ALONE

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ALONE ECC

Annual
Report 2023

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FIGURES & TABLES

GLOSSARY OF TERMS

ALONE supports a significant number of 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 currently 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.

EXECUTIVE SUMMARY

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'S MISSION AND ROLE IN THE ECC PROGRAMME

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

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 to 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 that includes 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.

<u>Social prescription</u> 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[1], 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 computerisation, 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 with statutory, community and voluntary services which will enhance services for older people across Ireland.

ALONE is currently working with the HSE to roll-out the ALONE Community Service Hub model as part of the Enhanced Community Care (ECC) programme. The goal of the ECC programme is to enhance quality of life for older people by improving access to integrated care through collaboration with provider partners, statutory bodies, and volunteers. ALONE strives to deliver timely and appropriate care in a location of the older person's choice. [AO1] A distinctive feature of the ALONE Model is its ability to create holistic support plans that consider the overall needs of an older person. This comprehensive approach is evident in the diverse range of interventions offered, each tailored to address the multifaceted needs identified during assessment. Moreover, a core focus of ALONE's community model is linking community and acute services, to enable all groups to work together to meet demand. It is strategically designed to bridge the gap between various agencies and services, establishing ALONE as a critical link in the continuum of care.

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1 <u>A small proportion (n=12) were "Undeclared / Not specified".</u>
 <u>Census of Population 2022 - Summary Results</u>
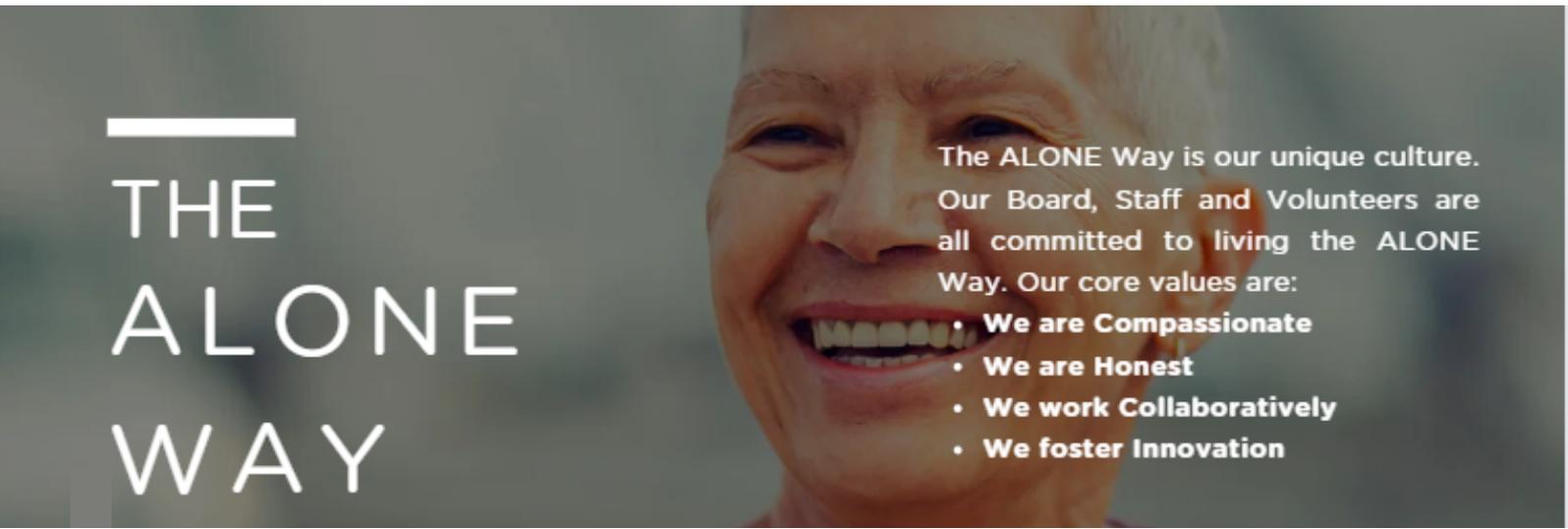
THE
ALONE
WAY

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**

KEY OBJECTIVES

01

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.

02

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.

03

OBJECTIVE THREE

To support the Community Healthcare Network's and Community Specialist Teams in linking with voluntary providers and community groups in delivering the preventative approach through the implementation of impact measurement tools, in line with the HSE initiatives to implement tailored assessments scales to identify key indicators such as frailty and resilience.

04

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

05

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.

06

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.

PURPOSE OF THE REPORT

This annual report marks ALONE's second year within the ECC programme, showcasing how ALONE has supported the HSE to achieve its vision of enhanced person-centred community health supports in 2023. Building on seven reports, this eighth edition presents a national picture of the support offered by ALONE in 2023. All data are anonymised to ensure privacy.
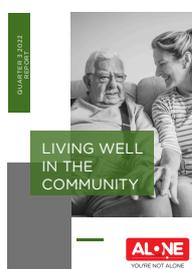
KEY FINDINGS

This report demonstrates the critical role played by ALONE in ensuring older people can live at home with an improved quality of life. Issues such as loneliness, housing, financial struggles, and health concerns were common among older people, highlighting the urgent need for comprehensive support services. In 2023, ALONE provided a variety of tailored interventions to address these needs and fill gaps in practical support. Importantly, individuals were not limited to one type of help; ALONE's flexible model recognised that different interventions might be needed based on each person's situation.

Moreover, through strategic partnerships with healthcare providers, community organisations, and government agencies, ALONE was able to streamline services and enhance the accessibility of support for older people. ALONE's utilisation of technology and volunteers further bolstered its capacity to reach and assist older people across diverse geographies and demographics. The financial value of volunteers within the ALONE model is infinite. They significantly extend the reach and impact of ALONE's services, dedicating countless hours to support older individuals in need. The dedication and selflessness of volunteers result in significant cost savings, allowing resources to be allocated more efficiently to directly benefit those requiring assistance. By leveraging the support of volunteers, ALONE not only amplifies its impact but also demonstrates the strength of community engagement in addressing the complex needs of older people.

KEY ACHIEVEMENTS

33,055

Older people supported across Support Coordination, Visitation and Telephone Support and Befriending, and Assistive Technology

12,108

Unique older people newly supported, an increase of 36% from 2022

47,620

interventions conducted for 14,414 older people

154

CIN Member Organisations at the end of 2023. ALONE provided training to 84 organisations, and attended/hosted 34 events

€6.21 million

Contributed by ALONE volunteers

26,413

Calls taken by the National Support and Referral Line supporting 5,427 unique older people.

218,497

Hours of support provided by volunteers. This included 91,188 visits and 213,223 telephone calls to older people.

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KEY INSIGHTS

In 2023 ALONE supported twice as many females for every male, in comparison to the ratio of 1.69 females supported in 2022 for every male.

76-85

The majority (40%, n = 4,462) of older people supported by ALONE were aged between 76 and 85 years old.

65%

External referrals increased from 54% in Q1 to 65% at the end of 2023, highlighting the significance of strategic partnerships throughout the year.

More than two-thirds of external agency referrals were from HSE Community Care Teams, hospitals, and ICPOP.

CHO 4

The proportion of individuals in CHO 4 increased more than threefold in 2023

8,400

Ongoing support was provided to 8,400 older people in Q4 2023, who had first accessed ALONE services before this time.

OF THE 9,148 PEOPLE WHO RECEIVED A PERSONALISED NEEDS ASSESSMENT FROM ALONE

58%
EXPERIENCED LONELINESS WHICH CONTUINUED TO BE THE FOREMOST CONCERN THROUGHOUT THE YEAR

32%
EXPERIENCED AN ISSUE WITH MOBILITY, WITH MOBILITY AIDS AND FIXTURES BEING THE MAIN CONCERNS FOR OLDER PEOPLE ACROSS THE YEAR.

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48%
EXPERIENCED PHYSICAL HEALTH ISSUES, WITH FALLS BEING A CONCERN FOR MOST OLDER PEOPLE, FOLLOWED BY MEMORY ISSUES.

32%
EXPERIENCED AN ISSUE WITH HOUSING, WITH HOUSING ADAPTATIONS EMERGING AS THE MOST PREVALENT CONCERN.

30%
EXPERIENCED FINANCE ISSUES, WITH UTILITIES AND BENEFITS THE MAIN CONCERN, REFLECTING THE IMPACT OF INCREASING ENERGY PRICES ON OLDER PEOPLE

KEY ACHIEVEMENTS

95%

Of the 9,148 older people assessed in 2023, 95% received some intervention from ALONE in the same period.

CHO2/ CHO8

The highest number of interventions was in CHO8, CHO2 had the highest average number of interventions per person

8,726

Housing interventions accounted for highest number of interventions (8,726),and housing adaptations were the most common form of housing support. This was followed by financial/legal supports and support and befriending.

638%

Legal and Financial interventions increased by 198% since 2022, with support around utilities increasing by over 638%.

136%

Social isolation/prescribing interventions increased by 136%, while emotional and mental health interventions increased by 122%.

70%

70% of interventions completed by ALONE were successful, with outcomes being met by the end of Q4 2023.

25,107

25,107 (53%) of the interventions relied on strategic partnerships and focused on working with other stakeholders in the provision of physical health, social support, and state supports.

Assistive technology was part of 12% of interventions provided by ALONE, highlighting the crucial role technology plays in enhancing ageing in place.

ALONE IS COMMITTED TO SUPPORTING OLDER PEOPLE OVER THE WINTER PERIOD, PARTICULARLY AT CHRISTMAS. DURING 2023:

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5,434 ALONE MADE 5,434 CHRISTMAS CHECK-IN CALLS TO OLDER PEOPLE, A 5% INCREASE FROM DECEMBER 2022.

1,090 VOLUNTEERS COLLECTED AND DELIVERED 1,090 CHRISTMAS DINNERS TO 924 HOUSEHOLDS ACROSS IRELAND.

CASE STUDIES
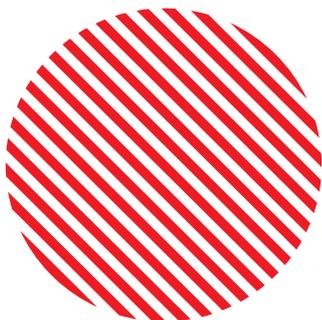
> Tom is 86 years old and lives on his own. Tom was referred to ALONE by his mental health team. He receives telephone support from ALONE volunteers. Tom is grateful for the contact from ALONE and praises the Volunteers on the Telephone support service.
> The calls from ALONE have saved his life as there are days when he is feeling low, and the call makes all the difference to his week not just the day of the call.

> Alan was referred to ALONE in September 2022 due to a deterioration in mental health and feelings of isolation and loneliness. Alan was matched with a Support Coordinator who assisted with organising meals on wheels, home help support, and a referral to a local mental health day service. During the Christmas Check in calls with Alan, his Support Coordinator identified a need for energy credits for Alan who was struggling financially.
>
> ALONE arranged for €300 credit to be applied to Alan's Electric Ireland account. When the staff member phoned Alan to let him know, he was very teary and thanked ALONE for the gift of a hot shower. Alan disclosed he had not showered for a couple of months as he was too worried about the price of electricity so had just been washing at the sink with cold water.
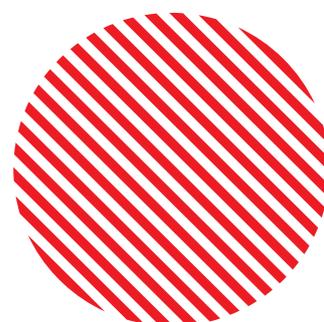
DELIVERY OF KEY OBJECTIVES

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.

ALONE continued to play a leadership role in the Community Impact Network (CIN), supporting 154 member organisations in 2023, providing indirect support to 31,498 older people, and supporting an additional 72 organisations. The CIN provided training to 84 organisations and hosted 34 networking activities with 207 attendees throughout 2023. This reflects a comprehensive approach to building a community support network, enhancing the capacity of local groups, and fostering integrated care pathways.

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.

In 2023, ALONE's commitment to providing tailored supports resulted in an 86% increase in interventions compared to 2022. ALONE's services reached 12,108 new older people across diverse geographies, demonstrating ALONE's reach and ability to address the evolving needs of older people. The surge in interventions, totaling 47,620, reflects ALONE's adaptability in responding to the changing landscape, particularly in the areas of Housing, Physical Health, and Legal and Financial support.

The data presented reveals a notable shift in support needs, with a 198% increase in Legal and Financial interventions, demonstrating ALONE's responsiveness to the impact of the cost-of-living crisis and increasing energy prices on older people. Housing, including housing adaptations, continues to be a major focus, accounting for 18% of all interventions. During 2023, ALONE actively engaged with challenges faced by older individuals in the private rented sector, emphasising a commitment to supporting older people in navigating complex processes and enhancing overall well-being.

DELIVERY OF KEY OBJECTIVES

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.

ALONE's role as a community connector in 2023 closely aligned with national healthcare strategies, contributing to the Sláintecare and Healthy Ireland initiatives. Over half of the interventions provided by ALONE relied on robust partnerships developed with healthcare providers and community groups. Community Care Teams, hospitals, and ICPOP teams played pivotal roles in referrals, highlighting the trust placed in ALONE's comprehensive support services. ALONE's comprehensive and personalised assessment process, focusing on key indicators such as frailty and resilience, demonstrates a preventive approach to care in the community.

In 2023, ALONE conducted a survey with a random sample of older people who had received support (see Q3 2023 report). More than two-thirds of those surveyed rated the service they received highly, and almost 4 in 5 would recommend ALONE to a friend. In particular, ALONE Visitation Support and Befriending and Telephone Support and Befriending had a positive impact, with 85-90% of those in receipt of these services indicating that it had a positive impact on their lives.
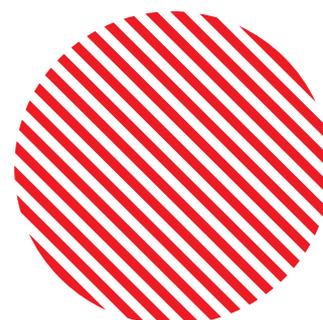
DELIVERY OF KEY OBJECTIVES

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.

ALONE's data collection and assessment processes provide valuable real-time insights into emerging needs and trends among older people. By monitoring ongoing engagements and analysing trends across all nine CHO areas, ALONE ensures a responsive and comprehensive service delivery model. The most significant change in 2023 compared to 2022 occurred in CHO4, where the proportion of older people increased more than threefold, and the number of older people increased by 206%. Additionally, while in 2022 CHOs 1, 8 and 9 accounted for almost half of all new engagements, this changed to CHOs 1, 4 and 5 in 2023. This indicates that the geographical spread of ALONE's work is becoming more evenly distributed, allowing for more comprehensive monitoring of trends at a national level.
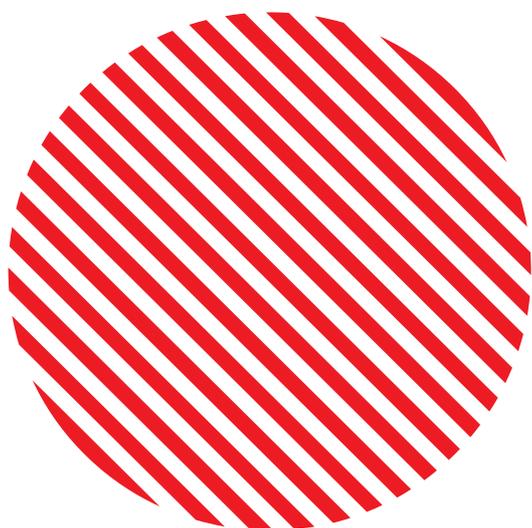
DELIVERY OF KEY OBJECTIVES

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.

By the end of December 2023, 7,188 volunteers were engaged with ALONE contributing significantly to ALONE's person-centered approach. Across the year, ALONE volunteers conducted 71,098 visits to older people, and made 213,223 telephone support and befriending calls. The volunteer network also enabled 26,413 calls to be taken by the National Support and Referral Line (NSRL). Moreover, in June 2023, ALONE launched a new BFriend app for Visitation Support and Befriending Volunteers to facilitate effective communication between ALONE volunteers and the organisation.

In addition, technological supports formed part of 5,538 interventions in 2023, in support of 3,573 people across seven distinct intervention areas. The use of technology, along with a person-centered assessment, ensures an integrated and holistic approach to care.

In 2023, ALONE conducted its Volunteer Survey (see Q3 2023 report). Overall, feedback from volunteers was overwhelmingly positive, with many expressing satisfaction with their experiences, feeling well-supported by ALONE staff, and adequately trained to fulfil their roles. Notably, 95% of volunteers surveyed reported that they benefit from being an ALONE volunteer, and 92% would recommend ALONE services to an older person they know. Volunteers also identified key challenges faced by older people, including difficulties accessing local services, mental health difficulties, isolation and loneliness, digital literacy needs, and a lack of information regarding financial support options.

Importantly, individuals indicating a specific need are not confined to a singular type of intervention. ALONE's model allows for flexibility, acknowledging that an older person may benefit from a combination of interventions based on their unique circumstances. This approach reflects ALONE's commitment to crafting support plans that address the entirety of an individual's needs, fostering holistic well-being and an improved quality of life.

DELIVERY OF KEY OBJECTIVES

ALONE'S ANNUAL VOLUNTEER SURVEY INDICATED:
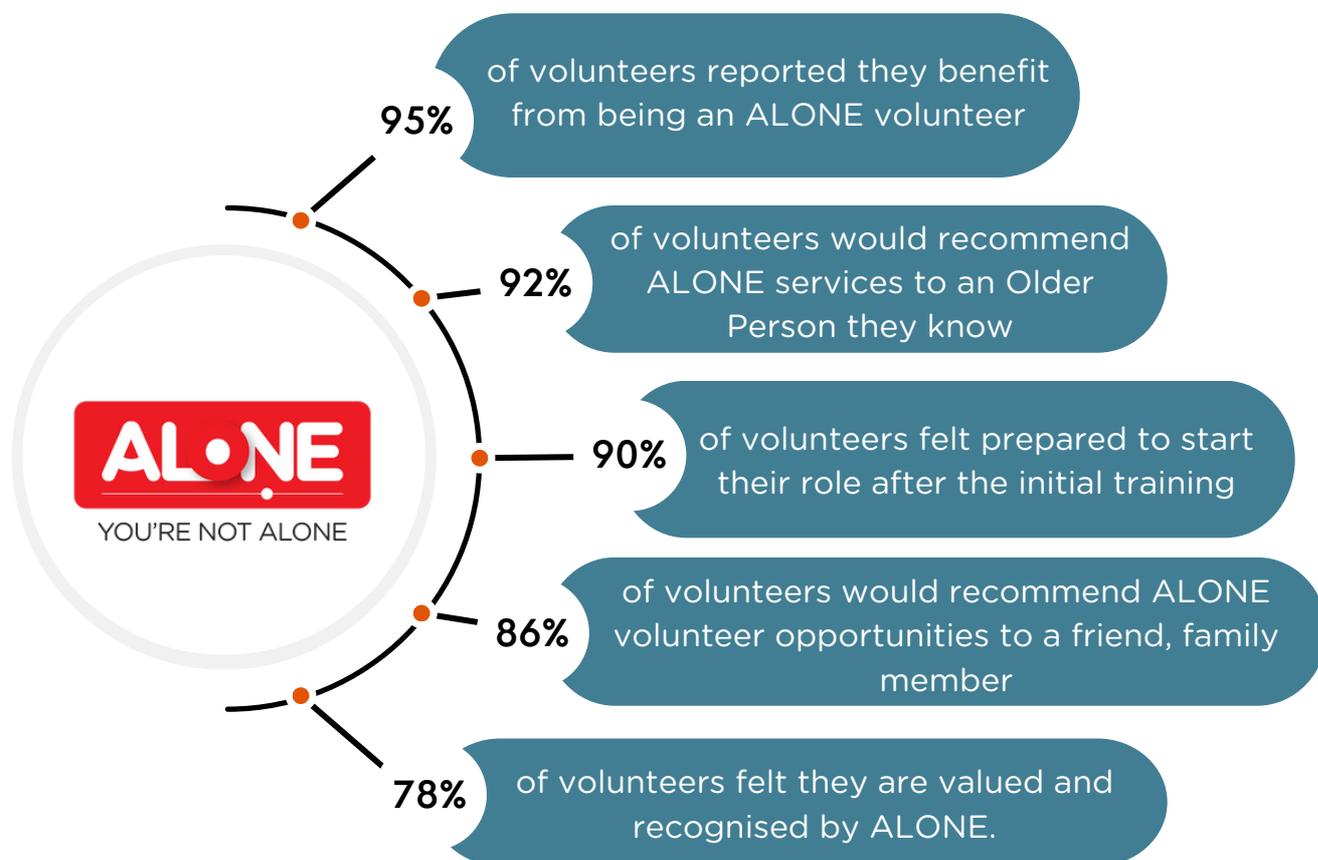
95% of volunteers reported they benefit from being an ALONE volunteer

92% of volunteers would recommend ALONE services to an Older Person they know

90% of volunteers felt prepared to start their role after the initial training

86% of volunteers would recommend ALONE volunteer opportunities to a friend, family member

78% of volunteers felt they are valued and recognised by ALONE.

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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.

ALONE's external referrals accounted for about two-thirds of referrals in 2023, an increase from 2022 where around half of the referrals were by external agency. This highlights ALONE's commitment to building strong alliances with healthcare providers and community organisations. Collaborations with a broad range of agencies aimed to avoid duplication and streamline services for older people and local communities. The organisation has a key role in the continuum of care which enhances its effectiveness in delivering diverse and targeted supports.

CHAPTER 1: ALONE'S COLLABORATION WITH HSE

THE ENHANCED COMMUNITY CARE PROGRAMME (ECC)

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 is 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 ongoing care.

With support from 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. This bridges and links 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 on average a population of 150,000 equating approximately 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 though the relevant model 4 or 3 hospitals, but with the services being delivered in the community setting.

THE ALONE MODEL

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.

ALONE'S INTEGRATED SUPPORT MODEL

As outlined previously, ALONE provides a unique 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 aligns to demographics and needs across Ireland, while contributing to 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 help older people to remain in their homes.

Alongside this, ALONE has a well-established Community Impact Network (CIN). The CIN is a national network, which focuses on building the collective leadership and capacity of member organisations to meet the needs of the older people they support. The CIN evolved through local and national organisations working together, to form a shared platform for learning and collaboration. The CIN offers training, networking and support to assist these members in achieving broader impact through its national network. 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 and practical tasks.

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. ALONE has three quality standards, services are independently evaluated, and the organisation works to a 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 develops 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.

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 also delivers services 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 healthcare providers, statutory bodies and volunteers, in providing timely and appropriate level of care in a suitable location, ideally in a setting of the service users choice.

Across Multiple Strategies & Programs

HSE
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Rialtas na hÉireann
Government of Ireland

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SHARING OUR KNOWLEDGE AND DATA

IDENTIFYING:
• GAPS
• BLOCKS
• EMERGING NEEDS

TECHNOLOGY DRIVEN

USING TECHNOLOGY TO INCREASE HUMAN CONTACT

• ASSISTIVE TECH
• SECURITY
• SOCIAL INTERACTION
• TRAINING

ALONE Model & Services

• SUPPORT COORDINATION
• SUPPORT & BEFRIENDING
• TELEPHONE & VISITATION
• HOUSING WITH SUPPORTS
• SOCIAL PRESCRIBING
• HEALTH AND WELLBEING
• ASSISITIVE TECHNOLOGY

ALONE OPERATES AS A NETWORK WITH 150+ MEMBERS IN OUR COMMUNITY IMPACT NETWORK

• ACROSS 96 CHN AREAS
• INTERGRATING AND ALIGNING WITH ECC/HOMECARE, A&E DISCHARGE , FIT, ICPOP, PRIMARY HEALTHCARE TEAMS

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KEY NATIONAL POLICIES/FRAMEWORKS BEING FURTHERED BY ALONE MODEL

In addition to supporting the key objectives of the ECC programme, the ALONE model also supports delivery of key objectives of the following Government policies and frameworks.

Policies/Frameworks	Key Objectives
National Positive Ageing Strategy (NPAS)	Fostering positive ageing in Ireland through accessible health services and support for older people's cultural, social, and economic engagement. Prioritising rights, independence, autonomy, and dignity. • Goal 1: Remove barriers to participation - Enable active engagement in community life, promote independence and self-managed approach to health. • Goal 2: Health and Well-being Support - Provide comprehensive health assistance, including caregiver support. • Goal 3: Dignified Ageing at Home - Ensure income security and safe housing for confident ageing in communities. • Goal 4: Support and use research about people as they age to better inform policy responses to ageing in Ireland
Sláintecare Implementation Strategy and Action Plan 2021-2023	Sláintecare aims to improve health and social care in Ireland, focussing on broader determinants like housing and education to support healthy ageing. Sláintecare has two reform programmes that they have developed to achieve their goal. • Programme 1: Improving safe, timely access to care, and promoting health and well-being - Establishing universal healthcare, expanding primary care and community support for seniors, and integrating digital health tech for better quality of life. • Programme 2: Addressing health inequalities - Improving specialist service access, creating regional centres of excellence, and integrating health and social care to meet older people's complex needs.
Roadmap for Social Inclusion	The government aims for greater social inclusion in Ireland through six focused actions, including support for older people. This involves benchmarking pensions by 2021 and developing a plan to address loneliness and isolation, alongside improvements in healthcare.

Policies/Frameworks	Key Objectives
Housing Options for our Ageing Population	The plan outlines 40 strategic actions to improve housing options for older people, including increased funding for Housing Adaptation Grants. It covers building and planning aspects, health and social care support, integration, and the development of a GIS decision-making tool for older people's housing.
Sharing the Vision	This programme aims to establish a personalised mental health system catering to individual needs, focussing on community-based actions. Mental Health Services for Older People – discusses the inconsistent access to dementia support services across Ireland and the importance of home-based assessments for older people (page 50).
Housing for All – A New Housing Plan for Ireland	The framework aims to guarantee sustainable, affordable housing for all in Ireland. One aspect of the Social Inclusion Policy focuses on increasing housing options for older people, enabling them to age at home and in their communities (page 65). This involves ensuring access to various housing options and necessary supports for healthy, active participation in community life.
Integrated Care Programme for Older People	The goal is to establish and execute an integrated care plan for older individuals with complex health and social care needs, emphasising community-based support. This approach seeks to enhance quality of life and tailor services to individuals' needs and preferences.
HSE National Service Plan 2023	Key objectives for supporting older people in the HSE National Service Plan 2023 include: - Continue to support acute hospital discharge and reduce requirement for long-term residential care and acute hospital avoidance. - Continue to provide the Nursing Homes Support Scheme (NHSS). - Continue to provide new and enhanced integrated models of home and community support enabling increased access to care and supports in the community. - Continue to implement International Resident Assessment Instrument (interRAI) care needs assessment. - Ensure timely access to dementia care and reduction in waiting times.

Policies/Frameworks	Key Objectives
Healthy and Positive Ageing for All	The strategy aims to enhance awareness among researchers about challenges faced by older people, gather evidence to improve conditions for positive ageing, and facilitate communication between stakeholders. It seeks to inform comprehensive government policies to boost research capacity on ageing, focusing on: • Health: Addressing inequities in healthcare access, improving social care for ageing at home, and researching better healthcare services and behaviours, including palliative care. • Participation: Researching civic engagement, providing autonomous transport options, and offering education and skill development opportunities. • Security: Developing home support systems for safe ageing, ensuring financial and social security for independence in communities. • Cross-cutting Themes: Tackling ageism, enhancing access to information and technology, and conducting cohort analyses, especially on the 80+ age group living in communities.
Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025	The Framework aims to provide a structure that will allow for the of increase of healthy living across all age groups in Ireland, reduced health inequalities and improved wellbeing. Key objectives relating to improved health and wellbeing for older people include: • Embedding health and wellbeing in health service delivery. • Strengthening partnership and community working. Supporting healthy behaviours from childhood through to healthy ageing.
Understanding Life in Ireland: The Wellbeing Framework 2023	Ireland's Well-being Framework focuses on quality of life, with a particular emphasis on equality and sustainability. It reviews performance across economic, environmental, and social issues simultaneously, rather than in isolation. Key wellbeing dimensions relating to older people include: • Access to housing and quality of housing. • Physical health, mental health and access to health services. • Life satisfaction and emotional state. • Community and cultural participation.

CHAPTER 2
AGEING IN IRELAND: THE NEEDS OF OLDER PEOPLE IN IRISH SOCIETY

Profile of Older People Supported in 2023

Overall, 12,108 individuals were newly supported by ALONE in 2023, compared to 8,939 in 2022, representing an increase of 35.5% in the year (Figure 1).
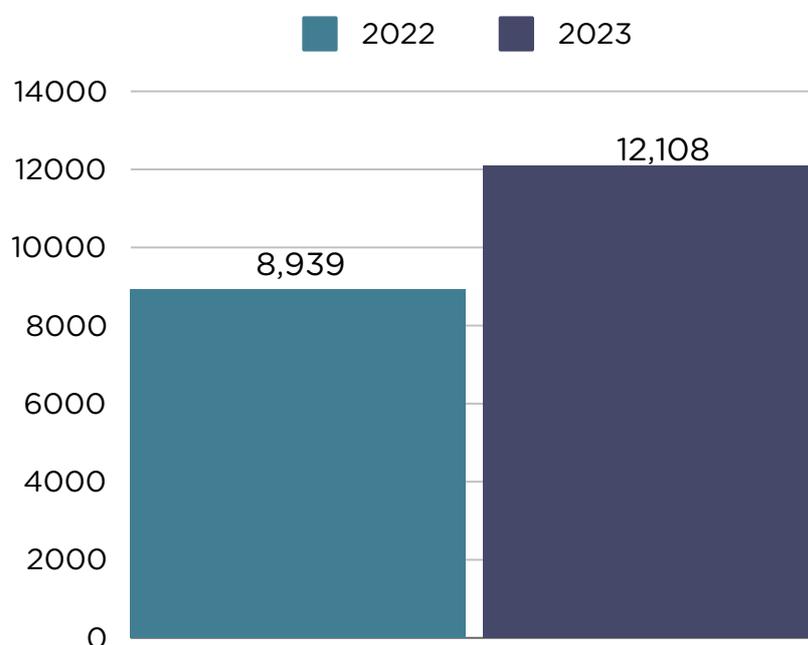
Figure 1: No. of Individuals Supported, 2022 v 2023
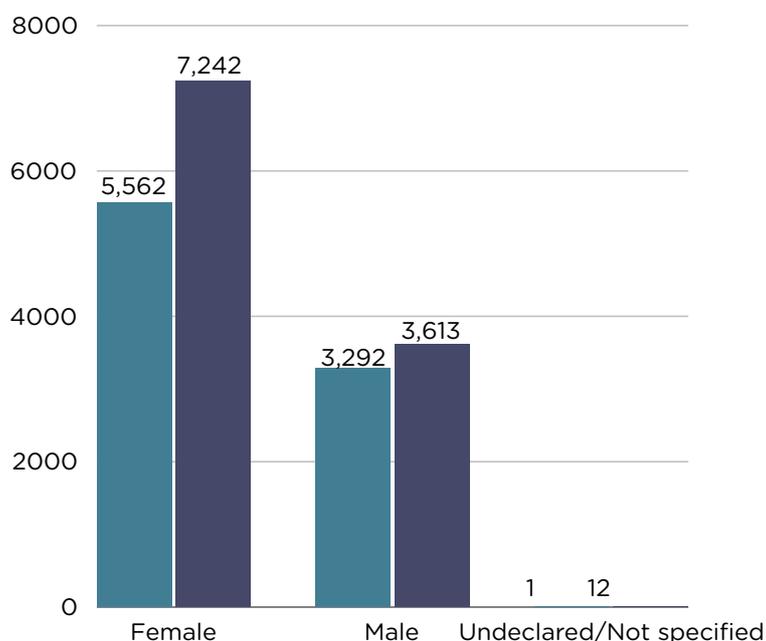
Figure 2: Individuals Supported by Gender (%), 2022 v 2023

Of those for whom gender was reported in 2023 (n=10,867), 66.6% were female (n=7,242) and 33.2% were male (n=3,613; Figure 2),[2] indicating that twice as many females were supported for every male in comparison to the ratio of 1.69 females supported in 2022 for every male. This aligns with the broader demographic trend in Ireland, as per CSO data, which indicates a higher population of women compared to men in the older age groups.[3] It also emphasises the relevance of recognising and addressing gender-specific needs in ageing populations.

[2] A small proportion (n=12) were "Undeclared / Not specified".
[3] Census of Population 2022 - Summary Results

Where age was recorded (n=11,124), the majority (40%, n = 4,462) of older people supported by ALONE were aged between 76 and 85 years old (Figure 3), which is the same as 2022. Moreover, in 2023, ALONE supported 439 individuals younger than 61, while 156 individuals were older than 95.

2022 **2023**
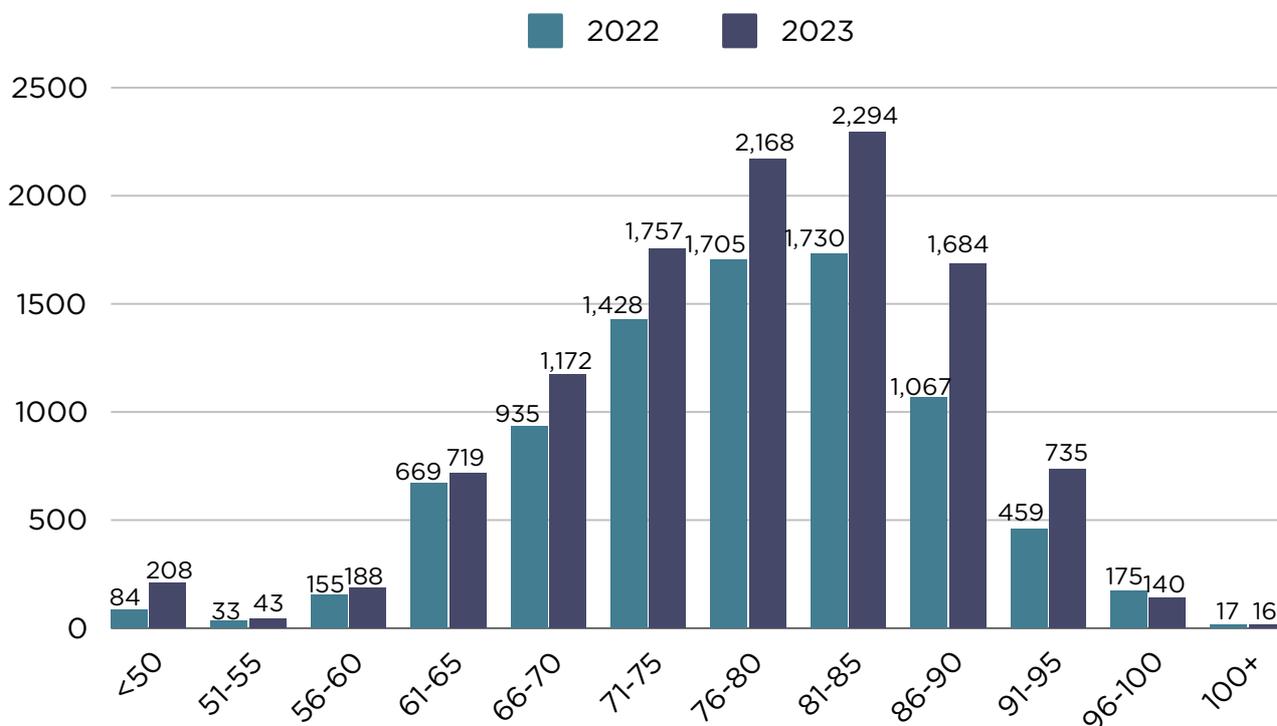
Figure 3: Individuals Supported by Age Range, 2022 v 2023

In 2023, CHO data was recorded for 11,261 newly supported individuals. The most significant change occurred in CHO 4, where the proportion of people increased more than threefold, and the number of individuals supported increased by 205.9%. Additionally, there was a substantial increase in the number of individuals supported in CHO 2 (44.8%) and CHO 5 (65.2%). In contrast, CHO 9 observed a decrease of 27.8% (Figure 4). A geographical distribution of the CHOs is given in Annexure C.

In 2022, CHOs 1, 8 and 9 accounted for almost half of all new engagements, whereas this changed to CHOs 1, 4 and 5 in 2023. This suggests that the awareness of ALONE's services is growing in regions where these services have been more recently introduced.

2022 **2023**
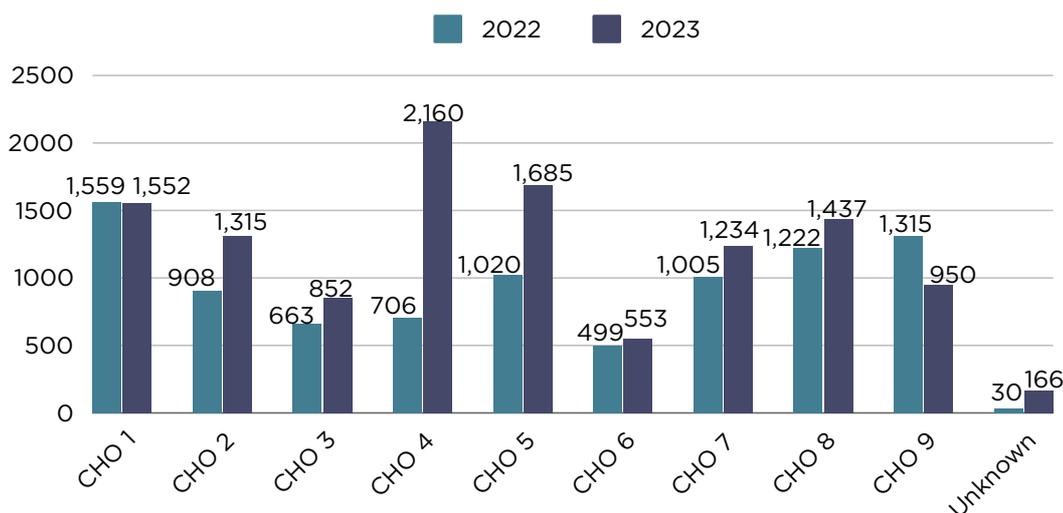
Figure 4: Unique individuals supported in each CHO, 2022 v 2023

NEEDS OF OLDER PEOPLE IDENTIFIED BY ALONE

The delivery of a comprehensive personalised needs assessment to a large cohort allows ALONE to develop a broad understanding of the lived experience of older people in Ireland. This enables the organisation to plan and adapt services proactively based on current needs.

In 2023, ALONE Support Coordinators assessed 9,148 older people, which indicates a 90.8% increase compared to 2022 (n= 4,795; Figure 5).
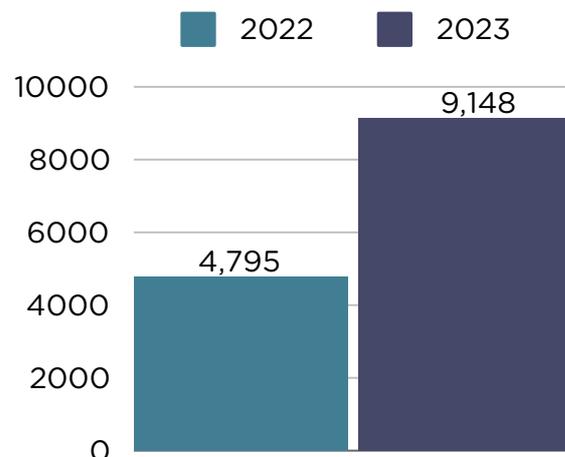
Figure 5: Number of Older People Assessed 2022 v 2023

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 indicate that they are lonely.

The number and proportion of people assessed who indicated they had issues under each of the main areas in their assessment in 2023 is set out in Figure 6. As this illustrates, loneliness continued to be the foremost concern among older individuals engaging with ALONE, with an average of 58.3% reporting it. Physical health issues were also notable, affecting around 48.3% of the respondents. Additionally, one-third reported challenges related to mobility and housing, with percentages of 31.9% and 31.7%, respectively.
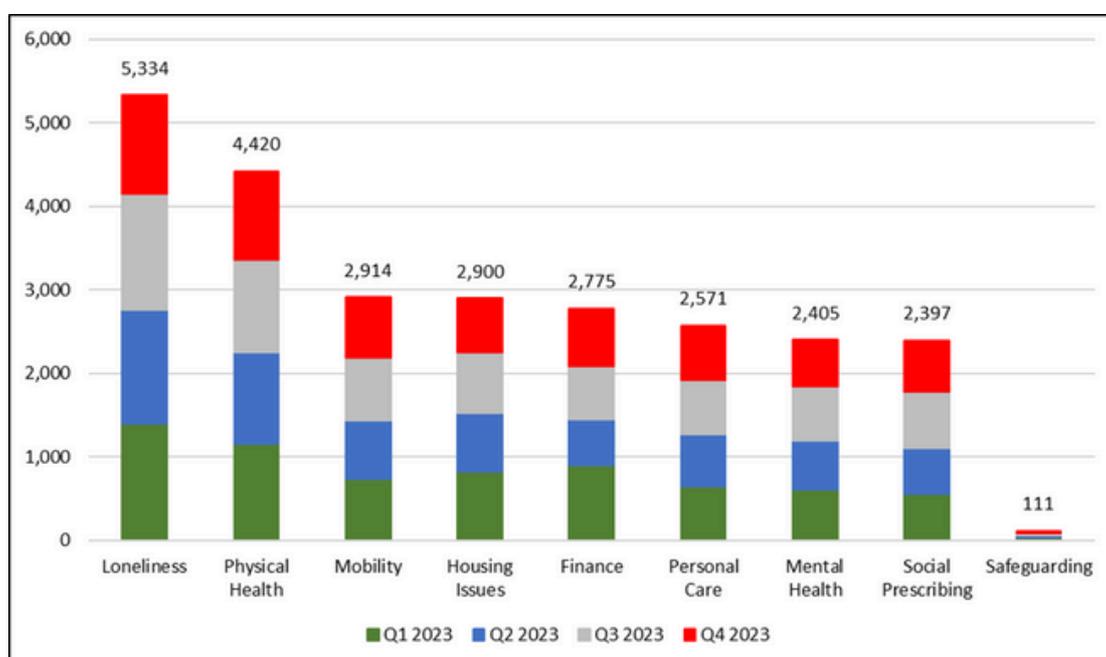
Figure 6: Issues Presenting in Assessments, number, Q1 2023, Q2 2023, Q3 2023 and Q4 2023

As Table 1 shows and the Figure above illustrates, loneliness was a prominent issue across the year, starting at 53.4% in Q1, peaking in Q2 and Q3, and slightly decreasing to 57.9% in Q4. Concerns regarding physical health consistently increased over the year, beginning at 44.3% in Q2 and rising to 51.6% in Q4. Mobility challenges showed a gradual increase throughout the year, while housing issues remained relatively steady. Notably, concerns related to finance exhibited some variability, with a sharp decline in Q2 by 10 percentage points, followed by an upward trend towards the end of the year. These findings underline the ongoing significance of loneliness and shed light on the diverse needs encompassing physical health, mobility, housing, and finance among the older demographic.

Category	Q1 2023		Q2 2023		Q3 2023		Q4 2023		2023	
	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*
Loneliness	1,393	53.4	1,365	60.2	1,394	62.5	1,182	57.9	5,334	58.3
Physical Health	1,157	44.3	1,092	48.2	1,116	50.0	1,055	51.6	4,420	48.3
Mobility	740	28.4	693	30.6	761	34.1	720	35.2	2,914	31.9
Housing Issues	827	31.7	696	30.7	730	32.7	647	31.7	2,900	31.7
Finance	900	34.5	547	24.1	641	28.7	687	33.6	2,775	30.3
Personal Care	647	24.8	621	27.4	657	29.5	646	31.6	2,571	28.1
Mental Health	601	23.0	595	26.3	653	29.3	556	27.2	2,405	26.3
Social Prescribing	552	21.2	555	24.5	675	30.3	615	30.1	2,397	26.2
Safeguarding	31	1.2	27	1.2	27	1.2	26	1.3	111	1.2

Table 1: Issues Presenting in Assessments, Q1 2023 v Q2 2023 v Q3 2023 v Q4 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

As previous subsections show, 58.3% of older people (n = 5,334) reported feeling lonely. This concern displayed a consistent trend, with 53.4% reporting loneliness in Q1 (n = 1,393), 60.2% in Q2 2023 (n = 1,365), and 62.5% in Q3 2023 (n = 1,394). Although there was a slight decrease in Q4, with 57.9% indicating loneliness, this could be associated with the festive period.

Over the course of 2023, the data consistently revealed that a significant portion (70%) of individuals experiencing loneliness reported having someone visit them. Moreover, the distribution of visitors remained relatively stable throughout the year, with family members being the primary source of companionship, accounting for more than three quarters of visits. Neighbours and friends also played supportive roles, although to a lesser extent, with over 10% of individuals reporting visits from them, respectively.

In terms of social outings, 45.2% (n=334) of the 739 respondents who answered a question about this in Q4 reported having been out socially in the past week, a 5.6% increase from the previous quarter. Notably, 8.7% (n=64) had not been out socially in over a year (Table 2). This figure was consistent throughout the year, indicating a persistent pattern of long-term isolation among a few older individuals.

Last time out socially	Q1 2023		Q2 2023		Q3 2023		Q4 2023	
	No.	%	No.	%	No.	%	No.	%
In the past week	347	37.4	395	44.4	360	39.6	334	45.2
In the past month	244	26.3	227	25.5	223	24.5	182	24.6
In the past 6 months	186	20.0	153	17.2	173	19.0	117	15.8
In the past year	69	7.4	41	4.6	75	8.3	42	5.7
More than a year ago	82	8.8	76	8.5	80	8.8	64	8.7

Table 2: Last Time Out Socially, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023

Of those who indicated that they felt lonely in Q4 2023, around one-third (33.5%, n=396) indicated that they had a hobby. These hobbies include gardening, reading, painting, baking, yoga, bingo, playing cards, birdwatching, bowling, knitting/crocheting, and swimming. 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, and a dislike of leaving the house.

Physical Health

Among the 4,420 individuals who reported having an issue with their Physical Health and provided additional information in 2023, 31.5% (n=1,391) had an issue with falls, while 14.3% (n=632) had an issue with memory (Figure 7). This pattern was consistent across the year, including Q4 2023, where 304 out of 1,055 older people reported issues with falls, and 145 had an issue with memory.
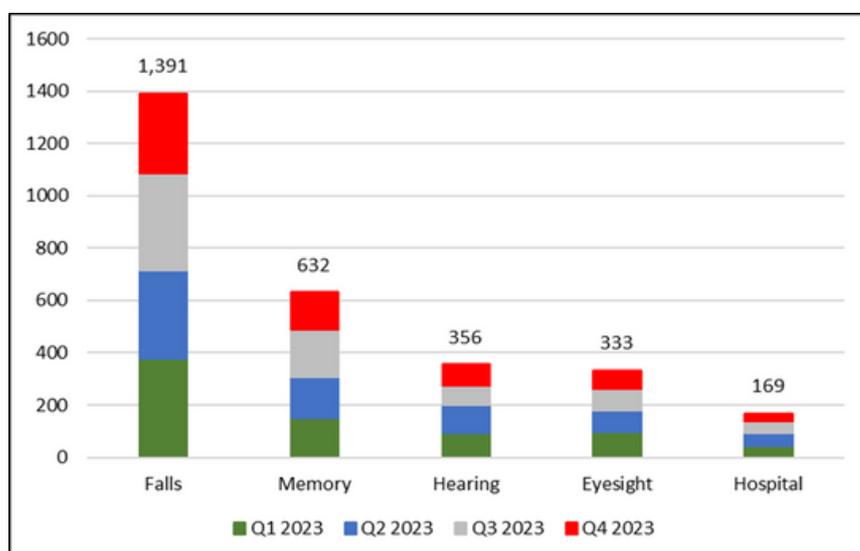
Figure 7: Physical Health Issues by Type, 2023

Like the first three quarters of 2023, in Q4, 28.2% (n = 298) of those who reported issues with their Physical Health indicated that they received Home Support, with only 32 indicating that they had issues with the help they received. Additionally, 54 people who indicated that they did not have Home Support had issues with it, with ALONE supporting 49 (90.7%) of those in this regard. A further 151 (23.8%) people who had issues with Personal Care also received Home Support.

Mobility

In 2023, 2,914 individuals indicated mobility issues during their assessments. Among them, 18.2% reported issues with Mobility Aids, 16.6% with Mobility Fixtures, 8.4% with Mobility Furniture, and only 3.6% reported Other issues (Figure 8). The data suggests a consistent pattern in the types of challenges reported across the four quarters of 2023.
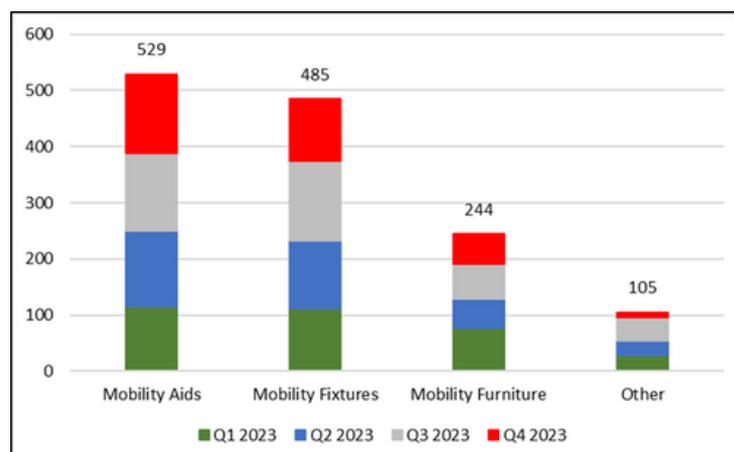
Figure 8: Mobility Issues by Type, 2023

In Q4 2023, more than half of those who indicated that they had an issue with Mobility Aids had an issue with their new rollator, while one-third had issues with their walking stick, 14.3% had issues with their wheelchair, and 10% had issues with their mobility scooter (Table 3). As Table 3 shows, across 2023, there was a gradual increase in the number of older people with rollator issues, wheelchair and mobility scooter issues fluctuated, while walking stick issues displayed a decline.

Mobility Aids	Q1 2023		Q2 2023		Q3 2023		Q4 2023	
	No.	%	No.	%	No.	%	No.	%
New Rollator	43	37.4	61	45.5	71	50.7	72	51.4
Walking Stick	43	37.4	45	33.6	31	22.1	47	33.6
Wheelchair	13	11.3	14	10.4	25	17.9	20	14.3
Mobility Scooter	16	13.9	22	16.4	21	15.0	14	10.0

Table 3: Mobility Aids Issues by Type, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023

Similarly, older people facing issues with Mobility Fixtures reported various challenges throughout 2023, with most expressing problems related to grab rails and bathroom grab rails. In Q4 2023, more than half (59.1%) reported problems with grab rails in general, while 29.1 % had issues with bathroom grab rails. Additionally, 19.1% needed a toilet seat riser, 12.7% had issues with their bannisters, and 9.1% had issues with a wheelchair ramp (Table 4).

Mobility Fixtures	Q1 2023		Q2 2023		Q3 2023		Q4 2023	
	No.	%	No.	%	No.	%	No.	%
Grab rails (and fitted)	43	38.4	62	51.2	77	54.2	65	59.1
Grab rails bathroom (shower or toilet)	49	43.8	43	35.5	54	38.0	32	29.1
Bannister (and fitted)	20	17.9	20	16.5	20	14.1	14	12.7
Toilet seat riser	16	14.3	12	9.9	12	8.5	21	19.1
Wheelchair ramp	12	10.7	7	5.8	11	7.7	10	9.1

Table 4: Mobility Fixtures Issues by Type, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023

For the 10 people who indicated that they had 'Other' Mobility Issues in Q4 2023, their specific challenges included need for a new mobility aid or mobility impairments resulting from a fall or stroke.

Housing

Approximately, 2,900 individuals assessed by ALONE in 2023 indicated that they had issues with their home (Figure 9). The trends observed throughout the year indicate that people who do not own their own home are disproportionately impacted by housing issues and require a greater degree of support in comparison to homeowners.

Of the 2,900 individuals who reported housing-related issues in 2023, housing adaptation issues emerged as the most prevalent. More than one in three people (36.1%, n = 1,048) reported housing adaption needs over the year, indicating a consistent demand for modifications to accommodate the specific needs of older individuals (Figure 9). Notably, this aligns with the broader context of physical health concerns, where falls and mobility issues take center stage.

Further, one in five (23%, n=667) had issues with internal repairs, and almost one-third (31.6%, n=918) had issues with Cleaning and External Repairs (Figure 9). This pattern remained consistent across the year, underscoring the persistent nature of housing challenges among the older population that ALONE continues to address.
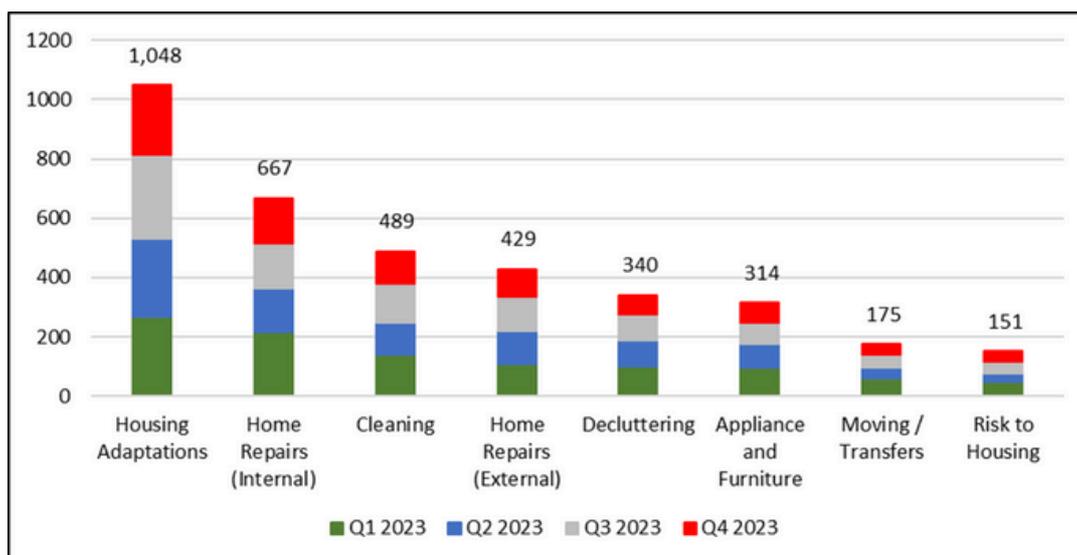
Figure 9: Housing Issues by Type, 2023

As Table 5 shows, bathroom adaptation continued to be the most prevalent adaptation issue across 2023, with issues with Access Ramps being the second most prevalent concern, followed by issues with Stair-lifts, reflecting the prevalence of Mobility Issues in the Assessment data.

Housing Adaptation Issues	Q1 2023		Q2 2023		Q3 2023		Q4 2023	
	No.	%*	No.	%*	No.	%*	No.	%*
Bathroom Adaptation	164	61.7	164	61.9	176	62.4	133	56.6
Access Ramps	48	18	59	22.3	54	19.1	61	26.0
Stair-lifts	44	16.5	40	15.1	37	13.1	36	15.3
Level Access Showers	13	4.9	15	5.7	14	5	8	3.4
Downstairs Toilet	12	4.5	15	5.7	14	5	13	5.5
Complete Application Form	7	2.6	12	4.5	12	4.3	10	4.3
Install Central Heating	26	9.8	9	3.4	11	3.9	14	6.0
Builders Quotations	7	2.6	6	2.3	9	3.2	8	3.4
Replace Boiler	15	5.6	5	1.9	8	2.8	6	2.6
OT Report	1	0.4	3	1.1	8	2.8	9	3.8
Extensions	11	4.1	12	4.5	7	2.5	6	2.6
Wheelchair Access	5	1.9	5	1.9	7	2.5	5	2.1
Proof of Property Tax Compliance (OP)	1	0.4	4	1.5	6	2.1	6	2.6
GP Report	1	0.4	3	1.1	6	2.1	7	3.0
Rewiring	8	3	3	1.1	5	1.8	4	1.7
Architect Drawings	0	0	0	0	1	0.4	0	0
Certified Electricians Report	2	0.8	1	0.4	0	0	0	0
Oversee Building Works	1	0.4	1	0.4	0	0	0	0
Reclaim VAT	1	0.4	1	0.4	0	0	0	0
GA	1	0.4	0	0	0	0	0	0
Total People with Housing Adaptation Issues	266		265		282		235	

Table 5: Housing Adaptation Issue by Type, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023
Note: The %* is based on the number of individual people, where the same person may experience more than one issue

As shown in Table 6, over half of the older people reporting issues with Internal Home Repairs had identified problems with plumbing and windows and doors. This pattern persisted throughout the year, including in Q4 2023, with 56.9% of older people indicating these specific concerns. Additionally, 22.2% of older people reported issues with painting, while 20.3% experienced electrical problems, and 13.7% faced challenges related to flooring in Q4 2023.

Home Repairs (Internal)	Q1 2023		Q2 2023		Q3 2023		Q4 2023	
	No.	%	No.	%	No.	%	No.	%
Plumbing	70	32.1	36	24.5	46	30.9	54	35.3
Windows and Doors	52	23.9	37	25.2	40	26.8	33	21.6
Painting	30	13.8	21	14.3	27	18.1	34	22.2
Electrical	40	18.3	24	16.3	22	14.8	31	20.3
Flooring	23	10.6	19	12.9	22	14.8	21	13.7
Carpentry	31	14.2	18	12.2	19	12.8	17	11.1
Insulation Internal	38	17.4	20	13.6	17	11.4	22	14.4

Table 6: Home Repairs (Internal) Issue by Type, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023

Finance

Approximately 2,775 people assessed by ALONE in 2023 indicated that they had issues with Finance. Among them, 1,054 people (38%) had issues with utilities, 871 people (31.4%) had issues with benefits, and 488 people (17.6%) had issues with entitlements (Figure 10).

After an initial peak in Q1, there was a steep decrease in finance-related needs in Q2. This was attributed 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. However, this decrease was followed by a steady increase in financial needs in subsequent quarters, possibly due to the colder than expected weather during the summer months and the onset of Winter.

Of the 687 people who indicated financial issues in Q4 2023, 43.1% had issues with utilities and 30.6% had issues with benefits. Of those with utility issues, 88.5% (n=262) had issues with payments, arrears, or a payment plan, while only 31 people had issues claiming a refund from their utilities provider and 5 people required support with rent. Winter Fuel Allowance was the most prevalent issue for those with benefits issues (57.6%, n=121), followed by issues with the Household Benefits Package (30.9%, n=65) and Exceptional Needs Payment (11.9%, n=25). This gives us a snapshot of the impact of increasing energy prices on older people.
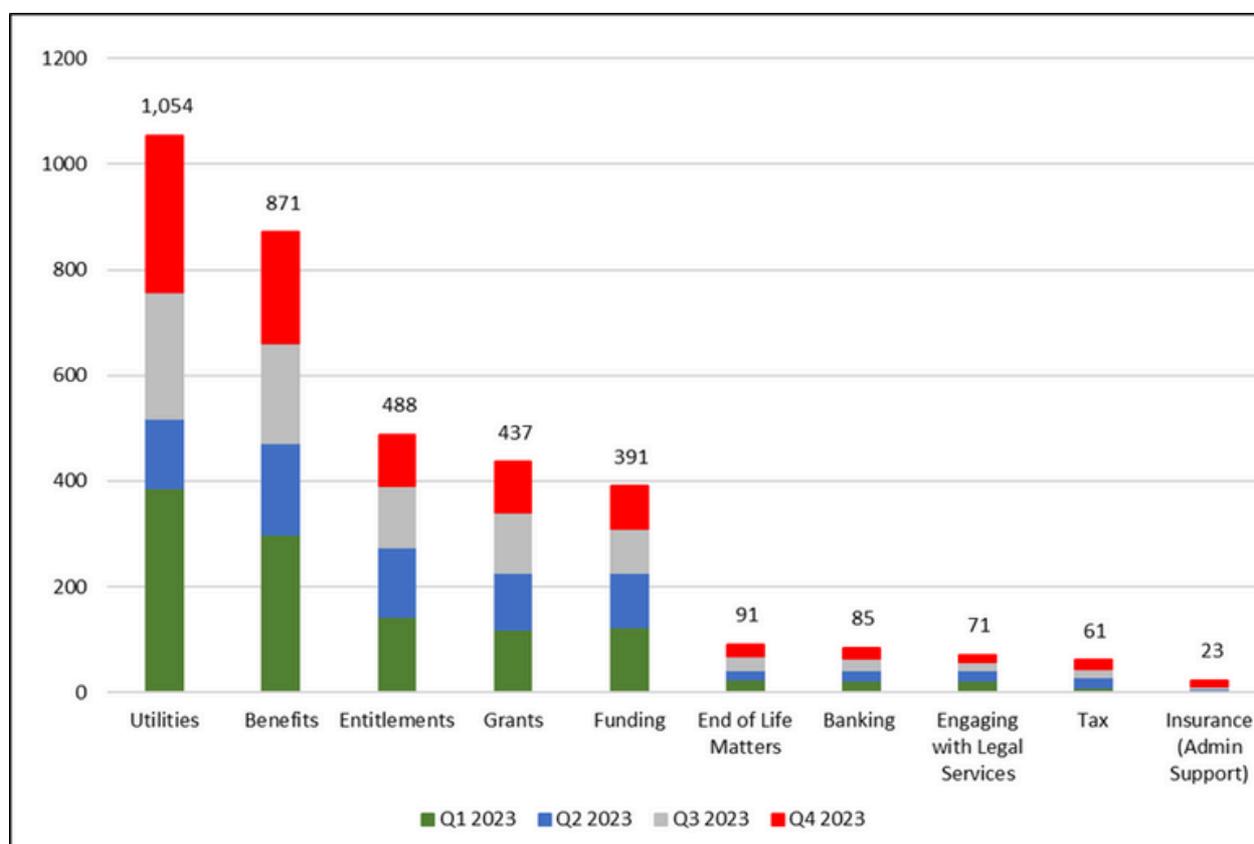
Figure 10: Finance Issues by Type, 2023

Personal Care

A total of 2,571 people assessed by ALONE in 2023 indicated that they had an issue with Personal Care. Of these, around one-third had an issue with GP/Primary Care (32.9%, n=845), around one quarter (25.6%, n=659) had issues with Carers, 20.8% (n=535) had issues with Nutrition, and just 8.2% (n=210) had issues with Medication.

Although the data reveals fluctuations in engagement patterns across various support categories, a consistent upward trend is evident in GP/Primary Care engagements and Carer support throughout the year. In Q4 2023, these accounted for 63.7% of the total personal care issues, emphasising the growing demand for healthcare-related and caregiving services among older individuals. The number and proportion of people reporting difficulties with Nutrition, Medication, Hygiene and Appliances/Bedding and Furniture also observed a consistent increase throughout the year (Figure 11).
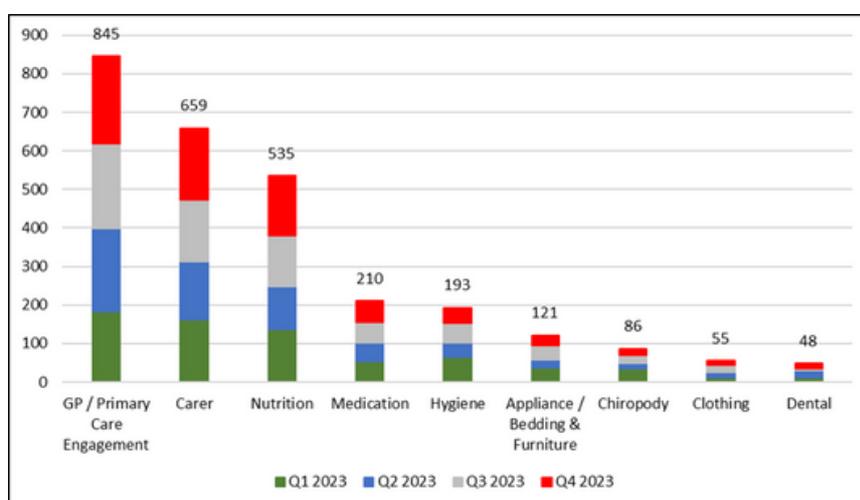
Figure 11: Personal Care Issue by Type, 2023

Of the older people experiencing GP/Primary Care Engagement issues in 2023, the majority required support engaging with a Public Health Nurse, while the second most prevalent issue was support in accessing Occupational Therapy (OT). Similarly, in Q4 2023 more than half (53.3%) of older people with GP/Primary Care issues required support engaging with the Public Health Nurse, more than a quarter (26.4%) required support accessing Occupational Therapy (OT), 14.1% required support advocating for a GP and 11.5% required support with accessing Physiotherapy (Table 7). ALONE has observed an increase in the need to access OT support throughout the year. It is possible that this is linked to the increase in housing adaptations, and the need for an OT report to access certain adaptation grants.

GP / Primary Care Engagement Issues	Q1 2023		Q2 2023		Q3 2023		Q4 2023	
	No.	%	No.	%	No.	%	No.	%
Public Health Nurse	86	47.3	125	57.6	109	49.8	121	53.3
Access OT	52	28.6	44	20.3	71	32.4	60	26.4
Advocate for GP to support	24	13.2	39	18.0	32	14.6	32	14.1
Access Physio	19	10.4	21	9.7	27	12.3	26	11.5
Meals on Wheels	30	16.5	24	11.1	23	10.5	30	13.2
Other	9	4.9	15	6.9	21	9.6	17	7.5
Provide age-appropriate nutritional information	9	4.9	2	0.9	5	2.3	12	5.3
Wound Dressing	2	1.1	3	1.4	4	1.8	3	1.3
Support with Changing GP	3	1.6	8	3.7	1	0.5	5	2.2

Table 7: GP / Primary Care Engagement Issues by Type, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023

Moreover, 185 individuals assessed indicated that they were having issues with Carers in Q4 2023. Of these, 34.6% required help applying for a Carer, 38.9% had issues advocating for additional carer support, and 35.7% needed information on carer support (Table 8).

Carer	Q1 2023		Q2 2023		Q3 2023		Q4 2023	
	No.	%	No.	%	No.	%	No.	%
Apply for PHN Carer	65	40.1	65	42.8	66	41.3	64	34.6
Advocate for additional carer support	59	36.4	59	38.8	60	37.5	72	38.9
Information on Carer Supports	50	30.9	50	32.9	47	29.4	66	35.7

Table 8: Carer Issues by Type, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023

Mental Health

Throughout 2023, there was a consistent and significant number of older individuals facing mental health challenges. In total, 2,405 people assessed by ALONE in 2023 indicated that they had issues with their mental health. The most prevalent mental health issue was Dementia/Alzheimer's (26.5%). This was followed by Depression (22.7%), Anxiety (19.1%), and Bereavement issues (15.6%). Additionally, 6.4% reported issues related to Primary Care Mental Health Services, and 4.2% had issues with Addiction. As illustrated in Figure 12, the pattern of reporting remained relatively consistent across the year.
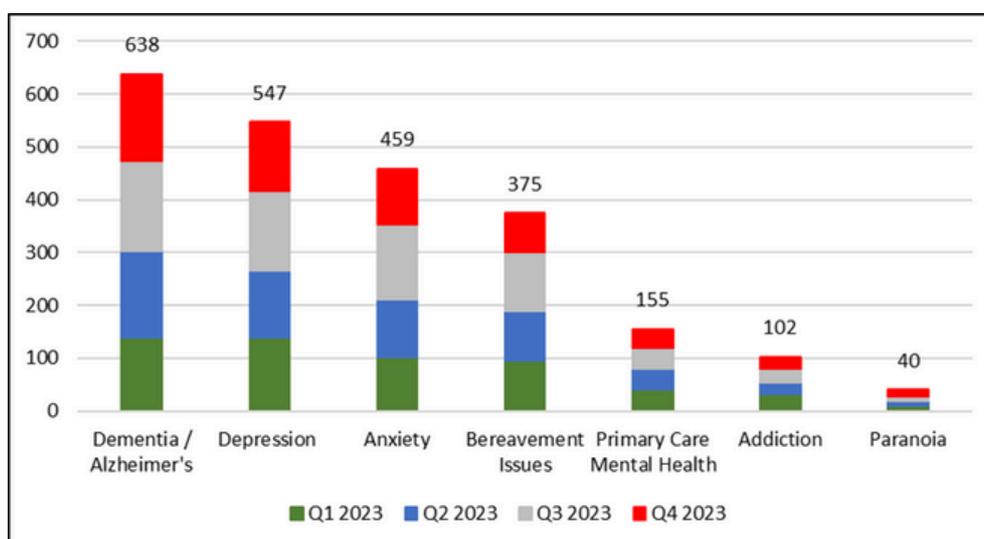
Figure 12: Mental Health Issues by Type, 2023

Of the 556 people assessed in Q4 2023, just 41.4% (n=230) had attended a GP, nurse, or medical practitioner. Of those, 72.2% (n=166) were prescribed medication of which 9.6% (n=16) said they forgot to take it.

Of the 164 people assessed in Q4 2023 who indicated that they had issues with Dementia / Alzheimer's, about half of them (50%, n=82) indicated that they needed information about supports, 30.5% (n=50) indicated that they had issues accessing supports, while 19.5% (n=32) indicated that they had issues with both.

Of the 131 people who indicated that they had issues with Depression, the vast majority (n=97) required information on counselling services (including accessing counselling services), while 19 people required a mental health assessment from their GP or Public Health Nurse.

Social Prescribing

In 2023, 2,397 older people indicated that they required some social prescribing support. As Table 9 indicates, most individuals declared an interest in a local community group, including in Q4 2023 (86.2%, n=530). This data indicates a sustained preference for ongoing community involvement reflecting the effectiveness of this social prescribing approach in fostering lasting community engagement.

Social Prescribing Support	Q1 2023		Q2 2023		Q3 2023		Q4 2023	
	No.	%	No.	%	No.	%	No.	%
Local Community Group	455	82.4	473	85.2	570	84.4	530	86.2
One-off events	67	12.1	86	15.5	99	14.7	112	18.2

Table 9: Social Prescribing Support, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023

Safeguarding

In total, 111 people assessed by ALONE in 2023 indicated they were at risk of abuse. Around 46.8% (n=52) felt at risk of Emotional Abuse, while more than one-third (36.9%, n=41) felt at risk of Financial Abuse. In addition, 18% (n=20) were at risk of Self-Neglect, 15.3% (n=17) were at risk of Neglect and 12.6% (n=14) were at risk of Physical Abuse (Figure 13). Throughout the year, emotional abuse was most frequently reported followed by financial abuse. In Q4 2023, 46.2% of the 26 people with safeguarding issues were at risk of emotional abuse, and 34.6% were at risk of financial abuse.
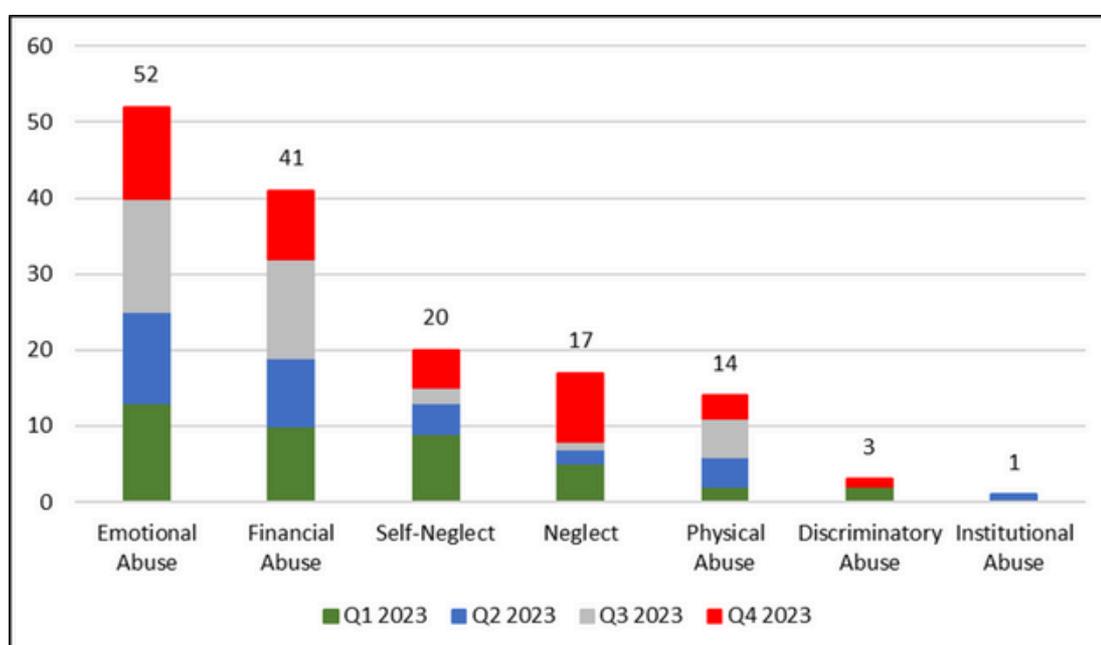
Figure 13: Safeguarding Issues by Type, 2023
Note: Data on Institutional Abuse for Q1, Q3 & Q4 2023 and Discriminatory Abuse for Q2 & Q3 2023 is unavailable.

Overall, 21 cases were escalated and, where necessary, reported to HSE Safeguarding Teams.

Issues of Concern

The information gathered from ALONE's thorough and individual-focused assessment sheds light on the diverse and persistent challenges faced by older individuals in Ireland. Analysis reveals the following key issues:

LONELINESS

Similar to 2022, loneliness was the foremost concern among older individuals supported by ALONE.

ISOLATION

More than 8% of older people in each quarter reported not going out socially in over a year, indicating a persistent pattern of long-term isolation.

HOUSING ADAPTATIONS

Housing adaptations were the most prevalent housing issue, with more than one in three people (36.1%, n=1,048) reporting this need, indicating a consistent demand for modifications to accommodate the specific needs of older individuals.

FALLS

Falls were identified as the primary physical health concern among older individuals, reflecting the critical intersection between housing adaptations and mobility challenges. Making homes safer is crucial for preventing falls and maintaining older adults' wellbeing.

DEPRESSION & ANXIETY

There was an upward trend of older people experiencing depression and anxiety. This is particularly alarming when linked with long-term social isolation. It highlights the urgent need for policies that address loneliness, mental health, and related problems.

FINANCE ISSUES

Issues with utilities and obtaining benefits were the primary financial concerns throughout the year, reflecting the impact of increasing energy prices on older people and the challenges this presents.

OT SUPPORT

ALONE observed a growing need for OT support throughout the year. This might be connected to the increase in housing modifications, and the requirement to obtain a OT report to access certain grants.

CARER SUPPORT

There was a consistent need for advocacy or information on Carer Support. This information should guide the Government's policy to deliver on the statutory right to home care and enhance accessibility of services.

Chapter 3: Delivering the ECC Objectives: ALONE Interventions

Strategic Added Value of the ALONE Model

Driving a Person-Centred Approach in the ECC Programme

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 comprehensive approach is underlined by the diverse range of interventions offered, each designed to address the multifaceted needs of the older person. ALONE recognises that the needs of older people are varied and complex. Thus, in response ALONE offers a range of interventions, ensuring a nuanced and individualised support system. The interventions include:

- Support and Befriending to offer practical support, companionship and alleviate feelings of loneliness and isolation;

- Housing to address concerns related to living conditions and housing needs;

- Legal and Financial to offer support and guidance in legal and financial matters such as utility and benefits issues;

- Physical Health and Mobility to provide assistance and services to address physical well-being, mobility aids, falls preventions, and other concerns;

- Social Isolation/Prescribing to promote community engagement and activities;

- Emotional and Mental Well-being to reduce difficulties and assistance with obtaining specialised support;

- Safety and Security to address concerns related to the safety and security of older people;

- Technology to enhance the quality of life for older people; and

- Safeguarding to implement measures to protect older people from potential harm or abuse.

The breadth of support offered is demonstrated in Table 10 and Table 11, which sets out the number of people assessed within each specific category and the interventions they received. As these tables show, support and befriending, housing, physical health and mobility, and legal and financial interventions were the most common.

Of the 9,148 individuals who were assessed, and identified a specific need in 2023, 8,691 older people (95%) received some intervention from ALONE in the same period. The proportion who received an intervention was between 95.7% and 99.1% (Table 10). This trend has remained consistent throughout each quarter of 2023, indicating that ALONE is responsive to the needs of most older people presenting for support.

Area of Need	No. Assessed	No. Received Interventions	%
Loneliness	5,334	5,218	97.8
Physical Health	4,420	4,240	95.9
Mobility	2,914	2,788	95.7
Housing Issues	2,900	2,836	97.8
Finance	2,775	2,722	98.1
Personal Care	2,571	2,493	97.0
Mental Health	2,405	2,319	96.4
Social Prescribing	2,397	2,356	98.3
Safeguarding	111	110	99.1

Table 10: No. of Individuals 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, 2023

Importantly, individuals indicating a specific need are not confined to a singular type of intervention. ALONE's model allows for flexibility, acknowledging that an older person may benefit from a combination of interventions based on their unique circumstances. This approach reflects ALONE's commitment to crafting support plans that address the entirety of an individual's needs, fostering holistic well-being and an improved quality of life.

For example, as Tables 10 and 11 show, 5,334 people were identified as being lonely in the Assessment: 5,218 of those received an intervention in the year. In total, 20,926 interventions were provided to those 5,218 individuals. The interventions required by individuals who reported that they felt lonely related to all aspects of ALONE's work, from Housing to Personal Care, while 5,992 (28.6%) related to Support and Befriending, a loneliness-specific intervention type. Similarly, 4,240 individuals were assessed in 2023 as having a physical health need and received a total of 18,284 interventions in this period. Of those interventions, 3,890 (21.3%) related specifically to Physical Health and Mobility with the remaining interventions relating to Support and Befriending, Housing issues, Legal and Financial Issues, Personal Care, and other areas.

4 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 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	Mobility	Housing Issues	Finance	Personal Care	Mental Health	Social Prescribing	Safeguarding
Support and Befriending	5,992	3,023	2,112	1,564	1,471	1,787	1,873	2,139	69
Housing	2,604	2,878	2,160	4,472	2,184	2,185	1,578	1,378	146
Legal and Financial	2,431	2,499	1,671	2,212	4,092	1,643	1,456	1,208	79
Physical Health and Mobility	2,833	3,890	2,719	2,047	1,629	2,292	1,543	1,496	70
Personal Care	2,247	2,400	1,722	1,664	1,283	3,087	1,310	1,231	92
Social Isolation / Prescribing	2,403	1,515	992	890	851	940	1,025	2,692	31
Emotional and Mental Health	1,628	1,284	721	727	768	932	2,046	980	66
Safety and Security	408	396	301	319	243	241	147	164	8
Technology	301	305	180	162	141	140	141	153	17
Safeguarding	79	94	67	86	66	70	76	33	115
Total No. of People*	**5,218**	**4,240**	**2,788**	**2,836**	**2,722**	**2,493**	**2,319**	**2,356**	**110**
Total No. of Interventions**	**20,926**	**18,284**	**12,645**	**14,143**	**12,728**	**13,317**	**11,195**	**11,474**	**693**

Table 11: No. of Individuals Assessed by Need Identified and Intervention Provided, 2023
Note: *This Total refers to the number of people who were assessed in 2023 and indicated a particular need.
**This is the total of all interventions received by all people assessed in 2023 and indicated a particular need.

In 2023, ALONE provided a total of 47,620 new support interventions to 14,414 older people, averaging 3.3 interventions per person. This marks an 85.6% increase from the 25,652 interventions provided in 2022. The distribution of interventions and the number of older people who received them are broken down quarterly in Table 12. The data highlights both the significant increase in interventions provided by ALONE in 2023 and the ongoing support extended to older people across multiple quarters.

	No. Received Interventions	Interventions	Interventions per person
Q1 2023	3,876	12,536	3.2
Q2 2023	3,510	11,122	3.2
Q3 2023	3,585	12,564	3.5
Q4 2023	3,443	11,398	3.3
Total	14,414	47,620	3.3

Table 12: Quarterly Distribution of Interventions Provided by ALONE to Older People in 2023

ALONE: The Critical Link between Older People and Services

A core focus of ALONE's model is linking community and acute services, to enable all groups to work together to meet demand. It is strategically designed to bridge the gap between various agencies and services, establishing ALONE as a critical link in the continuum of care.

As evident in Table 13, external agencies played a predominant role in referrals throughout the year, underlining ALONE's pivotal position in connecting individuals with essential services. About two-thirds of referrals in 2023 were by external agency sources, an increase from 2022 where around half of the referrals were by external agency.

Referral Type	Q1 2023	Q2 2023	Q3 2023	Q4 2023
External Agency	2,016	2,069	1,649	1,612
Internal Referral	376	255	119	108
Public (Friend/Family)	691	528	401	468
Secondary Sláintecare Referral	6	21	10	3
Self	1,081	689	352	513

Table 13: Referral Type, No., Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023

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, hospital discharge teams) to financial support (e.g., Money Advice and Budgeting Service [MABS]) and charitable organisations (e.g., Alzheimer's Association). This collaborative approach enables ALONE to serve as a central hub, where ALONE Support Coordinators match an older person's specific needs identified through their assessment with the appropriate support offered by ALONE and its partners.

Analysis of Table 14 indicates that, in 2023, a total of 25,107 interventions relied on the partnerships developed by ALONE, accounting for 52.7% of the total interventions. More than 1 in 5 (n=5,484, 21.8%) involved ALONE's healthcare partners including occupational therapists, addiction services, consultants, GPs, and pharmacies. Indeed, access to physical health support increased steadily, indicating a consistent need for these services. A further 7% (n=1,765) of these supports involved ALONE advocating on behalf of older people in relation to physical health. This included advocating for additional support from GPs, for additional home help, and for or against hospital discharge, depending on the needs of the individual concerned.

ALONE also partners with local social and community groups to support older people to become less isolated. Notably, help accessing social support remained almost consistent throughout 2023, emphasising the sustained demand for this service. This support also aligns with the HSE Social Prescribing Framework[5] and the Integrated Model of Care for the Prevention and Management of Chronic Disease in older people.[6]

5 HSE Social Prescribing Framework
6 215879_HSE_National framework Integrated Care.indd

Moreover, fluctuation was observed in accessing state support, with a notable drop in Q2 2023 followed by a consistent increase in subsequent quarters. This underscores ALONE's adaptability in responding to dynamic service availability. The increase in the proportion of supports related to Accessing Financial Supports, coupled with the decrease in Access Housing Supports, reflects ALONE's agility in tailoring interventions to meet the evolving needs of older people (Table 14).

	Q1 2023		Q2 2023		Q3 2023		Q4 2023		2023	
	No.	%	No.	%	No.	%	No.	%	No.	%
Access Physical Health Supports	1,231	19.2	1,270	21.4	1,584	24.4	1,399	22.4	5,484	21.8
Access State Supports	2,073	32.3	1,167	19.6	1,393	21.4	1,656	26.5	6,289	25.0
Access Social Supports	1,115	17.4	1,183	19.9	1,306	20.1	1,195	19.1	4,799	19.1
Access Financial Supports	544	8.5	292	4.9	567	8.7	569	9.1	1,972	7.9
Advocate re Physical Health	426	6.6	437	7.4	478	7.4	424	6.8	1,765	7.0
Access Charitable Supports	360	5.6	298	5	384	5.9	328	5.2	1,370	5.5
Access Housing	261	4.1	654	11	249	3.8	208	3.3	1,372	5.5
Access Personal Care Supports	173	2.7	299	5	201	3.1	208	3.3	881	3.5
Access Transport	80	1.2	93	1.6	118	1.8	95	1.5	386	1.5
Access Legal Support	75	1.2	114	1.9	113	1.7	79	1.3	381	1.5
Access Mental Health Supports	66	1	89	1.5	83	1.3	73	1.2	311	1.2
Access Training	5	0.1	23	0.4	26	0.4	20	0.3	74	0.3
Advocate Housing			12	0.2					12	0.05
Advocacy (General)			11	0.2					11	0.04

Table 14: Partner Supports, No. and % of Interventions, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023

Financial Added Value provided by the ALONE Model

Volunteers play a critical role in the delivery of ALONE's services and supports, particularly ALONE's Visitation and Telephone Support and Befriending services.

The financial value of volunteers within the ALONE model is immeasurable. They significantly extend the reach and impact of ALONE's services, dedicating countless hours to support older individuals in need. The dedication and selflessness of volunteers result in significant cost savings, allowing resources to be allocated more efficiently to directly benefit those requiring assistance. Beyond the monetary aspect, volunteers bring a wealth of skills, compassion, and a genuine connection to the communities they serve. Their commitment not only enhances the effectiveness of ALONE's interventions but also fosters a sense of community and solidarity among older individuals, promoting overall well-being.

In 2023, there was a 43.2% increase in volunteer engagement throughout the year, with the number of volunteers rising from 5,021 to 7,188 by the end of the year (Table 15).

Volunteers - YTD ever engaged	2023
CHO1	769
CHO2	707
CHO3	553
CHO4	704
CHO5	699
CHO6	809
CHO7	1,096
CHO8	757
CHO9	1,094
Total	**7,188**

Table 15: Volunteers - YTD engaged (ever), 2023

Table 16 sets out the total number of hours contributed by ALONE volunteers per CHO area in each quarter in 2023. Overall, in 2023, ALONE volunteers contributed 218,497 hours.

Volunteer Hours	Q1 2023	Q2 2023	Q3 2023	Q4 2023
CHO1	6,832	7,104	7,192	7,640
CHO2	3,248	3,840	4,368	4,448
CHO3	2,680	3,080	3,632	3,848
CHO4	3,560	4,160	4,744	5,336
CHO5	4,305	4,736	5,288	5,272
CHO6	6,304	6,024	5,848	5,688
CHO7	8,360	8,640	9,136	8,496
CHO8	6,424	6,888	7,328	7,184
CHO9	9,408	9,160	9,152	9,144
Total	**51,121**	**53,632**	**56,688**	**57,056**

Table 16: No. of Volunteer Hours, by quarter, 2023

While the financial value attributed to volunteers extends far beyond traditional metrics, in 2018, the Charities Regulator commissioned a report from Indecon on the Social and Economic Impact of registered charities[7]. In calculating the estimated value of volunteering in charitable organisations, Indecon used both the National Minimum Wage (NMW) and Average Hourly Earnings to achieve a range. Using this methodology, the total contribution of active ALONE volunteers in 2023 ranged from €2.47 million (NMW) to €6.21 million (Average Hourly Earnings; see Table 17).

2023	V. Hours	National Minimum Wage	Average Hourly Earnings
January to March (Q1)	51,121	€ 577,667	€1.46 million
April to June (Q2)	53,632	€ 606,042	€1.53 million
July to September (Q3)	56,688	€ 639,942	€1.59 million
October to December (Q4)	57,056	€ 644,733	€1.63 million

Table 17: Financial contribution of active volunteers, by quarter, 2023

Building Capacity for Delivery

ALONE continues to build and expand capacity for delivery of the ECC programme through devising and constructing a robust ICT infrastructure, investment in further developing research and evaluation capacity and through campaigning and advocacy.[11]

Building a Robust ICT Infrastructure

ALONE has recently developed an ICT strategy with a clear focus on the outcomes that ALONE aims to attain in its utilisation of Information and Communications Technology (ICT) over the next three years. This strategy is carefully aligned with ALONE's overarching business objectives. Additionally, the strategy encompasses a robust governance framework and offers comprehensive guidance on the selection, investment, deployment, and utilisation of technology across ALONE.

ICT is a key contributor to achieving the ALONE vision and keeping pace with the changing needs and expectations of older people. ICT's role is indispensable in the delivery of all ALONE services, both in facilitating day-to-day operational processes and in facilitating strategic transformations, particularly in the push to digitally empower services. Within ALONE, ICT has transitioned from a support function to a critical service, capable of reshaping service organisation and delivery. It plays a fundamental role in enhancing efficiency, improving the customer experience, and reducing costs throughout the organisation.

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11 An area that ALONE has engaged in considerably advocacy.
https://www.oireachtas.ie/en/debates/debate/joint_sub_committee_on_mental_health/2023-04-18/3/

Key milestones in developing and executing the ICT Strategy in 2023 include:

01

BFriend App

BFriend App Development for ALONE Volunteers, to capture information about visits to older people.

02

Rigorous Governance, Risk, and Security framework

- Completed the upgrade of ALONE Olympic House network and security hardware infrastructure.

- Selected, implemented and rolled-out a platform to support security awareness training for staff and volunteers

- Established and initiated the rollout of a formal engagement model for key ICT suppliers and providers, complete with an agreed-upon meeting schedule and an agenda encompassing operational, project, and strategic initiatives.

- Identified new operational metrics spanning asset management, security, change management, and projects.

- Introduced and communicated new ICT and Information Security policies across the entire ALONE organisation.

03
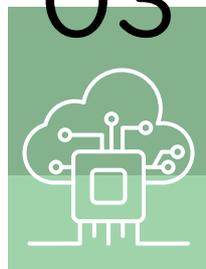
Strategic Cloud-based Architecture

Developed a strategic cloud-based architecture to support the extended deployment of critical mobile applications for use by both staff and volunteers in their assistance to older people.

04

ICT Activities

Identified key streams of ICT activities that will support ALONE's internal operations, its engagement with its extended and mobile workforce, and facilitate the enhancement or introduction of new services for older people through partner collaboration and integration.

05 Strategic Partnerships

Commenced the development of strategic partnerships, addressing both the support of current services and internal applications, and the creation of new services for the benefit of older individuals and our expanding volunteer workforce.

06 Financial Support and Security

Completion of a review of ALONE's CRM (Salesforce) multi-tenant/shared architecture.

07 Technology Requirements

Commencement of a review of technology requirements for ALONE satellite office(s). Implementation of a Supplier Relationship Management Model, with introduction of a standard approach to engaging, assessing, and managing key suppliers.

08 Training

Rollout of new training for ALONE staff on Supporting Older People's Mental Health and implementation of a Security Awareness Training Programme, with Phase 1 focused on integration with ALONE Leaver Joiner process.

09 CRM Enhancements

Implementation of several CRM enhancements, including rollout of MFA (multi factor authentication) for Salesforce for ALONE staff, volunteers and Community Impact Network (CIN) users.

10 Telephone Applications

Improvements to telephone applications used for ALONE services, with a review underway to improve efficiency and performance of the Stripe Website donations application.

Developing Research and Evaluation Capacity

ALONE places a strong focus on evidence-based practices and the continuous evaluation of its services and programmes to ensure older people receive the highest quality of supports. The implementation of evidence-based solutions, the measurement of their impact, and the guarantee of effective and efficient service delivery are core elements of ALONE's commitment. Additionally, ALONE is actively working to reshape the prevailing paradigm in the sector related to ageing, moving away from a medical-central model of support for older people. This shift is being achieved through commissioning research, developing and influencing policy, and evidence-based decision-making.

Key milestones in Research and Evaluation in 2023 include:

01

Key Performance Indicators

The rollout of a new process throughout ALONE's services to systematically report Key Performance Indicators (KPIs) and monitor service delivery, complemented by training modules. All of this work is aimed at enhancing the overall effectiveness and efficiency of ALONE's services.

02

Volunteer and Older Person Surveys

Conducting satisfaction surveys with all active ALONE volunteers, as well as a representative sample of 3,900 older individuals supported by ALONE. The findings were then compiled into reports containing key insights and recommendations for ALONE. Plain language summaries of ALONE's annual older person's and volunteer surveys were circulated key stakeholders, and implementation of each report recommendation was monitored throughout the year.

03
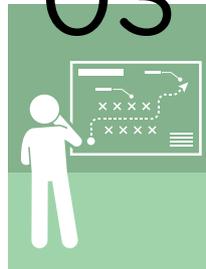
ALONE's Research and Evaluation Strategy

Publication of ALONE's Research and Evaluation strategy, outlining a key ambition to develop richer insights from the data gathered in ALONE and deliver more effective and efficient services for older people.

04

Effective Knowledge Translation

Establishing the national Loneliness Taskforce Research Network, to ensure policy recommendations are rooted in high-quality research, and supporting ALONE's Communications and Policy team with up-to-date and accurate evidence from ALONE's research and evaluation. This work was enhanced by the development of new knowledge translation policies and procedures.

05 Reporting Improvements

Identification and removal of over 4,000 redundant reports on ALONE's CRM, and development of new training for all staff on working with reports on Salesforce in collaboration with ALONE's CRM team. This will enhance data accuracy, improve user experience, and facilitate more efficient decision-making and collaboration within the organisation.

06 Critical Insights

Continued provision of support to ALONE and the HSE in reporting the deployment of ECC-funded services and extracting critical insights from ALONE's data.

07 Impact Assessment

Completion of planning for an impact assessment of ALONE services, to be conducted with older people in ALONE services in 2024/2025, in partnership with the London School of Economics.

Campaigning and Advocacy

ALONE press releases in 2023

ALONE released 26 press releases in 2023

Including the launch of telling it like it is report as part of the Age Alliance, Double Deficit a joint report with Threshold, ALONE Pre-Budget Submission, Annual Report Launch and ALONE's Share Your Warmth Christmas campaign

ALONE media reach in 2023

ALONE had a media reach of 209 Million in 2023

ALONE media in 2023

Regional Radio 1,005
Regional Print 740
Online 440
National print dailies: 99
National Radio: 76
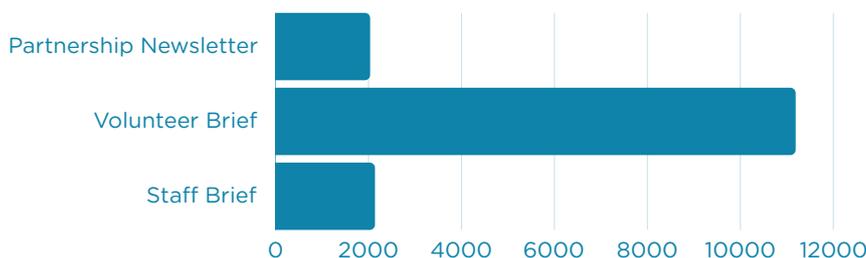TV: 28
Magazine: 13
National Print Sundays: 7

Texts to Older People

We communicated to 12,000 of ALONE's older people directly by SMS

Newsletter Readership

Delivering on the ECC Objectives

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 organisations, aimed at enabling older 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.

This report demonstrates 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.

ALONE continues to play a leadership role in the Community Impact Network (CIN) to develop and manage this multi-faceted membership network. In 2023, ALONE supported 154 CIN Member Organisations, providing indirect support to 31,498 older people, with an additional 72 services receiving support through the CIN Team. In addition, ALONE provided training to 84 CIN Member Organisations across 78 training sessions and supported/connected 157 CIN Member Organisations (Table 18).

	2023
Total CIN Member Organisations	154
Total older people indirectly supported	**31,498**
Total number of CIN Member Organisations who availed of CIN training	84
Total number of training sessions	78
Total number of networking activities	34
Total number of organisations CIN engaged through networking	157

Table 18: CIN Engagement, 2023

Together with the ALONE services team, the CIN team are also actively engaged in promoting ALONE services at various events, including expos, seminars, and local and national gatherings. In 2023 the CIN Team hosted 34 networking activities with 207 attendees, connecting 157 Member Organisations (Table 19).

CIN Networking hosted and attended including Hi Digital	To Date
CIN Network activities	34
CIN Network attendees	207
CIN Member Organisations supported/connected via networking	157

Table 19: CIN Networking hosted and attended including Hi Digital

8   The Community Impact Network (CIN) is a national network, which focuses on building the collective leadership and capacity of member organisations to meet the needs of the older people they support. The CIN evolved through local and national organisations working together, to form a shared platform for learning and collaboration. The CIN offers training, networking and support to assist these members in achieving broader impact through its national network

The CIN Team is committed to expanding its outreach through various means such as phone calls, email correspondence, and in-person and online presentations. On a monthly basis, the CIN connects with over 370 groups through the CIN Members Monthly update, and provides crucial information to local service providers, as well as relevant statutory, community, and voluntary organisations.

In 2023, the CIN also launched a new CIN Information booklet detailing the breadth of services it offers, and how to build the capacity of organisations to support their service users. Since May 2023, the Hi Digital Programme has been under the remit of the CIN. The CIN's role is to deliver Digital Champion Training, in partnership with Vodafone, giving individuals the skills to support older people using their device and getting online. In 2023, the CIN delivered in-person and online Digital Champion training to 73 organisations, corporates, and schools nationwide and trained 729 Digital Champions, who support service users or older persons in their community (see Table 20).

Digital Champion Training	2023
No. of organisations who received Digital Champions training	73
Number of Digital Champions Trained	729

Table 20: Digital Champion Training, 2023

ALONE's involvement with the CIN reflects a comprehensive approach to building a community support network. The engagement with member organisations, extensive training initiatives, networking events, outreach activities, and the focus on digital empowerment collectively contributes to enhancing the capacity of local community groups to collaborate within integrated care pathways.

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 aims to identify the full range of needs an older person may have and to support the person in the areas they need it most. There was a 35.5% increase in the number of individuals newly supported between 2022 and 2023 which demonstrates the commitment of ALONE to provide a suite of tailored supports to older people to enable them to live independently with an improved quality of life.

Some 12,108 individuals were newly supported by ALONE services in 2023. Additionally, a high number of older people aged between 76 and 85 years old continued to be supported by ALONE, which indicates that the support provided is both necessary and effective in helping people to age in place over an extended period. The volume of calls to the NSRL (26,413 in 2023), and the range of themes emerging from those calls, with loneliness being the theme of the majority, is also indicative of ALONE's capacity to respond to the diverse needs of older people (Table 36 in Annexure A: Key Themes in ALONE Interventions).

ALONE provided 47,620 support interventions to 14,414 people in 2023. This represents an increase of 85.6% on the number of interventions compared to 2022. As can be seen in Figure 14, there has been a significant change in the number of interventions delivered by ALONE between 2022 and 2023 in all areas. The highest percentage change in this period was in Legal and Financial, which experienced an increase of 197.8% (Table 25 in Annexure A: Key Themes in ALONE Interventions). The increase in the cost-of-living, and its disproportionate impact on older people, and the need for clarity and support around Government interventions has resulted in an increase in the need for Legal and Financial supports. This represents a shift in support needs compared to 2022, when Support and Befriending accounted for the highest number of interventions, followed by Housing, and Physical Health and Mobility, although it is worth noting that these three support areas continue to be the most prevalent throughout this year. A detailed breakdown of all ALONE's interventions is provided in Annexure A: Key Themes in ALONE Interventions.
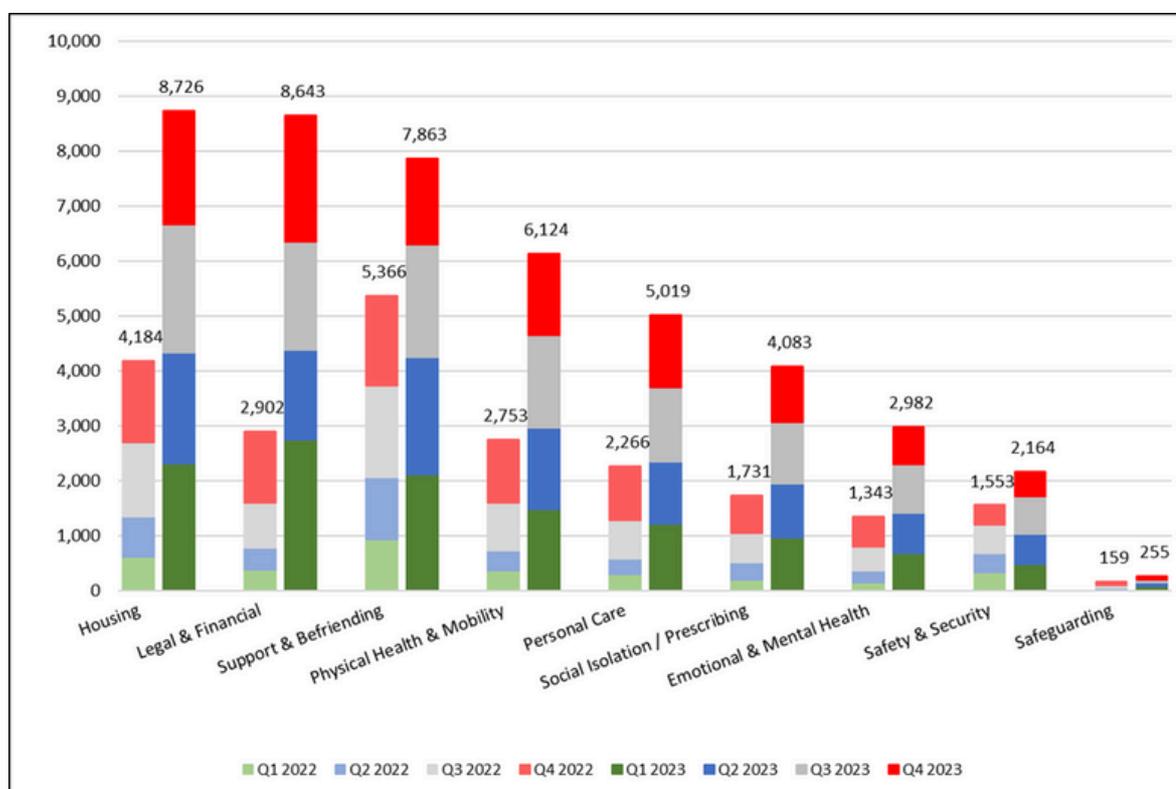
Figure 14: Interventions by Type, 2022 v 2023

Housing, and particularly housing adaptations, continues to account for the highest proportion of interventions made by ALONE with almost 1 in 5 (18.3%) of all interventions relating to housing. This trend is notable, especially considering that the older people receiving support from ALONE are less likely to be homeowners in comparison to the broader population. It raises concerns for ALONE regarding the wellbeing of older individuals, particularly in the context of the private rented sector.

9

Although the proportion of homeowners contacting ALONE is low compared to national level data, the supports required relating to the home (i.e.., 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, 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.

With loneliness being a prevalent concern in older people, ALONE's Visitation and Telephone Support and Befriending services continue to form a significant part of ALONE's interventions, accounting for almost 16.5% of all new interventions provided in 2023 (Figure 18 and Table 30 in Annexure A: Key Themes in ALONE Interventions). This work is supported by a broad base of volunteers who, across 2023, conducted 71,098 visits to older people and made 213,223 calls.

ALONE is committed to innovation in the aged care sector and has pioneered the use of assistive technology to support ageing in place. In 2023, technology was part of 5,538 interventions supporting 3,573 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.

ALONE's work as a community connector is closely aligned to the Sláintecare 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 2023 relied on the partnerships developed by ALONE (Table 14). This involved collaboration with ALONE's healthcare partners to access physical health supports, local, social and community groups, 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.[10]

10 alone.ie/wp-content/uploads/2023/05/Threshold-Alone-Report-highres-web.pdf

In 2023, almost two-thirds of older people were referred to ALONE by external agencies (Table 13). In each quarter, Community Care Teams accounted for over half of these and included Health Centres, Primary Care Teams, Regional General Nurses, and Community-based Occupational Therapists. This was followed by hospitals, including 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 in Q4 2023) 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, they range from organisations supporting people who are homeless, organisations supporting people with brain injuries, Meals on Wheels, the Irish Wheelchair Association, the Alzheimer's Association, domestic violence charities, carers' organisations, and charities supporting people with sight loss (Table 24).

The second most common referral service in 2023 was Public (family/friends), while older people self-referring was the third most common referral pathway. This continues to demonstrate the trust the public have in ALONE's reputation for providing a comprehensive support service. The CIN further develops ALONE's impact and reach, both in providing supports to the older person living at home and increasing community engagement with older people (Table 18).

Through its assessment process, ALONE was able to identify the specific needs of older people referred to its services in 2023. A high proportion of those assessed went on to receive an intervention to meet their needs in that period, which 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 (+197.8%), social prescribing (+135.9%), physical health (+122.4%), emotional and mental health (122%), personal care (+121.5%), and housing (+108.6.6%) compared to 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 (Table 25 in Annexure A: Key Themes in ALONE Interventions).

In 2023, ALONE conducted a survey with a large sample of older people who had received support (see Q3 2023 report). More than two-thirds of those surveyed rated the service they received highly, and almost 4 in 5 would recommend ALONE to a friend. In particular, ALONE Visitation Support and Befriending and Telephone Support and Befriending had a positive impact, with 85-90% of those in receipt of these services indicating that it had a positive impact on their lives.

As detailed earlier in this report, in 2023, ALONE continued 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.

As this report illustrates, the data gathered by ALONE through the assessment process 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 are a significant number of older people to whom the service provides ongoing and consistent support. In Q4 2023, 8,400 older people who had been supported by ALONE prior to the beginning of the quarter remained active, with 86.4% (n=7,260) being actively supported with their interventions, while others were awaiting assessment, waiting to be matched with an alternative Support and Befriending Service, or waiting to be matched or re-matched with an ALONE Support and Befriending volunteer. Further details on this ongoing work have been provided in Annexure B: Ongoing Engagements.

Monitoring the progression of older people who engage with ALONE on a medium-to long-term basis allows ALONE 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.

The data set out in this report provides a comprehensive overview across all nine CHO areas in 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 in 2023 compared to 2022 occurred in CHO 4, where the proportion of people increased more than threefold, and the number of older people increased by 205.9% (Figure 4). Additionally, while in 2022 CHOs 1, 8 and 9 accounted for almost half of all new supports, this changed to CHOs 1, 4 and 5 in 2023.

As Table 21 indicates, CHO 4 had the highest number of older people who indicated that they were lonely, or reported having issues with their physical health, housing, finance, or mental health. This was followed by CHO 5 for most of the assessment issues. This continued pattern has been observed throughout the year and indicates that the geographical spread of ALONE's work is becoming more evenly distributed, with an increase in previously underrepresented areas, thereby allowing for more comprehensive monitoring of trends at a national level.

	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Loneliness	581	594	438	1,002	822	250	574	705	364
Physical Health	422	631	474	755	689	169	548	432	292
Mobility	299	416	283	447	496	117	408	254	189
Housing Issues	296	367	265	557	379	93	350	384	205
Finance	237	291	269	750	338	99	350	273	162
Personal Care	249	421	271	400	348	91	286	403	96
Mental Health	164	367	193	374	371	86	310	358	179
Social Prescribing	201	255	244	356	313	67	261	513	183
Safeguarding	6	14	6	22	18	8	17	6	14

Table 21: Issues emerging during Assessment, No. of People, by CHO, 2023
Note: The figures represent the specific issues reported by individuals and may not reflect a unique count of individuals, as individuals may experience issues in multiple areas.

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.

In 2023, the total estimated volunteer contribution ranged from €2.47 million to €6.21 million (Table 17). The total number of volunteers engaged with ALONE at the end of 2023 was 7,188. This resulted in 23,848 Visitation and Befriending visits and 53,386 Telephone Support and Befriending calls at the end of Q4 2023. Overall, in 2023 ALONE volunteers conducted 71,098 visits to older people and made 213,223 telephone support and befriending calls. Information on the number of active volunteers and visits provided by CHO area and quarter is provided in Table 22, while Table 23 below provides a breakdown of the call numbers per quarter in 2023.

Visitation Support and Befriending visits	Q1 2023	Q2 2023	Q3 2023	Q4 2023	2023
CHO1	2,600	2,744	2,852	3,064	11,260
CHO2	1,532	1,676	1,860	1,880	6,948
CHO3	1,068	1,252	1,552	1,624	5,496
CHO4	1,348	1,604	1,928	2,152	7,032
CHO5	1,916	2,052	2,292	2,344	8,604
CHO6	2,416	2,376	2,344	2,172	9,308
CHO7	3,672	3,768	4,024	3,740	15,204
CHO8	2,532	2,760	2,976	2,904	11,172
CHO9	4,044	4,096	4,056	3,968	16,164
Total	**21,128**	**22,328**	**23,884**	**23,848**	**91,188**

Table 22: Visitation Support and Befriending, by Volunteers, No. of Visits, and CHO, 2023

Telephone Support & Befriending Calls	Q1 2023	Q2 2023	Q3 2023	Q4 2023	2023
CHO1	7,834	8,296	9,405	9,099	34,634
CHO2	2,679	3,070	3,727	3,693	13,169
CHO3	2,703	2,937	2,993	2,709	11,342
CHO4	3,726	4,810	5,466	5,648	19,650
CHO5	4,222	4,637	5,199	5,084	19,142
CHO6	3,349	3,463	3,395	3,324	13,531
CHO7	7,382	7,199	6,981	6,250	27,812
CHO8	6,666	6,597	7,119	6,976	27,358
CHO9	12,524	11,864	11,594	10,603	46,585
Total	**51,085**	**52,873**	**55,879**	**53,386**	**213,223**

Table 23: Telephone Support and Befriending Calls by CHO, 2023

The volunteer network also enabled 26,413 calls to be taken by the NSRL supporting 5,427 individuals by the end of December 2023. In June 2023, ALONE launched a new BFriend app for Visitation Support and Befriending Volunteers to facilitate effective communication between ALONE volunteers and the organisation, and the uptake for the app has continued to increase since then.

In 2023, ALONE conducted its Volunteer Survey (see Q3 2023 report). Overall, feedback from volunteers was overwhelmingly positive, with many expressing satisfaction with their experiences, feeling well-supported by ALONE staff, and adequately trained to fulfil their roles. Notably, 95% of volunteers surveyed reported that they benefit from being an ALONE volunteer, and 92% would recommend ALONE services to an older person they know. Volunteers also identified key challenges faced by older people, including difficulties accessing local services, mental health difficulties, isolation and loneliness, digital literacy needs, and a lack of information regarding financial support options.

As mentioned earlier, technological supports formed part of 5,538 interventions in 2023, in support of 3,573 people across seven distinct intervention areas (Figure 14). The specific 'Technology' intervention type that appears in Figure 15 refers to the provision of 'Technology Support' (1,193 interventions) and 'Assistive Tech' (567 interventions), which includes referrals to the ALONE Tech Engagement team and support with assistive technology.
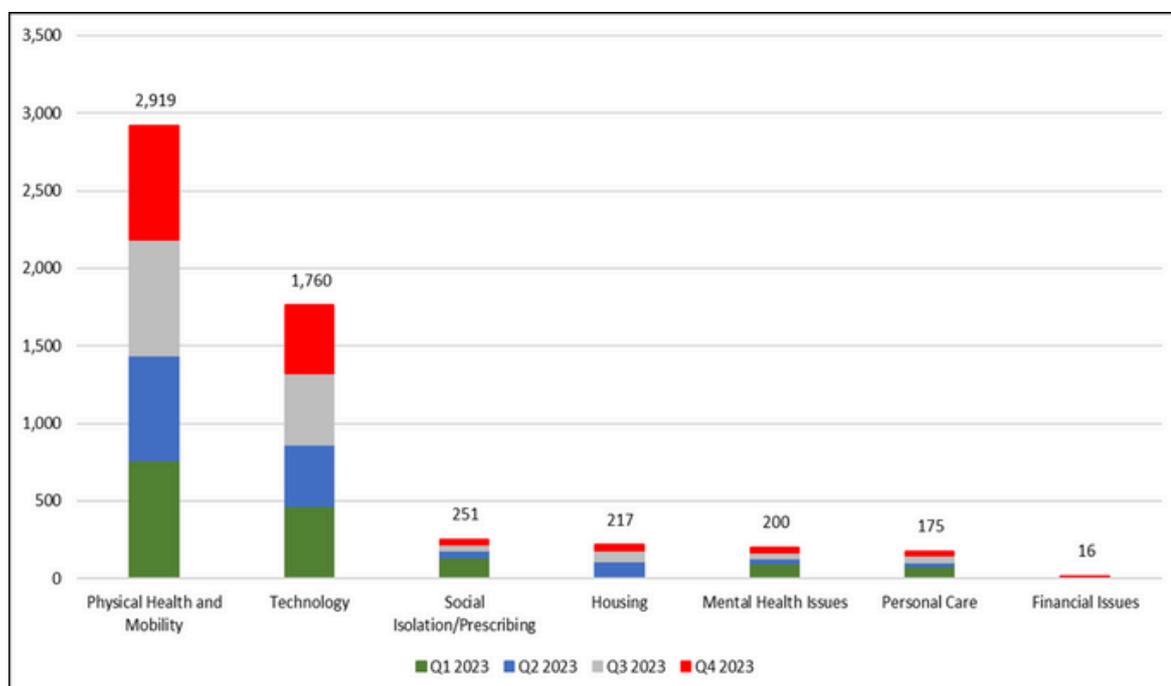

Figure 15: Technology Interventions by Intervention Area, 2023

Assistive technology was an integral part (11.6%) of all interventions in 2023, supporting 3,573 people across a diverse range of areas:

PHYSICAL HEALTH

through mobility aids, hearing aids, fall alarms, and monitors.

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.

FINANCE

to facilitate internet banking which supports older people to view their online accounts from the comfort of their own home and provides the option to make payments online.

SOCIAL ISOLATION AND PRESCRIBING

which supports 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 around 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 in Table 13, external referrals accounted for 54% in Q1, 65% in Q2, 72% in Q3, and 65% in Q4, underlining ALONE's commitment to building strong alliances within the healthcare sector and broader community.

Among the individuals referred to by named External Agencies (n=1,415) in Q4 2023, 47.8% were referred to by HSE Community Care Teams consisting of primary health care centres, community intervention teams, community nurses, and day care centres. More than one-third were referred by hospitals across the country (Table 24). This demonstrates the strong relationship between ALONE and the healthcare sector at both primary and acute levels to enhance the well-being of older people. Even in the previous quarters, four of the top five External Referral Agencies are healthcare organisations (more than 90% of the total), exhibiting the importance of collaboration between ALONE and these essential healthcare services.

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. This alignment is also progressed through ALONE's work with the CIN and the diverse range of organisations who are members of the network, and work collaboratively to address the multifaceted needs of older people. By being an integral part of this network, ALONE not only contributes to the collective effort, but also gains valuable insights, enabling continuous improvement and innovation in service delivery.

External Referral Agency	No.	%
Community Care Team	676	47.8
Hospital	502	35.5
ICPOP	95	6.7
GP	87	6.1
Charitable Organisation	64	4.5
Mental Health Team	33	2.3
Home Care Provider	11	0.8
Family Resource Centre	10	0.7
Safeguarding Team	9	0.6
Local Development Company	7	0.5
Physiotherapist	6	0.4
Nursing Home	5	0.4
Hospice	4	0.3
Local Authority	4	0.3
Housing Body	3	0.2
Voluntary Organisation	3	0.2
Addiction Treatment Centre	2	0.1
Area Partnership	1	0.1
Education and Training Board	1	0.1
Medical Charity	1	0.1
Professional Educational Service	1	0.1
Psychotherapist	1	0.1
Refugee Centre	1	0.1
Social Prescribing Services	1	0.1
Social Worker	1	0.1
State Agency	1	0.1
Transitional Care Unit	1	0.1
Unnamed Agency	13	0.9

Table 24: External Referral Agencies, Q4 2023
Notes: The %* is based on the number of individual people referred to 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, Vision Ireland and more specialised and/or local-level groups.
A further 13 people were referred to ALONE in Q4 2023 however data is currently unavailable as to referral source.

Areas for Attention

Several areas have been identified that require focused attention to better address the needs of older individuals. These areas serve as crucial focal points for future interventions and initiatives aimed at enhancing the well-being and quality of life of older people in our communities.

01

Social Isolation & Community Engagement

Despite efforts to combat loneliness, the volume of calls received by NSRL for loneliness in addition to the interventions provided to older people demonstrates a significant portion of older individuals experience loneliness and isolation. There is a need for expanded community engagement initiatives to foster social connections and support networks for older people. It is of concern that the recommendation of the Loneliness Taskforce to implement a National Action Plan to combat loneliness has yet to be implemented.

02

Housing Adaptations and Safety

Housing adaptations emerged as a prevalent concern among older individuals, indicating the need for targeted interventions to improve home safety and accessibility. Initiatives focusing on facilitating housing modifications and accessibility enhancements are essential to address this challenge effectively

03

Occupational Therapy (OT) Support

The increased need for OT support throughout the year suggests a growing demand for comprehensive assessments and interventions to address functional limitations and promote independence among older individuals. The increased need for OT and housing adaptations are likely to be linked, as an OT report is required to obtain housing adaptation grants. Initiatives focusing on expanding access to OT services and integrating OT into care plans are essential to meet this need effectively.

04

Prevention of Falls

Falls were identified as a primary concern among older individuals, highlighting the critical intersection between housing adaptations and mobility challenges. Interventions aimed at fall prevention strategies, including home assessments and mobility aids provision, are imperative to reduce fall-related injuries and enhance overall safety.

05 Social Isolation & Community Engagement

The increasing prevalence of mental health issues such as depression and anxiety among older people supported by ALONE underscores the importance of accessible and effective mental health services. Initiatives focusing on improving access to mental health resources and destigmatising mental health issues are essential.

06 Financial Support and Security

Many older individuals supported by ALONE reported financial challenges, impacting their ability to access essential services and support. There was a notable increase in the demand for interventions related to utilities and benefits across the year, especially during the winter months. This heightened demand underscores the need for comprehensive financial assistance programs to alleviate economic burdens and ensure financial security among older populations.

07 Advocacy and Information on Carer Support

The consistent need for advocacy and information on carer support raises concerns about the challenges faced by older individuals in accessing essential caregiving services. Initiatives aimed at providing comprehensive information, support, and advocacy for carers are vital to ensure the well-being of both older individuals and their caregivers.

Conclusion

The demographic shift towards an ageing population in Ireland has led to an increase in challenges faced by older individuals, including social isolation, inadequate housing, financial struggles, and health concerns. The need for comprehensive support services for older people has become essential. ALONE plays a pivotal role in addressing the challenges faced by older individuals, particularly through its commitment to supporting the objectives outlined in the ECC Programme.

The ECC programme is focussed on enhancing the quality of life for older people by improving access to increased levels of healthcare with a focus on ageing in place, and the delivery of an end-to-end care pathway that will care for people at home. ALONE is a core part of this programme and is delivering on the key objectives through its model of integrated care. Through this model, ALONE ensures that older individuals have access to a wide range of services that enhance their physical and mental health, thereby empowering them to age in their homes and communities with an improved quality of life. The model also enables ALONE to identify particular areas that require focused attention to better address the needs of older individuals. These areas serve as crucial focal points for future interventions and initiatives aimed at enhancing the well-being and quality of life of older people in our communities.

The ALONE model has shown steady growth over 2023, reaching more older people with its person-centered support plans covering various areas like housing, health, and finances. During the year, ALONE increased its focus on financial and legal help, adapting to the emerging needs of older people. ALONE's ongoing monitoring and improvement of service-level data enhance its ability to meet goals and cater to the needs of older individuals throughout Ireland. Importantly, individuals indicating a specific need were not confined to a singular type of intervention. ALONE's model allows for flexibility, acknowledging that an older person may benefit from a combination of interventions based on their unique circumstances. This approach reflects ALONE's commitment to implement support plans that address the entirety of an individual's needs, fostering holistic well-being and an improved quality of life.

ALONE also worked closely with health and community partners to expand its services and improve Support Coordination. The data gathered throughout the year highlights the comprehensive and holistic nature of the ALONE Assessment process and the essential role of a Support Coordinator. The ability to identify needs at a CHO level provides critical insights which can inform the delivery of other services. Where trends were observed, or gaps in support for older people were identified, ALONE formulated evidence-based policy proposals to advance its overarching goal of supporting people to age well at home.

The impact of ALONE's interventions is evidenced by the positive outcomes experienced by older individuals. As this report has demonstrated ALONE's support extends beyond addressing immediate needs, to fostering holistic well-being and improving quality of life for older people. Furthermore, the value of ALONE's services is augmented by the dedication and selflessness of its volunteers, who significantly extend the reach and impact of ALONE's interventions, resulting in cost savings and more efficient resource allocation.
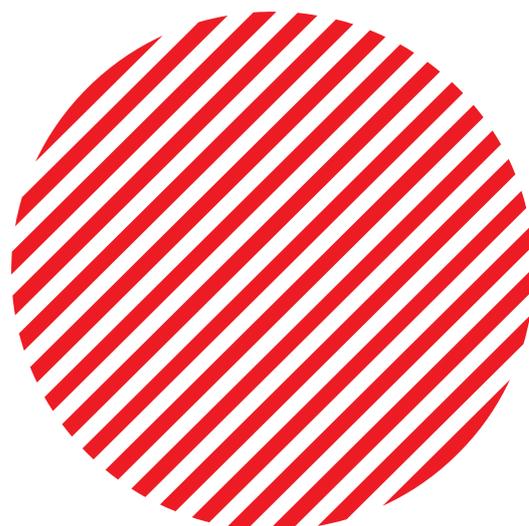
Annexure A: Key Themes in ALONE Interventions

Annexure A presents the breakdown of key themes in the ALONE interventions' dataset in 2023.

Type of Interventions	2022	2023	% Change
Housing	4,184	8,726	108.6
Legal and Financial	2,902	8,643	197.8
Support and Befriending	5,366	7,863	46.5
Physical Health and Mobility	2,753	6,124	122.4
Personal Care	2,266	5,019	121.5
Social Isolation / Prescribing	1,731	4,083	135.9
Emotional and Mental Health	1,343	2,982	122.0
Safety and Security	1,553	2,164	39.3
Safeguarding	159	255	60.4

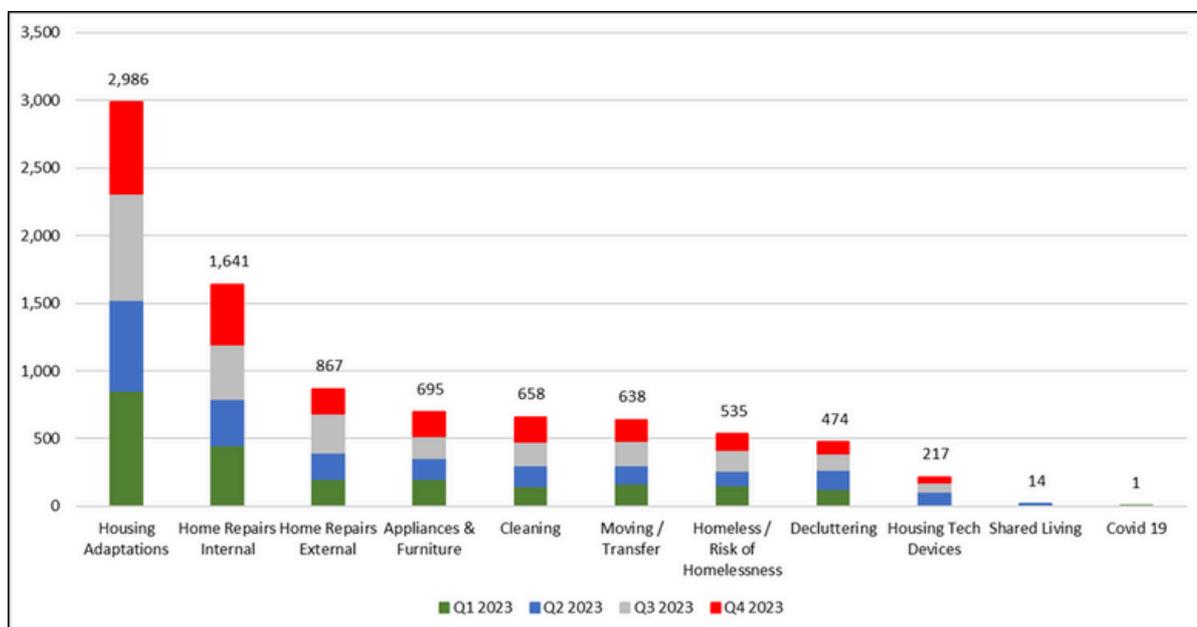Table 25: No. of Interventions by Type, 2022 v 2023 and % change

A1: Housing

Figure 16: Housing Interventions by Type, 2023
Note: Data on Shared Living for Q3 and Q4 2023 is unavailable and COVID-19 for Q2, Q3 and Q4 2023 is unavailable.

Type of Housing Interventions	Q1 2023		Q2 2023		Q3 2023		Q4 2023	
	No.	%	No.	%	No.	%	No.	%
Housing Adaptations	855	36.9	667	33.2	786	33.6	678	32.9
Home Repairs Internal	449	19.4	345	17.2	399	17.1	448	21.7
Home Repairs External	200	8.6	195	9.7	291	12.4	181	8.8
Appliances & Furniture	198	8.5	157	7.8	163	7.0	177	8.6
Cleaning	148	6.4	155	7.7	173	7.4	182	8.8
Moving / Transfer	167	7.2	138	6.9	177	7.6	156	7.6
Homeless / Risk of Homelessness	153	6.6	111	5.5	155	6.6	116	5.6
Decluttering	129	5.6	136	6.8	127	5.4	82	4.0
Housing Tech Devices	8	0.3	102	5.1	67	2.9	40	1.9
Shared Living	11	0.5	3	0.1		0.0		0.0
Covid 19	1	0.0		0.0		0.0		0.0

Table 26: Housing Interventions by Type, No. and %, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023

Housing Adaptation Interventions	Q1 2023*		Q2 2023		Q3 2023		Q4 2023	
	No.	%	No.	%	No.	%	No.	%
Bathroom Adaptation	194	22.7	189	28.3	245	31.2	182	26.8
Access ramps	56	6.5	61	9.1	82	10.4	77	11.4
Emergency Pendant	74	8.7	71	10.6	80	10.2	97	14.3
Stair-lifts	64	7.5	62	9.3	73	9.3	50	7.4
Complete Application Form	35	4.1	34	5.1	56	7.1	36	5.3
Builders Quotations	35	4.1	30	4.5	31	3.9	37	5.5
Front Door Safety Camera	116	13.6	38	5.7	28	3.6	24	3.5
Proof of Property Tax Compliance	0	0.0	10	1.5	20	2.5	15	2.2
GP Report	17	2.0	13	1.9	18	2.3	17	2.5
Downstairs toilet	0	0.0	19	2.8	17	2.2	19	2.8
OT Report	0	0.0	19	2.8	17	2.2	21	3.1
Extensions	0	0.0	11	1.6	15	1.9	9	1.3
Install central Heating	19	2.2	10	1.5	14	1.8	22	3.2
Level access showers	11	1.3	20	3.0	14	1.8	9	1.3
Replace boiler	18	2.1	9	1.3	11	1.4	6	0.9
Smart home sensors	12	1.4	5	0.7	9	1.1	10	1.5
Smart indoor security camera	19	2.2	11	1.6	8	1.0	4	0.6
Wheelchair access	11	1.3	17	2.5	8	1.0	13	1.9
House Alarm	2	0.2	7	1.0	7	0.9	8	1.2
Oversee Building Works	0	0.0	7	1.0	7	0.9	4	0.6
Rewiring	12	1.4	4	0.6	6	0.8	5	0.7
Proof of Tax Compliance (O.P)	5	0.6	2	0.3	5	0.6	8	1.2
Funding Shortfall	4	0.5	1	0.1	4	0.5	2	0.3
Minifinder - Emergency Strap	17	2.0	9	1.3	3	0.4	1	0.1
Reclaim V.A.T	0	0.0	4	0.6	3	0.4	1	0.1
Architect Drawings	0	0.0	0	0.0	2	0.3	0	0.0
Certified Electricians Report	0	0.0	1	0.1	2	0.3	1	0.1
GA: Architect Drawings	0	0.0	0	0.0	1	0.1	0	0.0
V.A.T Paid to Builder	1	0.1	3	0.4	0	0.0	0	0.0
Smoke/Fire Detection System	62	7.3	0	0.0	0	0.0	0	0.0
Energy control – thermostats	1	0.1	0	0.0	0	0.0	0	0.0
Alexa Show- Intercom, Link to doorbell	32	3.7	0	0.0	0	0.0	0	0.0

Table 27: Housing Adaptation Interventions by Type, No. and %, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023

Note: Data on Bathroom Adaptation and Downstairs toilet, GP Report and OT Report, and Rewiring and Certified Eletrician's Report was reported together in Q1 2023.
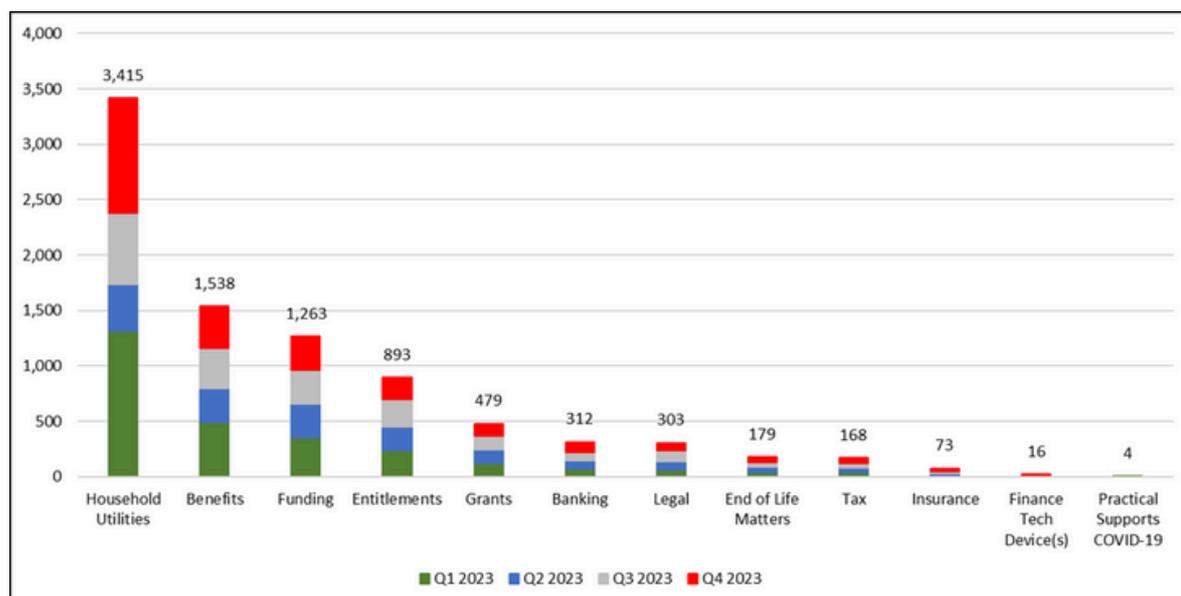
A2: Legal and Financial

Figure 17: Legal and Financial Interventions by Type, 2023
Note: Data on Practical Supports COVID-19 for Q2, Q3 and Q4 2023 is unavailable.

Type of Legal and Financial Interventions	Q1 2023		Q2 2023		Q3 2023		Q4 2023	
	No.	%	No.	%	No.	%	No.	%
Household Utilities	1,314	47.7	420	25.9	649	33.0	1,032	44.8
Benefits	493	17.9	306	18.9	357	18.1	382	16.6
Funding	353	12.8	305	18.8	303	15.4	302	13.1
Entitlements	238	8.6	213	13.1	249	12.7	193	8.4
Grants	120	4.4	121	7.5	127	6.5	111	4.8
Banking	74	2.7	69	4.3	80	4.1	89	3.9
Legal	62	2.3	78	4.8	98	5.0	65	2.8
End of Life Matters	41	1.5	44	2.7	46	2.3	48	2.1
Tax	35	1.3	42	2.6	45	2.3	46	2.0
Insurance	15	0.5	18	1.1	12	0.6	28	1.2
Finance Tech Device(s)	4	0.1	4	0.2	2	0.1	6	0.3
Practical Supports COVID-19	4	0.1		0.0	0	0.0		0.0

Table 28: Legal and Financial Interventions by Type, No. and %, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023

Household Utilities Interventions	Q1 2023		Q2 2023		Q3 2023		Q4 2023	
	No.	%	No.	%	No.	%	No.	%
Energy Credit	966	73.5	230	54.8	261	40.2	671	65.02
Arrears/Payment Plan	311	23.7	165	39.3	269	41.4	301	29.17
Support with Rent	0	0	0	0	76	11.7	34	3.29
Utility Refund	27	2.1	11	2.6	25	3.9	20	1.94
Cancel Utility	10	0.8	14	3.3	18	2.8	6	0.58

Table 29: Household Utilities Intervention Type, No. and %, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023
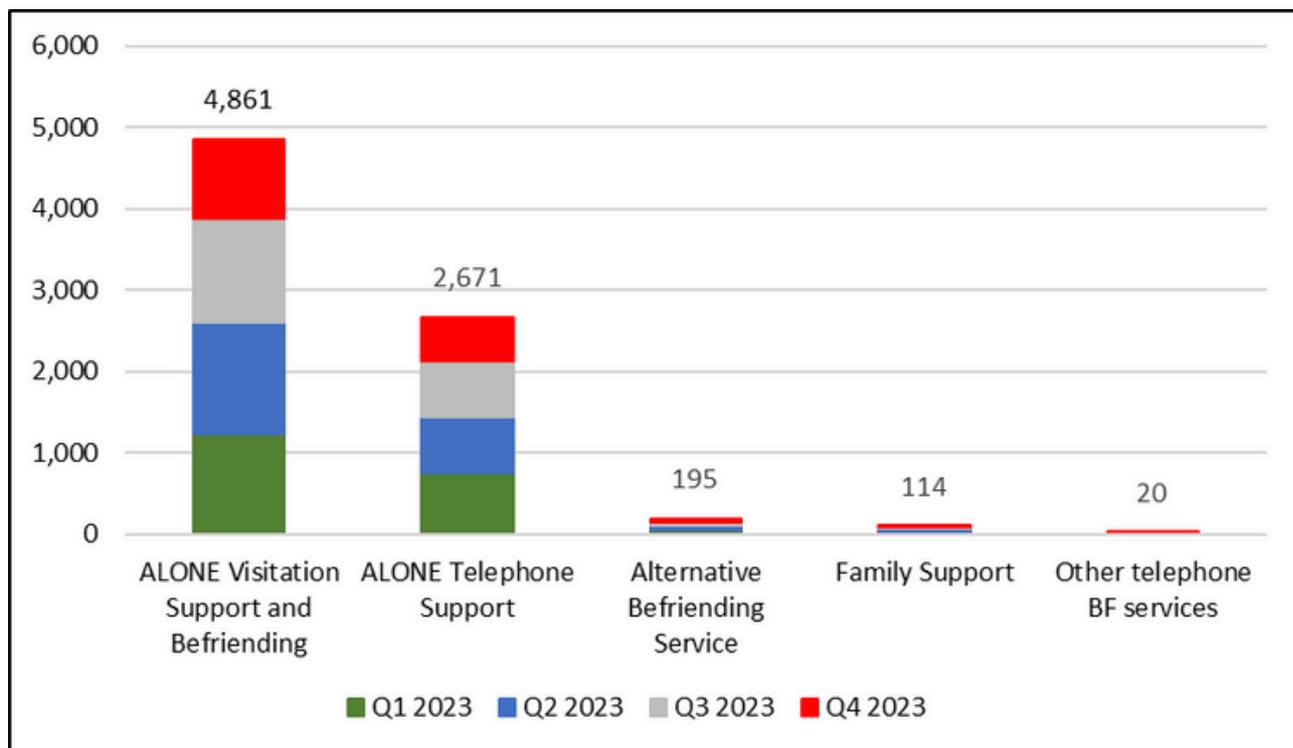
A3: Support and Befriending

Figure 18: Support and Befriending Intervention by Type, 2023

Type of Support and Befriending Interventions	Q1 2023		Q2 2023		Q3 2023		Q4 2023	
	No.	%	No.	%	No.	%	No.	%
ALONE Visitation Support and Befriending	1,242	58.7	1,366	64.0	1,276	62.5	977	62.3
ALONE Telephone Support	758	35.8	693	32.4	687	33.6	533	34.0
Alternative Befriending Service	64	3.0	48	2.2	48	2.4	35	2.2
Family Support	46	2.2	23	1.1	27	1.3	18	1.1
Other telephone BF services	5	0.2	6	0.3	4	0.2	5	0.3

Table 30: Support and Befriending Intervention by Type, No. and %, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023
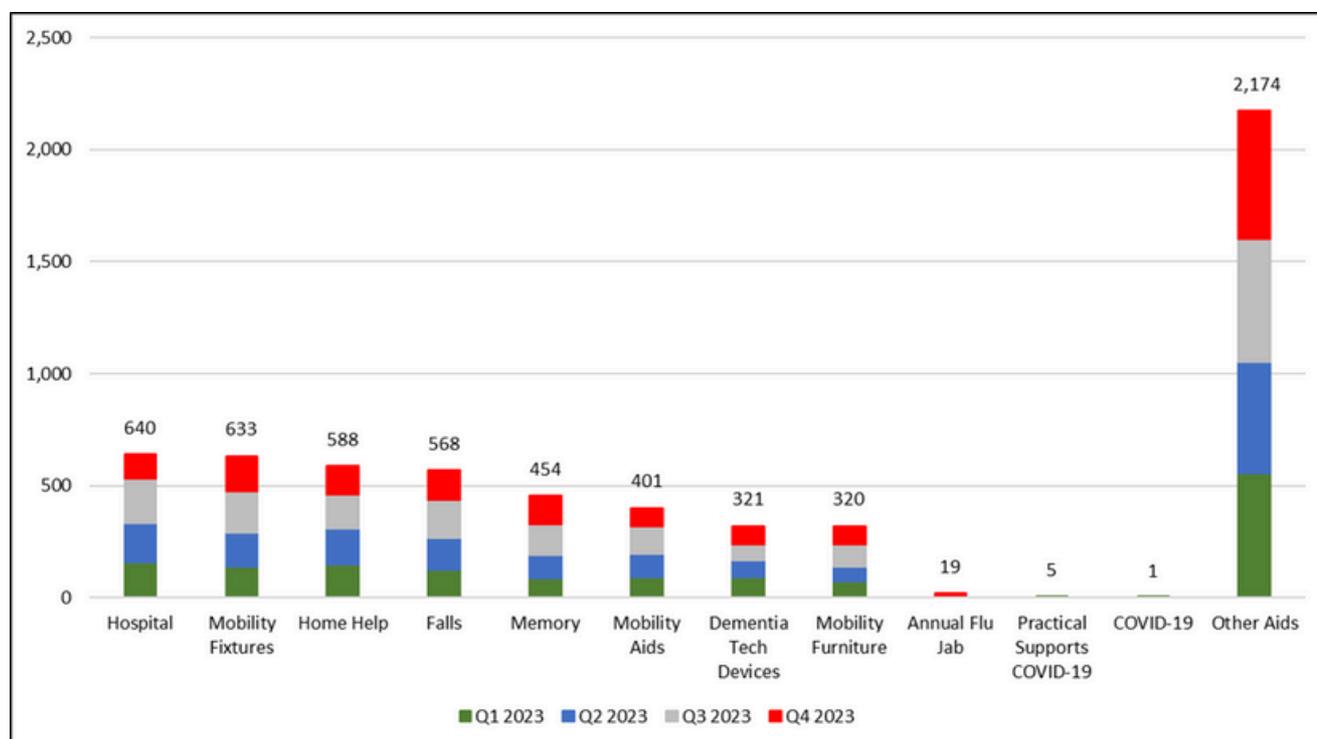
A4: Physical Health and Mobility

Figure 19: Physical Health and Mobility Interventions by Type, Q3 2023
Note: Data on Annual Flu Jab for Q3 2023 and Practical Supports COVID-19 and COVID-19 for Q2,
Q3 and Q4 2023 is unavailable.

Type of Physical Health and Mobility Interventions	Q1 2023		Q2 2023		Q3 2023		Q3 2023	
	No.	%	No.	%	No.	%	No.	%
Hospital	158	10.7	174	11.7	198	11.8	110	7.5
Mobility Fixtures	138	9.3	154	10.4	182	10.8	159	10.8
Home Help	150	10.1	159	10.7	152	9.0	127	8.6
Falls	123	8.3	145	9.8	167	9.9	133	9.0
Memory	85	5.7	106	7.1	139	8.3	124	8.4
Mobility Aids	91	6.1	104	7.0	126	7.5	80	5.4
Dementia Tech Devices	93	6.3	75	5.1	70	4.2	83	5.6
Mobility Furniture	72	4.9	67	4.5	100	5.9	81	5.5
Annual Flu Jab	9	0.6	4	0.3		0.0	6	0.4
Practical Supports COVID-19	5	0.3		0.0		0.0		0.0
COVID-19	1	0.1		0.0		0.0		0.0
Other Aids	557	37.6	495	33.4	549	32.6	573	38.8

Table 31: Physical Health and Mobility Interventions by Type, No. and %, Q1 2023 v Q2 2023 v Q3 2023 v
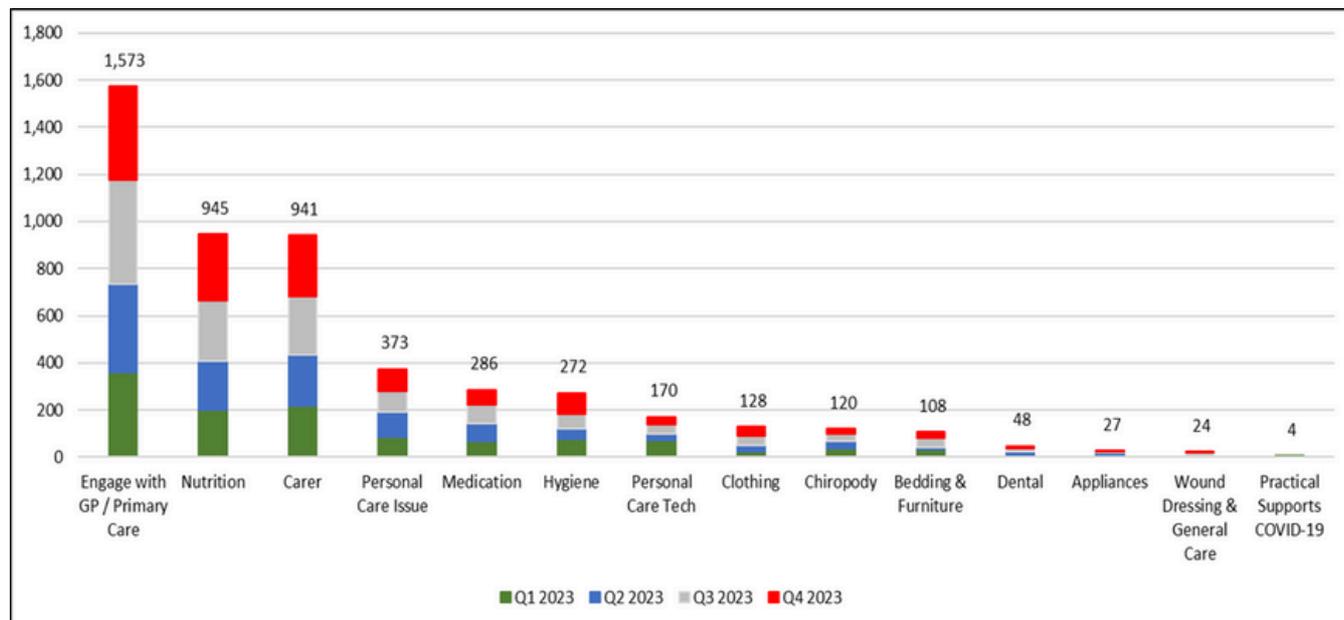Q4 2023

A5: Personal Care

Figure 20: Personal Care Interventions by Type, 2023.
Note: Data on Practical Supports COVID-19 and COVID-19 for Q3 2023 is unavailable.

Type of Personal Care Interventions	Q1 2023		Q2 2023		Q3 2023		Q4 2023	
	No.	%	No.	%	No.	%	No.	%
Engage with GP / Primary Care	359	29.7	377	33.0	440	32.6	397	30.1
Nutrition	200	16.6	206	18.0	258	19.1	281	21.3
Carer	220	18.2	214	18.7	247	18.3	260	19.7
Personal Care Issue	86	7.1	105	9.2	91	6.7	91	6.9
Medication	66	5.5	79	6.9	78	5.8	63	4.8
Hygiene	79	6.5	40	3.5	62	4.6	91	6.9
Personal Care Tech	74	6.1	26	2.3	40	3.0	30	2.3
Clothing	25	2.1	26	2.3	41	3.0	36	2.7
Chiropody	39	3.2	31	2.7	27	2.0	23	1.7
Bedding & Furniture	31	2.6	12	1.0	39	2.9	26	2.0
Dental	12	1.0	14	1.2	9	0.7	13	1.0
Appliances	10	0.8	8	0.7	5	0.4	4	0.3
Wound Dressing & General Care	3	0.2	5	0.4	12	0.9	4	0.3
Practical Supports COVID-19	4	0.3		0.0		0.0		0.0

Table 32: Personal Care Interventions by Type, No. and %, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023

A6: Social Isolation / Prescribing

Type of Social Isolation/ Prescribing Interventions	Q1 2023		Q2 2023		Q3 2023		Q4 2023	
	No.	%	No.	%	No.	%	No.	%
Local Community Groups	639	66.5	729	74.5	853	76.6	746	72.5
One-off Events	188	19.6	207	21.1	221	19.8	249	24.2
Isolation tech device	134	13.9	43	4.4	40	3.6	34	3.3

Table 33: Social Isolation Prescribing / Isolation Interventions by Type, No. and %, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023
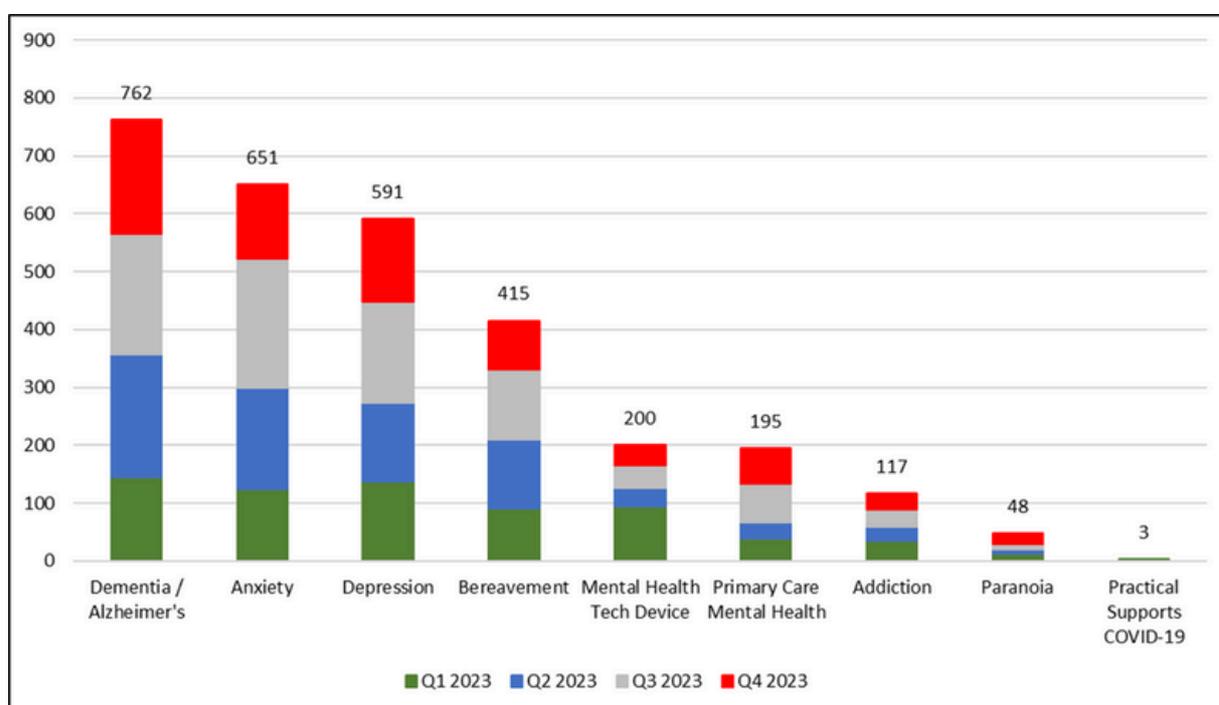
A7: Emotional and Mental Health

Figure 21: Emotional and Mental Health Interventions by Type, 2023
Note: Data on Practical Supports COVID-19 for Q2, Q3 and Q4 2023 is unavailable.

Type of Emotional and Mental Health Interventions	Q1 2023		Q2 2023		Q3 2023		Q4 2023	
	No.	%	No.	%	No.	%	No.	%
Dementia / Alzheimer's	144	21.2	213	28.9	208	23.9	197	28.4
Anxiety	125	18.4	175	23.7	223	25.6	128	18.4
Depression	137	20.1	136	18.5	176	20.2	142	20.5
Bereavement	90	13.2	120	16.3	121	13.9	84	12.1
Mental Health Tech Device	95	14.0	32	4.3	38	4.4	35	5.0
Primary Care Mental Health	39	5.7	28	3.8	67	7.7	61	8.8
Addiction	35	5.1	25	3.4	29	3.3	28	4.0
Paranoia	12	1.8	8	1.1	9	1.0	19	2.7
Practical Supports COVID-19	3	0.4		0.0		0.0		0.0

Table 34: Emotional and Mental Health Interventions by Type, No. and %, Q1 2023 v Q2 2023 v Q3 2023 v Q4 2023
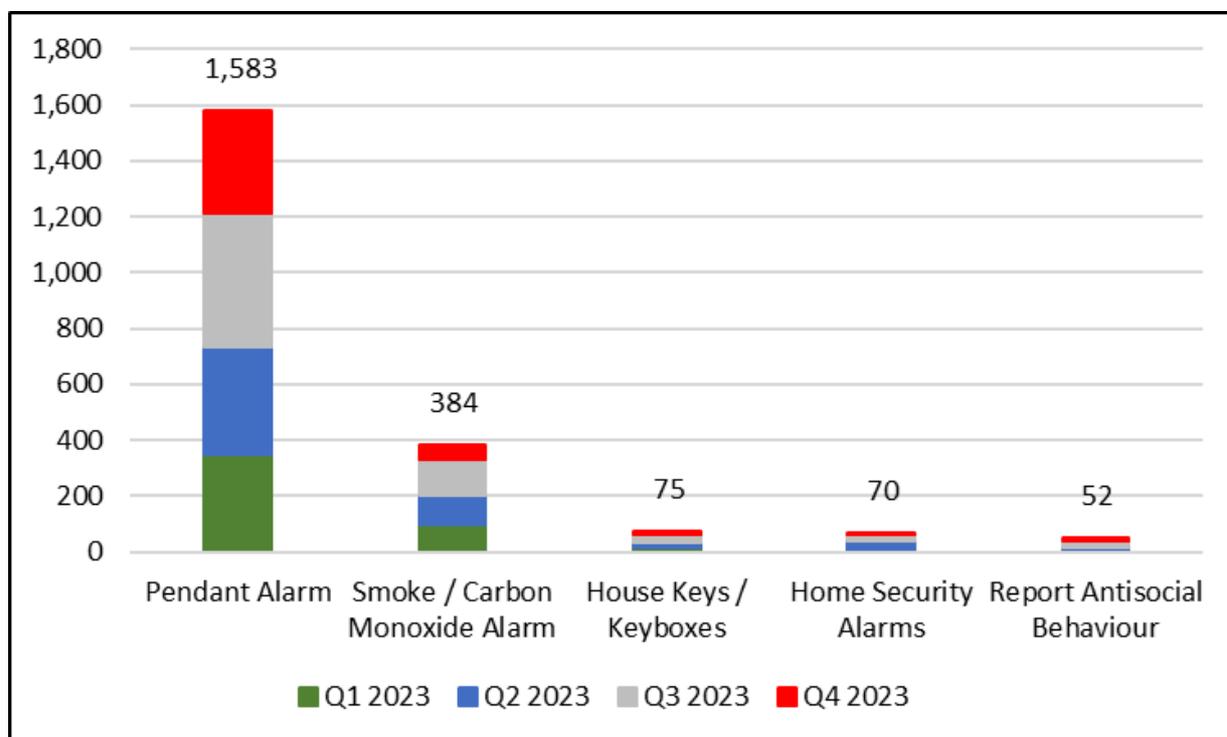
A8: Safety and Security

Figure 22: Safety and Security Interventions by Type, 2023
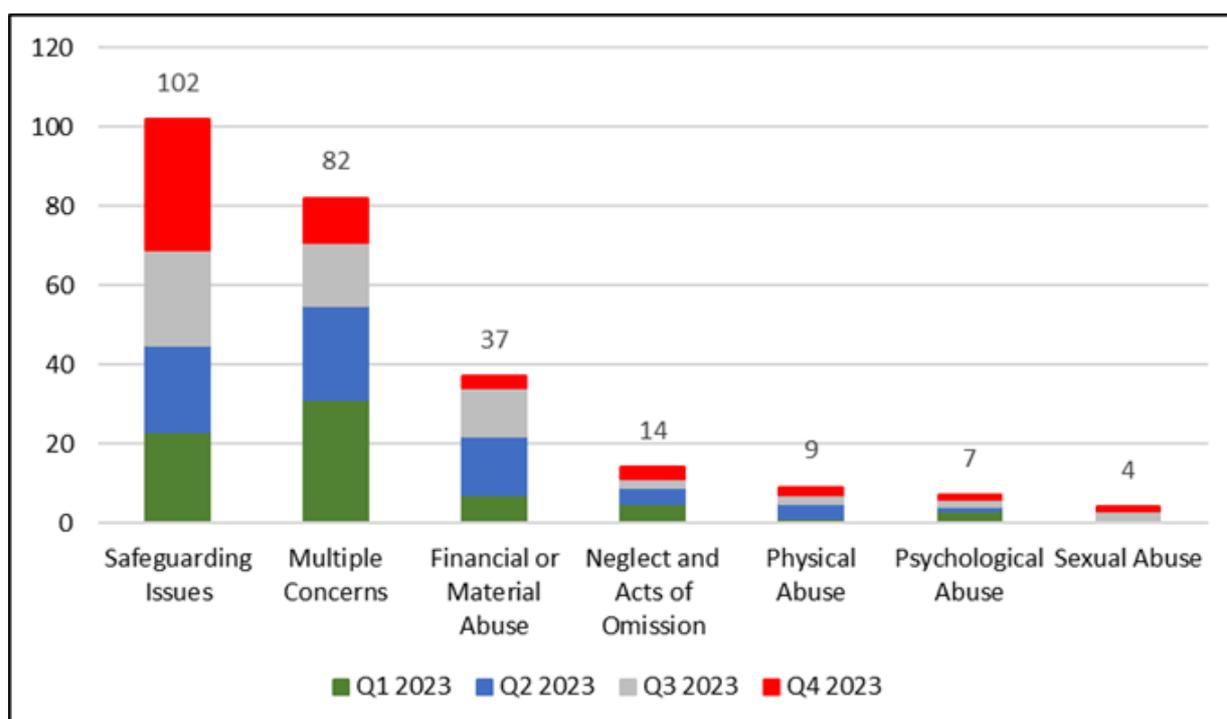
A9: Safeguarding

Figure 23: Safeguarding by Type, 2023

Moreover, between October to December 2023 ALONE's NSRL managed 7,549 incoming support and referrals. The calls data is provided in Table 35.

NSRL calls	October	November	December	YTD
Total Calls	2,563	2,497	2,489	26,413
Cumulative Unique Individuals (first time callers)	4,453	4,971	5,427	5,427

Table 35: Calls to the National Support and Referral Line, Q4 2023 and YTD

Calls to the NSRL in this period cover a variety of themes, as set out in Table 36, a trend which was observed throughout the year. As this shows, most calls focused on loneliness, providing support to older people, and giving them information and advice.

Main Theme of Call	Record Count
Loneliness	733
Front Office	730
Supportive Chat	383
Finance	354
Info/Advice given to OP	256
Signposting	151
Technology	117
Housing	97
Home Care/Meals on Wheels	94
Missed call from ALONE	82
Mental health (suicidal caller etc.)	41
Referral to Girl Guides classes	38
Info about digital skills/Hi Digital	35
Transport	21
Shopping/Medication	10
Referral to CWO	6
Referral to SVP	3
Referral to MABS	1
Restrictions/Vaccine (Covid)	1

Table 36: Calls to the National Support and Referral Line by Theme
Note: *Front office is used to describe calls in relation referrals, and/or queries from older people, their families or other stakeholders

Annexure B: Ongoing Engagements

ALONE maintained substantial support for a significant number of individuals during Q4 2023, many of whom had initiated engagement with its services before this quarter. In total, 8,400 older people who had been supported by ALONE prior to the beginning of Q4 2023 remained active in this quarter. Of this group, 7,260 (86.4%) were still actively supported 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=8,399), 63.9% were female (n=5,372) and 36% were male (n=3,023; Figure 24), which is similar to new engagements in 2023.
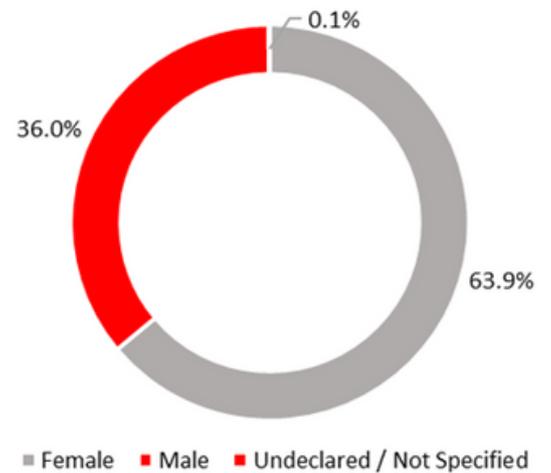

Figure 24: Ongoing Engagements by Gender, Q4 2023

For those whose age was recorded (n=8,027), the majority (73.3%, n=5,881) were aged between 71 and 90 years old, while 82 people were younger than 61, and 163 were older than 95 (Figure 25).
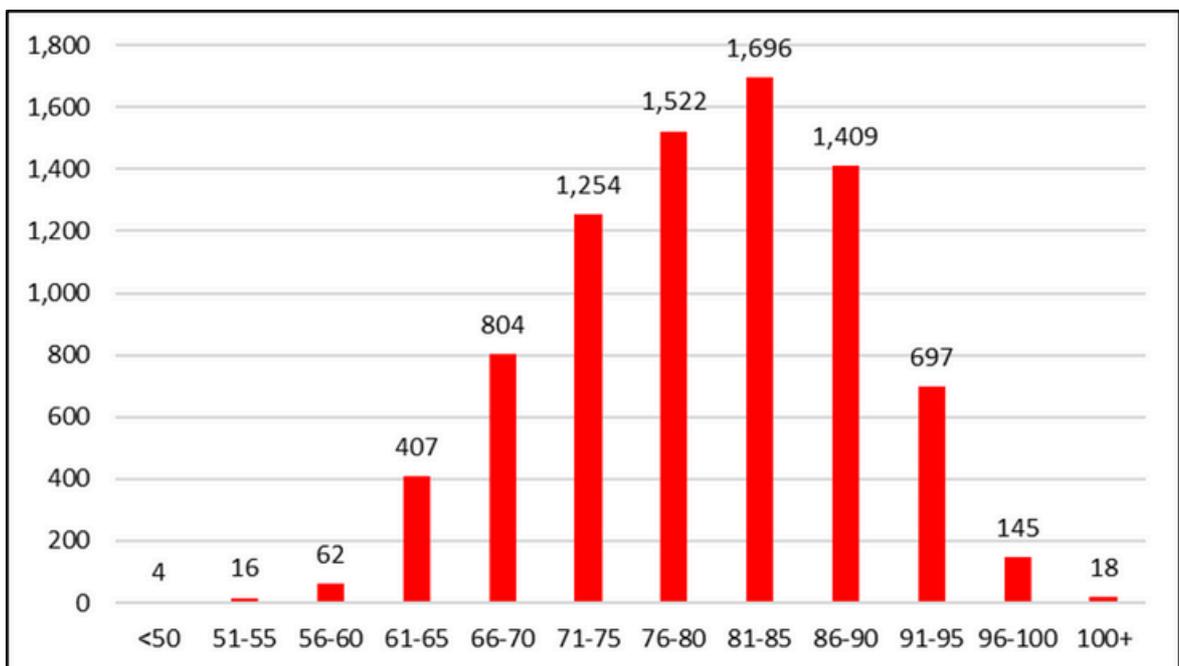

Figure 25: Ongoing Engagements by Age Range, Q4 2023

The distribution of these ongoing engagements, for which data was available (n=8,384), is presented in Table 37 according to their geographical spread. As this shows, CHO 1 has the highest proportion of ongoing engagements, followed by CHO 4 and 9, with a lower level of engagement in CHOs 2, 3 and 6. This observation aligns with the conclusions drawn in prior reports regarding the geographic distribution of engagements, and is primarily a result of the initial establishment of ALONE's services in these areas, as evident in Table 1.

CHO Area	No. Ongoing Engagements	%
CHO 1	1,213	14.5
CHO 2	812	9.7
CHO 3	513	6.1
CHO 4	1,107	13.2
CHO 5	997	11.9
CHO 6	534	6.4
CHO 7	1,080	12.9
CHO 8	993	11.8
CHO 9	1,143	13.6

Table 37: Ongoing Engagements (commenced pre-Q3 2023), by CHO, Q4 2023

Of the 8,400 older people who were actively supported by ALONE prior to Q4 2023, and who remained active within ALONE, 31.8% (n=2,670) received a new intervention in Q4 2023.
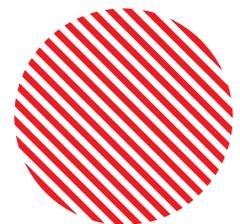
Annexure C: CHO MAP

Figure 26: Geographical distribution of CHOs in Ireland

ALONE

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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