

ALONE ECC QUARTERLY REPORT

Q1 2024



YOU'RE NOT ALONE

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GLOSSARY OF TERMS

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

-  **Assessment:** Many older people engaging with ALONE receive an assessment. Assessments provide detailed information about the condition or situation of an older person. The resultant information can shed light on a whole host of different circumstances that older people find themselves in.
-  **BConnect Technology:** ALONE uses BConnect technology such as tablets, apps, and security pendants to create connections between older people and requisite supports, while help 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 wellbeing 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, which are being phased out and will be replaced by six HSE Health Regions¹. This approach is in line with the Government's commitment to universal healthcare as well as recommendations made in the Oireachtas Committee on the Future of Healthcare Sláintecare Report.²
-  **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.

¹ <https://www.gov.ie/en/publication/4eda4-slaintecare-regional-health-areas-rhas/#hse-health-regions-implementation-plan>

² Committee on the Future of Healthcare (2017). Sláintecare Report. Dublin: Houses of the Oireachtas.

EXECUTIVE SUMMARY

Ireland's ageing population is growing rapidly. According to the most recent Census, 15.1% (n=776,315) of the population are aged 65 or older, an increase of 21.8% from the previous Census in 2016 (CSO, 2022). By 2051, this proportion is projected to rise to 1.6 million. Health and wellbeing are crucial for healthy ageing, allowing older adults to age in place. This includes access to quality healthcare services, preventive care, social support networks, and opportunities for physical and mental activity, ensuring individuals can continue to contribute to society and enjoy a good quality of life as they age.

Indeed, Ireland's National Strategy on Ageing (2013) sets a national goal to enable older people to age with confidence, security, and dignity in their own homes and communities for as long as possible. It emphasises a collaborative approach involving government, community organisations, healthcare providers and individuals. Moreover, the aim to support ageing in place remains a central focus of the Irish Government's Sláintecare programme of healthcare reform. Ireland's Wellbeing Framework³ also prioritises quality of life for older individuals, with access to suitable housing, physical and mental health services, and opportunities for community and cultural participation being key dimensions of wellbeing for older people.

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.

³ [Understanding Life in Ireland: The Well-being Framework and Understanding Life in Ireland: The Well-being Framework Report 2023](#)





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.

Social prescription⁴ is integrated into each of ALONE's services. ALONE provides practical support and encouragement to older people to access non-medical sources of support within their community. In addition, ALONE provides telephone support and referrals through a National Support and Referral line (NSRL) which is available to older people from 8am - 8pm, 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 to enhance services for older people across Ireland.

ALONE is currently working with the HSE to roll-out the ALONE 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 partners, statutory bodies, and volunteers. ALONE strives to deliver timely and appropriate care in a location of the older person's choice. 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.

⁴ <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/social-prescribing/>



—
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**

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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 quarterly report marks ALONE's third year within the ECC programme, showcasing how ALONE has continued to support the HSE to achieve its vision of enhanced person-centred community health supports and work towards improving older people's health and wellbeing.

Building on eight previous reports, this 9th edition presents a national picture of the support offered by ALONE in Q1 2024. All data are anonymised to ensure privacy.



ALONE ECC QUARTERLY REPORT

Q1 2024



KEY FINDINGS

In Q1 2024, ALONE provided a variety of tailored interventions to address common issues among older people, such as loneliness, housing, and health concerns, and fill gaps in practical support. Importantly, individuals coming to ALONE were not restricted to one type of support; ALONE'S flexible and comprehensive model recognises the diverse needs of older people and provides tailored interventions to support their independence and wellbeing.

As this report demonstrates, ALONE'S strategic initiatives in Q1 2024 align closely with the objectives of the ECC Programme, and were focused on building a robust community support network, supporting independent living, fostering collaboration within the healthcare sector, and leveraging technology for integrated care practices. Through its leadership role in the Community Impact Network (CIN) and extensive training initiatives, ALONE continued to strengthen local community groups and foster integrated care pathways.

The work of ALONE'S volunteers in early 2024 further enhanced its ability to reach and assist older people. The financial value of these volunteers is infinite, as they significantly extend the reach and impact of ALONE'S services by dedicating countless hours to support older individuals in need. This leads to substantial cost savings to the healthcare system and delivers invaluable social benefits, allowing resources to be allocated more efficiently to directly benefit those requiring assistance.



KEY ACHIEVEMENTS

21,630

Older People supported across all ALONE services.

3,791

Older People newly supported, 52% increase from Q4 2023.

8,491

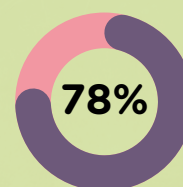
Older People received ongoing support.

61,562

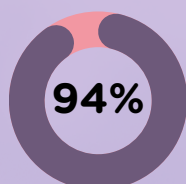
Total number of telephone calls for support and befriending, NSRL and check-in calls.

13,271

New interventions conducted for 3,916 older people, 16% increase from Q4 2023.



New interventions were completed with outcomes met.



Of all older people assessed received intervention within Q1.

7,055

Engaged volunteers by the end of Q1, with 11% increase in CHO1.

€1.74
million

Worth of support provided by ALONE volunteers across 61,000 hours.

143

CIN Member Organisations who took part in training delivered by ALONE.

3,943

People indirectly supported by new 11 CIN members.

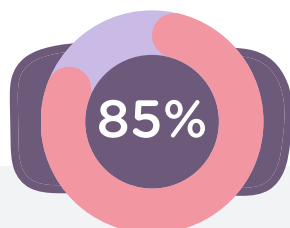
25,608

Visitation Support and Befriending visits carried out by volunteers.

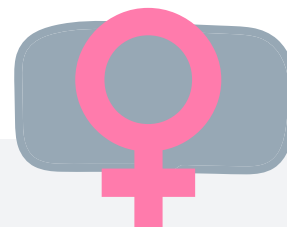
KEY INSIGHTS



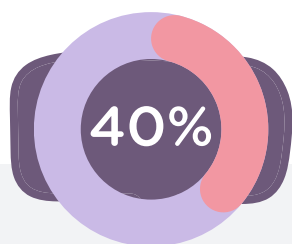
CHOs 1, 4, 8 accounted for almost half of new engagements, a change from CHOs 4, 5 in Q4 2023.



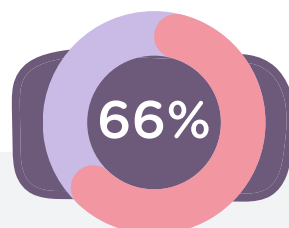
The proportion of individuals supported in CHOs 2 and 3 increased by 85%.



ALONE supported 1.5 females for every male.



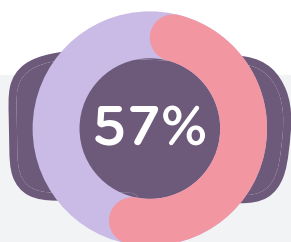
Almost 40% of older people supported were between 76 and 85 years old.



Of referrals to ALONE were from health professionals. Of these 90% were from HSE Community Care Teams, hospitals, and ICPOP.

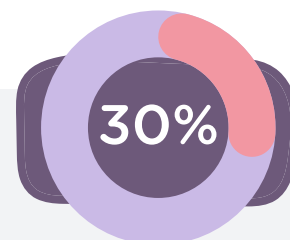


Of the 2,874 people who received a personalised needs assessment from ALONE:

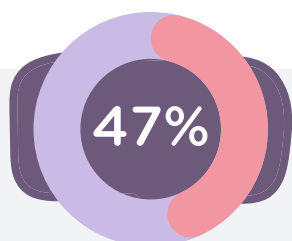


experienced
loneliness.

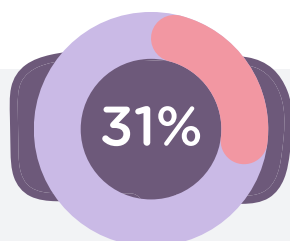
LONELINESS/ISOLATION



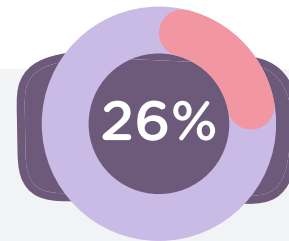
required some social
prescribing support.



experienced physical
health issues, with falls
and memory issues being
key concerns.



experienced mobility
issues, with mobility aids
and fixtures being main
concerns.



experienced mental health
issues, mostly relating to
Dementia / Alzheimer's,
anxiety and depression.

PHYSICAL AND MENTAL WELLBEING

HOUSING

32% experienced an
issue with housing, with
housing adaptations
emerging as most
prevalent concern.



FINANCIAL DIFFICULTIES

27% experienced an issue
with finance, with primary
concerns being utilities
and benefits reflecting
the impact of increasing
energy prices.



PERSONAL WELLBEING

29% experienced issues
with personal care, with
difficulties engaging GP /
Primary Care as main
concern, followed by carer
support issues and
nutrition.



SOCIAL ISOLATION /PRESCRIBING

Social isolation/prescribing interventions increased by 38%, while support and befriending interventions increased by 36% compared to Q4 2023.



ASSISTIVE TECHNOLOGY

Assistive technology was part of 12% of interventions, highlighting the crucial role technology plays in improving older peoples quality of life.

STRATEGIC PARTNERSHIPS

6,932 (52%) of interventions relied on strategic partnerships and focused on working with other stakeholders in the provision of physical health, social support, and state supports.



FINANCIAL INTERVENTIONS

Financial interventions decreased substantially from 2023, aligned to stabilisation of inflation and phasing out of temporary cost-of-living supports.

CASE STUDIES



“

Joe was supported by ALONE to have internet for 6 months and gifted a tablet from ALONE. Joe had no confidence with technology.

He has a volunteer who calls every week, and they work together on the tablet. Joe can now watch mass and loves to go online and read the news. Joe has YouTube and watches music videos and has connected by email with cousins all over the country and abroad.

Joe is thrilled and really looks forward to his volunteer visiting. The world has opened up for him.

”

“

Had a lovely visitation support and befriending check in call with Vera last week. Vera had been waiting for visitation support and was getting telephone support in the meantime as she was desperately lonely.

Vera had been in an accident and had life-changing injuries.

Her volunteer as it happened, had also been in a recent accident, also acquiring life-changing injuries.

Vera told the support coordinator she no longer needed Telephone Support, as the highlight of her week was going out to meet her volunteer at a local coffee shop where they have great chats.

Vera said every hour with her volunteer was worth a hundred phone calls.

”



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 continues to play a leadership role in the Community Impact Network (CIN) to develop and manage this multi-faceted membership network. As of March 2024, the CIN had 164 member organisations who support 33,100 older people nationwide.

In Q1 2024, ALONE's CIN welcomed 11 new organisations into the network, providing indirect support to 3,943 older people, and provided training to 143 CIN Member Organisations, across 16 training sessions. ALONE also supported 44 CIN Member Organisations with CIN resources. The CIN delivered five new training modules on a wide range of health and wellbeing topics including dementia training, supporting older people with early signs of cancer, supporting older people with their mental health, self-care for staff, and intergenerational training. 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 Q1 2024, ALONE's commitment to providing tailored supports resulted in a 16% increase in interventions compared to Q4 2023. ALONE's services reached 3,916 new older people across diverse geographies, demonstrating ALONE's reach and ability to address the evolving needs of older people and contribute to their overall health and wellbeing. The increase in interventions, totaling 13,271, reflects ALONE's adaptability in responding to the changing landscape, particularly in the areas of Housing, Support and Befriending, and Physical Health support. Housing interventions continues to be a major focus, accounting for 18% of all interventions.

Further, the data presented reveals a shift in support needs, with a 35% increase in Social Isolation/Prescribing, Support and Befriending, and Physical Health and Mobility interventions in comparison to the previous quarter. ALONE has actively engaged with various challenges faced by older individuals, emphasising a commitment to supporting older people in navigating complex processes and enhancing overall wellbeing, be it social, physical and mental, financial or personal wellbeing.



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.

In addition to its efforts in aligning with the Sláintecare Programme and the Healthy Ireland Action Plan (2021-2025), ALONE's role as a community connector also reflects its commitment to sectoral consolidation within healthcare. By forming strategic partnerships and collaborations with healthcare providers and social support organisations, ALONE consolidates resources and expertise to deliver comprehensive support services to older individuals. 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, with more than 90% of the external referrals coming from them, 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.



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 areas, ALONE ensures a responsive and comprehensive service delivery model.

The most significant change in Q1 2024 compared to Q4 2023 occurred in CHOs 2 and 3, where the number of individuals supported increased by 85%. Additionally, while in Q4 2023, CHOs 4 and 5 accounted for almost half of all new engagements, this changed to CHOs 1, 4 and 8 in Q1 2024. This suggests that there is a prevalence of older individuals experiencing multiple challenges related to their wellbeing, particularly in CHO 4, and highlights the importance for ALONE to prioritise and allocate resources effectively in these areas to address the diverse needs of the older population. Additionally, the shifts in new engagements across different areas indicate potential changes in demand for services, which ALONE will monitor and adapt to meet the evolving needs of older individuals across various regions.



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 Q1 2024, the total estimated volunteer contribution ranged from €774,700 to €1.74 million. The total number of volunteers engaged with ALONE at the end of Q1 2024 was 7,055. This resulted in 25,608 Visitation and Befriending visits and 53,487 Telephone Support and Befriending calls across the quarter. The volunteer network also enabled 6,300 calls to be taken by the National Support and Referral Line (NSRL) supporting 1,439 individuals by the end of March 2024.

In addition, technological support formed part of 1,636 interventions in Q1 2024, in support of 1,050 people across seven distinct intervention areas. The use of technology, along with a person-centered assessment ensures an integrated and holistic approach to care.

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.

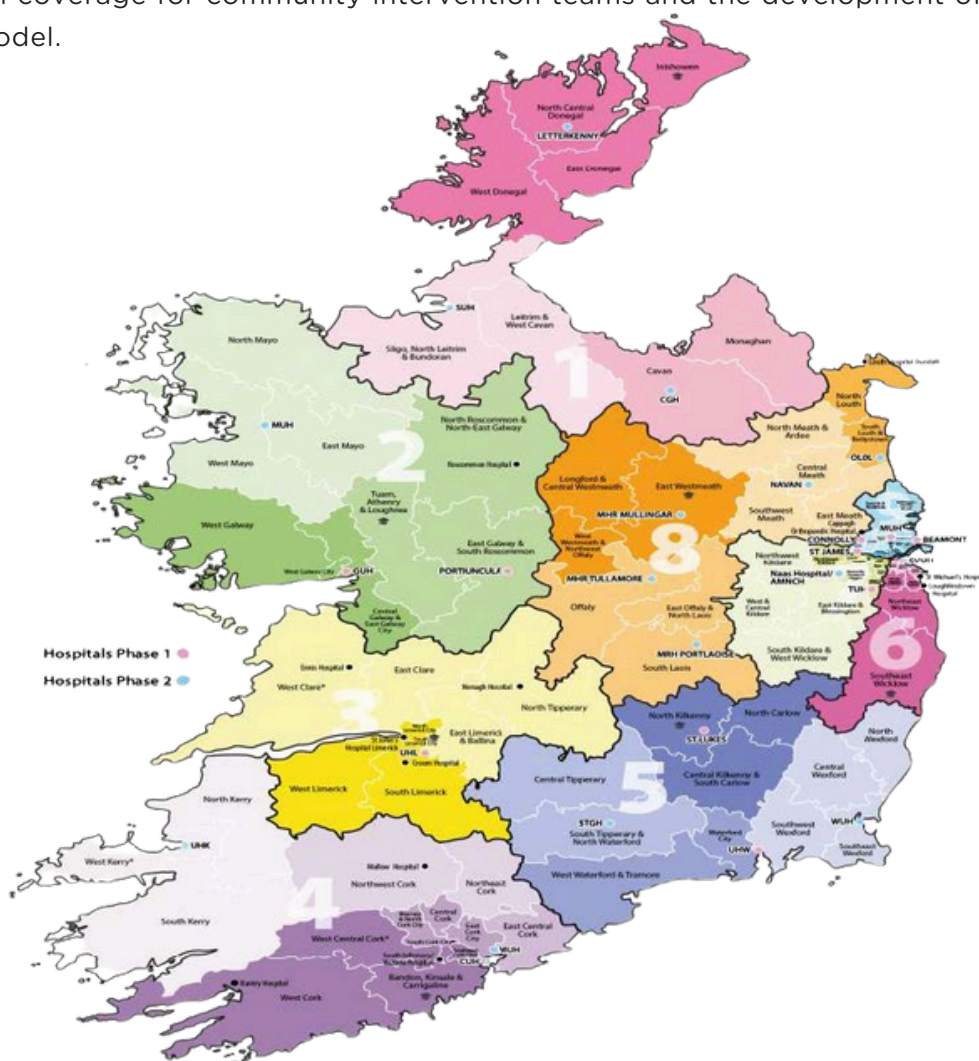
ALONE's external referrals accounted for about two-thirds of referrals in Q1 2024, which is similar to Q4 2023, although external referrals have shown an 18% increase since early 2023. This highlights ALONE's commitment to building strong alliances with healthcare providers and community organisations. ALONE has collaborated with a broad range of agencies to streamline services for older people and local communities and to avoid duplication of effort. 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.⁵ The success of the ECC programme in supporting older people with chronic conditions to manage these conditions in the community demonstrates the benefits of a home first approach. ALONE's role in providing an integrated system of care, support and services to older people and its network of strategic partnerships across communities and regions through Community Care Teams, hospitals, and ICPOP is a vital support to the approach of ageing and care in place.⁶

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.



⁵ Recent communications from the HSE highlight substantial role played by ECC programme in improving overall health outcomes by supporting older individuals and those with chronic diseases. See more - <https://about.hse.ie/news/community-care-improving-health-outcomes-experiences-patients-across-ireland/>

⁶ <https://www.gov.ie/en/press-release/1ca58-minister-for-health-stephen-donnely-publishes-the-slaintecare-progress-report-2021-2023/>

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)

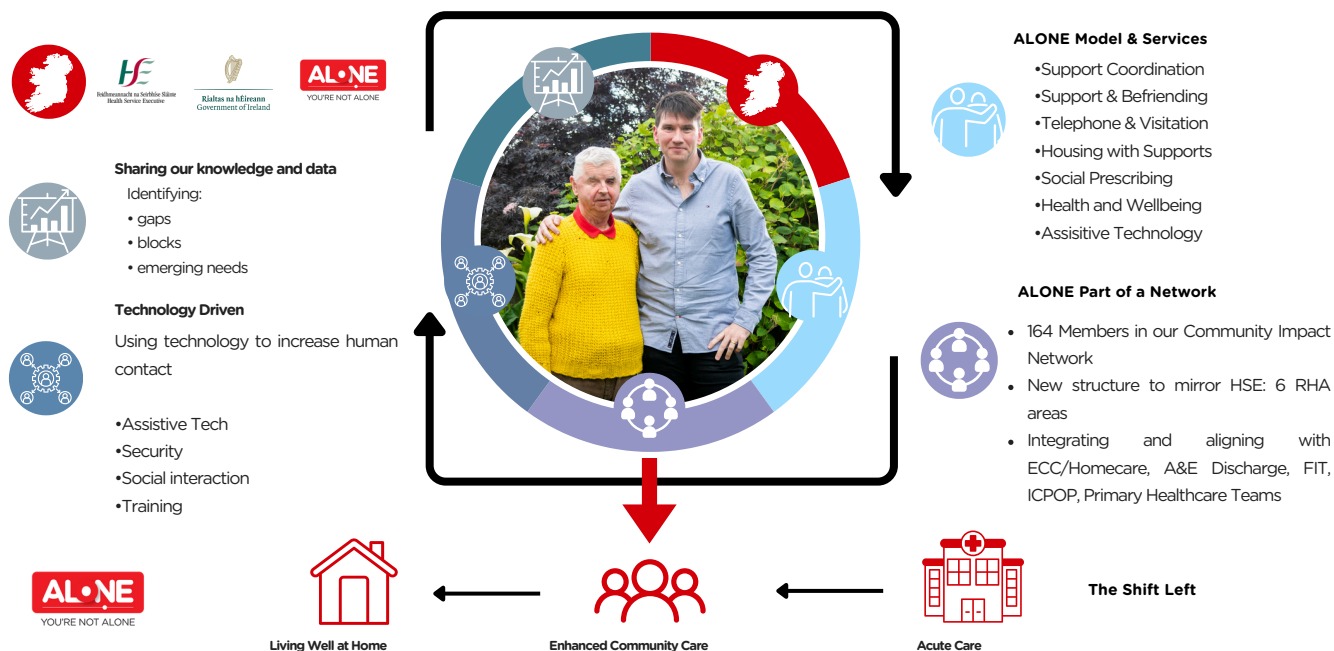
The work that has been undertaken by the Integrated Care Programmes for Older People and Chronic Disease (ICPOP) over recent years, has shown that improved outcomes can be achieved particularly for older people who are frail, and those with chronic disease, through a model of care that allows specialist multidisciplinary teams engage and interact with services at CHN level, in their diagnosis and on-going 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 through 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. These services are focused on improving older people's quality of life, health, and wellbeing. ALONE also coordinates with other services and align to demographics and needs across Ireland, while contributing the planning to fill gaps and plan for future needs. ALONE's assistive technology allows medical professionals and families to remotely support the health needs of older people. ALONE is equipping its frontline staff with a range of technology while working with technology providers to adopt a preventative approach to reduce unnecessary hospital admissions, improve discharge times and help older people to remain in their homes.

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

ALONE was awarded the overall winner of the HSE Excellence in Healthcare Award in 2017, while ALONE's support coordination model was also awarded the Think Tech Award and selected for Sláintecare funding to support the delivery of hospital discharges nationally starting in CHO DNCC. ALONE has three quality standards, services are independently evaluated, and they produce metrics and impact reports and work to 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 provider partners, 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.

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
<p>National Positive Ageing Strategy (NPAS)</p>	<p>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.</p> <ul style="list-style-type: none"> • Goal 1: Remove barriers to participation - Enable active engagement in community life, promote independence and self-managed approach to health. • Goal 2: Health and Wellbeing 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
<p>Sláintecare Implementation Strategy and Action Plan 2021-2023</p>	<p>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.</p> <ul style="list-style-type: none"> • Programme 1: Improving safe, timely access to care, and promoting health and wellbeing - 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.
<p>Roadmap for Social Inclusion</p>	<p>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.</p>

Policies/Frameworks	Key Objectives
<p>Housing Options for our Ageing Population</p>	<p>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.</p>
<p>Sharing the Vision</p>	<p>This programme aims to establish a personalised mental health system catering to individual needs, focusing on community-based actions.</p> <p>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).</p>
<p>Housing for All – A New Housing Plan for Ireland</p>	<p>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.</p>
<p>Integrated Care Programme for Older People</p>	<p>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.</p>



Policies/Frameworks	Key Objectives
<p>HSE National Service Plan 2024</p>	<p>Key objectives for supporting older people in the HSE National Service Plan 2024 include:</p> <ul style="list-style-type: none"> • Continue to provide integrated models of home and community support, enabling increased access to care and supports in the community and egress from acute hospitals, through the delivery of 22 million home support hours to approximately 54,100 people. • Provide 140,000 personal care hours (Complex Case Home Support Packages) to people discharged from the National Rehabilitation Hospital, to reduce the number of people admitted to long-term care. • Ensure timely access to dementia care and a reduction in waiting times, including for dementia assessment, diagnostics and post-diagnostic support services, and allocate a minimum of 18% of new home support hours to people living with dementia or a cognitive impairment. • Maintain and keep operational over 300 day centres. • Continue to support older people transitioning from acute hospitals through the provision of transitional care funding, with up to 10,681 people on this care pathway in 2024. • Support an average of 23,280 people through the Nursing Homes Support Scheme (NHSS). • Continue to prioritise the implementation of International Resident Assessment Instrument (interRAI) care needs assessment across home support services as part of the development of a standardised home support operating model. • Progress the procurement planning for an ICT system for home support services and the NHSS. • Continue to fund agencies to deliver over 2.7 million meals on wheels in the year to over 54,000 recipients each week. • Continue to work collaboratively with the DoH and other key stakeholders in progressing the recommendations of the Strategic Workforce Advisory Group.

Policies/Frameworks	Key Objectives
<p>Healthy and Positive Ageing for All</p>	<p>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, focussing on:</p> <ul style="list-style-type: none"> • 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.
<p>Healthy Ireland - A Framework for Improved Health and Wellbeing 2013-2025</p>	<p>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:</p> <ul style="list-style-type: none"> • Embedding health and wellbeing in health service delivery. • Strengthening partnership and community working. <p>Supporting healthy behaviours from childhood through to healthy ageing.</p>
<p>Understanding Life in Ireland: The Wellbeing Framework 2023</p>	<p>Ireland's Wellbeing 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:</p> <ul style="list-style-type: none"> • 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 Q1 2024

Overall, 3,791 individuals were newly supported by ALONE in Q1 2024, compared to 2,489 in Q4 2023, representing an increase of 52.3% in the quarter (Figure 1).

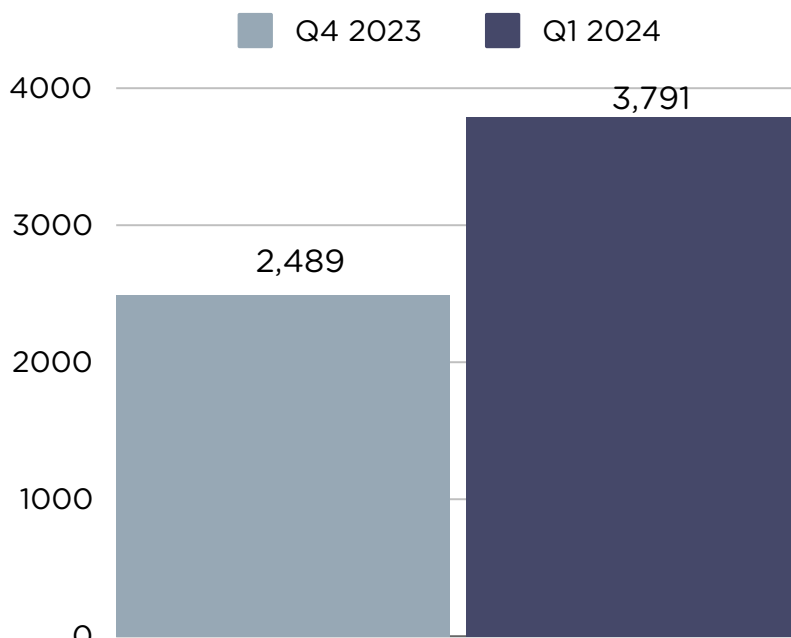


Figure 1: No. of Individuals Supported, Q4 2023 v Q1 2024

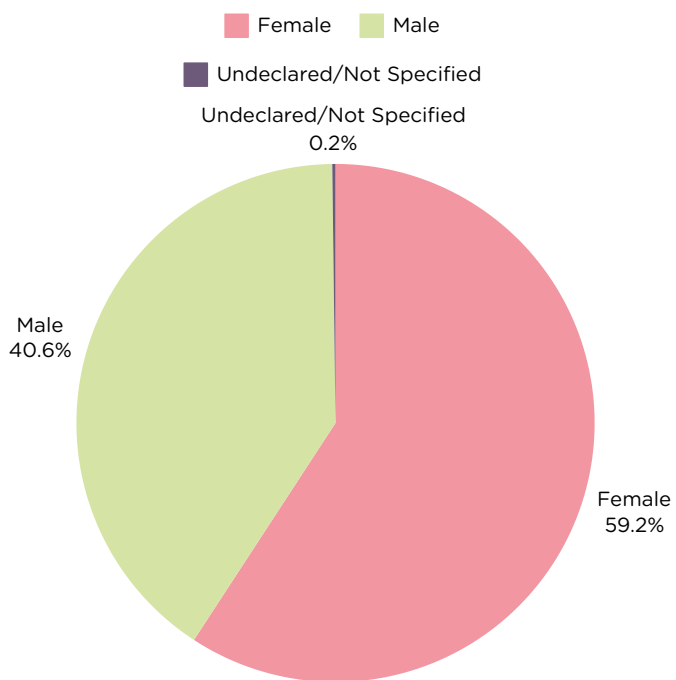


Figure 2: Older People Supported by Gender(%), Q1 2024

Of those for whom gender was reported in Q1 2024 (n=3,785), 59.2% were female (n=2,242) and 40.6% were male (n=1,535; Figure 2). This aligns with trends observed in the last quarter as well as 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. It also emphasises the relevance of recognising and addressing gender-specific needs in ageing populations.

7 A small proportion (n=8) were “Undeclared / Not specified”.

8 [Census of Population 2022 - Summary Results](#)

Where age was recorded (n=3,791), the majority (almost 40%, n = 1,487) of older people supported by ALONE were aged between 76 and 85 years old (Figure 3), which is the same as Q4 2023. Moreover, in Q1 2024, ALONE supported 121 individuals younger than 61, while 53 individuals were older than 95.

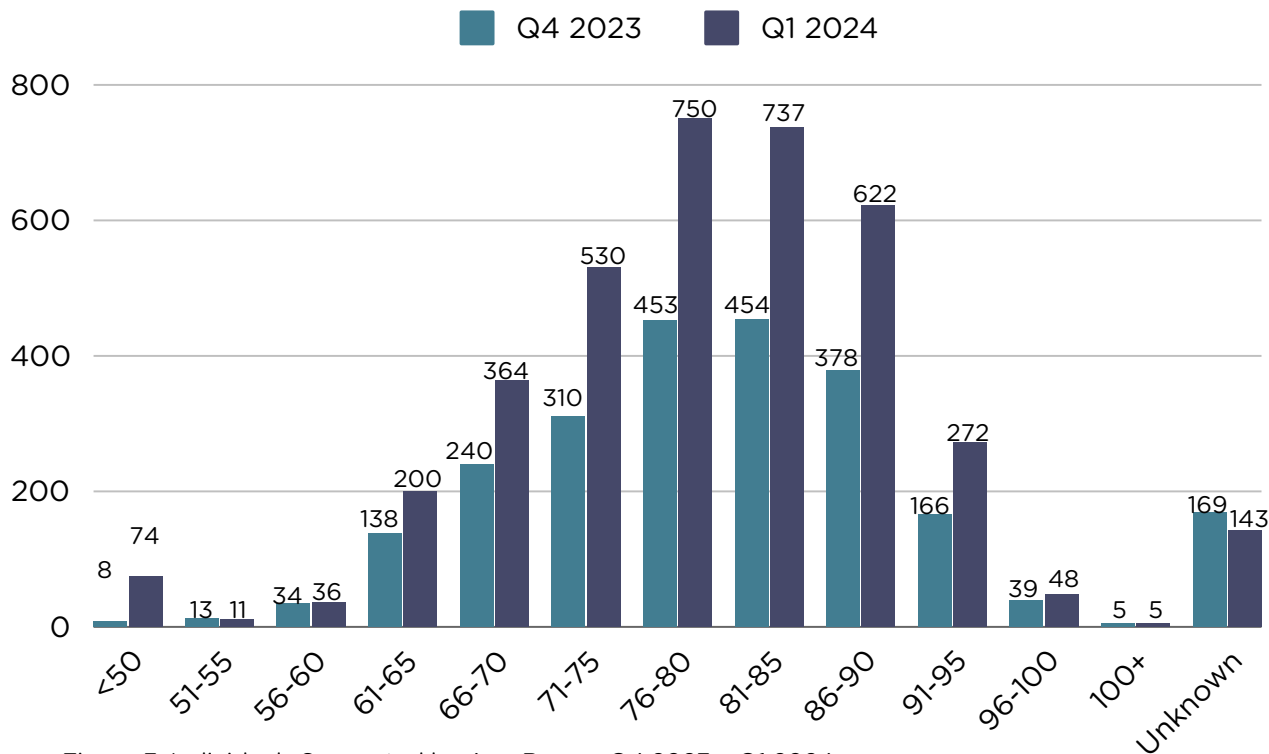


Figure 3: Individuals Supported by Age Range, Q4 2023 v Q1 2024

In Q1 2024, CHO data were recorded for 3,783 newly supported individuals. The most significant change occurred in CHOs 2 and 3, where the number of individuals supported increased by 85% (Figure 4). A geographical distribution of the CHOs is given in Annexure C. In Q4 2023, CHOs 4 and 5 accounted for almost half of all new engagements, whereas this changed to CHOs 1, 4 and 8 in Q1 2024. This suggests that the project is stabilising and now growing in regions due to an increase in awareness about the project.

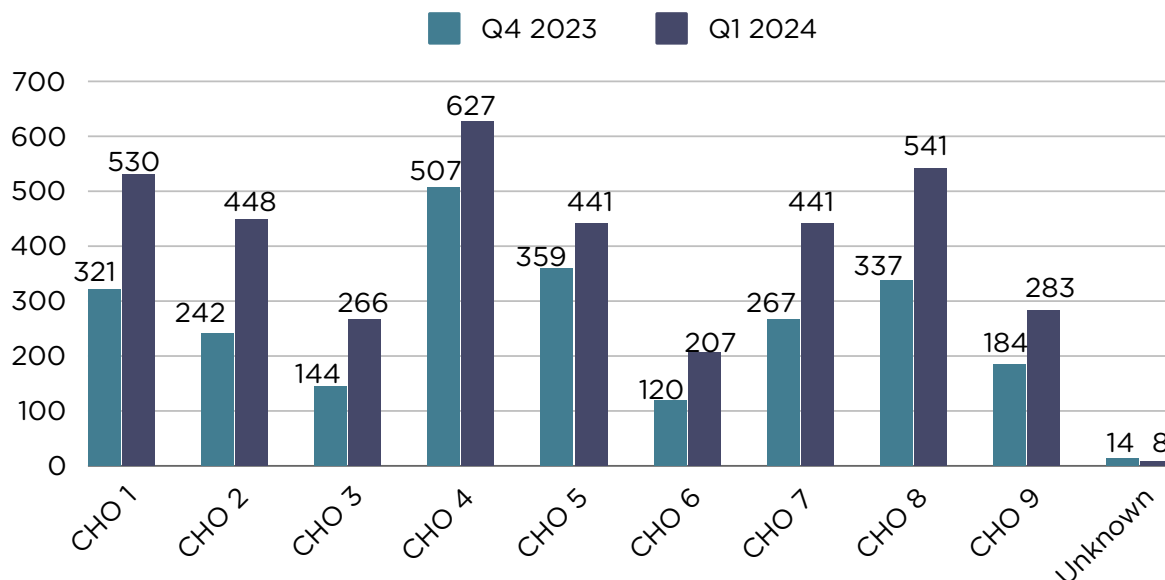


Figure 4: Unique individuals supported in each CHO, Q4 2023 v Q1 2024

HOME OWNERSHIP & LIVING ARRANGEMENTS

Of the 2,823 individuals who responded to the question of home ownership in Q1 2024, 74.5% indicated that they owned their own home (n= 2,102; Figure 5).

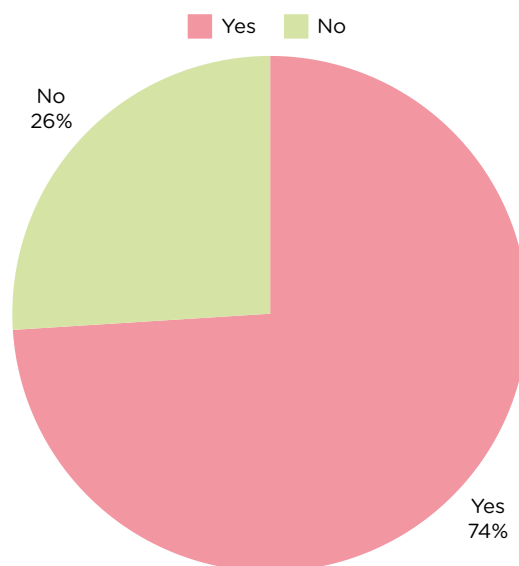


Figure 5: Home Ownership, %, Q1 2024

Around 723 people stated that they did not own their own home, of which 652 provided details about their current living arrangements. The majority (65.7%, n=428) were living in Local Authority or Approved Housing Body (AHB) rented accommodation, and 13.5% (n=88) were renting in the Private Rented Sector (Table 1).

Type of occupancy (non-owner occupied)	Q1 2024	
	No.	%
Local Authority	365	56.0
Other	113	17.3
Private Rented	88	13.5
AHB	63	9.7
Nursing home/ Long-term Care	15	2.3
Homeless	8	1.2
Total	652	

Table 1: Types of Occupancy, non-owner occupiers, Q1 2024

Of the 2,449 individuals who provided details of their living arrangements, 64.8% lived alone, more than one in five lived with a spouse, and the remainder lived with family, friends, or a lodger (Table 2).

Living Arrangements	Q1 2024	
	No.	%
Living Alone	1,588	64.8
With Spouse	514	21.0
With Son	111	4.5
With Daughter	94	3.8
With Other Family Member	94	3.8
With Partner	21	0.9
Lodger	19	0.8
Friend	10	0.4
Total	2,449	

Table 2: Living Arrangements, Q1 2024

NEEDS OF OLDER PEOPLE IDENTIFIED BY ALONE

Conducting a personalised needs assessment for a large group of older people offers valuable insights into the lives of older people across Ireland. These assessments help identify specific needs, preferences and challenges faced by older people, enabling more effective and tailored support services. It also empowers ALONE and other services to strategically plan and adjust services to effectively meet the diverse needs of older people.

In Q1 2024, ALONE Support Coordinators assessed 2,873 older people, which indicates a 40.7% increase compared to Q4 2023 (n= 2,043; Figure 6).

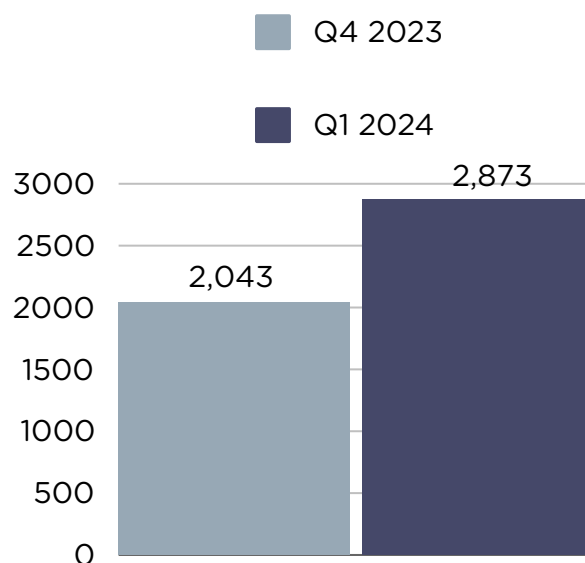


Figure 6: Number of Older People Assessed Q4 2023 v Q1 2024

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.

As Figure 7 and Table 3 illustrate, there are differences in the number and proportion of people assessed in Q4 2023 and Q1 2024 who indicate they have issues under each of the main areas in their assessment. However, loneliness continued to be the most prevalent concern among older individuals engaging with ALONE in Q1 2024, with 57% of the individuals assessed reporting feeling lonely. Physical health issues were also notable, affecting around 47% of respondents. Additionally, almost one-third (32%) of older people, reported challenges related to housing. This is the same trend as Q4 2023 with loneliness, physical health and housing the top issues reported by older people.

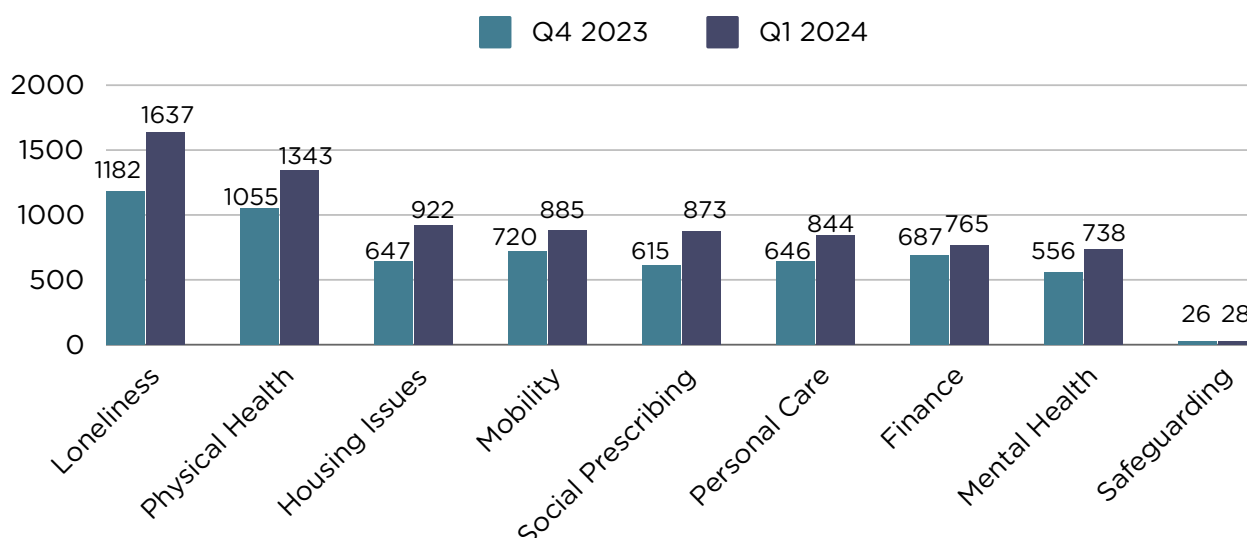


Figure 7: Issues Presenting in Assessments, number, Q4 2023 and Q1 2024

Category	Q4 2023		Q1 2024	
	No.	%*	No.	%*
Loneliness	1,182	57.9	1,637	57.0
Physical Health	1,055	51.6	1,343	46.7
Housing Issues	647	31.7	922	32.1
Mobility	720	35.2	885	30.8
Social Prescribing	615	30.1	873	30.4
Personal Care	646	31.6	844	29.4
Finance	687	33.6	765	26.6
Mental Health	556	27.2	738	25.7
Safeguarding	26	1.3	28	1.0

Table 3: Issues Presenting in Assessments, Q4 2023 v Q1 2024

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

LONELINESS

Approximately 57% (1,637 older people) reported feeling lonely, which is similar to Q4 2023. Of this group, almost three-quarters (72.3%; n = 1,187) said they had someone to visit them. Of the 1,154 people who responded to the question of who came to visit them, more than three-quarters (n=880, 76.3%) were visited by family, 13.9% by neighbours (n=160), and 9.9% by friends (n=114).

In terms of social outings, 41.7% (n=469) of the 1,126 respondents who answered the question in Q1 2024 reported having been out socially in the past week. Notably, 6.6% (n=74) had not been out socially in over a year (Table 4), which is a 2.1 percentage point decrease from the last quarter. This could indicate that people who stopped going out socially during the pandemic for a variety of reasons have begun to engage in more social activities again.

Last time out socially	Q4 2023		Q1 2024	
	No.	No.	No.	%
In the past week	334	45.2	469	41.7
In the past month	182	24.6	312	27.7
In the past 6 months	117	15.8	198	17.6
In the past year	42	5.7	74	6.6
More than a year ago	64	8.7	74	6.6

Table 4: Last Time Out Socially, Q4 2023 v Q1 2024

Of those who indicated that they felt lonely in Q1 2024, around 40%, (n=646) stated 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.

Of the 1,637 people assessed who felt lonely, the ALONE assessment identified 598 individuals who needed the ALONE Telephone and Befriending Service, 1,014 who needed the ALONE Visitation and Befriending Service, and 345 who needed both.

PHYSICAL HEALTH

Among the 1,343 individuals who reported having an issue with their Physical Health and provided additional information in Q1 2024, 27.4% (n=368) had an issue with falls, while 13.8% (n=185) had an issue with memory. As illustrated in Figure 8, this pattern is consistent with the trend observed in Q4 2023.

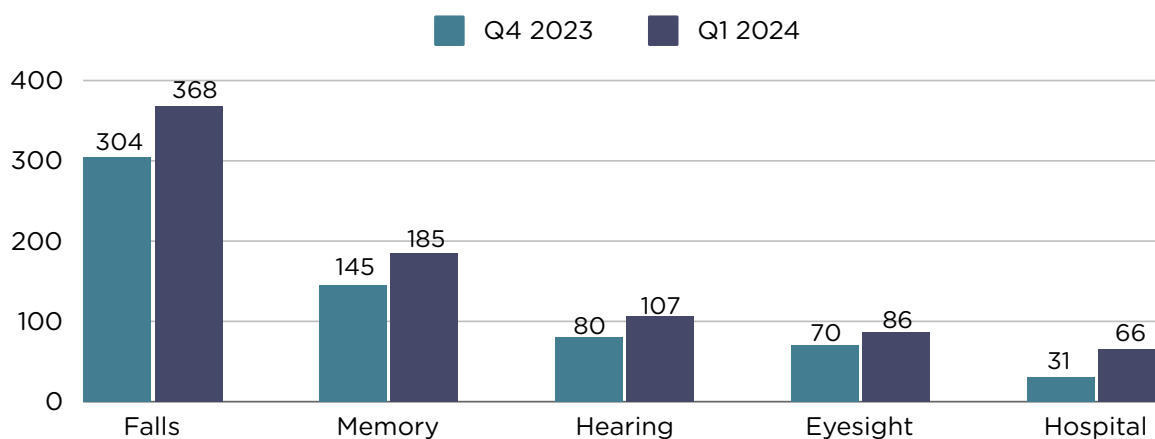


Figure 8: Physical Health Issues by Type, Q4 2023 v Q1 2024

About 389 (28.2%) of those who reported issues with their Physical Health indicated that they received Home Support, with only 47 indicating that they had issues with the help they received. Additionally, 73 people who indicated that they did not have Home Support had issues with it, with ALONE supporting 61 (83.6%) of those in this regard. A further 174 (20.6%) people who had issues with Personal Care also received Home Support.

HOUSING

Of the 922 individuals who reported housing-related issues in Q1 2024, housing adaptations emerged as the most prevalent. More than one in three people (36.7%, n=338) reported housing adaptation needs in Q1 2024, similar to the previous quarter, 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 problems, where falls and mobility issues are key concerns.

Further, one in five (24.3%, n=224) had issues with internal repairs, and almost one-third (32.8%, n=302) had issues with cleaning and external repairs (Figure 9).

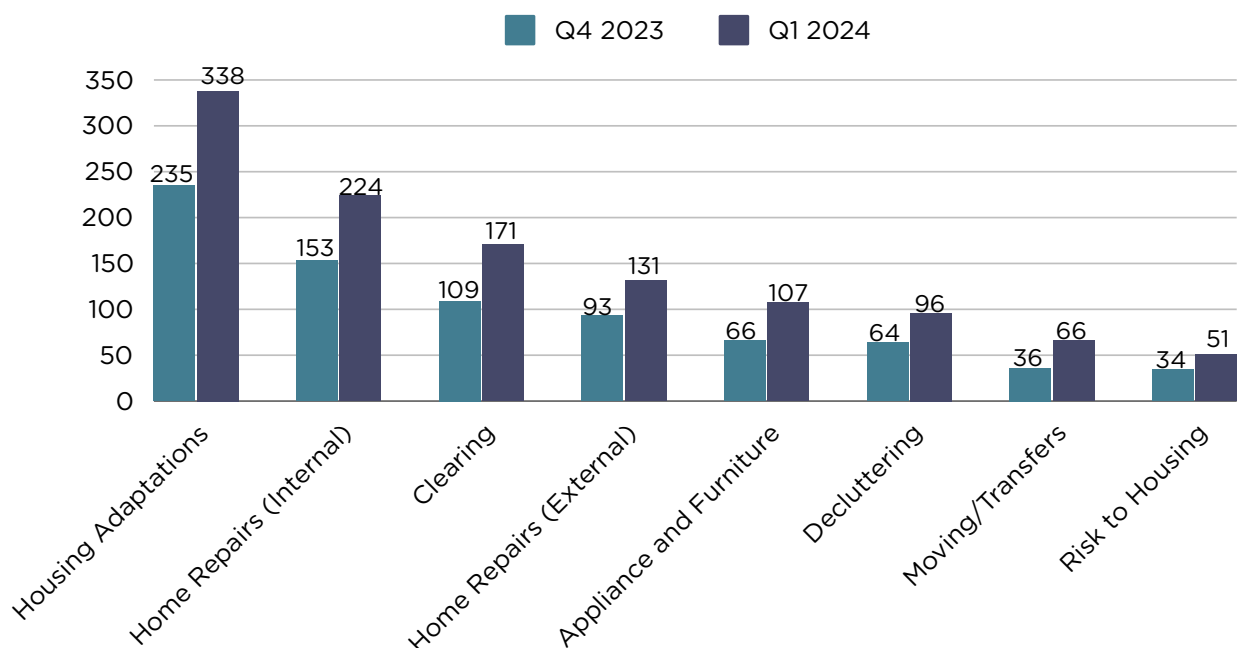


Figure 9: Housing Issues by Type, Q4 2023 v Q1 2024



As Table 5 shows, Bathroom Adaptations continued to be the most prevalent adaptation issue in the quarter, with Access Ramp issues 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	Q4 2023		Q1 2024	
	No.	%*	No.	%*
Bathroom Adaptation	133	56.6	205	60.7
Access Ramps	61	26	68	20.1
Stair-lifts	36	15.3	52	15.4
Downstairs Toilet	13	5.5	24	7.1
Complete Application Form	10	4.3	14	4.1
Replace Boiler	6	2.6	13	3.8
Builders Quotations	8	3.4	12	3.6
Level Access Showers	8	3.4	11	3.3
Extensions	6	2.6	9	2.7
Install Central Heating	14	6	8	2.4
Proof of Property Tax Compliance (OP)	6	2.6	8	2.4
Wheelchair Access	5	2.1	7	2.1
OT Report	9	3.8	6	1.8
GP Report	7	3	4	1.2
Rewiring	4	1.7	4	1.2
Certified Electricians Report	0	0	2	0.6
Oversee Building Works	0	0	2	0.6

Table 5: Housing Adaptation Issue by Type, Q4 2023 v Q1 2024

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, windows and doors. Additionally, 18.8% of older people reported experiencing electrical problems, while 17.4% faced challenges related to internal insulation in Q1 2024, which has increased from Q4 2023.

Home Repairs (Internal)	Q4 2023		Q1 2024	
	No.	%	No.	%
Plumbing	54	35.3	67	29.9
Windows and Doors	33	14.7	56	25.0
Electrical	31	13.8	42	18.8
Insulation Internal	22	9.8	39	17.4
Painting	34	15.2	26	11.6
Carpentry	17	7.6	24	10.7
Flooring	21	9.4	21	9.4

Table 6: Home Repairs (Internal) Issue by Type, Q4 2023 v Q1 2024

MOBILITY

In Q1 2024, 885 older people specified mobility issues during their assessments. Among them, 17.9% reported issues with Mobility Aids, 16.3% with Mobility Fixtures, 7.9% with Mobility Furniture, while only 4.3% reported Other issues (Figure 10).

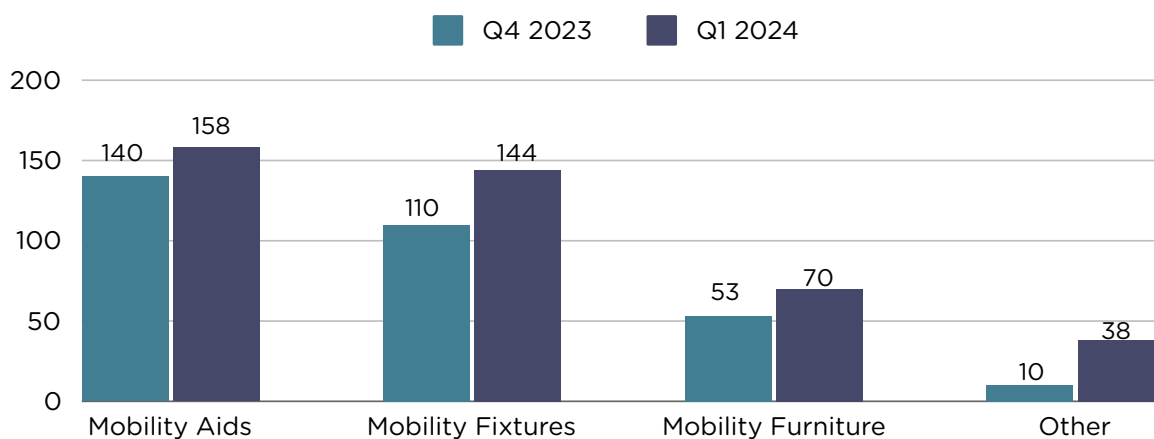


Figure 10: Mobility Issues by Type, Q4 2023 v Q1 2024

In Q1 2024, more than two-thirds of those who indicated that they had an issue with Mobility Aids had an issue with their new rollator and walking stick, although this was slightly lower than Q4 2023. About 19.6% had issues with their wheelchair and 16.5% had issues with their mobility scooter (Table 7), which is a notable increase from the previous quarter.

Mobility Aids	Q4 2023		Q1 2024	
	No.	%	No.	%
New Rollator	72	51.4	60	38.0
Walking Stick	47	33.6	53	33.5
Wheelchair	20	14.3	31	19.6
Mobility Scooter	14	10.0	26	16.5

Table 7: Mobility Aids Issues by Type, Q4 2023 v Q1 2024



Similarly, older people facing issues with Mobility Fixtures reported various challenges in Q1 2024, with just over half expressing problems related to grab rails (52.1%) and one-third bathroom grab rails (34.7%). Additionally, 18.8% had issues with their bannisters, 13.9% needed a toilet seat riser, and 6.3% had issues with a wheelchair ramp (Table 8).

Mobility Fixtures	Q4 2023		Q1 2024	
	No.	%	No.	%
Grab rails (and fitted)	65	59.1	75	52.1
Grab rails bathroom (shower or toilet)	32	29.1	50	34.7
Bannister (and fitted)	14	12.7	27	18.8
Toilet seat riser	21	19.1	20	13.9
Wheelchair ramp	10	9.1	9	6.3

Table 8: Mobility Fixtures Issues by Type, Q4 2023 v Q1 2024

For the 38 people who indicated that they had 'Other' Mobility Issues in Q1 2024, their specific challenges included Parkinson's disease, eyesight issues, the need for a new mobility aid, or mobility impairments resulting from a fall or stroke.



SOCIAL PRESCRIBING

In Q1 2024, 873 older people indicated that they required some social prescribing support. As Table 9 indicates, about 87.7% (n=766) of individuals declared an interest in a local community group. A similar observation was made in Q4 2023. This indicates a sustained preference for ongoing community involvement reflecting the effectiveness of a social prescribing approach in fostering ongoing community engagement.

Social Prescribing Support	Q4 2023		Q1 2024	
	No.	%	No.	%
Local Community Group	530	86.2	766	87.7
One-off events	112	18.2	132	15.1

Table 9: Social Prescribing Support, Q4 2023 v Q1 2024

PERSONAL CARE

A total of 844 people assessed by ALONE in Q1 2024 indicated that they had an issue with Personal Care. Of these, around one-third had an issue with their GP / Primary Care (34.4%, n=290), 30.2% (n=255) had issues with Carers, around one-quarter (24.3%, n=205) had issues with Nutrition, and just 9.6% (n=81) had issues with Medication (Figure 11).

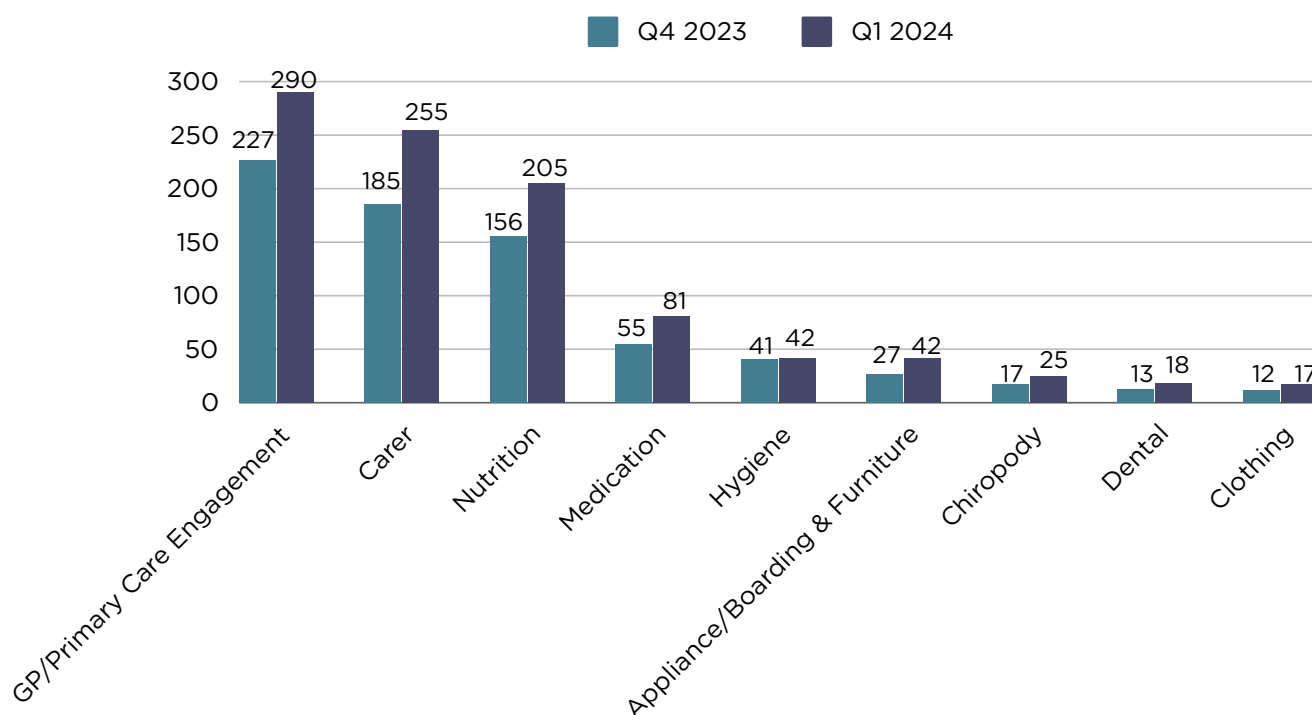


Figure 11: Personal Care Issue by Type, Q4 2023 v Q1 2024

Of the 290 older people experiencing GP/Primary Care Engagement issues in Q1 2024, around half required support engaging with the Public Health Nurse (50.7%), while the second most prevalent issue was support in accessing Occupational Therapy (OT; 25.2%). Furthermore, 19.7% required support to access Meals on Wheels, 9.3% required support advocating for a GP, and 8.6% required support with accessing Physiotherapy (Table 10). ALONE has observed an increase in the need to access OT support in the previous quarter: as noted previously, 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	Q4 2023		Q1 2024	
	No.	%	No.	%
Public Health Nurse	121	53.3	147	50.7
Access OT	60	26.4	73	25.2
Meals on Wheels	30	13.2	57	19.7
Advocate for GP to support	32	14.1	27	9.3
Access Physio	26	11.5	25	8.6
Other	17	7.5	14	4.8
Provide age-appropriate nutritional information	12	5.3	10	3.4
Support with Changing GP	5	2.2	4	1.4
Wound Dressing	3	1.3	2	0.7

Table 10: GP / Primary Care Engagement Issues by Type, Q4 2023 v Q1 2024

Moreover, 255 older people assessed indicated that they were having issues with Carers in Q1 2024. Of these, 39.6% needed information on carer support, 37.3% had issues advocating for additional carer support, and 31.8% required help applying for a Carer (Table 11).

Carer Issues	Q4 2023		Q1 2024	
	No.	%	No.	%
Information on Carer Supports	66	35.7	101	39.6
Advocate for additional carer support	72	38.9	95	37.3
Apply for PHN Carer	64	34.6	81	31.8

Table 11: Carer Issues by Type, Q4 2023 v Q1 2024



FINANCE

In Q1 2024, 765 people indicated they had issues with their Finance, which is similar to Q4 2023. Of these, 36.5% had issues with utilities, 25.1% had issues with benefits, and 15.4% had issues with grants (Figure 12).

Of those with utility issues, 85.7% (n=239) had issues with payments, arrears, or a payment plan, while only 32 people had issues claiming a refund from their utilities' provider and four people required support with rent. Winter Fuel Allowance was the most prevalent concern for those with benefits issues (41.1%, n=79), followed by issues with the Household Benefits Package (35.9%, n=69) and Exceptional Needs Payment (20.8%, n=40). This gives us a snapshot of the impact of increasing energy prices on older people.

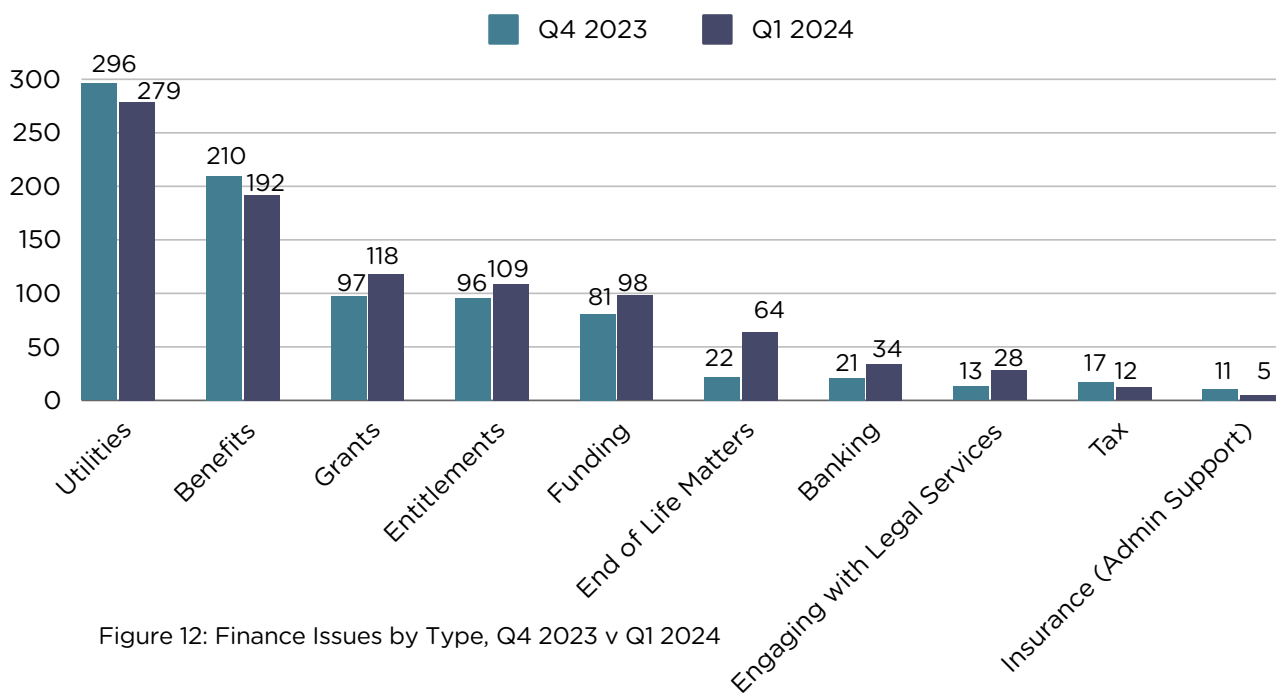


Figure 12: Finance Issues by Type, Q4 2023 v Q1 2024



MENTAL HEALTH

In Q1 2024, 738 people assessed by ALONE indicated that they had issues with their mental health. The most prevalent mental health issue was Dementia / Alzheimer's (25.1%). This was followed by Anxiety (24.8%), Depression (22.1%), and Bereavement issues (15.6%). Additionally, 5.1% reported issues related to Primary Care Mental Health Services, and 4.6% had issues with Addiction. As illustrated in Figure 13, the pattern of reporting remains relatively consistent to the previous quarter.

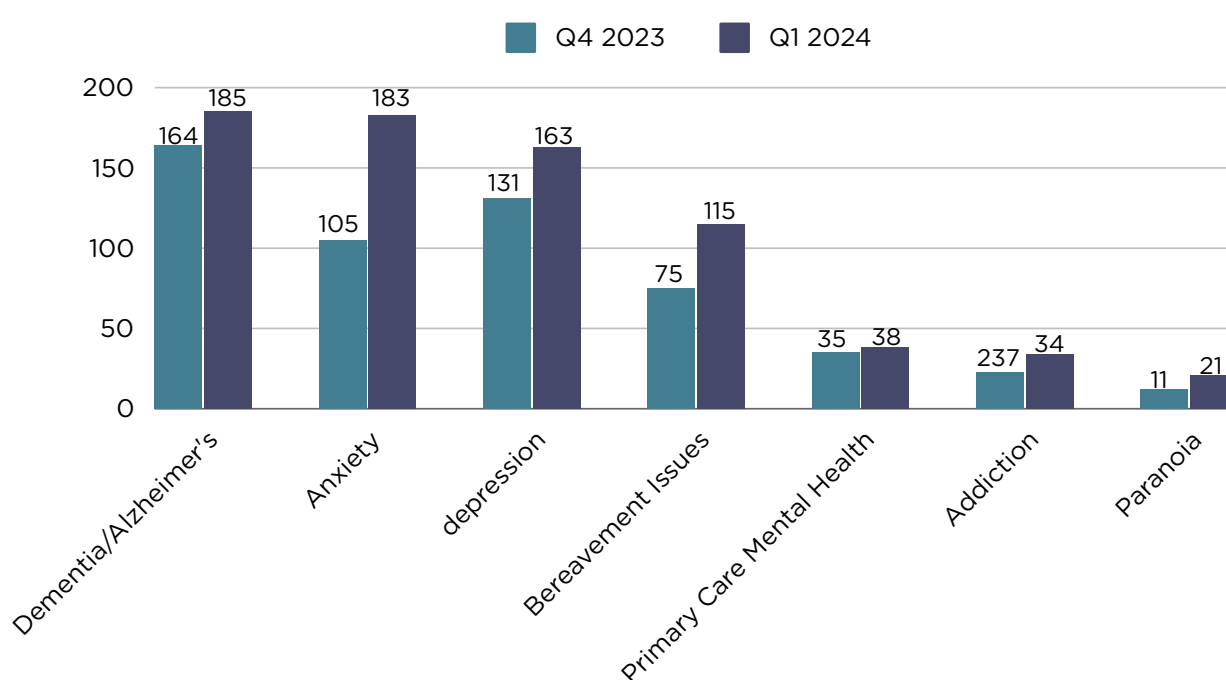


Figure 13 : Mental Health Issues by Type, Q4 2023 v Q1 2024

Of the 738 people assessed in Q1 2024, just 41.4% (n=230) had visited a GP, nurse, or medical practitioner. Of those, 72.2% (n=166) were prescribed medication and 9.6% (n=16) said they forgot to take it, mirroring statistics from the preceding quarter.

Of the 185 people assessed in Q1 2024 who indicated that they had issues with Dementia / Alzheimer's, almost half of them (47.6%, n=88) indicated that they needed information about supports, 35.1% (n=65) indicated that they had issues accessing supports, while 17.3% (n=32) indicated that they had issues with both.

For the 183 people who indicated that they had issues with Anxiety, the vast majority (71.6%, n=131) required information on counselling services (including accessing counselling services), while 13 people required a mental health assessment from their GP or Public Health Nurse.

SAFEGUARDING

In total, 28 people assessed by ALONE in Q1 2024 indicated they were at risk of abuse. About 50% (n=14) felt at risk of Financial Abuse, while 42.9% (n=12) felt at risk of Emotional Abuse. In addition, 14.3% were at risk of Physical Abuse and 7.1% were at risk of Self-Neglect (Figure 14).

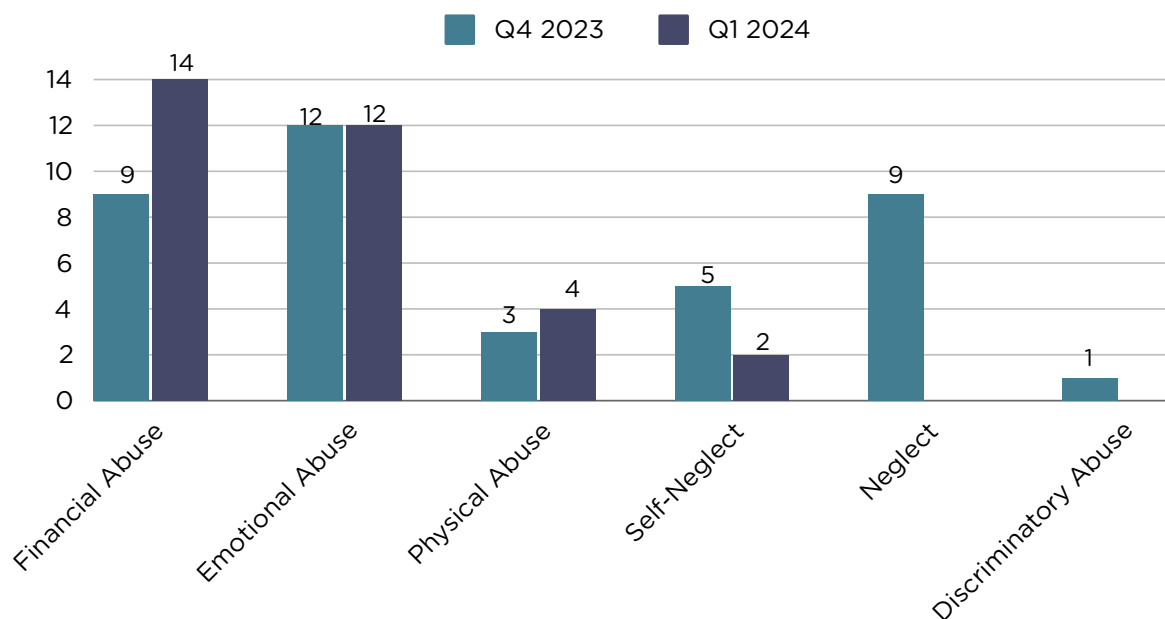


Figure 14: Safeguarding Issues by Type, 2023

Note: Data on Neglect and Discriminatory Abuse for Q1 2024 is unavailable.

Overall, 15 cases were submitted to the adult team / ALONE staff for escalation, and where necessary, to the 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. Consistent with Q4 2023, loneliness and physical health issues are the two most prevalent concerns among older individuals supported by ALONE. This indicates a persistent need for interventions targeting health and wellbeing.

Key issues of concern in Q1 2024 were:

LONELINESS/SOCIAL ISOLATION

The prevalence of loneliness remains high, with 57% of older people feeling lonely, though 72% have visitors, mainly family. Positively, the number not going out socially in over a year decreased by 2 percentage points in Q1 2024, indicating increased confidence post-pandemic. However, 6% still face long-term social isolation.

MENTAL HEALTH

The consistent prevalence of Dementia/Alzheimer's and the need for information and support highlight the significant challenges older individuals face in accessing public health services, necessitating targeted interventions. Additionally, high levels of depression due to long-term social isolation underscore the urgent need for policies addressing loneliness and mental health.

HOUSING ADAPTATIONS

Housing adaptations were one of the most common issues, with 36.7% (n=338) needing modifications to meet older individuals' needs. Ensuring safe and accessible homes is crucial, as older people are more prone to mobility challenges and related health risks.

FALLS

Falls continued to be the primary physical health concern among older individuals. This ongoing issue highlights the critical intersection between housing adaptations and mobility challenges. Preventing falls through home safety modifications is essential for maintaining older people's wellbeing.

GP/PRIMARY CARE ENGAGEMENT ISSUES

GP/Primary Care Engagement has remained the top personal care concern. Within this category, around half required support engaging with the Public Health Nurse, followed by accessing OT services. This points to significant challenges faced by older adults in obtaining public health services.

OCCUPATIONAL THERAPY (OT) SUPPORT

ALONE has continued to observe a high demand for OT support. This increase might be connected to the rise in housing modifications, as some people may require an OT report to access certain grants.

Chapter 3: Delivering the ECC Objectives: ALONE Interventions

Strategic Added Value of the ALONE Model

Driving a Person-Centred Approach in the ECC Programme

In Q1 2024, ALONE provided a total of 13,271 new support interventions to 3,916 older people, averaging 3.4 interventions per person. Out of these, about 78% were completed with outcomes met, while less than 10% were completed where the outcome was no met. The most common reasons for outcomes not met were that services were no longer required (38.7%), followed by disengagement of the older person (26.4%). Of note, gaps in service provisions accounted for 7.5% of interventions with unmet outcomes.

The breadth of support offered by ALONE is demonstrated in Tables 12 and 13, which sets out the number of people assessed within each specific category and the interventions they received. As these tables show, housing, support and befriending, physical health, and mobility were the most common intervention types provided.

Of note, of the 2,873 individuals who were assessed and identified a specific need in Q1 2024, 2,708 older people (94.3%) received some intervention from ALONE in the same period. When analysed by support need, the proportion who received an intervention ranged from 95.9% to 100% (Table 12). This indicates that ALONE is responsive to the needs of the majority of older people seeking support.

Area of Need	No. Assessed	No. Received Interventions	%
Loneliness	1,637	1,593	97.3
Physical Health	1,343	1,294	96.4
Housing Issues	922	900	97.6
Mobility	885	851	96.2
Social Prescribing	873	861	98.6
Personal Care	844	833	98.7
Finance	765	756	98.8
Mental Health	738	708	95.9
Safeguarding	28	28	100

Table 12: 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, Q1 2024

As noted in previous reports, 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 wellbeing and an improved quality of life.

For example, as Tables 12 and 13 show, 1,637 people were identified as being lonely by ALONE. Of those, 1,593 received an intervention in the quarter, with a total of 6,726 interventions provided to these individuals. These interventions encompassed all aspects of ALONE's work, from Housing to Personal Care, while 1,824 (27.1%) related to Support and Befriending, a loneliness-specific intervention type. Similarly, out of the 1,343 individuals who were assessed in Q1 2024 as having a physical health need, 1,295 individuals received a total of 5,974 interventions in this period. Of those interventions, 1,364 (22.8%) related specifically to Physical Health and Mobility, with the remaining interventions addressing Support and Befriending, Housing issues, Legal and Financial issues, Personal Care, and other areas.

Need Identified →	Loneliness	Physical Health	Housing Issues	Mobility	Social Prescribing	Personal Care	Finance	Mental Health	Safeguarding
Intervention ↓									
Support and Befriending	1,824	883	502	556	755	543	355	539	17
Housing	844	920	1,546	646	534	731	655	557	34
Legal and Financial	638	744	655	486	386	504	1,252	417	21
Physical Health and Mobility	951	1,361	745	949	582	878	572	565	13
Personal Care	777	868	560	552	479	1,158	404	480	7
Social Isolation / Prescribing	911	549	349	344	1,110	368	247	428	11
Emotional and Mental Health	503	412	280	223	371	310	237	673	10
Safety and Security	158	126	98	104	53	83	58	60	2
Technology	105	87	49	57	72	57	40	24	1
Safeguarding	15	21	19	6	14	13	6	20	20
Total No. of People*	1,593	1,294	900	851	861	833	756	708	28
Total No. of Interventions**	6,726	5,971	4,803	3,923	4,356	4,645	3,826	3,763	136

Table 13: No. of Individuals Assessed by Need Identified and Intervention Provided, Q1 2024

Note: *This Total refers to the number of people who were assessed in Q1 2024 and indicated a particular need.

**This is the total of all interventions received by all people assessed in Q1 2024 and indicated a particular need



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 14, external agencies played a predominant role in referrals in the quarter, underlining ALONE's pivotal position in connecting individuals with essential services. About two-thirds of referrals in Q1 2024 were by external agency sources, which is similar to Q4 2023.

Referral Type	Q4 2023		Q1 2024	
	No.*	%	No.*	%
External Agency	1,612	64.8	2,501	66.3
Internal Referral	108	4.3	358	9.5
Public (Friend/Family)	468	18.8	517	13.7
Secondary Sláintecare Referral	3	0.1	18	0.5
Self	513	20.6	721	19.1
Total	2,489		3,774	

Table 14: Referral Type, No., %, Q4 2023 v Q1 2024

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



Among the individuals referred to by named External Agencies (n=1,929) in Q1 2024, almost 50% were referred to by HSE Community Care Teams consisting of primary health care centres, community intervention teams, community nurses, and day care centres. Approximately, one-third were referred by hospitals across the country. As Table 15 shows, ALONE's model has become embedded in the ECC programme.

	External Referral Agency	No.	%
1	Community Care Team	956	49.6
2	Hospital	650	33.7
3	ICPOP	141	7.3
4	GP	108	5.6
5	Voluntary Agencies	91	4.4
6	Healthcare Providers	46	2.4
7	Mental Health Organisations	38	2.0
8	Government/State Agencies	31	1.6
9	Community and Social Services	25	1.3
10	Unnamed Agency	1,007	-

Table 15: External Referral Agencies, Q1 2024

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 1,007 people were referred to ALONE in Q1 2024 however data is currently unavailable as to referral source.

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.

In Q1 2024, 6,932 interventions relied on the partnerships developed by ALONE, accounting for 52.2% of the total interventions (Table 16). Almost a quarter (n = 1,709, 24.7%) involved accessing social supports, representing a 5-percentage point increase from the previous quarter. These supports included providing information and/or arranging for older people to attend local community groups/one-off events, offering support and befriending partnerships, and facilitating contact with family and friends. This support aligns with the HSE Social Prescribing Framework⁹ and the Integrated Model of Care for the Prevention and Management of Chronic Disease in older people.¹⁰

More than 1 in 5 interventions (n=1,586, 22.9%) involved ALONE's healthcare partners, including occupational therapists, addiction services, consultants, GPs, and pharmacies. This proportion is similar to the previous quarter, highlighting the ongoing demand for these services. Additionally, 7.2% (n=497) of these supports involved ALONE advocating on behalf of older people regarding physical health issues. This advocacy included seeking additional support from GPs, requesting supplementary home help, and advocating for or against hospital discharge, depending on the needs of the individual concerned.

Partner Supports	Q4 2023		Q1 2024	
	No.	%	No.	%
Access Social Supports	1,195	19.1	1,709	24.7
Access Physical Health Supports	1,399	22.4	1,586	22.9
Access State Supports	1,656	26.5	1,375	19.8
Access Financial Supports	569	9.1	553	8.0
Advocate re Physical Health	424	6.8	497	7.2
Access Charitable Supports	328	5.2	427	6.2
Access Housing	208	3.3	239	3.4
Access Personal Care Supports	208	3.3	214	3.1
Access Transport	95	1.5	135	1.9
Access Mental Health Supports	73	1.2	91	1.3
Access Legal Support	79	1.3	84	1.2
Access Training	20	0.3	22	0.3

Table 16: Partner Supports, No. and % of Interventions, Q1 2024

9 HSE Social Prescribing Framework

10 215879_HSE_National framework Integrated Care.indd

Maximising Impact: The Financial and Social Value of Volunteers in 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 infinite. They significantly extend the reach and impact of ALONE's services by dedicating countless hours of support to older individuals in need. This dedication and selflessness of volunteers results 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 wellbeing.

By the end of March 2024 there were 7,055 volunteers engaged with ALONE. As Table 17 shows, the number of volunteers increased steadily each month in Q1 2024 across all areas, with the highest growth in engagement in CHO 1, followed by CHO 8 and CHO 9.

Volunteers - YTD ever engaged	January	February	March	% Change
CHO 1	676	713	753	11.4
CHO 2	678	708	726	7.1
CHO 3	524	538	553	5.5
CHO 4	697	710	719	3.2
CHO 5	659	690	708	7.4
CHO 6	717	730	745	3.9
CHO 7	996	1,037	1,050	5.4
CHO 8	672	711	735	9.4
CHO 9	984	1,033	1,066	8.3
Total	6,603	6,870	7,055	

Table 17: Volunteers - YTD engaged (ever), by month, Q1 2024



These volunteers engaged in 25,608 Visitation and Befriending visits and 53,487 Telephone Support and Befriending calls across the quarter. Information on the number of active volunteers and visits provided by CHO area and quarter is given in Table 18, while Table 19 below offers a breakdown of the call numbers per month in the quarter.

Visitation & Befriending - Individual engagements (visitations)	January		February		March	
	Volunteers	Visits	Volunteers	Visits	Volunteers	Visits
CHO 1	263	1,052	273	1,092	289	1,156
CHO 2	177	708	190	760	202	808
CHO 3	158	632	168	672	185	740
CHO 4	186	744	198	792	222	888
CHO 5	196	784	203	812	212	848
CHO 6	175	700	197	788	187	748
CHO 7	305	1,220	321	1,284	334	1,336
CHO 8	241	964	259	1,036	264	1,056
CHO 9	328	1,312	334	1,336	335	1,340
Total	2,029	8,116	2,143	8,572	2,230	8,920

Table 18: Visitation Support and Befriending, by Volunteers, No. of Visits, and CHO, by month, Q1 2024

Telephone Support & Befriending Calls	January	February	March
CHO 1	3,247	2,957	2,997
CHO 2	1,395	1,322	1,376
CHO 3	941	883	878
CHO 4	2,170	1,881	1,906
CHO 5	1,805	1,605	1,546
CHO 6	1,168	1,223	1,221
CHO 7	2,217	1,926	1,937
CHO 8	2,373	2,197	2,127
CHO 9	3,656	3,293	3,240
Total	18,972	17,287	17,228

Table 19: Telephone Support and Befriending Calls by CHO, by month, Q1 2024



In addition, Table 20 sets out the total number of hours contributed by ALONE volunteers per CHO area each month in Q1 2024. Overall, ALONE volunteers contributed 61,000 hours in the quarter. These figures illustrate the extensive contribution of volunteers to ALONE's services, highlighting their crucial role in ensuring consistent and meaningful support is provided to older people.

Active Volunteers and Volunteer Hours	January		February		March	
	Volunteer	V. Hours	Volunteer	V. Hours	Volunteer	V. Hours
CHO 1	322	2,584	328	2,632	349	2,792
CHO 2	209	1,696	223	1,808	235	1,904
CHO 3	185	1,480	199	1,592	213	1,712
CHO 4	225	1,864	237	1,944	259	2,120
CHO 5	215	1,736	222	1,792	233	1,880
CHO 6	227	1,888	260	2,152	242	2,008
CHO 7	343	2,760	358	2,896	370	3,000
CHO 8	293	2,408	314	2,576	320	2,632
CHO 9	369	3,024	373	3,056	374	3,064
Total	2,385	19,440	2,514	20,448	2,595	21,112

Table 20: No. of Volunteers, Volunteer Hours, by month, Q1 2024

Although 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. 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 Q1 2024 ranged from €774,700 (NMW) to €1.74 million (Average Hourly Earnings).



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.

Building a Robust ICT Infrastructure

In Q1 2024, ALONE's 2024 - 2027 ICT Strategy and Implementation Plan was reviewed with members of the Board and CEO with some minor adjustments to reflect work already completed since the end of 2023.

ALONE completed upgrades to its network and firewall infrastructure and continued to make enhancements to the mobile applications used by staff and volunteers. These are to improve volunteer onboarding and administration processes and further enhance security. ALONE also continued to work with key partners on innovative initiatives that utilise assistive technologies to help improve older people's quality of life within their homes and community.

Other milestones in developing and executing the ICT Strategy in Q1 2024 include:

01

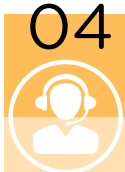
Further rollout of MFA (multi factor authentication) for Salesforce for ALONE Staff, Volunteers and Community Impact Network users.

02

Enhancements made around payments platforms integration on ALONE website as well as begun designing and planning for EU Accessibility Directive based improvements due in 2026.

03

Concluded revised SLA arrangements with key service partners as part of our ICT Supplier Relationship Management Model.

04

Further telephonic workshops completed with business team to facilitate strategic and operational enhancements relating to the National Support & Referral Line.

05

Continued engagement on an improved Salesforce based ICT Ticketing solution with alignment of other change, innovation and improvement processes a key focus.

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 support. This commitment involves implementing evidence-based solutions, measuring their impact, and guaranteeing effective and efficient service delivery. 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 Q1 2024 include:



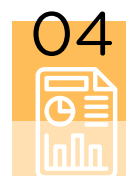
01 Providing support to ALONE and the HSE in reporting the deployment of ECC-funded services and extracting critical insights from ALONE's data.



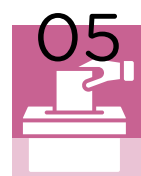
02 Hosting the second steering group meeting for ALONE's impact assessment, with representation from older people and volunteers. A risk protocol, ethics application and data management plan were submitted to the London School of Economics.



03 Publishing a paper outlining the key qualitative findings from the HALO Project in the Journal of Health Psychology.



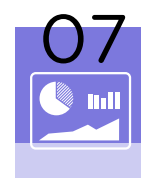
04 Updating policy papers on housing, energy poverty, nursing homes and ageing with recently published CSO/other statistics, ensuring that ALONE's policy/advocacy efforts are informed by the latest data and evidence.



05 Reviewing ALONE's election asks so that relevant data/findings were incorporated into this submission.



06 Organising the national Loneliness Taskforce Research Network (LTRN) event, scheduled for April 2024 in the National College of Ireland (NCI).



07 Enhancing staff dashboards and reports based on feedback received from a working group of support coordinators, enhancing efficiency and data quality.

Campaigning and Advocacy

Double Deficit



ALONE & Threshold launch
Double Deficit in Leinster House

Joint Oireachtas Committee on Housing



ALONE attend Committee
in Leinster House

Taking Stock

ALONE as part of the
Age Alliance launch
Taking Stock report
in Leinster House.



Texts To Older People



ALONE sent 3,000
check in texts to
older people in Q1

ALONE media in Q1 2024

Regional Print: 176
Regional Radio: 160
Online: 102
National print dailies: 7
National Radio: 5
Press Releases: 4
TV: 3
Magazine: 1



Newsletter Readership



ALONE send newsletters every month
to Partners, Staff and Volunteers

Delivering on the ECC Objectives

The HSE National Service Plan (2024) 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 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 continues to fulfil 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. As of March 2024, ALONE's CIN membership was 164 member organisations, who support 33,100 older people nationwide.

In Q1 2024, ALONE's CIN welcomed 11 new organisations into the network, providing indirect support to 3,943 older people. Some of the new members included Grow Mental Health, Galway Recovery College, Ballinderry Digital Hub, Anne Street Residents Association, Waterford City and County Council, and East Coast Family Resource Centre.

In addition, ALONE provided training to 143 CIN Member Organisations, including 2 affiliated organisations - Dundalk IT Social Care Students and Foróige - across 16 training sessions, and supported 44 CIN Member Organisations with CIN resources.

The CIN also delivered five new training modules on a wide range of health and wellbeing topics including dementia training, supporting older people with early signs of cancer, supporting older people with their mental health for staff, self-care for staff, and intergenerational training. Table 21 provides a monthly snapshot of CIN engagement in Q1 2024.

CIN	January	February	March
CIN Members	4	4	3
Older People Supported Indirectly	1,640	2,047	4,561
CIN Training			
CIN Training Sessions	5	4	7
CIN Member Attendees	36	27	80
CIN Networking			
CIN Network Activities Hosted	2	1	13
CIN Member Attendees	3	10	13
CIN Resources			
CIN Organisations Supported	4	18	23

Table 21: CIN Engagement, by month, Q1 2024

Together with the ALONE services team, the CIN team is also actively engaged in promoting ALONE services at various events, including seminars, and local and national gatherings. To date, the CIN Team has hosted 17 networking activities with 26 attendees, connecting 26 Member Organisations, indirectly supporting 256 older people (Table 22).

CIN Networking hosted and attended including Hi Digital	To Date
CIN Network Activities	17
CIN Network Attendees	26
CIN orgs supported/connected via Networking	20
<i>Older People Supported Indirectly by CIN through networking</i>	1546

Table 22: CIN Networking hosted and attended including Hi Digital

Moreover, the reach and impact of the Hi Digital Programme is growing. In Q1 2024, the CIN delivered in-person and online Digital Champion training to 33 organisations, corporates, and schools nationwide and trained 251 Digital Champions, who will potentially support 412 older persons in their community (see Table 23).

Hi-Digital Training	January	February	March
Digital Champion (DC) Training	104	76	71
No. of organisations who received D.C training	7	22	4
Number of Digital Champions Trained (external)	104	76	71
Potential Number of older people to receive HD support	132	108	172

Table 23: Digital Champion Training, by month, Q1 2024

In Q1 2024, 6 schools were trained, resulting in 183 youth digital champions. These schools will support older people in nursing homes, and some will offer a drop in for any individual to drop by and get support.

The team is promoting the schools' option to members, family resource centres, and other community and voluntary organisations, to highlight how older people can receive support with digital skills through the Hi Digital Programme. This includes the potential for students to be involved in an intergenerational programme, which has been developed with Foróige. This programme will involve young people, their mentors, and nursing home residents or ALONE older people meeting, creating friendships, and engaging in shared activities together.

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.

As mentioned earlier, there was a 52% increase in the number of individuals newly supported by ALONE in Q1 2024, 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. ALONE provided 13,271 new support interventions to 3,916 older people in Q1 2024. This represents an increase of 16% on the number of interventions compared to Q4 2023.

Housing, and particularly housing adaptations, continues to account for the highest proportion of interventions made by ALONE, with almost 1 in 5 (18%) of all interventions relating to it. This is noteworthy, especially considering that the older people receiving support from ALONE are less likely to be homeowners in comparison to the broader population. It also raises concerns for ALONE regarding the wellbeing of older individuals, particularly in the context of the private rented sector.¹²

Following Housing, Support and Befriending interventions (16.6%), and Physical Health and Mobility (15.7%) were significant areas of support provided by ALONE (Figure 15).

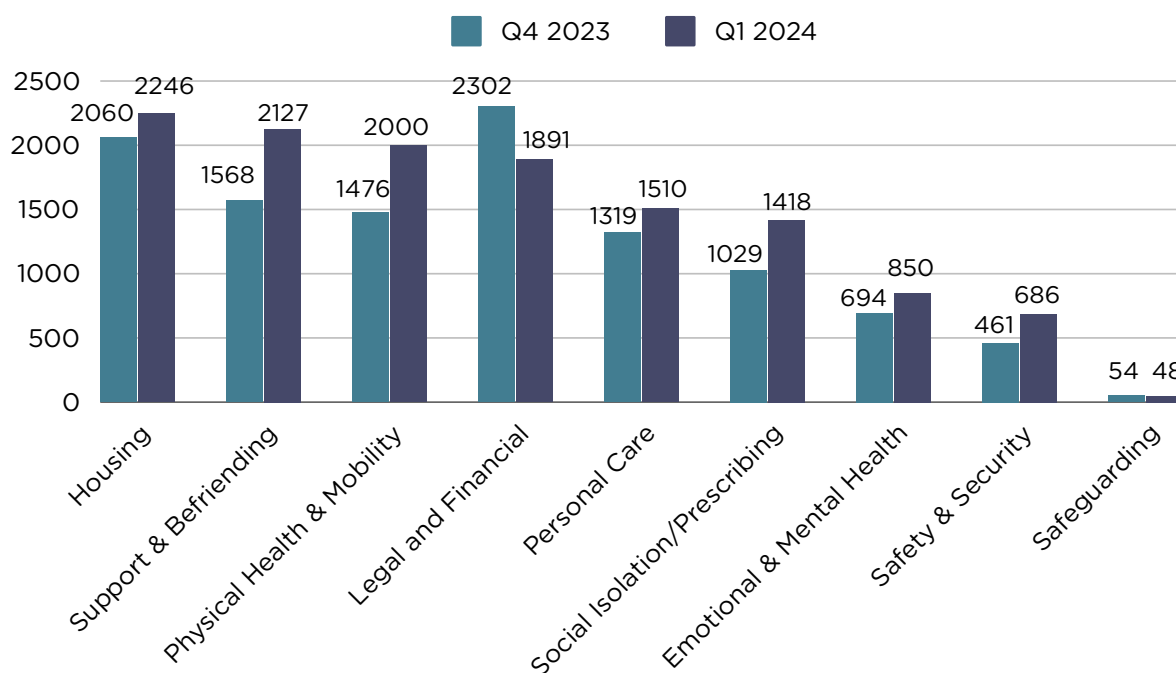


Figure 15: Interventions by Type, Q4 2023 v Q1 2024

With loneliness a prevalent concern among older people, ALONE's social supports (Support and Befriending and Social Isolation/Prescribing Services) continue to form a significant part of ALONE's interventions, accounting for almost 28% of all new interventions provided in Q1 2024. ALONE's social supports are further strengthened by the invaluable contributions of volunteers who conducted 25,608 visits to older people and made 53,487 calls in the quarter.

As Figure 15 illustrates, there was a shift in support needs compared to Q4 2023, when Legal and Financial supports 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 in the quarter.

Table 24 presents the percentage change in the number of interventions delivered by ALONE between Q4 2023 and Q1 2024. The highest percentage change in Q1 2024 were in Social Isolation/Prescribing, Support and Befriending, and Physical Health and Mobility, which experienced an increase of more than 35%.

Type of Interventions	Q4 2023	Q1 2024	% Change
Housing	2,060	2,246	9.0
Support and Befriending	1,568	2,127	35.7
Physical Health and Mobility	1,476	2,000	35.5
Legal and Financial	2,302	1,891	-17.9
Personal Care	1,319	1,510	14.5
Social Isolation / Prescribing	1,029	1,418	37.8
Emotional and Mental Health	694	850	22.5
Safety and Security	461	686	48.8
Safeguarding	54	48	-11.1

Table 24: No. of Interventions by Type, Q4 2023 v Q1 2024 and % change

ALONE is committed to innovation in the aged care sector and has pioneered the use of assistive technology to support ageing in place. In Q1 2024, technology was part of 1,636 interventions supporting 1,050 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.

Alongside its alignment with the Sláintecare Programme and the Healthy Ireland Action Plan (2021-2025), ALONE's role as a community connector underscores its dedication to strengthening healthcare sector consolidation. By forming strategic partnerships and collaborations with healthcare providers and social support organisations, ALONE consolidates resources and expertise to deliver comprehensive support services to older individuals. This collaborative approach not only enhances the efficiency and effectiveness of service delivery, but also contributes to the overarching goal of achieving integrated and patient-centered care within the healthcare sector.

As this report illustrates, over half of the interventions provided in Q1 2024 relied on partnerships developed by ALONE (Table 16). This involved collaboration with ALONE's healthcare partners to access social supports such as local events and community groups, physical health supports such as GP/PHN assessment, counselling supports, addiction support services, and State supports such as benefits and grants.

Similar to Q4 2023, almost two-thirds of older people were referred to ALONE by external agencies in Q1 2024 (Table 14). Community Care Teams accounted for over half of these referrals, which 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 (7.3% of external referrals in Q1 2024) 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, carer organisations, and charities supporting people with sight loss.

The second most common referral pathway in Q1 2024 was older people self-referring, while Public (family/friends) 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.

Through its assessment process, ALONE was able to identify the specific needs of older people referred to its services in Q1 2024. By facilitating timely access to ALONE's community-based services, ALONE supports the prevention of unplanned hospital admissions among older adults. This proactive approach can enhance the quality of life for older adults and alleviate the strain on emergency care resources. 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 social prescribing (+37.8%), support and befriending (+35.7%), physical health (+35.6%), emotional and mental health (22.5%), personal care (+14.5%), and housing (+9.1%) compared to Q4 2023, 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 23 in Annexure A: Key Themes in ALONE Interventions).

As detailed earlier in this report, ALONE continues to monitor service-level data to identify trends which can be used to enhance its outputs and further align with HSE objectives. Refining and improving organisational and service Key Performance Indicators (KPIs) and metrics, 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 across Ireland. 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 Q1 2024, 8,491 older people who had been supported by ALONE prior to the beginning of the quarter remained active, with almost 89% (n=7,549) being actively supported with their interventions, while others were awaiting assessment, waiting to be matched via an alternative Support and Befriending service, or waiting to be matched or re-matched with an ALONE Support and Befriending volunteer. Further details on the ongoing work are 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 Q1 2024. By analysing trends across geographical regions, ALONE is identifying areas where its services may not be fully utilised, and work to develop and strengthen its services and partnerships in those areas. The most significant change occurred in CHOs 2 and 3, where the number of individuals supported increased by 85% (Figure 4). Additionally, while in Q4 2023, CHOs 4 and 5 accounted for almost half of all new engagements, whereas this changed to CHOs 1, 4 and 8 in Q1 2024.

As Table 25 indicates, there is a prevalence of older individuals experiencing multiple challenges related to their wellbeing, particularly in CHO 4 and CHO 8. This highlights the importance for ALONE to prioritise and allocate resources effectively in these areas to address the diverse needs of the older population. Additionally, the shifts in new engagements across different CHOs indicate potential changes in demand for services, which ALONE will closely monitor to observe trends at national level and adapt to meet the evolving needs of older individuals across various regions.

	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Loneliness	196	195	132	298	185	121	164	246	100
Physical Health	114	203	140	276	139	78	154	170	68
Housing Issues	110	108	75	175	100	55	103	152	43
Mobility	99	127	76	165	104	64	103	96	50
Social Prescribing	74	111	59	152	88	68	62	187	72
Personal Care	56	118	83	150	86	64	89	173	24
Finance	55	61	77	196	64	31	90	146	44
Mental Health	46	113	65	131	73	56	82	138	33
Safeguarding	1	3	6	6	5	2	0	4	1

Table 25: Issues emerging during Assessment, No. of People, by CHO, Q1 2024

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 Q1 2024, ALONE's volunteer contribution was substantial with an estimated value ranging from €774,700 to €1.74 million. The total number of volunteers engaged with ALONE at the end of Q1 2024 was 7,055. This resulted in 25,608 Visitation and Befriending visits and 53,487 Telephone Support and Befriending calls across the quarter. The volunteer network also enabled 6,300 calls to be taken by the NSRL supporting 1,439 individuals by the end of March 2024.

As mentioned earlier, technological supports formed part of 1,636 interventions in Q1 2024, in support of 1,050 people across seven distinct intervention areas (Figure 16). The specific 'Technology' intervention type that appears in Figure 16 refers to the provision of 'Technology Support' (335 interventions) and 'Assistive Tech' (160 interventions), which are both focused on provision and support with assistive technology.

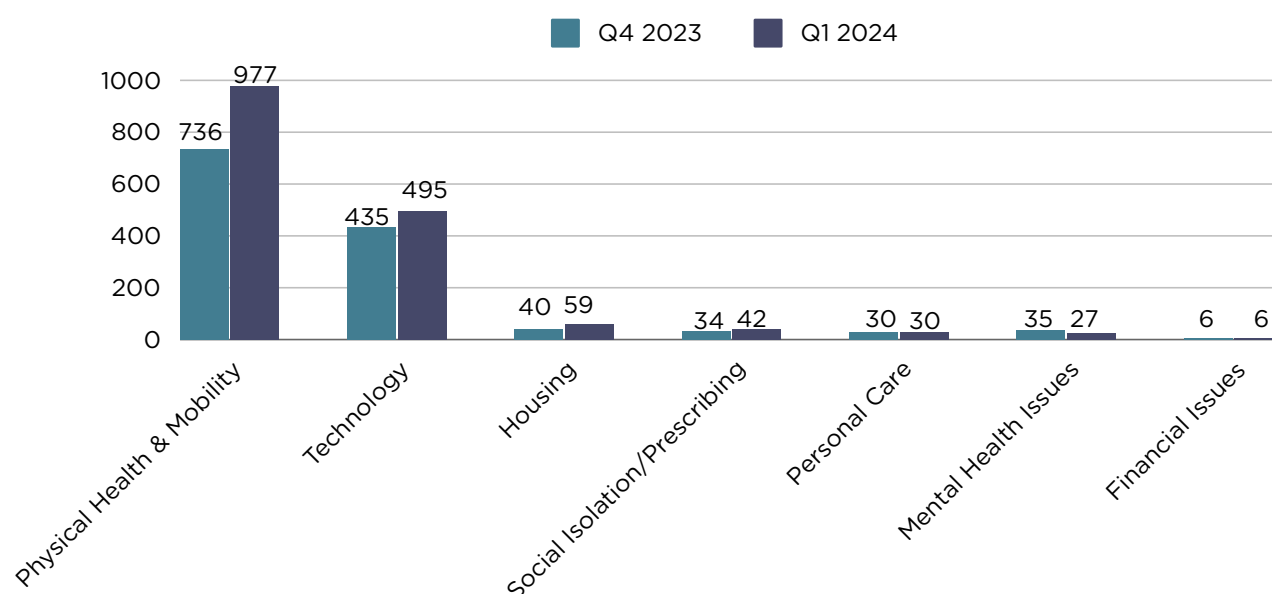


Figure 16: Technology Interventions by Intervention Area, Q4 2023 v Q1 2024

Assistive technology was an integral part (12.3%) of all interventions in Q1 2024, supporting 1,050 people across a diverse range of areas:

PHYSICAL HEALTH

Physical Health and Mobility, through mobility aids, hearing aids, fall alarms, and monitors.



MENTAL HEALTH

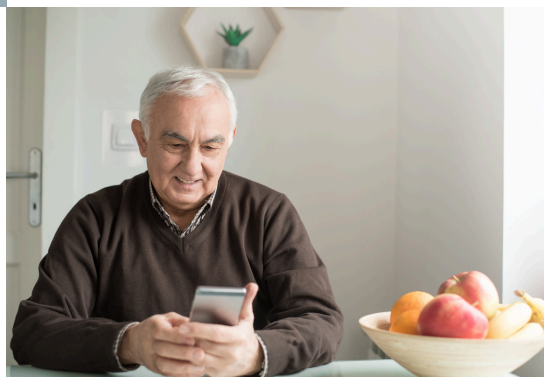
Mental Health, to support older adults with cognitive decline or dementia, depression or anxiety. Supports here may include facilitating reminder systems, medication management, and wellbeing supports.

HOUSING

Housing, to enhance safety, convenience, and accessibility for older adults through monitors, smart-home sensors and fire detectors.

PERSONAL CARE

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.



FINANCE

Finance, to facilitate internet banking which allows 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

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 14, external referrals accounted for one-third (66.3%) of referrals, underlining ALONE's commitment to building strong alliances within the healthcare sector and broader community to promote health and wellbeing among older persons. Furthermore, among the individuals referred to by named External Agencies (n=1,929) in Q1 2024, almost 50% were referred to by HSE Community Care Teams consisting of primary health care centres, community intervention teams, community nurses, and day care centres. Around one-third were referred by hospitals across the country (Table 15). This demonstrates the strong relationship between ALONE and the healthcare sector at both primary and acute levels to deliver age-friendly care and enhance the overall health and wellbeing of older people.

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 and supporting sectoral consolidation. 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.



Areas for Attention

Several key areas have been identified that need focused attention to better address the needs of older adults. These areas serve as crucial focal points for future initiatives, aimed at enhancing the wellbeing and quality of life of older people. These areas also reflect the social, personal, physical and emotional wellbeing challenges faced by older people.

01

Housing Adaptations and Safety

Housing interventions, particularly housing adaptations, accounted for 1 in 5 interventions made by ALONE in Q1 2024. This highlights the need for targeted interventions to improve home safety and accessibility, especially for older people living in the private rental sector. Initiatives focusing on facilitating housing modifications and accessibility enhancements are essential to address this challenge effectively.

02

Social Isolation and Community Engagement

Despite efforts to combat loneliness, it remains a foremost concern among older individuals. ALONE's social supports continue to form a significant part of its interventions, accounting for almost 28% of all new interventions in Q1 2024. In addition, the volume of calls received by NSRL for loneliness 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. Implementation of the Loneliness Taskforce recommendation for a National Action Plan to combat loneliness is crucial.

03

Mental Health Services

The increasing prevalence of mental health issues such as depression and anxiety underscore the importance of accessible and effective mental health services for older people. Initiatives focusing on improving access to mental health resources and destigmatising mental health issues are essential.¹³

04

Addressing Service Demand

The surge in interventions and volunteer engagement highlights the growing demand for ALONE's services. To effectively address this demand, ALONE may need to explore strategies for scaling its operations, optimising resource allocation, and leveraging technology to enhance service delivery efficiency.

¹³ An area that ALONE has engaged in considerably advocacy.

See https://www.oireachtas.ie/en/debates/debate/joint_sub_committee_on_mental_health/2023-04-18/3/

Conclusion

The demographic shift towards an ageing population in Ireland has heightened challenges such as social isolation, inadequate housing, and health concerns among older individuals, necessitating comprehensive support services. The findings of this report underscore ALONE's significant contributions to enhancing the health and wellbeing of older people in Ireland in alignment with the objectives of the ECC Programme. By adopting a person-centered approach, ALONE has demonstrated a strong commitment to supporting independent living and fostering integrated care practices.

Health and wellbeing are essential components of healthy ageing, and ALONE plays a pivotal role in supporting the health and wellbeing of older people in Ireland. Through its involvement in the ECC Programme and ability to cater to the evolving needs of older people, ALONE addresses various aspects of older people's wellbeing, be it through befriending services, access to suitable housing, physical and mental health services, or opportunities for community and cultural engagement. This is done by way of strategic partnerships, service provision and delivery, collaboration across the sector, and leveraging the large social and economic returns delivered by a team of volunteers to amplify impact and reach.

As a core part of ECC programme, ALONE's integrated care model ensures that older individuals have access to a wide range of services aimed at improving physical and mental health, enabling them to age in their homes with an enhanced quality of life. The positive outcomes experienced by older people served by ALONE highlight the effectiveness of its interventions in fostering holistic wellbeing and supporting healthy ageing. Ultimately, ALONE's work plays a crucial role in enhancing older people's health, wellbeing and quality of life, aligning with the objectives of the ECC programme and contributing to a healthier and more resilient ageing population.



Annexure A: Key Themes in ALONE Interventions

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 wellbeing, mobility aids, falls preventions, and other concerns.



Social Isolation/Prescribing to promote community engagement and activities.



Emotional and Mental Wellbeing 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.

Annexure A presents the breakdown of key themes in the ALONE interventions' dataset in Q1 2024.

A1: Housing

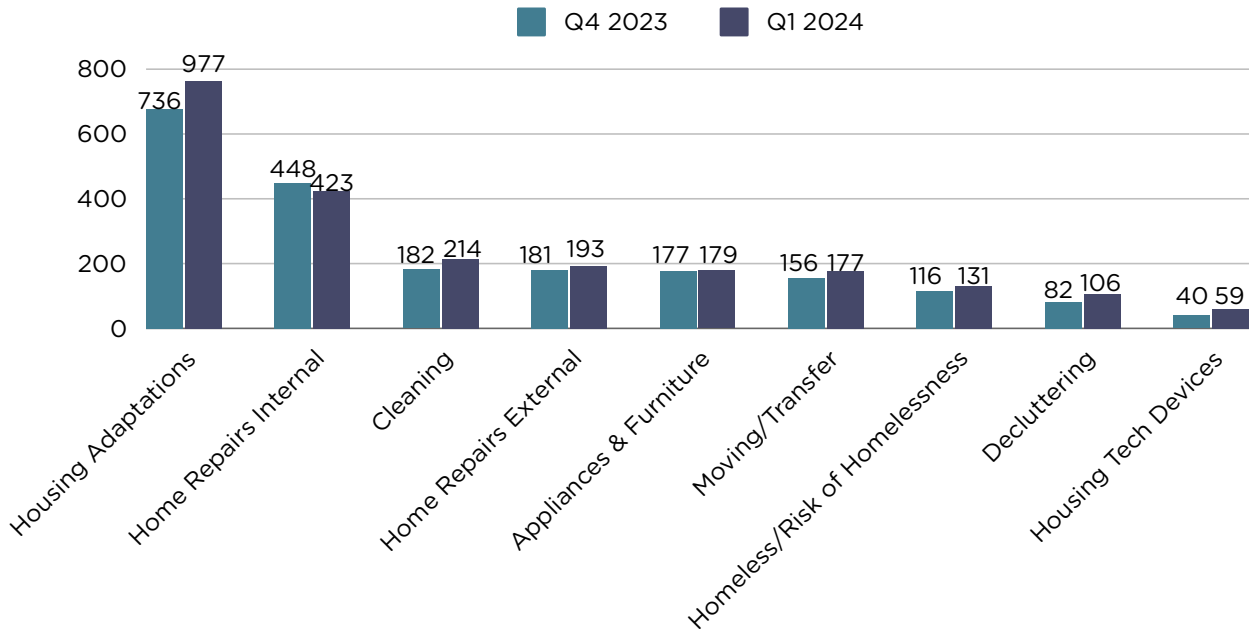


Figure 17: Housing Interventions by Type, Q4 2023 v Q1 2024

A2: Support & Befriending

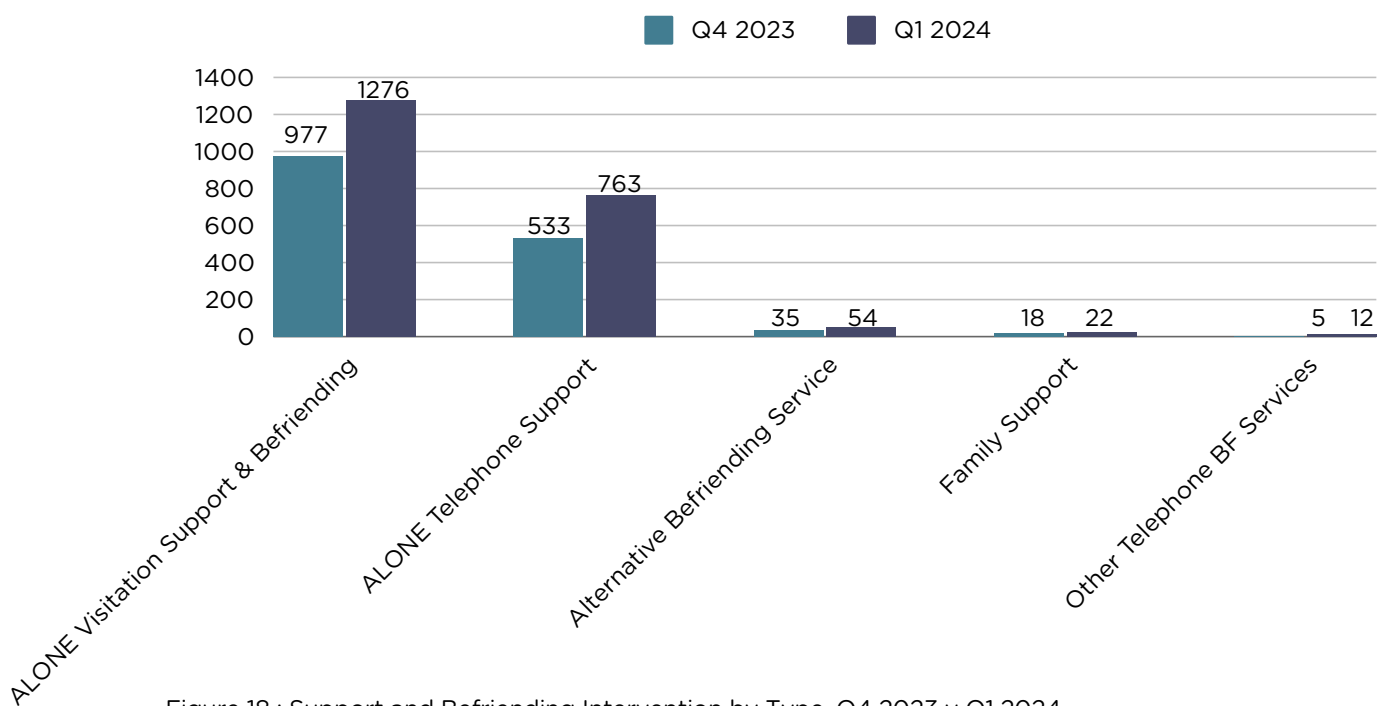


Figure 18 : Support and Befriending Intervention by Type, Q4 2023 v Q1 2024

A3: Physical Health & Mobility

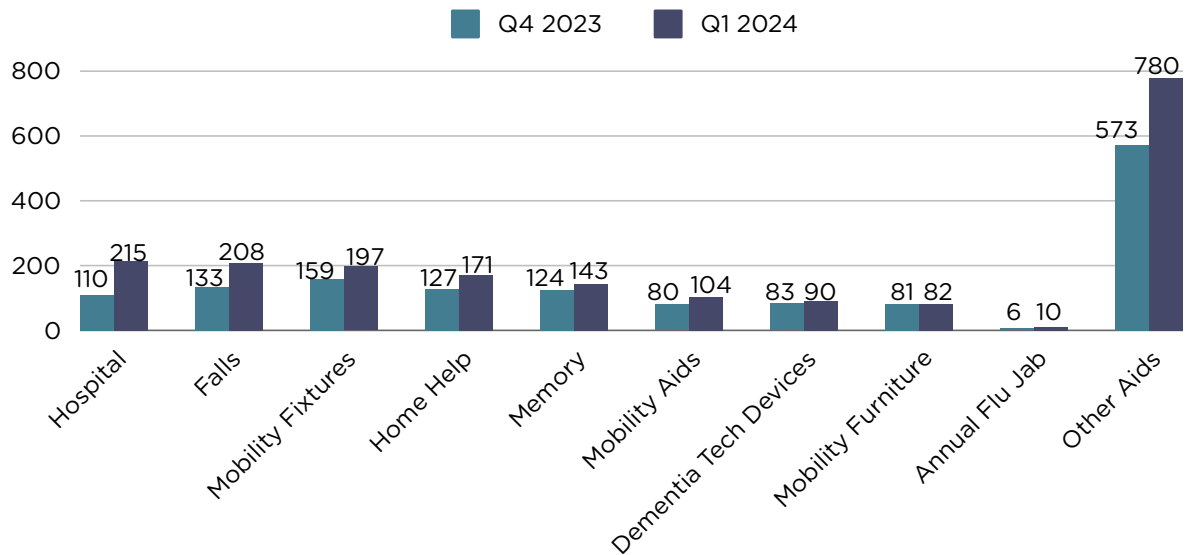


Figure 19: Physical Health and Mobility Interventions by Type, Q4 2023 v Q1 2024

A4: Legal and Financial

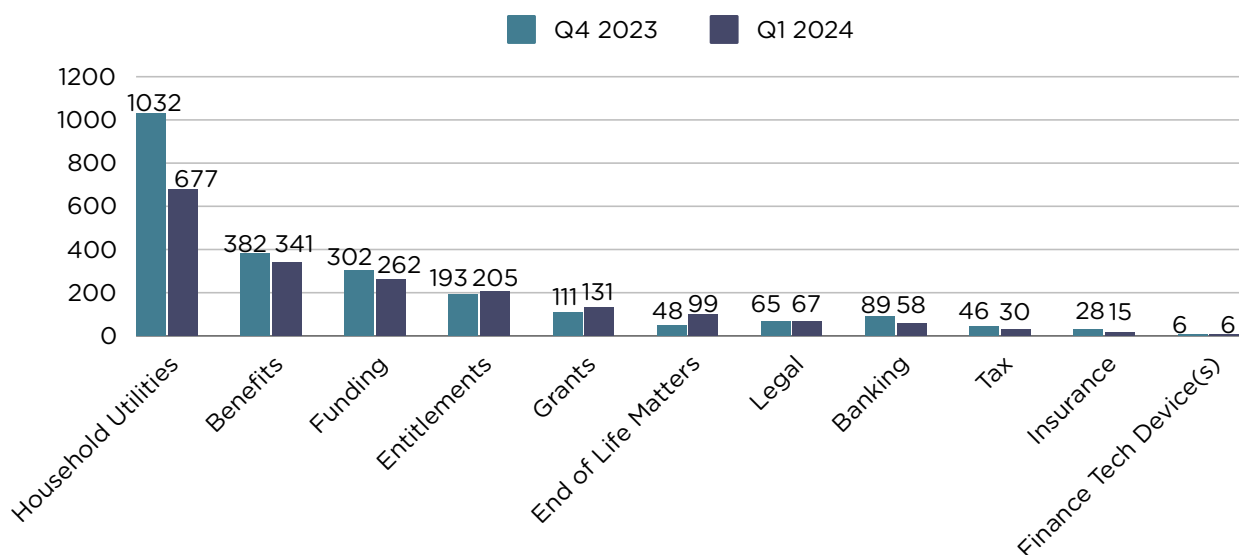


Figure 20: Legal and Financial Interventions by Type, Q4 2023 v Q1 2024

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.

A5: Personal Care

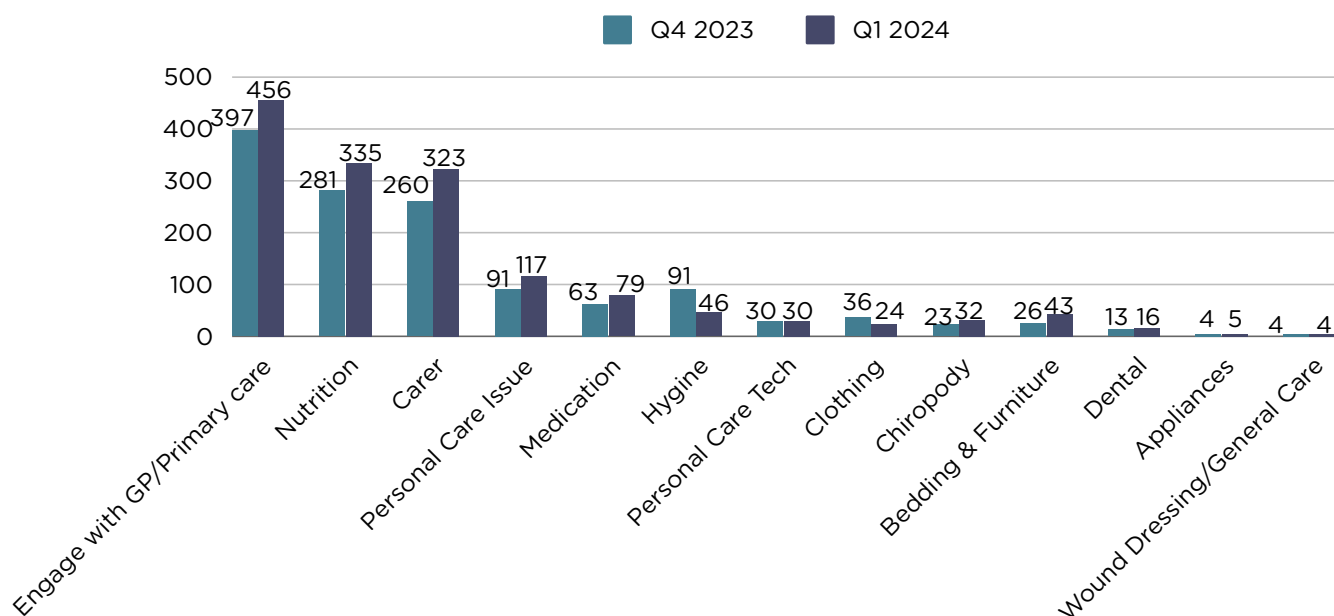


Figure 21: Personal Care Interventions by Type, Q4 2023 v Q1 2024.

A6: Social Isolation/Prescribing

Social Isolation / Prescribing	Q4 2023		Q1 2024	
	No.	%	No.	%
Local Community Groups	746	72.5	1122	79.1
One-off Events	249	24.2	254	17.9
Isolation tech device	34	3.3	42	3.0

Table 26: Social Isolation Prescribing / Isolation Interventions by Type, No. and %, Q4 2023 v Q1 2024

A7: Emotional and Mental Health

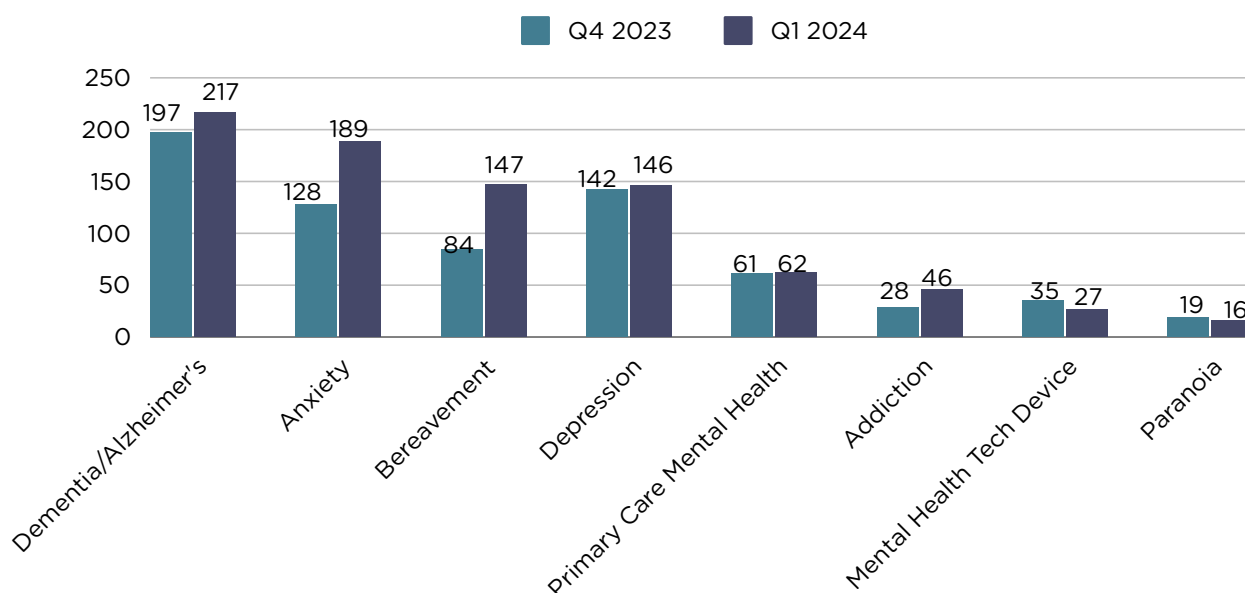


Figure 22: Emotional and Mental Health Interventions by Type, Q4 2023 v Q1 2024

A8: Safety & Security

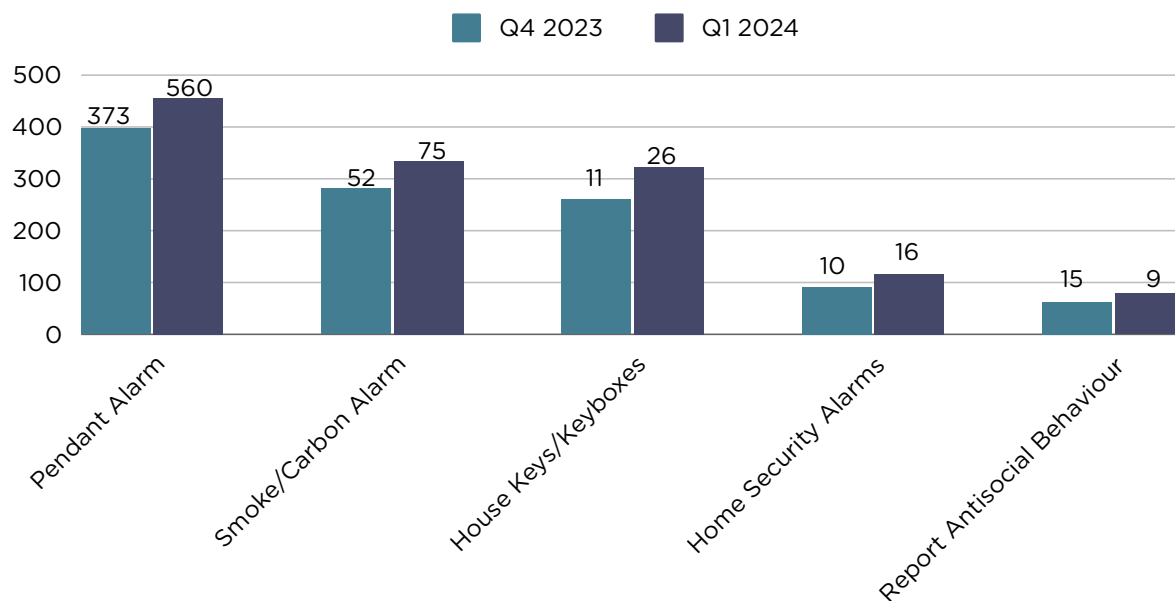


Figure 23: Safety and Security Interventions by Type, Q4 2023 v Q1 2024

A9: Safeguarding

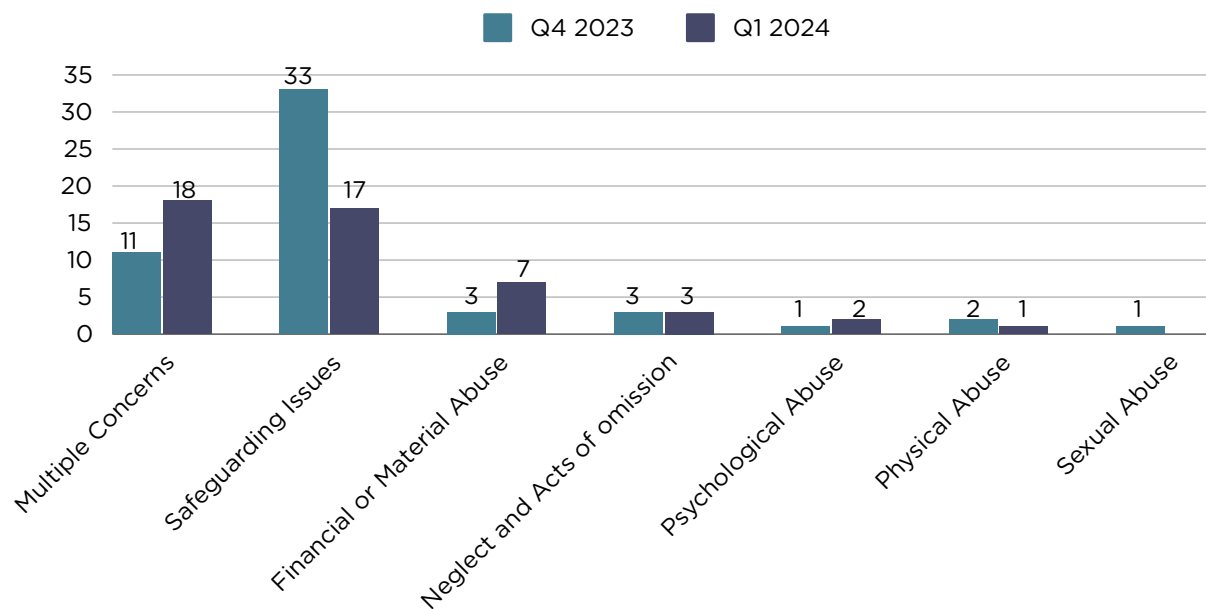


Figure 24: Safeguarding by Type, Q4 2023 v Q1 2024

Note: Data on sexual abuse for Q1 2024 is unavailable

Moreover, between January to March 2024 ALONE's NSRL managed 6,300 incoming support and referrals. The calls data is provided in Table 27.

NSRL calls	January	February	March
Total Calls	2,354	1,911	2,035
Cumulative Unique Individuals (first time callers)	461	915	1,439

Table 27: Calls to the National Support and Referral Line, Q1 2024

Calls to the NSRL in this period cover a variety of themes, as set out in Table 28, 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	599
Front Office	596
Supportive Chat	368
Info/Advice given to OP	243
Finance	139
Housing	124
Signposting	120
Missed call from ALONE	114
Technology	83
Energy Credit Requests	74
Info about digital skills/Hi Digital	53
Mental health (suicidal caller etc.)	45
Home Care/Meals on Wheels	37
Referral to Girl Guides classes	36
Transport	21
Shopping/Medication	7
Signpost to MABS	2
Signpost to SVP	1
Restrictions/Vaccine (Covid)	1

Table 28: 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 Q1 2024, many of whom had initiated engagement with its services before this quarter. In total, 8,491 older people who had been supported by ALONE prior to the beginning of Q1 2024 remained active in this quarter. Of this group, 7,549 (89%) 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= 8,484), 64% were female (n=5,442) and 36% were male (n=3,037; Figure 25), which is comparable to new engagements in Q1 2024.

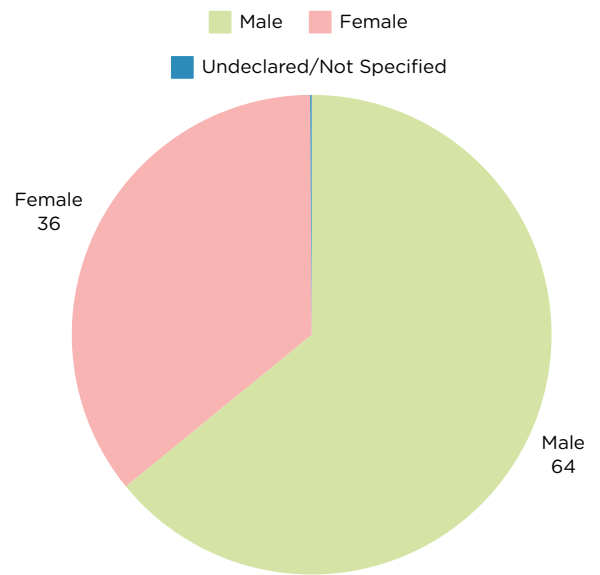


Figure 25: Ongoing Engagements by Gender, Q1 2024

For those whose age was recorded (n= 8,160), the majority (72%, n=5,869) were aged between 71 and 90 years old, while 112 people were younger than 50, and 186 were older than 95 (Figure 26).

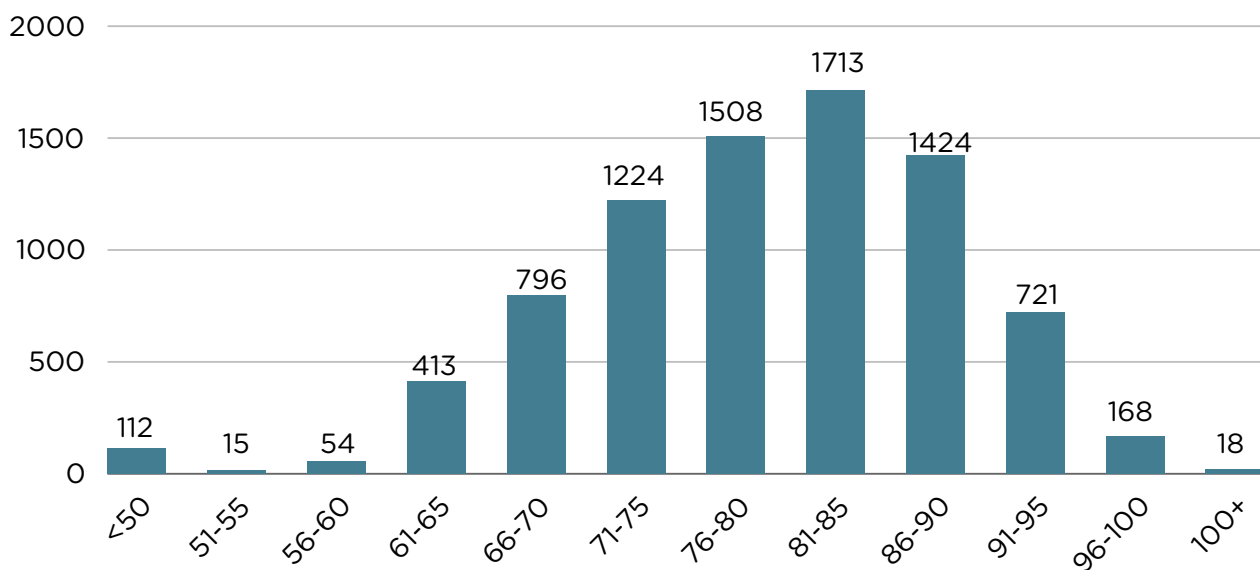


Figure 26 : Ongoing Engagements by Age Range, Q1 2024

The distribution of these ongoing engagements, for which data was available (n= 8,477), is presented in Table 29 according to their geographical spread. As this shows, CHO 1, 4, 5 and 7 have the highest proportion of ongoing engagements, 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	1,127	13.3
CHO 2	795	9.4
CHO 3	547	6.5
CHO 4	1,219	14.4
CHO 5	1,138	13.4
CHO 6	530	6.3
CHO 7	1,112	13.1
CHO 8	955	11.3
CHO 9	1,062	12.5

Table 29: Ongoing Engagements (commenced pre-Q4 2023), by CHO, Q1 2024

Of the 8,491 older people who were actively supported by ALONE prior to Q1 2024, and who remained active within ALONE, 15% (n=1,273) received a new intervention in Q1 2024.

Annexure C: CHO MAP

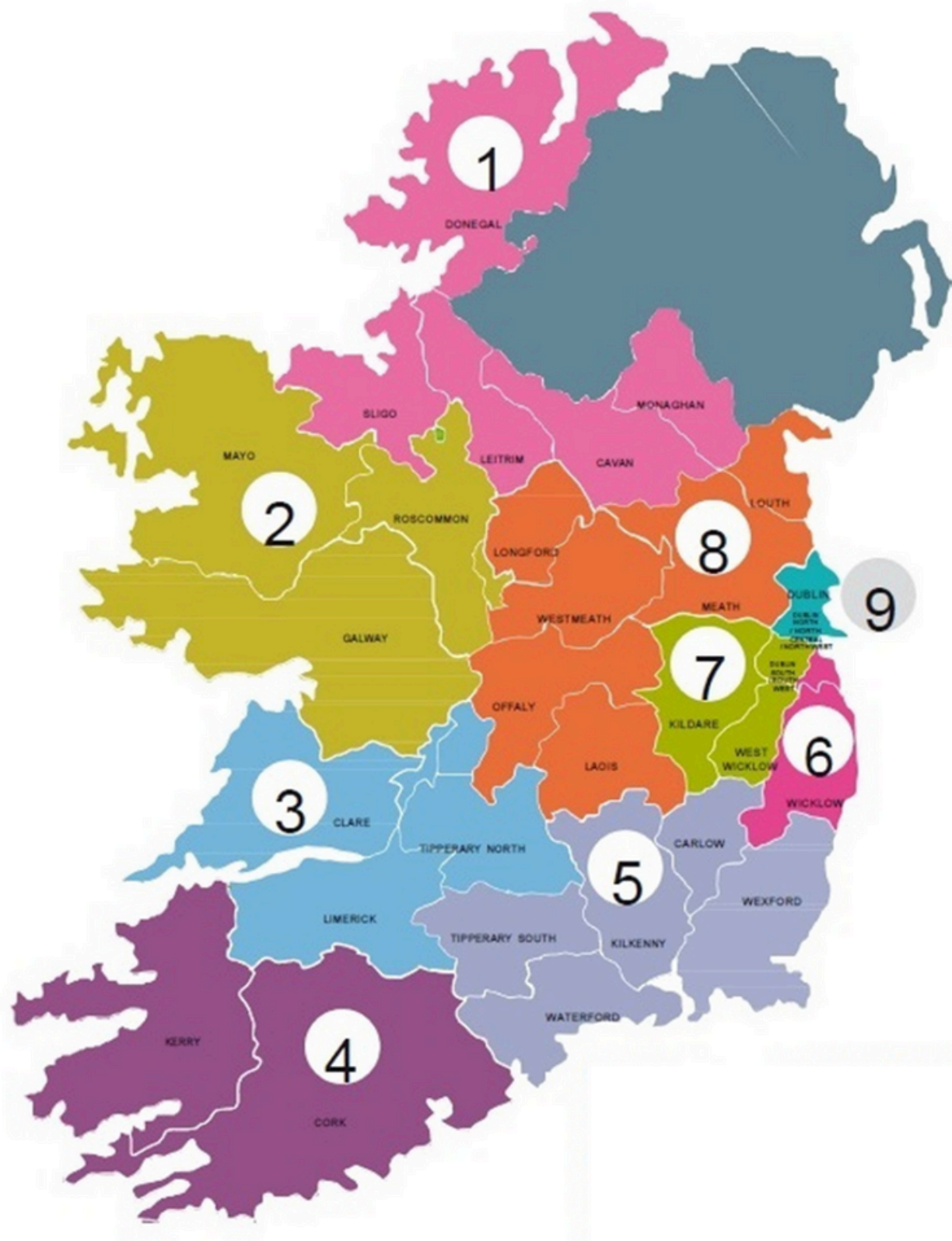



Figure 27: Geographical distribution of CHOs in Ireland



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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ALONE

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