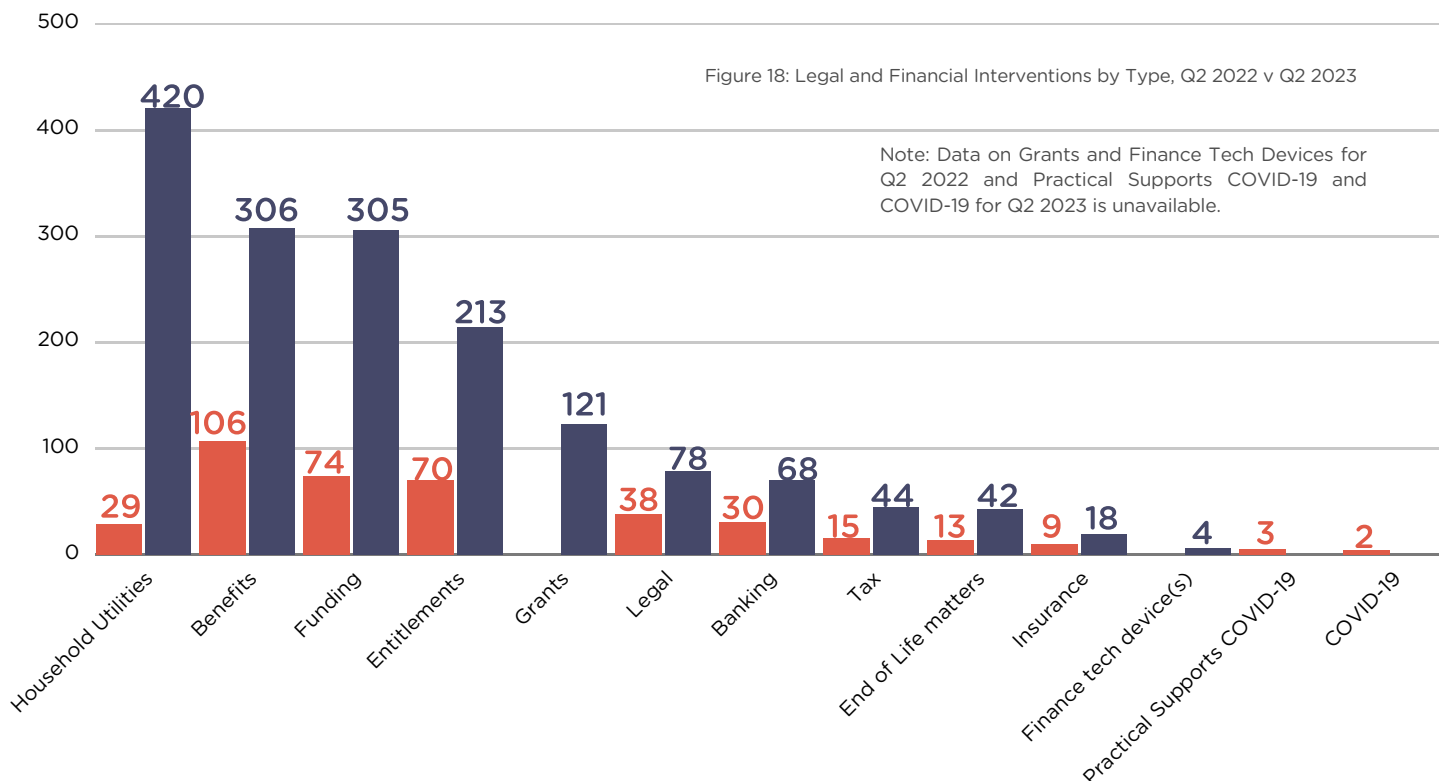
Table 18: Housing Adaptation Interventions by Type, Q2 2023



## Legal and Financial

In the Legal and Financial area, there were a total of 1,620 interventions, making it the third-highest category in Q2 2023. Among these interventions, more than one in four (25.9%, n=420) concerned household utilities, while 18.9% (n=306) concerned Benefits, and 18.8% (n=305) concerned Funding (Figure 18). Compared to Q2 of the previous year, Q2 2023 observed an increase of 316% in Legal and Finance interventions, with interventions concerning Household Utilities increasing by 1,348%.

■ Q2 2022 ■ Q2 2023



The impact of the cost-of-living crisis is evident from the number and type of interventions concerning utilities. Of the 420 Household utilities interventions, more than half (54.8%, n=230) concerned the Government's energy credit scheme, for which ALONE provides support through information provision and, where necessary, supports to access the relevant energy credit, and a further 39.3% (n=165) of interventions concerned utility arrears or payment plans (Table 19).

Household Utilities Intervention	No.	%
Energy Credit	230	54.8
Arrears / Payment Plan	165	39.3
Utility Refund	11	2.6
Cancel Utility	14	3.3

Table 19: Utilities Interventions by Type, Q1 2023





Physical Health and Mobility

Of the 1,483 interventions relating to Physical Health and Mobility, 11.7% (n=174) related to Hospital, and 10.7% (n=159) related to Home Help. A further 33.4% (n=495) related to ‘Other’ aids (Figure 19). The Other aids category referred primarily to assistive technology (77.6%, n=384), with the remaining 22.4% (n=111) relating to aids such as hearing aids, transport adaptation, orthopaedic shoes, and glasses.

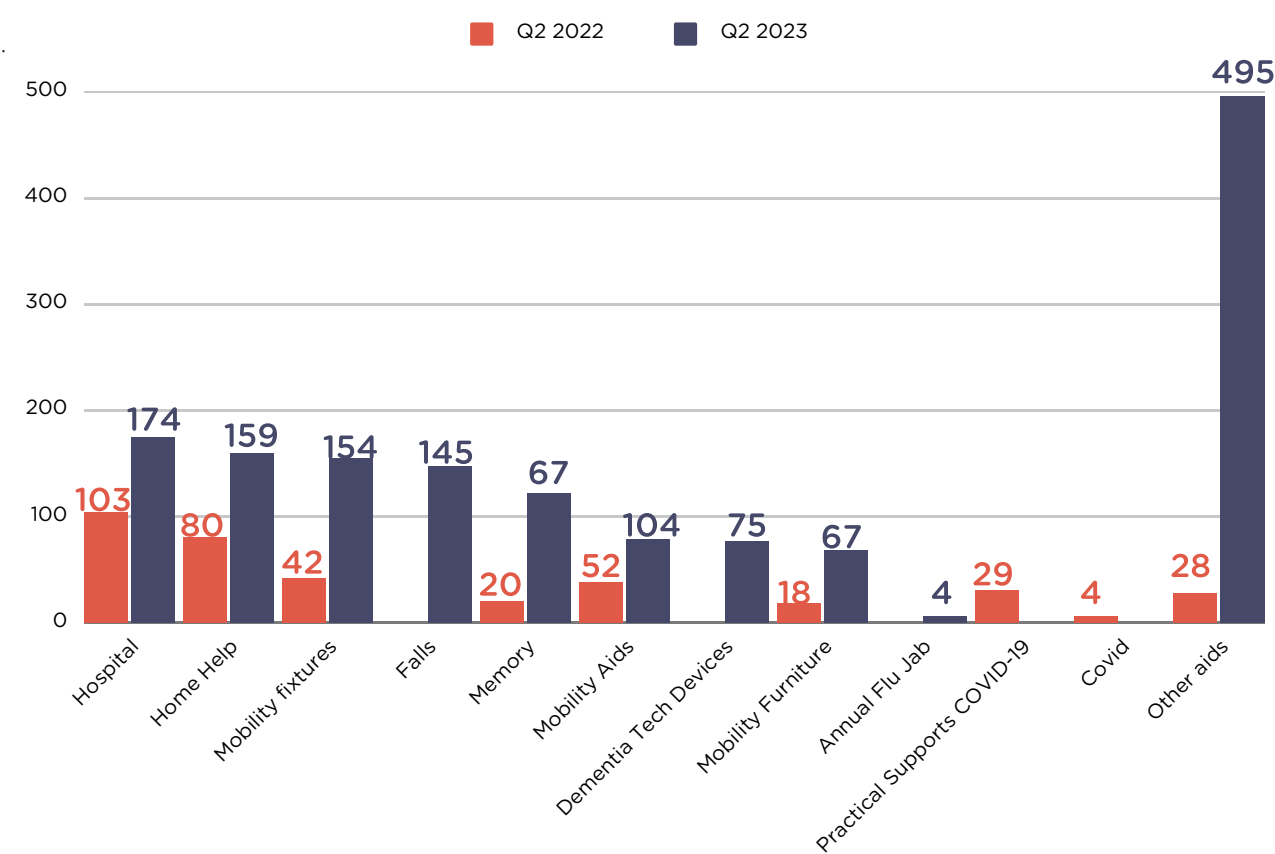


Figure 19: Physical Health and Mobility Interventions by Type, Q2 2022 v Q2 2023  
Note: Data on Falls, Dementia Tech Devices and Annual Flu Jab for Q2 2022 and Practical Supports COVID-19 and COVID-19 for Q2 2023 is unavailable.



Within the Hospital category, 42.5% of interventions related to arranging transport for hospital appointments (n=74), with advocacy work focusing on discharges, either for or against, depending on the needs of the older person (Table 20).

Hospital Interventions	Q2 2022		Q2 2023		% change
	No.	%	No.	%	
Transport for appointment	66	64.1	74	42.5	12.1
Advocate for hospital admission	11	10.7	26	14.9	136.4
Support hospital discharge	10	9.7	23	13.2	130.0
Support during stay in hospital	8	7.8	23	13.2	187.5
Accompany to hospital	6	5.8	10	5.7	66.7
Advocate for Respite after hospital stay	-	-	8	4.6	-
Advocate against Hospital discharge	1	1.0	5	2.9	400.0
Support hospital discharge	-	-	3	1.7	-
Advocate for hospital discharge	1	1.0	2	1.1	100.0
Total	103		174		68.9

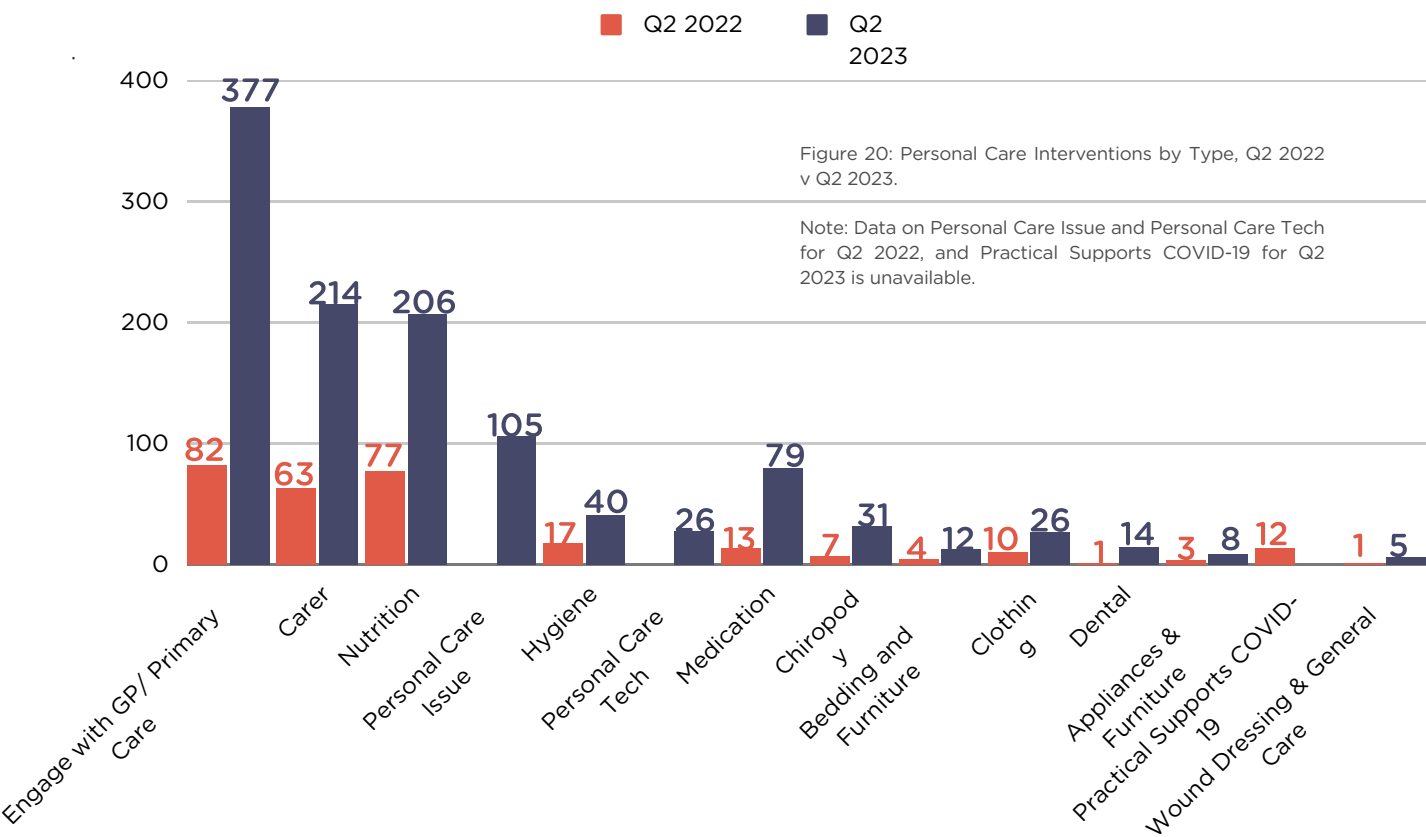
Table 20: Hospital Interventions by Type, Q2 2022 v Q2 2023 and % change  
Note: Data on Advocacy for Respite after hospital stay and Support hospital discharge for Q2 2022 is unavailable.





Personal Care

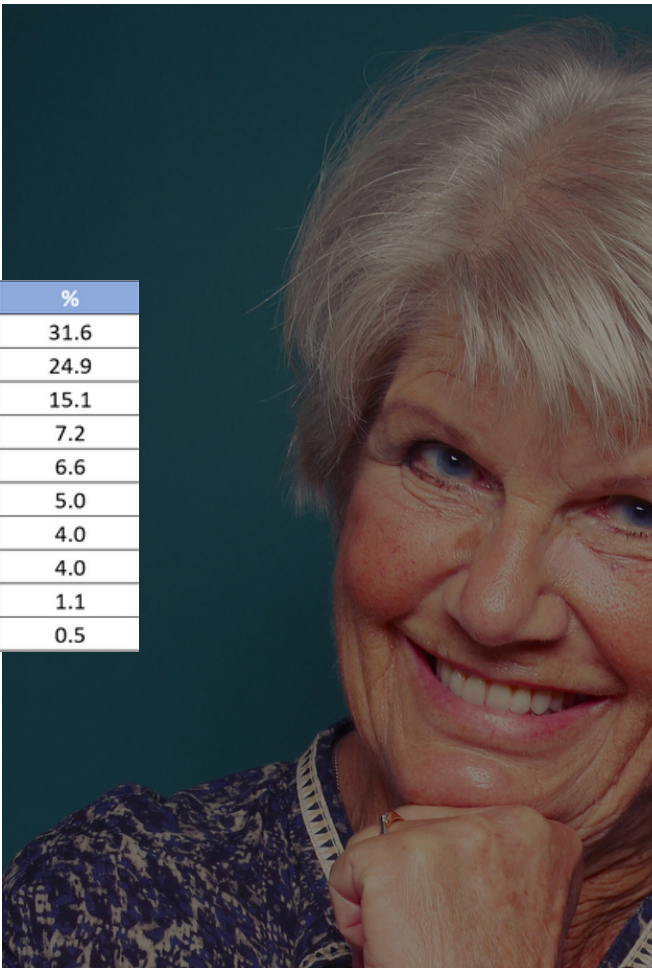
Of the 1,143 Personal Care interventions made in Q2 2023, one-third (33%, n=377) related to engaging with a GP or Primary Care provider, 18.7% (n=214) related to Carer supports, and 18% (n=206) concerned Nutrition (Figure 20).



31.6% (n=119) of engagements with GP / Primary Care related to liaising with a Public Health Nurse, while 24.9% (n=94) were to advocate for GP support, and 22.3% (n=84) involved accessing the support of Occupational Therapist and Physiotherapist (Table 21).

GP / Primary Care Interventions	No.	%
Public Health Nurse	119	31.6
Advocate for GP to support	94	24.9
Access Occupational Therapist	57	15.1
Access Physiotherapist	27	7.2
Meals on wheels	25	6.6
Support with Changing GP	19	5.0
Other	15	4.0
Refer to ICPOP	15	4.0
Provide Age-appropriate Nutritional Information	4	1.1
Wound dressing	2	0.5

Table 21: GP / Primary Care Interventions by Type, Q2 2023



Social Isolation/Prescribing

Of the 979 Social Isolation / Prescribing interventions provided by ALONE in Q2 2023, almost three-quarters (n=729) related to putting older people in touch with community groups, almost one in five (n=207) related to information and engagement with one-off events, and 4.4% (n=43) related to the provision of technology to support social isolation (Table 22).

Social Isolation / Prescribing	Q2 2022		Q2 2023	
	No.	%	No.	%
Local Community Groups	252	81.3	729	74.5
One-off Events	58	18.7	207	21.1
Isolation tech device	-	-	43	4.4

Table 22: Social Isolation Prescribing / Isolation Interventions by Type, Q2 2023  
Note: Data on Isolation Tech Device for Q2 2022 is unavailable.

More than half of the interventions (58.3%, n=571) relating to local community groups involved the provision of information on these groups, 13.9% (n=136) involved arranging for the older person to attend a group, and 2.2% (n=22) involved attending the group with the older person.

Emotional and Mental Health

737 interventions were provided in respect of Emotional and Mental Health in Q2 2023. Of these, more than one in four (28.9%, n=213) involved supporting older people with Dementia / Alzheimer’s, while 23.7% (n=175) involved supporting older people with Anxiety, and 18.5% (n=136) involved Depression supports (Figure 21).

Of the 213 interventions relating to Dementia / Alzheimer’s, 58.2% (n=124) related to the provision of information relating to supports while the remaining 41.8% (n=89) involved supporting an older person to access supports.

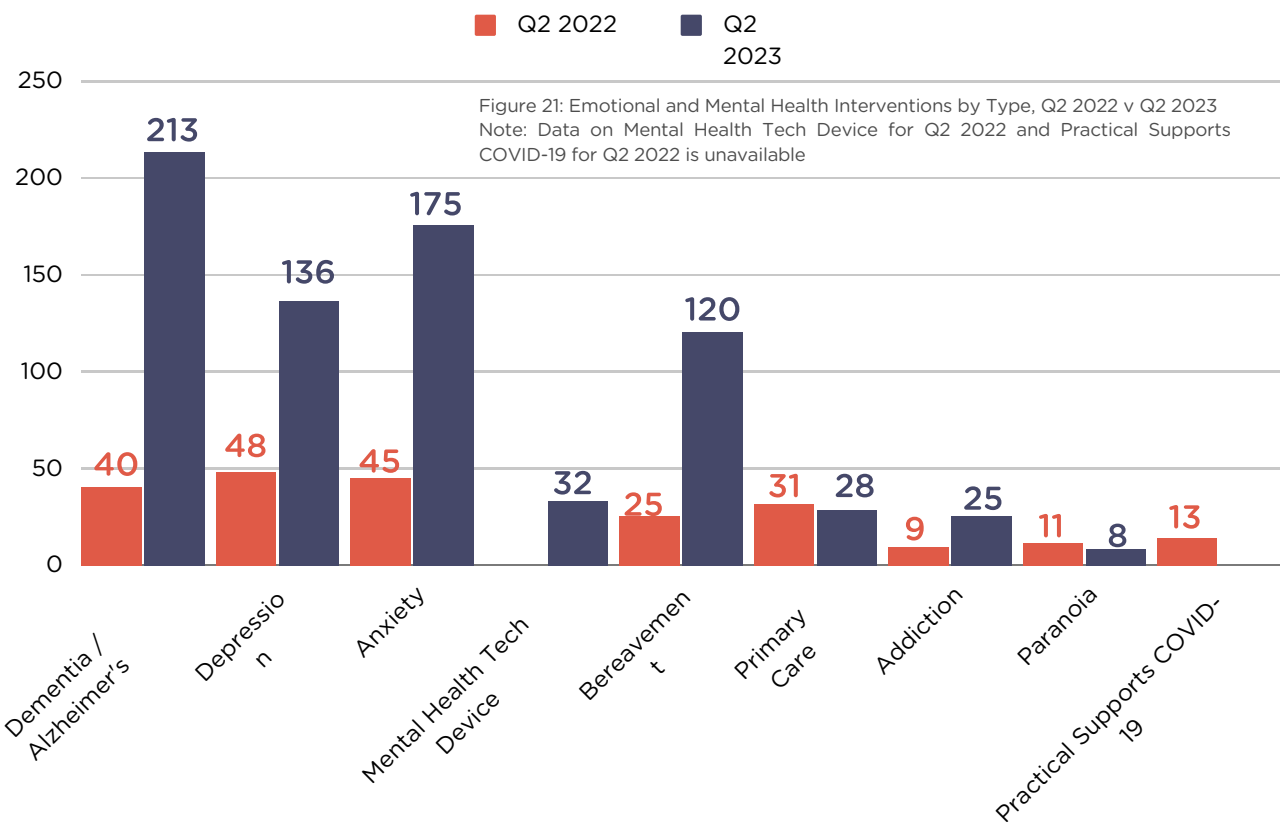
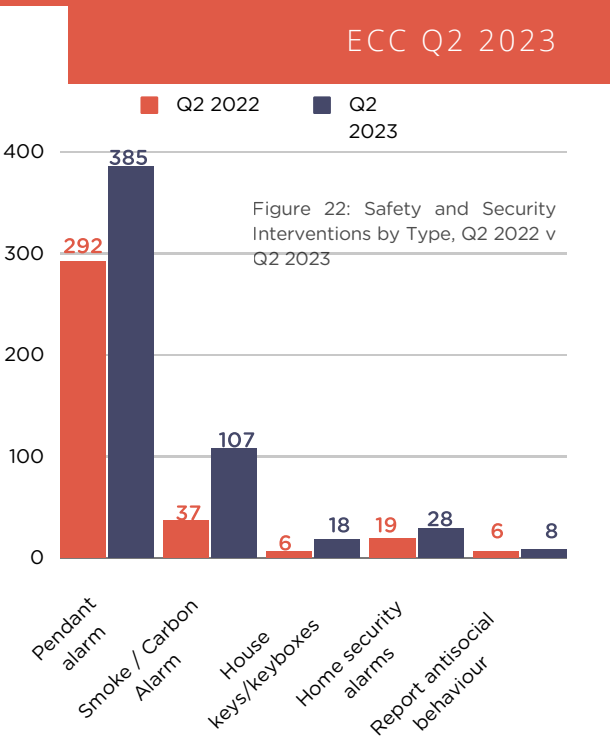


Figure 21: Emotional and Mental Health Interventions by Type, Q2 2022 v Q2 2023  
Note: Data on Mental Health Tech Device for Q2 2022 and Practical Supports COVID-19 for Q2 2022 is unavailable

Safety and Security

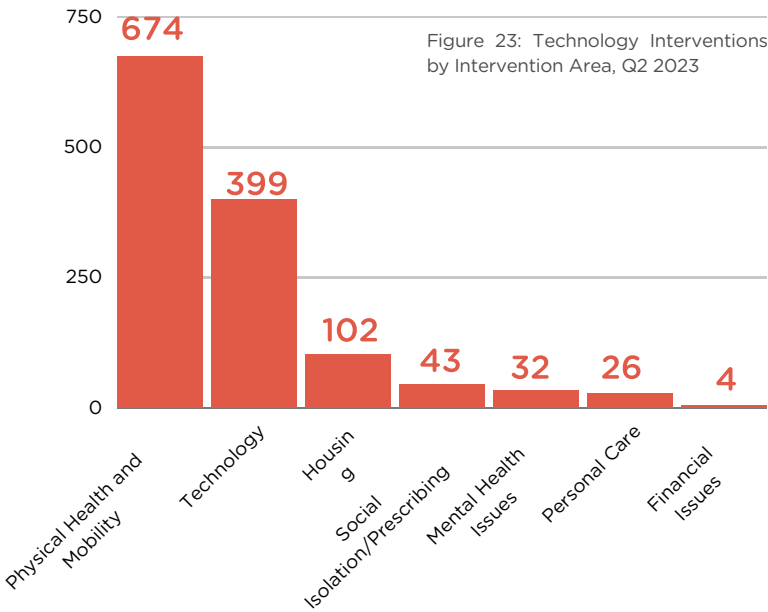
The vast majority of the 546 Safety and Security interventions conducted related to support with technology including pendant alarms, smoke/carbon monoxide alarms and house alarms (98.5%, n=538), while the remaining 1.5% (n=8) involving supporting an older person with anti-social behaviour (Figure 22).



Technology

As referenced above, assistive technology has been integrated throughout the various intervention types in ALONE and is used in response to a variety of support needs. In fact, technological supports formed part of **1,280 interventions in Q2 2023**, in support of 905 people across seven distinct intervention areas (Figure 23).

The specific ‘Technology’ intervention type that appears in Figure 23 refers to the provision of Technology Support (264 interventions) and ‘BConnect Assistive Tech’ (135 interventions), which includes referrals to the ALONE BConnect team, support with BConnect assistive technology, and responding to BConnect data. Table A 1 in the Appendix provides a much more detailed breakdown of the category of intervention and type of technology used, where stated.



Safeguarding

Just 70 interventions related to Safeguarding in Q2 2023; of those, 34.3% (n=24) had multiple concerns (Figure 24). Supports for those with multiple concerns included supporting an intervention care plan (in 13 interventions), speaking with the Gardaí (4 interventions), speaking with a senior case worker (4 interventions), speaking with the General Practitioner (2 interventions), and support the person to report elder abuse (1 intervention).

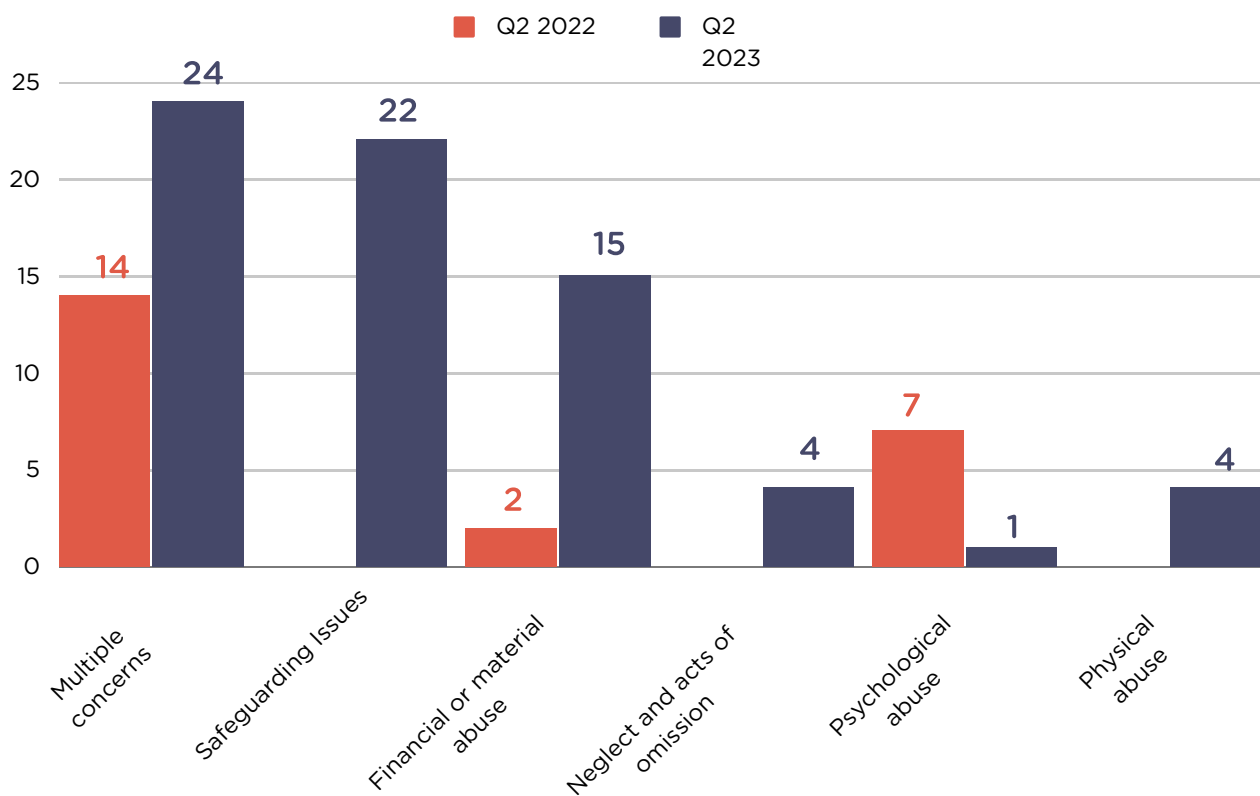


Figure 24: Safeguarding Interventions by Type, Q2 2022 v Q2 2023  
Note: Data on Safeguarding Issues, Neglect, Acts of Omission, and Physical Abuse for Q2 2022 is unavailable.





Assessments and Interventions

Of the 2,266 people who were assessed in Q2 2023, 2,161 people (95.4%) received some intervention from ALONE in the same period. Of the 105 people who were not supported with an intervention within the quarter, more than one third (n=38; 36.2%) were assessed in June 2023.

Of the people who were assessed and identified a specific need, the proportion<sup>3</sup> who received an intervention during Q2 2023 was between 96.2 and 99.3% (Table 23). This indicates that ALONE is responsive to the needs of the vast majority of people presenting for support.

Area of Need	No. Assessed	No. Received Interventions	%
Loneliness	1,365	1,340	98.2
Physical Health	1,092	1,055	96.6
Housing Issues	696	682	98.0
Mobility	693	667	96.2
Personal Care	621	604	97.3
Mental Health	595	582	97.8
Social Prescribing	555	549	98.9
Finance	547	543	99.3
Safeguarding	27	26	96.3
Total Assessed	2,266		

Table 23: No. of People Assessed within each category of need, No. of people who received an intervention within each category of need, % of those assessed who received an intervention, Q2 2023

A key strength of the ALONE model is that it allows for a holistic support plan to be put in place, which takes account of the overall needs of an older person. This is demonstrated in Table 24, which sets out the number of people assessed within each specific category and the interventions they received.

As this table shows, 1,365 people were identified as being lonely in the Assessment: 1,340 of those received an intervention in the quarter. A total of 5,502 interventions were provided to those 1,340 people. The interventions required by people who reported that they felt lonely related to all aspects of ALONE’s work, from Housing to Personal Care, while 1,707 (31%) related to Support and Befriending, a loneliness-specific intervention type.

Similarly with housing need: 682 people assessed in Q2 2023 as having a housing need received a total of 3,563 interventions in this period. Of those interventions, 1,214 (34%) related specifically to Housing with the remaining two-thirds of interventions relating to Physical Health and Mobility, Legal and Financial issues, Support and Befriending, Personal Care, and other areas. Having a comprehensive assessment allows ALONE to identify a range of issues and respond with a full suite of supports. Further, considering an older person’s needs in this holistic way allows ALONE to provide broader interventions which may directly impact a person’s main presenting need.

<sup>3</sup> An Assessment may identify one or more category of need for the same person and overlap between categories is common. The proportion of people within each category of need who received an intervention in Q2 2023 is therefore different to the overall proportion of all people who were assessed, which counts each individual once.





Need Identified → Intervention ↓	Loneliness	Physical Health	Housing Issues	Mobility	Personal Care	Mental Health	Social Prescribing	Finance	Safeguarding
Support and Befriending	1,707	819	412	578	493	544	536	351	18
Housing	709	780	1214	571	541	387	339	520	45
Legal and Financial	552	630	503	404	382	406	270	952	29
Physical Health and Mobility	762	1039	534	713	577	414	372	390	9
Personal Care	577	611	388	385	795	330	289	285	19
Social Isolation / Prescribing	589	372	217	227	222	257	652	214	5
Emotional and Mental Health	428	343	174	173	225	545	246	179	11
Safety and Security	101	95	72	63	53	30	33	40	-
Technology	61	71	31	36	39	32	31	23	11
Safeguarding	16	23	18	12	19	20	5	20	29
Total No. of People*	1,340	1,055	682	667	604	582	549	543	26
Total No. of Interventions**	5,502	4,783	3,563	3,162	3,346	2,965	2,773	2,974	176

Table 24: No. of People Assessed by Need Identified and Intervention Provided, Q2 2023

Note: \*This Total refers to the number of people who were assessed in Q2 2023 and indicated a particular need.  
\*\*This is the total of all interventions received by all people assessed in Q2 2023 and indicated a particular need.



## ALONE's Strategic Partnerships

ALONE's partners include Government and State agencies, national advocacy organisations, community-based networks offering services from healthcare (e.g., GPs, Public Health Nurses, mental health services, and hospital discharge teams) to financial support (e.g., Money Advice and Budgeting Service [MABS]) and charitable organisations (such as the Alzheimer's Association). By acting as a central hub, ALONE Service Coordinators can match the supports provided by ALONE and its support partners to the needs of the older person identified through the Assessment.

Analysis indicates 5,942 interventions relied on the partnerships developed by ALONE, a decrease from 6,409 in Q1 2023. More than 1 in 5 (n=1,270, 21.4%) involved ALONE's healthcare partners such as engaging with Occupational Therapists, addiction services, consultants and GPs, and pharmacies. A further 437 (7.4%) involved an additional layer of support in relation to physical health, with ALONE advocating on behalf of older people with their GPs, advocating for additional home help or advocating for or against hospital discharge, depending on the needs of the person concerned. ALONE also partners with local social and community groups to support older people to become less socially isolated and to aid with social prescribing (19.9%, n=1,183). This support aligns with the HSE Social Prescribing Framework<sup>4</sup> and the Integrated Model of Care for the Prevention and Management of Chronic Disease in older people.<sup>5</sup>

The largest proportionate change between Q1 and Q2 2023 was in the area of Accessing State Supports, which reduced from almost one-third to almost one-fifth. This support includes providing information on accessing the energy credit, accessing supplementary welfare supports from Community Welfare Officers, applying for housing adaptation and mobility grants, and reclaiming VAT (Table 25).

In 12 cases, ALONE advocated in respect of the older person's housing, either with an existing landlord to avoid eviction, or with a new accommodation provider (Table 25).

	Q1 2023		Q2 2023	
	No.	%	No.	%
Access Physical Health Supports	1,231	19.2	1,270	21.4
Access Social Supports	1,115	17.4	1,183	19.9
Access State Supports	2,073	32.3	1,167	19.6
Access Housing	261	4.1	654	11.0
Advocate re Physical Health	426	6.6	437	7.4
Access Personal Care Supports	173	2.7	299	5.0
Access Charitable Supports	360	5.6	298	5.0
Access Financial Supports	544	8.5	292	4.9
Access Legal Support	75	1.2	114	1.9
Access Transport	80	1.2	93	1.6
Access Mental Health Supports	66	1.0	89	1.5
Access Training	5	0.1	23	0.4
Advocate Housing			12	0.2
Advocacy (General)			11	0.2

<sup>4</sup> HSE Social Prescribing Framework

<sup>5</sup> 215879\_HSE\_National framework Integrated Care.indd

Table 25: Partner Supports, No. and % of Interventions, Q2 2023

ONGOING WORK

ALONE’s interventions can range from the provision of information about a specific payment or support, to longer-term support with home adaptations or ongoing Visitation/Telephone Support and Befriending.

At the end of Q2 2023, ALONE had 21,900 continuing engagements with older people.

In addition to the 3,364 new engagements during Q2 2023, 7,688 unique individuals who had engaged with ALONE prior to the beginning of the quarter remained active, more than twice the number who engaged during the quarter.

Of this group 6,768 (88%) were still actively engaged with their interventions, while others were awaiting assessment, matching with an alternative Support and Befriending Service, or waiting to be matched or re-matched with an ALONE Support and Befriending volunteer. Of those for whom gender was reported (n=7,291), 63.7% were female (n=4,644) and 36.2% were male (n=2,640), which is similar to the new engagements in Q2 2023 (Figure 25).

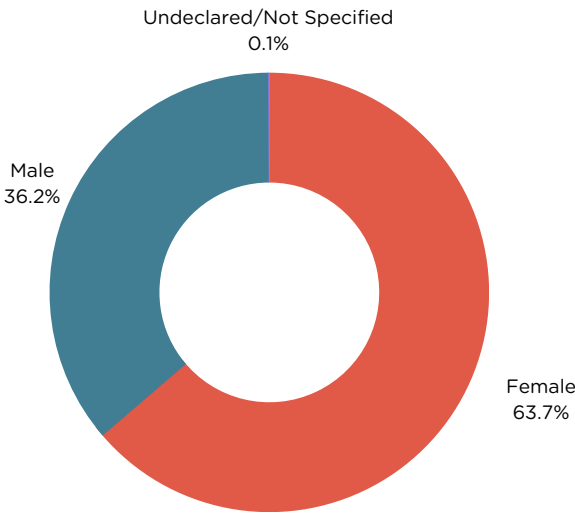


Figure 25: Ongoing Engagements by Gender, Q2 2023

For those whose age was recorded (n=7,009), the majority (39.5%, n=2,770) were aged between 76 and 85 years old, while 149 people were younger than 61, and 148 were older than 95 (Figure 26).

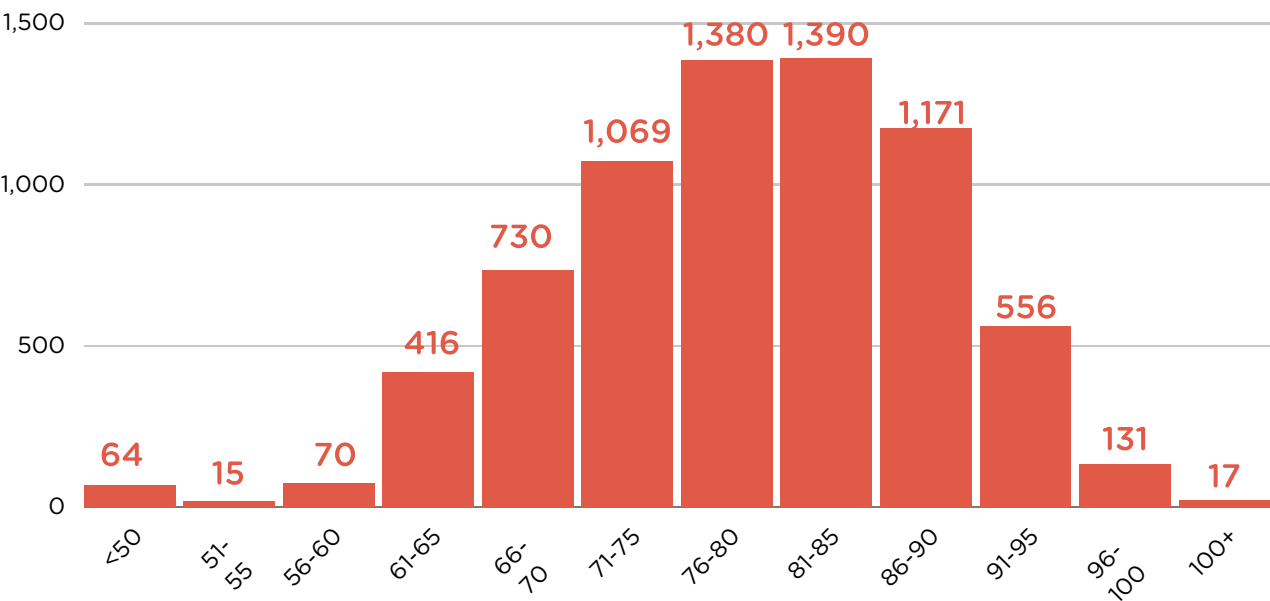


Figure 26: Ongoing Engagements by Age Range, Q2 2023

The geographical spread of these ongoing engagements for whom data was available (n=7,290) is set out in Table 26. As this shows, CHO 9 has the highest proportion of ongoing engagements, followed by CHO 1 and CHO 7, with a lower level of engagement in CHOs 2, 3 and 6. This reflects the findings in previous reports regarding the geographical spread of engagements, likely due to being where ALONE’s services were first and are most established, although as can be seen in Table 1, this trend appears to be changing in Q2 2023.

CHO Area	No. Ongoing Engagements	%
CHO 1	1,042	14.3
CHO 2	647	8.9
CHO 3	475	6.5
CHO 4	693	9.5
CHO 5	910	12.5
CHO 6	488	6.7
CHO 7	1,009	13.8
CHO 8	849	11.6
CHO 9	1,177	16.1
Total	7,290	100

Table 26: Ongoing Engagements (commenced pre-Q2 2023), by CHO, Q2 2023

Of the 7,688 people who engaged with ALONE prior to Q2 2023 and who remained active within ALONE, 17.4% (n=1,334) received a new intervention in Q2 2023.

ALONE’s completion rate for interventions is very high. Of the interventions which commenced in Q2 2023, ALONE completed 72.3% (n=8,040) in the same quarter, with 92.3% of those resulting in outcomes being met.

Moreover, out of **all** the ongoing interventions, 10,804 were completed in Q2 2023 and 85% (n = 9,197) of these interventions were completed with outcomes being met.





## VOLUNTEER ENGAGEMENT

Volunteers play a critical role in the delivery of ALONE's services and supports, particularly the ALONE Visitation and Telephone Support and Befriending services. The total number of volunteers engaged with ALONE at the end of Q2 2023 was 6,213. Table 27 sets out the number of active volunteers per month in Q2 per CHO area, and the total number of hours contributed by volunteers.

	April		May		June	
	Volunteers	V. Hours	Volunteers	V. Hours	Volunteers	V. Hours
CHO1	294	2,376	303	2,440	285	2,288
CHO2	143	1,160	160	1,296	170	1,384
CHO3	115	920	133	1,064	133	1,096
CHO4	154	1,272	168	1,376	186	1,512
CHO5	179	1,440	192	1,552	209	1,744
CHO6	245	2,032	247	2,056	238	1,936
CHO7	352	2,848	359	2,904	358	2,888
CHO8	275	2,232	282	2,288	287	2,368
CHO9	384	3,120	383	3,112	365	2,928
	<b>2,141</b>	<b>17,400</b>	<b>2227</b>	<b>18,088</b>	<b>2,231</b>	<b>18,144</b>

Table 27: No. of Volunteers and Volunteer Hours, by month, Q2 2023

In 2018, the Charities Regulator commissioned a report from Indecon on the Social and Economic Impact of registered charities.<sup>6</sup> In calculating the estimated value of volunteering in charitable organisations, Indecon used both the National Minimum Wage (NMW) and Average Earnings to achieve a range. Using this methodology, the contribution of active volunteers in ALONE in Q2 2023 ranged from €606,041.60 (NMW) to €1.531 million (Average Hourly Earnings).

<sup>6</sup> Registered Irish Charities - Social and Economic Impact Report 2018 (charitiesregulator.ie)





Visitation Support and Befriending

At the end of June 2023, the number of older people engaged with the ALONE Visitation Support and Befriending service was 5,333. This figure includes befriending matches which are at different stages throughout the process.

Information on the number of active volunteers and visits provided by CHO area and month is provided in Table 28. As this shows, ALONE volunteers conducted 22,238 visits to older people in Q2 2023, an average of 4.2 per older person.

	April		May		June	
	Volunteers	Visits	Volunteers	Visits	Volunteers	Visits
CHO1	229	916	235	940	222	888
CHO2	128	512	143	572	148	592
CHO3	96	384	107	428	110	440
CHO4	119	476	131	524	151	604
CHO5	160	640	172	688	181	724
CHO6	198	792	200	800	196	784
CHO7	311	1,244	314	1,256	317	1,268
CHO8	223	892	232	928	235	940
CHO9	345	1,380	345	1,380	334	1,336
Total	1,809	7,236	1,879	7,516	1,894	7,576

Table 28: Visitation Support and Befriending, by Volunteers, No. of Visits, and CHO, Q2 2023

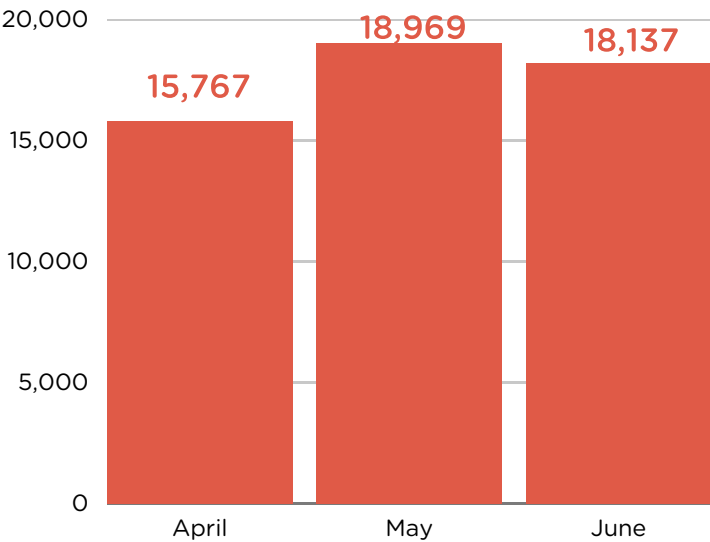


Telephone Support and Befriending

Figure 27: Telephone Support and Befriending Calls by Month, Q2 2023

At the end of June 2023, the number of older people engaged with ALONE’s Telephone Support and Befriending service was 4,309.

Figure 27 provides a breakdown of the call numbers per month in Q2 2023. As this shows, 52,873 telephone support and befriending calls were made in this period.



This work is further broken down by CHO area in Table 29.

Telephone Support & Befriending Calls	April	May	June
CHO1	2,455	3,005	2,836
CHO2	879	1,090	1,101
CHO3	888	1,036	1,013
CHO4	1,358	1,706	1,746
CHO5	1,303	1,719	1,615
CHO6	1,050	1,254	1,159
CHO7	2,215	2,572	2,412
CHO8	1,964	2,380	2,253
CHO9	3,655	4,207	4,002
Total	15,767	18,969	18,137

Table 29: Telephone Support and Befriending Calls by CHO, Q2 2023



## THE NATIONAL SUPPORT AND REFERRAL LINE (NSRL)

ALONE’s NSRL provides direct access to ALONE’s integrated service model. Older people and other agencies can access ALONE services and contact ALONE for information and/or advice from 8am-8pm, seven days a week. The NSRL can be accessed by professionals in Local Authorities, Local Development Companies, Hospitals, Primary care, the HSE, GPs, community services to refer older people to ALONE services. Between April and June 2023 ALONE managed 6,226 incoming support and referral calls as shown in Table 30 below.

NSRL calls	April	May	June
Total Calls	1,775	2,164	2,287
Cumulative Unique Individuals (first time callers)	1,766	2,152	2,616

Table 30: Calls to the National Support and Referral Line, Q2 2023

Calls to the NSRL in this time period cover a variety of themes, as set out in Table 31. As this shows, most calls focused on loneliness, providing support to older people, and giving them information/advice.

Main Theme of Call	N
Loneliness	583
Front Office	447
Supportive Chat	391
Info/Advice given	242
Signposting	152
Technology	144
Housing	130
Finance	110
Missed call from ALONE	87
Mental health (suicidal caller etc.)	57
Referral for digital skills training	47
Home Care/Meals on Wheels	34
Transport	19
Referral to SVP	16
Referral to MABS	14
Shopping/Medication	12
Referral to CWO	9
Restrictions/Vaccine (Covid)	2

Table 31: Calls to the National Support and Referral Line by Theme, April to June 2023  
Note: \*Front office is used to describe calls in relation referrals, and/or queries from older people, their families or other stakeholders

## COMMUNITY IMPACT NETWORK (CIN)

The CIN is a national network of community organisations providing supports to the older person living at home. The CIN provides an increased range of services from a more diverse network, which has the older person at the heart of the service, with a broad membership base and a focus on increased community engagement.

By the end of Q2 2023, ALONE supported 145 CIN Member Organisations, providing support to over 29,000 older people. ALONE provided training to 55 CIN Member Organisations across 35 training sessions, delivered to 96 attendees (Table 32). An additional 72 services/organisations received CIN supports (including many providing befriending services) through the network.



	N
CIN Member Organisations	145
Older people indirectly supported	29,543
CIN Member Organisations who availed of training	55
Training sessions	35
Training attendees	96
Networking events hosted/attended	24

Table 32: CIN Engagement, Jan-June 2023

### TRAINING FOR THE CIN

In Q2, Hi Digital Champions Training was added to the CIN suite of training. The Hi Digital Programme was developed to help bridge the digital divide for older adults. There are plans to add an additional three new CIN Member Training & Development modules by the end of Q3 2023.

In terms of feedback from CIN training:

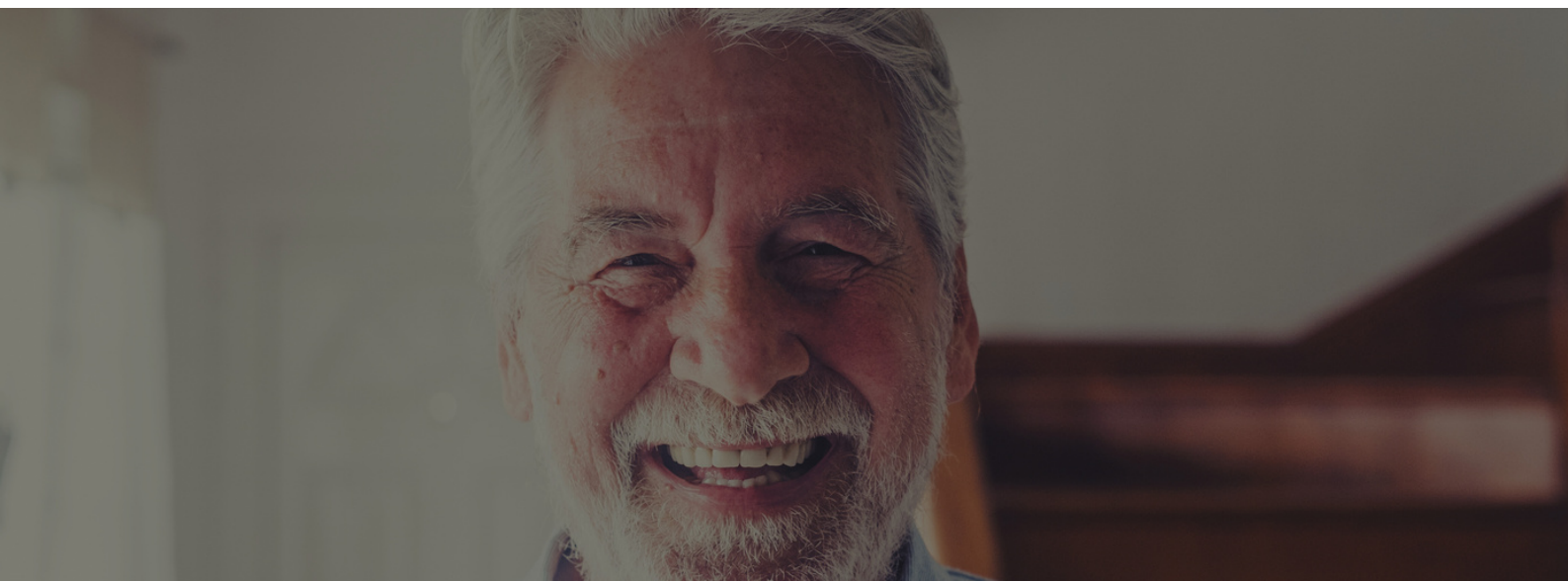
- ▶ 100% of training participants agreed that they would recommend the CIN Trainings to other colleagues and organisations.
- ▶ 79% of training participants agreed that the training was structured and well organised.
- ▶ 76% of training participants ‘strongly agreed’ that the training will be beneficial to them in supporting others: older people, colleagues, staff, volunteers.
- ▶ The overall rating of the training courses was 4.57.

## BUILDING A ROBUST ICT INFRASTRUCTURE

In addition to the provision of assistive technology and supports, ALONE is committed to the use of Information and Communications Technology (ICT) to support its mission as defined in its Strategic Plan: to “lead the drive to support positive ageing at home, strengthen our services, innovate and create new services, be more sustainable and realise our full potential as we grow”. Investments in Information Technology are primarily driven by the need to improve the way work is done within the organisation; to support decision making processes; to help mitigate against risk; and to adhere to various laws, regulations, and policies.

Key milestones in ICT in Q2 2023 include:

- Completion of a range of MIS improvement projects including Business plan and Improvement Corrective Action (ICA) objects, donor automations, implementation of a new service directory, and distribution of survey to older people engaged in ALONE.
- Roll-out of BFriend app to volunteers across all nine CHO areas.
- Continued implementation of training to staff on Trailhead, a self-taught training platform linked to ALONE’s specific instance of Salesforce, and approval granted for new Cybersecurity awareness platform.
- Review completed of SLA with external organisations supported by ALONE through CIN, and specifically of agreement around providing access to own instance of Salesforce.
- New office space developed at Olympic House.





## DEVELOPING RESEARCH AND EVALUATION CAPACITY

ALONE places a strong focus on evidence-based practice and evaluating the services and programmes it provides to ensure older people are receiving high quality supports. The delivery of evidence-based solutions, measurement of impact, and ensuring services are effective and efficient are core elements of ALONE's support. Additionally, ALONE is aiming to shape a new ageing paradigm within the sector, moving away from a medical based model of support for older people, through commissioning research, developing and influencing policy, and acting on evidence.

Key milestones in Research and Evaluation in Q2 2023 include:



Initiation of several initiatives to improve data quality across ALONE services.



Further refinement of organisational and service Key Performance Indicators (KPIs), development of a KPI dictionary, and implementation of several improvements to existing reporting processes.



Support to ALONE and the HSE in reporting on roll-out of ECC funded services and extracting key insights from ALONE's data, to inform decision-making about ALONE services and deliver policy recommendations.



Support to distribute and analyse feedback from a survey to all active ALONE volunteers.



Distribution of a survey to 2,700 older people engaged with ALONE services.



Completion of a literature review on the role of assistive technology in supporting ageing in place.



Submission of several applications to research funding schemes in partnership with academic institutions on topics including the effectiveness of ALONE befriending services and role of novel sensing technologies in transforming health and social service delivery.

## ELEVATING OUTREACH EFFORTS: CAMPAIGNING AND ADVOCACY

### Communications and Campaigns: 5 Key Achievements



ALONE received 119 pieces of national media coverage including print, radio and TV. This included widespread coverage of the launch of our joint research with Threshold, Double Deficit, which detailed the plight of older people in the private rental sector. This report was mentioned in Parliamentary Questions and responded to by the Minister for Finance.



In April ALONE's CEO, Head of Communications and Fundraising, and Senior Policy and Advocacy Officer addressed the Joint Oireachtas Committee on Mental Health to discuss issues relating to loneliness experienced by older people.



ALONE had a media reach of over 103 million people in Q2 of 2023



We communicated to 3,000 older people who we support by SMS



ALONE issued 6 press releases including on World Elder Abuse Awareness Day and on the ongoing cost of living crisis.

You can read ALONE's press releases at [alone.ie/press-releases](https://alone.ie/press-releases)

## SUMMARY

The HSE National Service Plan (2022) includes a focus on "Services for Older Persons," comprising investments in day care, home support, and community supports through partnerships with voluntary organizations aimed at enabling elderly individuals to continue living at home. This commitment aligns with ALONE's strategic objectives and is evident in the fundamental principles of its model, which has become an integral component of the Enhanced Community Care (ECC) Programme. Through its work with older people, ALONE is actively contributing to the achievement of the HSE Service Plan objectives.

As this report demonstrates, there was a significant increase in both new engagements and interventions delivered in ALONE in Q2 2023 when compared to the same period in 2022. This growth, which builds on similar growth identified in Q1 2023, is a continued sign that ALONE's integrated model is proving attractive to older people and referral agencies across Ireland as providing an integrated hub for community-based support. Similar to observations made in Q1 2022, ALONE's reach across all nine CHO areas is changing to expand in areas which previously had lower levels of engagement. Trends will continue to be monitored to ensure a consistent and responsive service-delivery model is available nationwide.

This report has demonstrated how ALONE are fulfilling its agreed objectives with the HSE within ECC Programme as follows:

**Objective One:** Building a community support network at local level to facilitate local community groups to enhance their capacity to work together within the context of integrated care pathways across our acute and community services.

As detailed above, ALONE played a leadership role in the Community Impact Network (CIN) to develop and manage this multi-faceted membership network.

By the end of Q2 2023, ALONE supported 145 CIN Member Organisations, providing indirect support to 29,543 older people. ALONE provided training to 55 CIN Member Organisations in Q2 2023 across 35 training sessions, hosted a range of networking events, and added Hi Digital skills training to its portfolio of training, giving older people free access to the essential tools needed to become digitally independent.

**Objective Two:** To support people to live well at home as independently, and for as long, as possible through support coordination and access to services such as but not limited to; practical supports, befriending, social prescribing, assistive technology and coordinate linkages to local community groups in their area.

The assessment conducted by ALONE identifies the full range of needs an older person may have, and supports the person across these areas.

Some 3,364 people newly engaged with ALONE services in Q2 2023, an increase of 80.2% compared to the same period in 2022. Additionally, the high number of people who continue to be engaged with ALONE indicates that the supports provided are both necessary and effective in helping people to age in place. The volume of calls to the NSRL (6,226 calls in Q2 2023), and the range of themes emerging from those calls is also indicative of ALONE's capacity to respond to the diversity of needs of older people.

While the focus of ALONE's work in Q2 2023 was on practical supports for older people, such as befriending, social prescribing, assistive technology and coordinating linkages to local community groups in their area, supports around legal and financial matters became more prevalent, increasing by 315.4% in Q2 2023 compared to the same period in 2022. Of note, there is a slight decrease in these supports from Q1 to Q2 2023, reflecting the timing of the Winter response collaboration between ALONE and the DECC.

Housing, and particularly housing adaptations, continues to account for a large proportion of interventions made by ALONE, with almost 1 in 5 (18.1%) of all interventions relating to housing: almost the same proportion as in Q1 2023. This is notwithstanding the fact that the older people who receive support from ALONE are less likely to be homeowners than the general population of older people.

Although the proportion of homeowners contacting ALONE is low compared to national level data, the supports required relating to the home – housing adaptation grants, engaging with contractors etc. – are resource-intensive for the organisation. Not all homeowners will require these interventions, but for those who do, ALONE provides invaluable support to navigate this process. The level of support provided by ALONE to older people in completing grant aid forms, engaging with contractors, and accessing necessary information (such as OT reports) is also indicative of a reduced capacity by older people to engage in this type of work on their own behalf.

The high volume of interventions required to support people with their housing need, particularly housing adaptations, requires the development of relationships with Government stakeholders, statutory agencies, voluntary organisations, and local supports across a range of sectors. A key action of the Joint Policy Statement on Housing Options for Our Ageing Population, Action 4.1, was to increase the Housing Adaptation grants. On 1st May 2023, the Minister for Housing, Local Government and Heritage announced an allocation of €83.125 million in funding for housing adaptation grants for older and disabled people in 2023. This almost meets the €84.5 million proposed in ALONE's pre-Budget 2023 submission. ALONE's proposal was for multi-annual increases of €84.5 million per annum to restore grant funding to 2010 levels as a baseline to increase funding in line with the growth of Ireland's ageing population. The partnerships built by ALONE, and its status as an Approved Housing Body, means that it is uniquely placed to support older people with this process.



ALONE's Visitation and Telephone Support and Befriending services continue to form a significant part of ALONE's interventions, accounting for almost 1 in 5 (19.2%) of all new interventions provided in Q2 2023. Further, 40.5% of older people (n=3,115) engaged with ALONE prior to Q2 2023 and for whom intervention data are available were being supported through this intervention type. This highlights the demand for this service and the salience of practical support and befriending for older people. The prevalence of loneliness among older people assessed by ALONE (60%) shows how important the Support and Befriending interventions are. Social prescribing is also key to addressing loneliness, providing a link to the community through local groups and social activities.

The high number of Finance interventions provided by ALONE in Q2 2023 follows from record numbers in Q1 2023 and is due in large part to ALONE's partnership with Government to support older people through the cost-of-living crisis, particularly during the Winter months through the Warmer Homes Scheme. This is further aligned to the Climate Action agenda in the Programme for Government, which states:

**“We will ensure that older people who are at greater risk of fuel poverty and the respiratory illnesses associated with air pollution be prioritised in climate action and climate-mitigation plans” (p.51).**

Therefore, while increases to the Fuel Allowance and additional supports such as the energy credits are very welcome, ALONE is eager for more extensive collaboration with Government in respect of its climate action commitments, to ensure a just transition to more sustainable energy.

ALONE is committed to innovation in the aged care sector and has pioneered the use of assistive technology to support ageing in place. In Q2 2023, technology was part of 1,280 interventions supporting 905 people. Integrating technology across intervention types has allowed ALONE to demonstrate the ways in which this type of innovation can support older people at various levels.

Objective Three: To support the Community Healthcare Network's and Community Specialist Teams in linking with voluntary providers and community groups in delivering the preventive approach through the implementation of the impact measurement tools, in line with the HSE initiatives to implement tailored assessments scales to identify key indicators such as frailty and resilience. The ALONE assessment tools focus on housing, physical health, daily living, psychological health, financial and legal, technology and social prescribing.

Through engaging with ALONE, older people, their carers and/or family members have access to the suite of services provided by ALONE staff and volunteers, and to those provided by the organisations and services that ALONE collaborates with. ALONE's work as a community connector is closely aligned to the Slaintecare Implementation Strategy and Action Plan (2021-2023) and Healthy Ireland Action Plan (2021-2025).

As this report illustrated, over half of the interventions provided in Q2 2023 relied on the partnerships developed by ALONE, although this represented a slight decrease from Q1 2023. This involved collaboration with ALONE's healthcare partners to access physical health supports, local social and community groups to support older people to become less socially isolated, and State supports such as benefits and grants. While relatively low in number, advocacy by ALONE to secure an older person's housing warrants continued monitoring, given the increased precarity of older people in the private rented sector.<sup>7</sup>

In Q3 2022, ALONE introduced new assessment and referral processes to ensure the effective monitoring of collaboration across the network, and to holistically assess the needs of older people. In Q2 2023, 2,040 older people were referred to ALONE by external agencies, accounting for just over 58% of all referrals to ALONE. Community Care Teams accounted for almost half of those (47.9%) and include health centres, primary care teams, Regional General Nurses, and community-based Occupational Therapists.

More than one-third of referrals (37.2%) were from hospitals, particularly discharge teams who link in with ALONE's services to support the transition from hospital to living at home. ALONE also partners with ICPOP teams (6.7% of external referrals) to provide a comprehensive and integrated suite of supports to older people. Although the proportion of charitable organisations who refer older people to ALONE is relatively small (3.4%), they range across sectors from organisations supporting people who are homeless, organisations supporting people with brain injuries, Meals on Wheels, the Irish Wheelchair Association, the Alzheimer's Association, carers' organisations, and charities supporting people with sight loss.

<sup>7</sup> [alone.ie/wp-content/uploads/2023/05/Threshold-Alone-Report-highres-web.pdf](https://alone.ie/wp-content/uploads/2023/05/Threshold-Alone-Report-highres-web.pdf)

The second most common referral pathway in Q2 2023 were older people highlighting the accessibility of ALONE's services, while family/friends were the third most common referral service. This continues to demonstrate the trust the public have in ALONE's reputation for providing a comprehensive support service.

Through its assessment process, ALONE was able to identify the specific needs of the older people referred to its services in Q2 2023. The high proportion of those assessed who went on to receive an intervention to meet their needs in that period suggests that ALONE's assessments are identifying areas where support provided by ALONE and its network can add real value. The increase in interventions across legal and finance (+315.4%), physical health (+292.3%), personal care (+291.4%), emotional and mental health (230.5%), social prescribing (+215.8%), and housing (+176.7%) compared to Q2 2022, and the spread in the use of technology across intervention types, indicates that ALONE is progressing towards this objective by responding to the needs identified in the comprehensive assessment and providing tailored supports.

As detailed earlier in this report, in Q2 2023, ALONE continues to monitor service-level data to identify trends which can be used to enhance its output and further align with HSE objectives. Refining and improving organisational and service Key Performance Indicators, collating reports for the HSE, and undertaking surveys to gain insight into the experience of both volunteers and older people supported by ALONE each help ALONE progress this objective.

**Objective Four: To produce national data across all CHN's and Community Specialist Teams through a management information system in conjunction with research to map out the trends and emerging service needs for people across Ireland.**

The data gathered by ALONE through the assessment processes can identify the emerging needs of older people, such as cost-of-living and housing issues, as well as demographic, health and support trends. In addition to new assessments and interventions, there is a significant number of older people to whom the service provides ongoing and consistent supports. Monitoring the progression of the older people who engage with ALONE on a medium- to long-term basis allows ALONE to respond quickly to emerging support needs and to map trends over time to ascertain patterns which may emerge and identify gaps in supports which may be addressed by ALONE, the HSE or support partners.

When it comes to new engagements by older people, the data set out in this report provides a comprehensive overview across all nine CHO areas in Q2 2023. By analysing trends across geographical regions, ALONE is identifying areas where its services may not be fully utilised, and can work to develop and strengthen its services and partnerships in those areas.

The most significant change compared to Q2 2022 occurred in CHO 4, where the proportion of people almost trebled and the number of people increased by 369.5%. There was also more than a 100% increase in the number of people supported in CHOs 2,3 and 5 (Table 1). Additionally, while in Q2 2022 CHO's 1,8 and 9 accounted for almost half of all new engagements, this changed to CHOs 4, 2 and 5 in Q2 2023. While more data over a longer period is needed to determine a trend, this continues a pattern observed in Q1 2023 and indicates that the geographical spread of ALONE's work is becoming more evenly distributed.

Additionally, as this report illustrated, the highest number of interventions were undertaken on behalf of people in CHO 2 (n=1,809) which also had the highest average number of interventions per person (4). The lowest number of interventions were undertaken in CHO 6 (n= 686), while the lowest average number of interventions per person was in CHO 4 (2.7). This indicates a geographical shift in the concentration of ALONE's work, an increase in engagement in previously underrepresented areas, and allows for more comprehensive monitoring of trends at a national level.

Objective Five: Through person centred assessment and planning, and integration of a tech platform such as BFriend, to demonstrate an integrated care practice between hospitals, primary care, community and voluntary services.

The total estimated volunteer contribution ranged from €600,000 to €1.5 million in the quarter. The total number of volunteers engaged with ALONE at the end of Q2 2023 was 6,213. This engagement resulted in over 22,000 Visitation Support and Befriending visits to older people, and over 52,000 Telephone Support and Befriending calls. The volunteer network also enabled over 6,200 calls to be taken by the National Support and Referral Line in Q2 2023.

A new online application for volunteers engaged in Support and Befriending (the Bfriend app) is currently in testing phase. ALONE piloted this app in Q2 2023 with a view to full roll-out by the end of Q4 2023.



As this report demonstrated, assistive technology was an integral part 11.5% of all interventions in Q2 2023. This is a slight decrease on Q1 2023, when technology was part of 1,550 interventions (12.4% of the total). This technology supported 905 people across areas as diverse as:

- Finance, to facilitate internet banking;
- Housing, to enhance safety, convenience, and accessibility for older adults through monitors, smart-home sensors and fire detectors;
- Mental Health, to support older adults with cognitive decline or dementia, depression or anxiety. Supports here may include facilitating reminder systems, medication management, and wellbeing supports;
- Personal Care, to provide reminder systems, support healthy sleep habits, and to access other supports online;
- Physical Health and Mobility, through mobility aids, hearing aids, fall alarms, and monitors; and
- Social Isolation and Prescribing by support greater social inclusion for those who may not be able to leave their home at the present time, and to provide peace of mind through greater security.

The use of assistive technology to support older people, particularly in the area of health, continues to rapidly evolve as technology advances. This aligns not only to the Government's eHealth Strategy developed in 2013, but supports commitments made in the Programme for Government, which specifically references deploying "new technologies, telehealth, and innovative ways to support vulnerable groups, as well as new pathways of care" (p.44).



Objective Six: Focus on delivering services through a collective of healthcare providers, community services, local authorities, approved housing bodies, and social enterprises towards avoiding duplication and streamlining services for service users and local communities.



As outlined previously, 58.1% of all referrals to ALONE's services were made by external referral partners. Of these, almost half were made through Community Care Teams consisting of primary health care centres, discharge teams, community intervention teams, community nurses, and day care centres. A further quarter of referrals were made by hospitals across the country. This demonstrates the strong relationship between ALONE and the healthcare sector at both primary and acute levels. In addition, the broad range of community-based and charitable organisations who refer older people to ALONE is leading to greater alignment of services and supports, with a view to avoiding duplication.

CHO managers actively work with all local partners and, in May 2023, were provided with a template to track this information. In addition, nationally ALONE hold monthly meetings with the HSE to review service provision, eliminate duplication of services, and work towards greater streamlining of services for older people.

ALONE has also developed a briefing document on the of ALONE services to ICPOP, detailing areas on which collaboration would lead to greater outcomes for older people, building on our respective strengths and working towards enhanced referral pathways.

## CONCLUSION

In the second quarter of 2023, ALONE's services continued to expand. The number of older people engaged, assessments undertaken, and interventions provided increased considerably compared to the same period in 2022. ALONE also strengthened its strategic partnerships with the HSE and public health teams, forging new collaborations with community-based organizations a diverse array of charitable entities, and various referral agencies. This expansion has enabled ALONE to extend Support Coordination services to a greater number of older people, offering a wider range of supports.

The data gathered throughout this and previous quarters underscores the comprehensive and holistic nature of the ALONE Assessment process and highlights the essential role of a Support Coordinator. The ability to identify need at the CHO level provides crucial evidence for other HSE programmes, particularly Community Health Networks, enabling them to better target the delivery of their services. When gaps in supports for older people are identified, ALONE also formulates evidence-based policy proposals to advance its overarching goal of supporting people to age well at home.



## APPENDIX 1

## Technology Interventions

Technology Interventions (Area, Category and Subcategory)	No. Interventions
<b>Financial Issues</b>	
<b>Finance tech device(s)</b>	
Simple Smart Phone (Doro 8050)	4
<b>Housing</b>	
<b>Housing Tech Devices</b>	
Alexa Show- Intercom, Link to doorbell	19
Broadband	3
Front Door Safety Camera	12
Smart home sensors	3
Smart indoor security camera	1
Smoke/fire detection system	64
<b>Mental Health Issues</b>	
<b>Mental Health Tech Device</b>	
Flip Phone (Simple Phone)	5
Internet access	1
Simple Smart Phone (Doro 8050)	6
Smart Speaker (ALEXA)	14
Smart Tablet	3
TV Video Calling Adaptor	1
Wellbeing Apps	2
<b>Personal Care</b>	
<b>Personal Care Tech</b>	
Alexa show- reminders to do certain tasks	17
Blood Pressure Monitor	1
Sleep Sensor	2
Smart Watch	1
Tablet	5
<b>Physical Health &amp; Mobility</b>	
<b>Dementia Tech devices</b>	
Emergency Pendant	16
Front Door Safety Camera	6
GPS- Emergency Strap	26
Smart home sensors	5
Smart indoor security camera	6
Smart speaker with screen	16
<b>Mobility Aids</b>	
Mobility scooter	24
New Rollator	48
Walking stick	14
Wheelchair	18
<b>Other aids</b>	
Additional hearing aid	5
Blood pressure monitor	1



## APPENDIX 1

## Technology Interventions


Get appointment for eye test	9
Get appointment for hearing test	16
Glasses	17
GPS wrist strap	14
Hearing Aids	28
Indoor Camera	2
Memory aids	4
Mini finder	2
Orthopaedic shoes	2
Other	43
Pebble	41
Pendant alarm	247
Sleep Sensor	1
Smart doorbell	9
Smart Home Sensor	2
Smart phone	7
Smart speaker with screen	14
Smart Watch	3
Tablet	19
Transport Adaption	9
Visual aids	2
<b>Social Isolation/Prescribing</b>	
<b>Isolation tech device</b>	
Broadband	5
Flip Phone (Simple Phone)	4
Simple Smart Phone (Doro 8050)	8
Smart Speaker	13
Smart Tablet	13
<b>Technology</b>	
<b>BConnect Assistive Tech</b>	
Assistive technology support	84
Referral to BConnect	49
Response to BConnect Data	2
<b>Technology Support</b>	
Access External Training	23
Computer Support	23
Internet Support	47
Phone Support	94
Tablet / App Support	64
TV / Radio	13


Table A 1: Technology Interventions by Category and Subcategory.



YOU'RE NOT ALONE

Thank you for taking the time to read this report. If you have any questions or would like to discuss our findings further, please don't hesitate to reach out to us.

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