Q1 2023

ECC REPORT

ALONE
YOU'RE NOT ALONE

SUMMARY

ALONE's services experienced a significant period of growth in Q1 2023. The number of older people engaged, assessments undertaken and interventions provided increased considerably compared to Q1 2022. ALONE has strengthened its strategic partnerships with the HSE and public health teams, and built new partnerships with community-based organisations, a diverse range of charities, and other referral agencies. This growth has enabled ALONE to provide Support Coordination services to a greater number of older people, offering a more diverse range of supports. Key findings include:

At the end of Q1 2023, there were 20,829 older people engaged with ALONE.

3,973 people newly engaged with ALONE in Q1 2023, an increase of 123% on Q1 2022

3,712 new referrals in Q1 2023, with just under half coming from external agencies including HSE referrers, primary care and hospitals

62% were female and 56% were 71-85 years

Significant growth in all CHO regions, particular in CHO4 (Cork/Kerry) where there was a 500% increase in numbers of older people newly engaged from Q1 2022

68% were living alone, 75% were homeowners while the majority of others were living in Local Authority housing

2,609 people were assessed in Q1 2023, an increase of 365% compared to Q1 2022
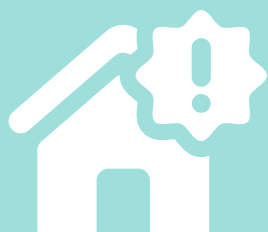
Key Findings

54% experienced loneliness

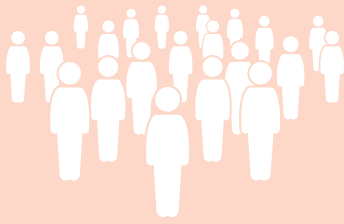44% experienced an issue with their physical health

35% experienced financial/legal issues

32% reported housing issues

Older people who did not own their home were more likely to have difficulty with their home

12,536 interventions carried out with older people, an increase of 235% compared to Q1 2022

93% of people assessed in Q1 2023 received an intervention in the same quarter

The average number of interventions per person was 3.2, ranging from 1 to 41

The number of interventions increased across all areas of support, but the most notable change was in the area of financial/legal support where there was a 625% increase

There were 2,319 housing interventions and 2,117 support and befriending interventions in Q1 2023

Housing has the highest average number of interventions, indicating this is a resource-intensive area of work

Continuing support was provided to 6,399 people who engaged with ALONE before Q1 2023

There were 6,637 calls to ALONE's National Support and Referral Line

The majority of calls related to issues around loneliness and financial needs

At the end of Q1 2023, there were 5,460 volunteers engaged with ALONE

There were 120 Community Impact Network (CIN) members at the end of Q1 2023, and 350 organisations reached through ALONE's CIN newsletter

COMMUNITY IMPACT NETWORK

POWERED BY ALONE

GLOSSARY OF TERMS

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

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

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

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

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

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

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

Where we are
TODAY

INTRODUCTION

Ireland has a rapidly increasing ageing population. At the last Census, the proportion of the Irish population aged over 65 accounted for 19.1% (n=637,567; CSO, 2016), and it is estimated to increase to 1.6 million by 2051. This unprecedented rapid increase in population requires governments and other stakeholders to promote the development and maintenance of frameworks, policies and supports that allow for healthy and productive ageing. Indeed, the National Strategy on Ageing (2013) set a national goal to enable people to age with confidence, security and dignity in their own homes and communities for as long as possible. The aim to support ageing in place remains a central focus of the Irish Government's Sláintecare programme of healthcare reform.

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

Most jurisdictions require companies to prepare and disclose annual reports, and many require the annual report to be filed at the company's registry. Companies listed on a stock exchange are also required to report at more frequent intervals (depending upon the rules of the stock exchange involved).

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

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

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

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

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

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

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

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

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

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

PURPOSE OF THE REPORT

The main purpose of the report is to demonstrate how ALONE has supported the HSE to achieve its vision of increased person-centred community health supports in Q1 2023.

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

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

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CHAPTER 1: ALONE'S COLLABORATION WITH HSE

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.

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

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

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

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

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

THE ENHANCED COMMUNITY CARE PROGRAMME (ECC)

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

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

Community Healthcare Networks

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

Community Specialist Teams (Hubs)

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

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

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

IMPLEMENTATION OF THE ALONE MODEL

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

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

Key Objectives

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 and also coordinate linkages to local community groups in their area.

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. The ALONE assessment tools focuses on housing, physical health, daily living, psychological health, financial and legal, technology and social prescribing.

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.

CHAPTER 2: IDENTIFYING NEED - ALONE ENGAGEMENT AND ASSESSMENT

Profile of Older People Supported in Q1 2023

Overall, 3,973 people newly engaged with ALONE in Q1 2023, compared to 1,786 in the same period in 2022, representing an increase of 122.5% (Figure 1).
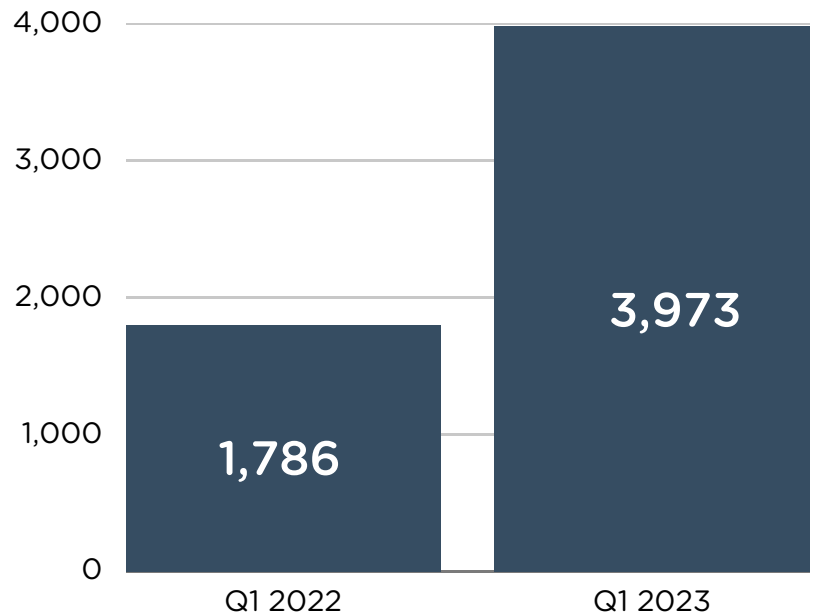
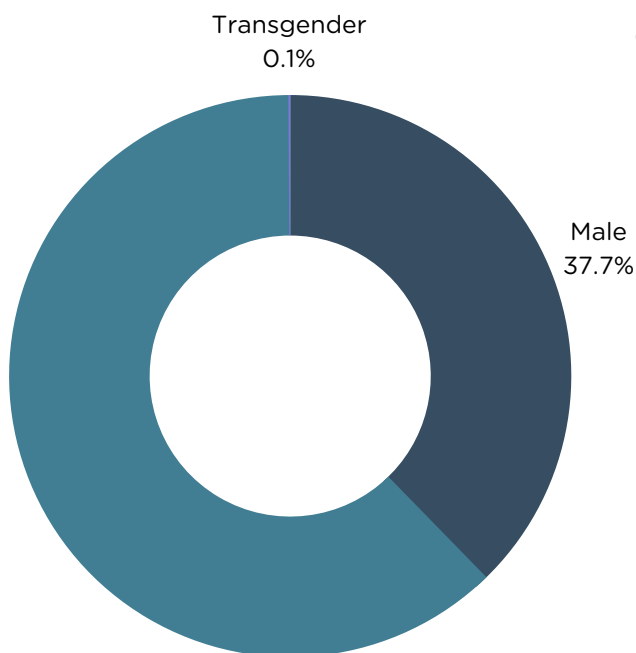Figure 1: No. of People Supported, Q1 2022 v Q1 2023

Of those for whom gender was reported (n=3,755), 62.2% were female (n=2,336) and 37.7% were male (n=564; Figure 2).[1] This is a similar breakdown to the same period in 2022, when it was 63% and 37% respectively.

Figure 2: People Supported by Gender (%), Q1 2023

[1]   A small proportion (n=3) were "Undeclared / Preferred not to say", and 1 person identified as Transgender.

Where age was recorded (n=3,616), the majority (55.7%, n=2,015) of older people supported by ALONE were aged between 71 and 85 years old (Figure 3), compared to 57.1% in this age range in Q1 2022. In Q1 2023, 134 people were younger than 61, while 31 were older than 95.
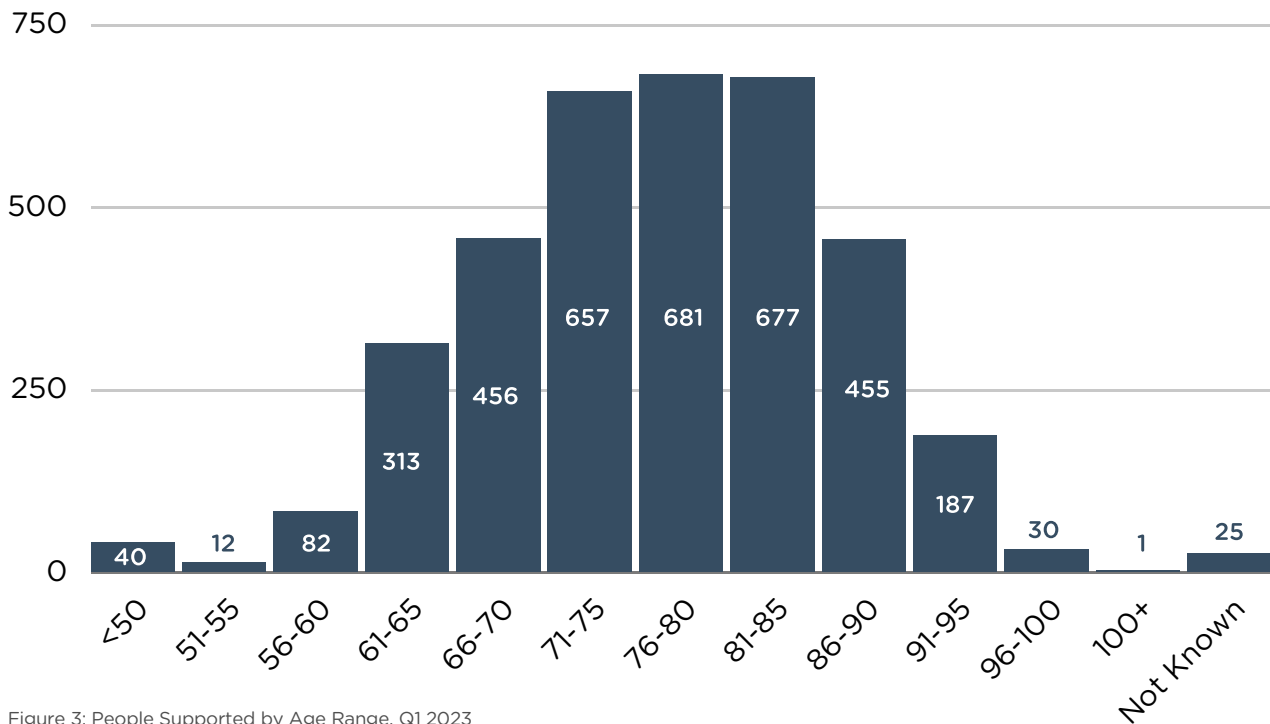

Figure 3: People Supported by Age Range, Q1 2023

CHO data were recorded for 3,762 newly engaged individuals in Q1 2023. The most notable change in comparison to the same period in 2022 is in CHO9. Here, the proportion of individuals decreased from 25.3% in Q1 2022 to 9.3% in Q1 2023, while the proportion in CHO 4 has almost doubled in the same period (Table 1). This indicates that ALONE's reach has increased in previously underrepresented areas.

CHO	Q1 2022		Q1 2023	
	No.	%	No.	%
CHO 1	274	15.3	481	12.8
CHO 2	115	6.4	392	10.4
CHO 3	63	3.5	309	8.2
CHO 4	98	5.5	589	15.7
CHO 5	171	9.6	590	15.7
CHO 6	137	7.7	186	4.9
CHO 7	245	13.7	422	11.2
CHO 8	223	12.5	445	11.8
CHO 9	452	25.3	348	9.3
Unknown	8	0.4	0	0.0
Total	1,786		3,762	

Table 1: People Supported by CHO, Q1 2022 v Q1 2023

Referrals

Almost half (48.3%) of the 3,712 referrals in Q1 2023 were made by external agencies. CHO 4 and CHO 5 account for more than one-third of those (36.3%). A further 28.4% were self-referrals, where the individual contacted ALONE on their own behalf (Figure 4 and Table 2).
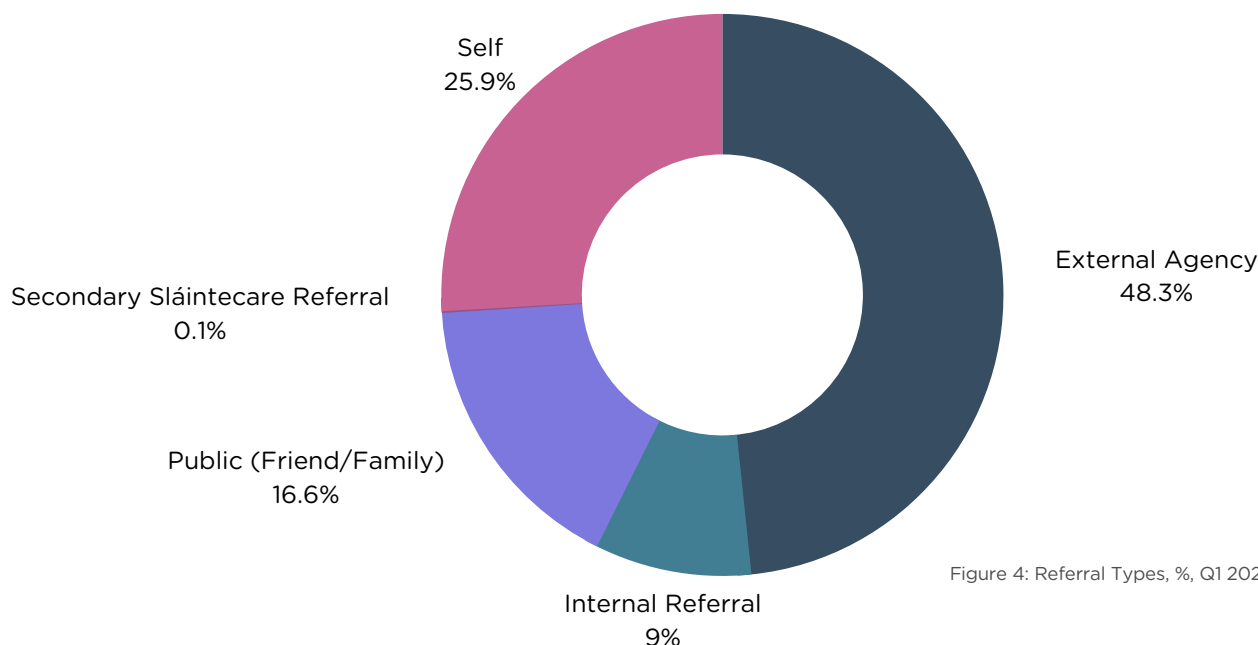

Self
25.9%

Secondary Sláintecare Referral
0.1%

Public (Friend/Family)
16.6%

External Agency
48.3%

Internal Referral
9%

Figure 4: Referral Types, %, Q1 2023

Referral Type	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Total
External Agency	299	281	140	237	358	84	182	250	158	1,989
Internal Referral	40	39	16	42	45	4	76	59	51	372
Public (Friend/Family)	95	61	62	83	86	36	76	86	66	651
Secondary Sláintecare Referral	3									3
Self	77	49	123	261	140	78	121	86	92	1,027
Total*	472	389	307	581	579	185	420	439	340	3,712

Table 2: Referral Type by CHO, Q1 2023

Note: The Total* number refers to the number of individual people, where the same person may come through the service via more than one referral pathway.
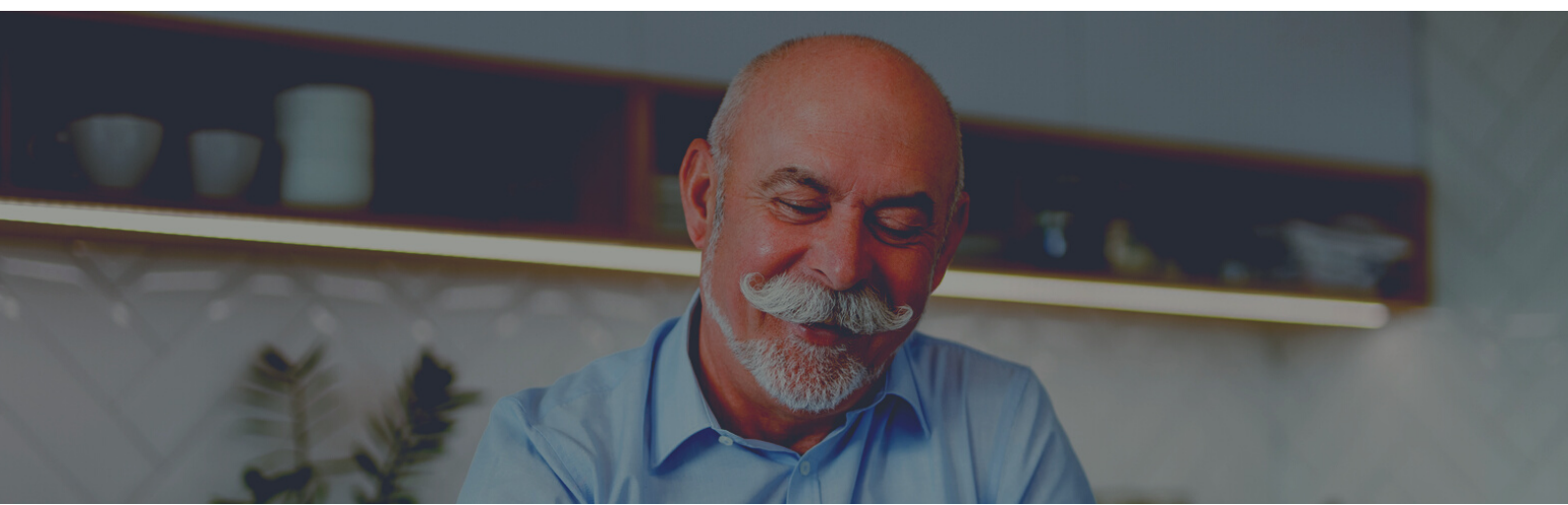
Of the individuals referred by named External Agencies (n=1,270), over half (56.8%) were referred by HSE Community Care Teams, while more than one in four (26.1%) were referred by a hospital. ICPOP (Integrated Care Programme for Older Persons) accounted for 7.1% of external referrals while more than 1 in 20 were referred by a charitable organisation (Table 3).

External Referral Agency	No.	%*
Community Care Team	721	56.8
Hospital	332	26.1
ICPOP	90	7.1
Charitable Organisation	71	5.6
Mental Health Services	39	3.1
GP	21	1.7
Family Resource Centre	20	1.6
Social Worker	17	1.3
Area Partnership	15	1.2
Safeguarding Team	12	0.9
Hospice / Palliative Care	6	0.5
Gardaí	5	0.4
Nursing Home	5	0.4
Home Care Provider	4	0.3
Housing Body	3	0.2
Local Authority	2	0.2
Citizens' Information	1	0.1
Insurance Company	1	0.1
Local Development Company	1	0.1

Table 3: External Referral Agencies, Q1 2023   Note: The %* is based on the number of individual people, where the same person may come through the service via more than one referral pathway.

As Table 3 shows, the ECC Model has become embedded across a range of community-based referrers. 'Charitable Organisations' includes national organisations such as the Alzheimer's Association of Ireland, the Simon Communities, St. John of Gods and more specialised and/or local-level groups.
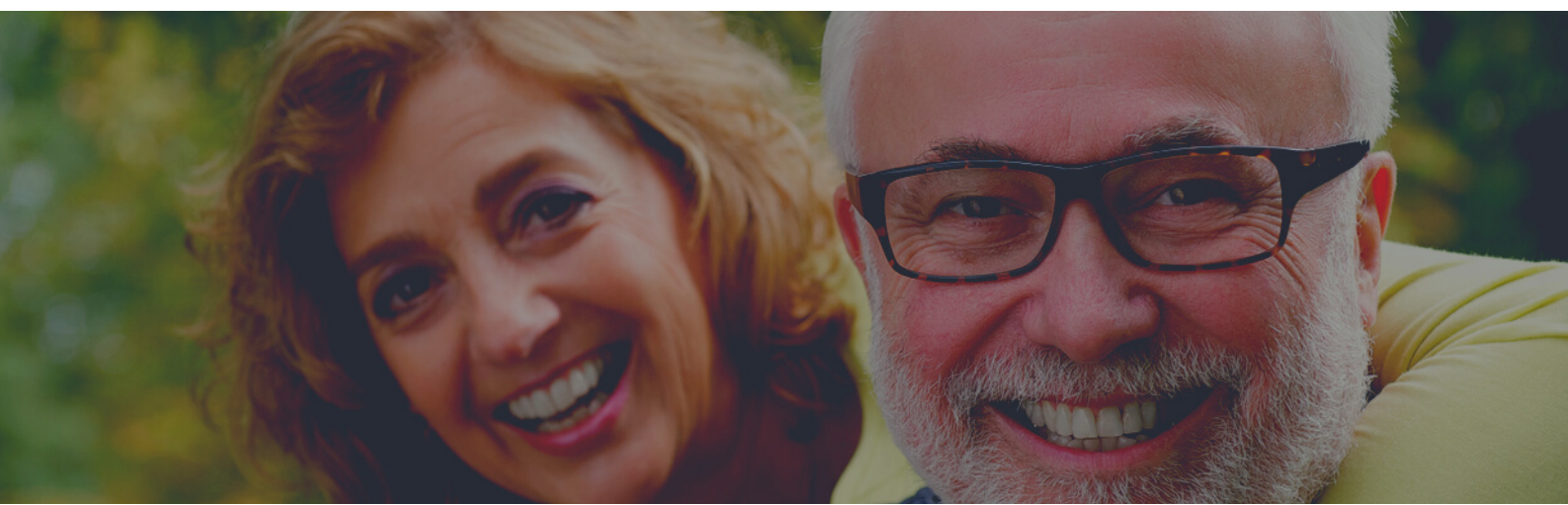
ALONE Assessment of Need

Some 2,609 older people were assessed by ALONE Support Coordinators in Q1 2023. This is an increase of 365% compared to the number of people assessed in Q1 2022, when the number assessed was 561 (Figure 5).
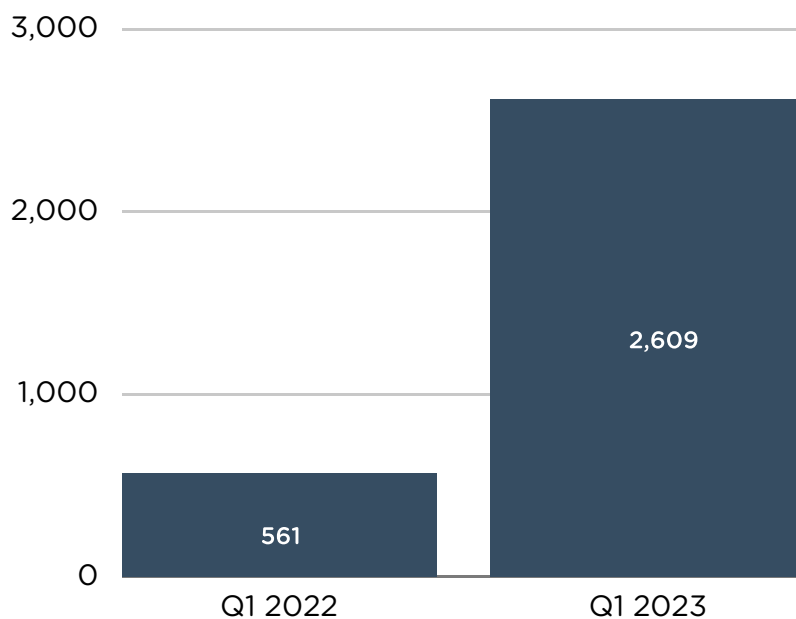

Figure 5: Number of Older People Assessed Q1 2022 v Q1 2023

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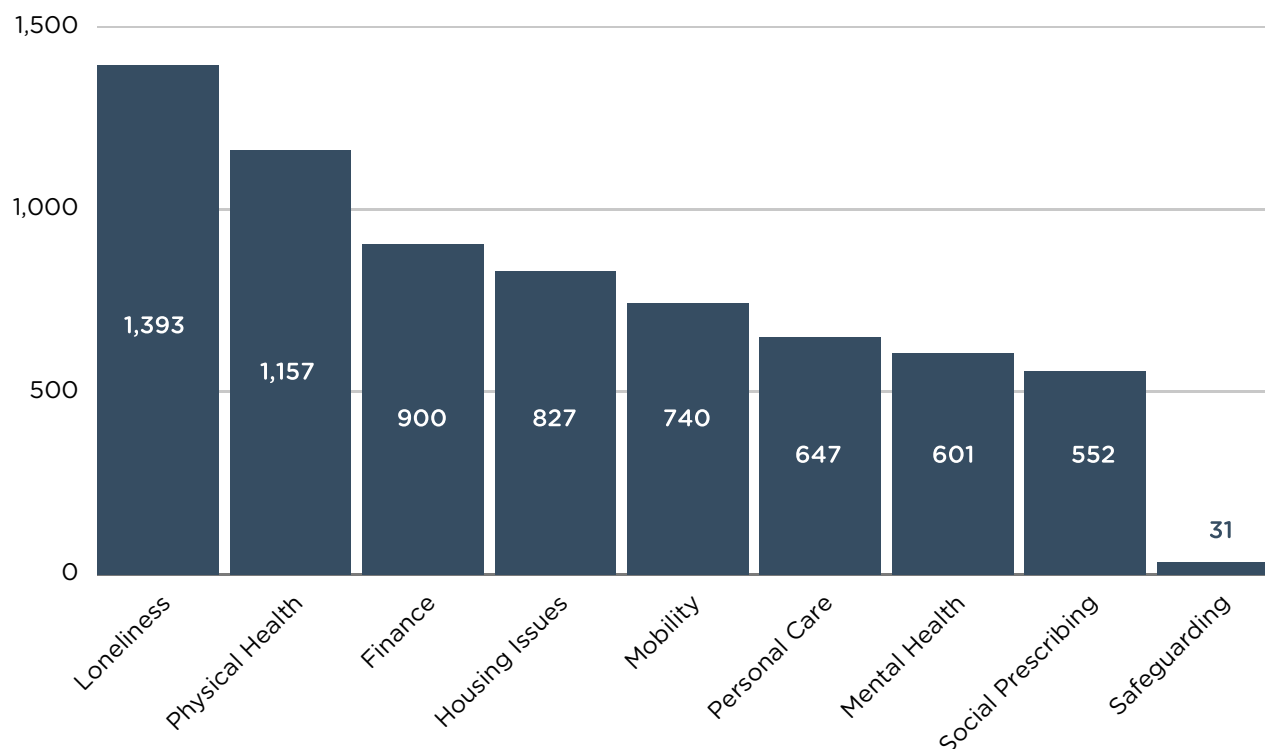

Figure 6: Issues Presenting in Assessments, number, Q1 2023

As the table below shows, more than half (53.4%) of all people assessed indicated that they felt lonely, while 44% reported an issue with their Physical Health, and approximately one-third had a Finance or Housing issue.

| Category	No.	%*
Loneliness	1,393	53.4
Physical Health	1,157	44.3
Finance	900	34.5
Housing Issues	827	31.7
Mobility	740	28.4
Personal Care	647	24.8
Mental Health	601	23.0
Social Prescribing	552	21.2
Safeguarding	31	1.2

Table 4: Issues Presenting in Assessments, Q1 2023

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

In terms of differences across geographical areas, as Table 5 indicates, there were slight differences in needs across geographical areas. CHO1 had the highest proportion of people who indicated that they were lonely, while CHO6 had the highest proportion with physical health issues. CHO9 had a higher proportion of people experiencing housing difficulties, but the lowest proportion of individuals with personal care needs.

	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Loneliness	32	22	21	29	26	27	26	26	25
Physical Health	21	23	24	20	21	25	22	17	22
Housing	15	12	16	16	14	11	16	17	18
Personal Care	14	13	13	11	11	9	11	15	8
Mobility	11	15	16	12	15	17	15	11	14
Mental Health	7	13	9	11	12	11	9	13	12
Safeguarding	0.2	1	1	1	0.5	1	0.4	0.1	1

Table 5: Issues emerging during Assessment, Percentage. of People, by CHO, Q1 2023
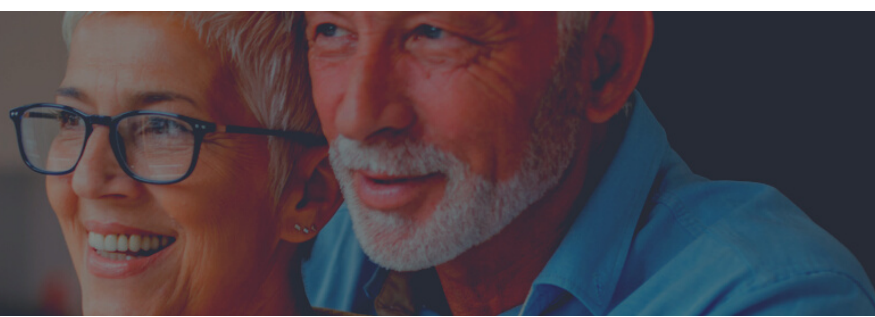
Loneliness

1,393 people assessed in Q1 2023 indicated that they felt lonely, representing 53.4% of older people assessed in this period.

Of this group, 1,028 (73.8%) said they had someone to visit them. Of the 1,008 people who responded to the question of who came to visit them, almost two-thirds (n=753, 74.7%) were visited by family, 13.5% by neighbours (n=136), and almost one in eight by friends (n=120, 11.9%).

928 people answered the question of when they were last out socially. Of those, 37.4% (n=347) said that they had been out socially in the last week, while 8.8% (n=82) had not been out socially in over a year (Table 6).

Last time out socially	No.	%
In the Past Week	347	37.4
In the Past Month	244	26.3
In the Past 6 Months	186	20.0
In the Past Year	69	7.4
More than a Year Ago	82	8.8

Table 6: Last Time Out Socially, Q1 2023

Of those who indicated that they felt lonely, more than one-third (34.9%, n=486) indicated that they had a hobby. These hobbies include baking, chair yoga, bingo, playing cards, birdwatching, bowling, and ballroom dancing. The frequency of these hobbies ranged from "most days" to "whenever possible", with some depending on the availability of family or other supports. For those who did not have hobbies, reasons included poor health and mobility, bad weather, and a dislike of leaving the house.

Of the 1,393 people assessed as feeling lonely, the ALONE assessment identified 242 people who needed the ALONE Telephone and Befriending Service only, 501 who needed the ALONE Visitation and Befriending Service only, and 396 who needed both.

Physical Health

Of the 1,157 people who indicated that they had an issue with their Physical Health and who provided further information, almost one-third had an issue with Falls, and 13% had an issue with Memory (Figure 7).
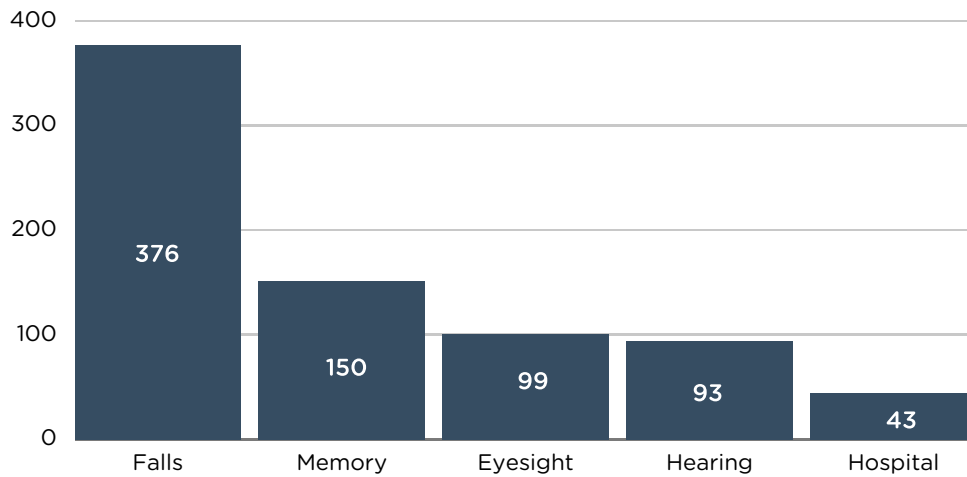

Figure 7: Physical Health Issues by Type, Q1 2023

Some 398 people (34.4%) who had issues with their Physical Health in Q1 2023 indicated that they received Home Help, with just 38 of those indicating that they had issues with the help they received. 74 people who indicated that they did not have Home Help had issues with it, with ALONE supporting 61 (82.4%) of those in this regard. To note, a further 75 people who had issues with Personal Care also received Home Help.

Finance

900 people assessed by ALONE in Q1 2023 indicated that they had issues with Finance. Of those, 386 people (42.9%) had issues with utilities, 298 people (33.1%) had issues with benefits, and 144 people (16%) had issues with entitlements (Figure 8).

Of those with utility issues, 84.2% (n=325) had issues with payments, arrears, or a payment plan, while 54 people had issues claiming a refund from their utilities' provider.

Issues with the Winter Fuel Allowance was the most prevalent issue for those with benefits issues (59.4%, n=177), followed by the Household Benefits Package (24.5%, n=73).
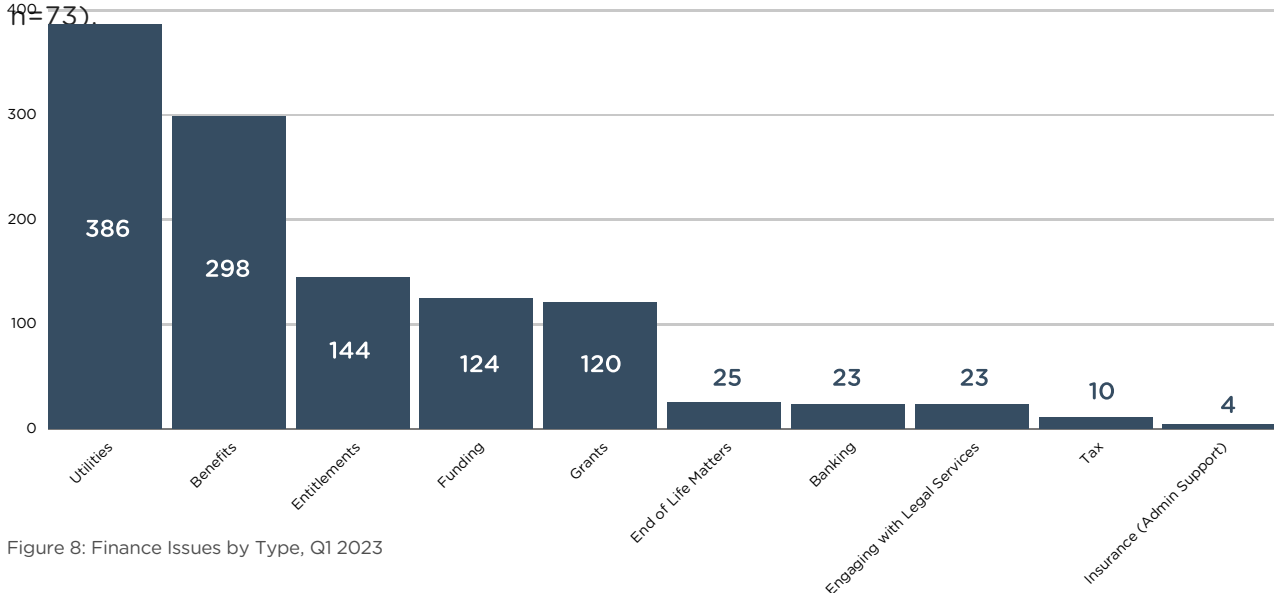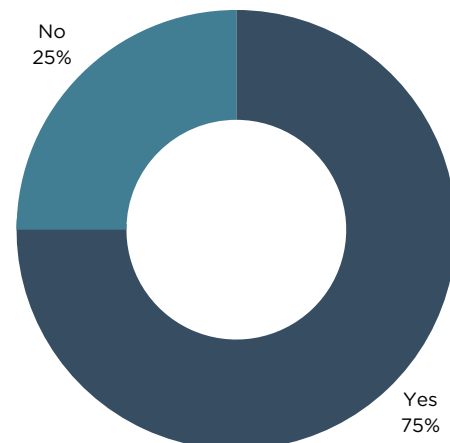

Figure 8: Finance Issues by Type, Q1 2023

HOUSING

Home Ownership & Living Arrangements

Of the 2,499 people who responded to this question in Q1 2023, 75% indicated that they owned their own home (n=1,876; Figure 9).

No
25%

Yes
75%

623 people responded that they did not own their own home, of which 549 provided details about their current living arrangements. The majority (61.9%, n=340) were living in Local Authority or Approved Housing Body (AHB) rented accommodation, and 16.8% (n=68) were renting in the Private Rented Sector (Table 7).

Type of Occupancy (non-owner occupier)	No.	%
Local Authority	297	54.1
Other	97	17.7
Private Rented	92	16.8
AHB	43	7.8
Nursing home/ Long-term Care	13	2.4
Homeless	7	1.3
Total	549	100

Table 7: Types of Occupancy, non-owner occupiers, Q1 2023

17.7% lived in "Other" accommodation. This mainly consisted of temporary arrangements such as living with family members or friends, hotels, charitable housing, temporary accommodation awaiting placement into long-term care, and "prefab" housing near to family and friends.

2,202 people provided details of their living arrangements. More than two-thirds lived alone (68%), almost one in five lived with a spouse, and the remainder lived with family, friends, or a lodger (Table 8).

Living Arrangements	No.	%
Living Alone	1,497	68.0
With Spouse	420	19.1
With Son	102	4.6
With Daughter	62	2.8
With Other Family Member	61	2.8
With Partner	38	1.7
Lodger	13	0.6
Friend	9	0.4
Total	2,202	100

Table 8: Living Arrangements, Q1 2023

Housing Issues

827 people assessed by ALONE in Q1 2023 indicated that they had issues with their home (Figure 6). Of these, 558 owned their own home while 250 indicated that they did not.[2] Although a higher proportion of those who had issues with their home were owner occupiers, this is due to the higher rate of home ownership among people assessed by ALONE in this period. When taken as a proportion of the indicated tenure type, 29.7% of homeowners assessed by ALONE had difficulty with their home compared to 40.1% of those assessed who indicated that they did not own their own home.

Almost one-third of people with a housing issue in Q1 2023 (32.2 %, n=266) had issues with a Housing Adaptation, more than one in four (26.4%, n=218) had issues with internal repairs, 16.8% (n=139) had an issue with Cleaning, and 13.3% (n=110) had issues with external repairs (Figure 10).
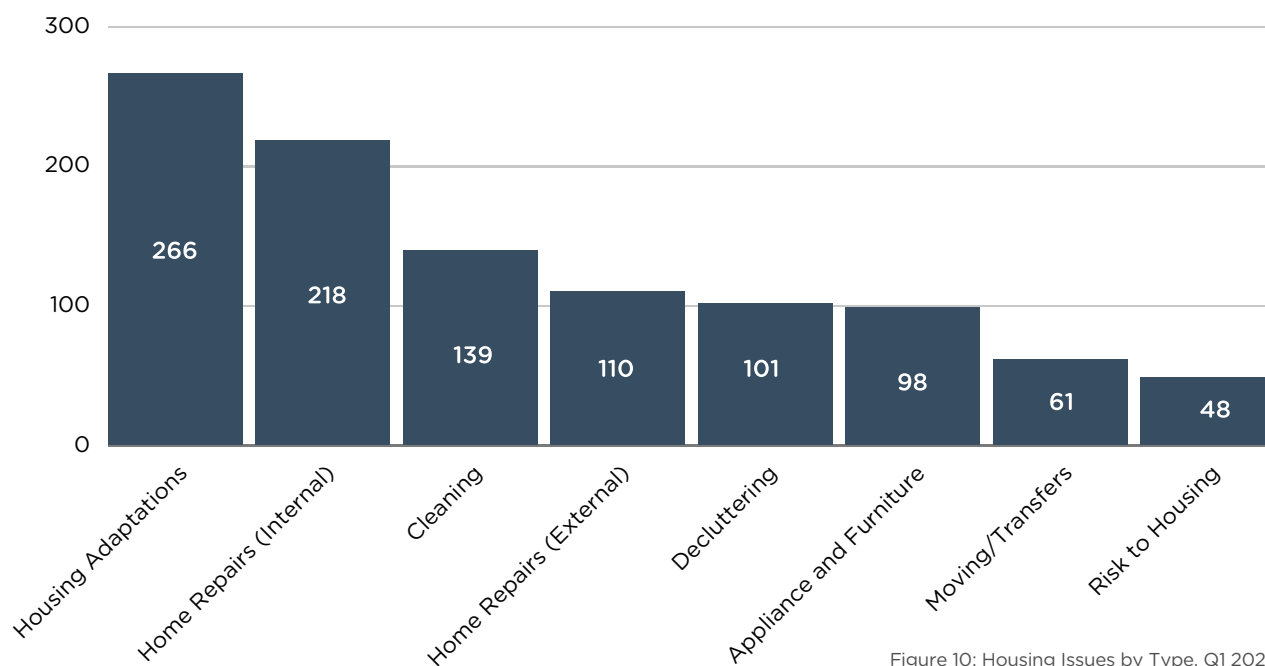

Figure 10: Housing Issues by Type, Q1 2023

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2 The remaining 19 did not indicate their tenure status.

More than three in five people with Housing Adaptation issues in Q1 2023 had issues with Bathroom Adaptations (61.7%, n=164), 18% (n=48) had issues with Access Ramps, and 16.5% (n=44) had issues with Stair-lifts (Table 9), reflecting the prevalence of Mobility Issues in the Assessment data (Figure 6).

Housing Adaptation Issues	No.	%*
Bathroom Adaptation	164	61.7
Access Ramps	48	18.0
Stair-lifts	44	16.5
Install central heating	26	9.8
Replace boiler	15	5.6
Level access showers	13	4.9
Downstairs toilet	12	4.5
Extensions	11	4.1
Rewiring	8	3.0
Builders Quotations	7	2.6
Complete Application Form	7	2.6
Wheelchair access	5	1.9
Certified Electricians Report	2	0.8
GA	1	0.4
Architect Drawings	1	0.4
Oversee Building Works	1	0.4
Reclaim VAT	1	0.4
GP Report	1	0.4
OT Report	1	0.4
Proof of Tax Compliance (OP)	1	0.4
Total People with Housing Adaptation Issues	**266**	**100**

Table 9: Housing Adaptation Issue by Type, Q1 2023   Note: The %* is based on the number of individual people, where the same person may experience more than one issue

Almost one-third of people who indicated that they had issues with Internal Home Repairs had issues with Plumbing (32.1%, n=70), almost one in four had issues with windows and doors, 18.3% had electrical issues, and 17.4% had issues with internal insulation (Table 10).

Home Repairs (Internal)	No.	%
Plumbing	70	32.1
Windows and doors	52	23.9
Electrical	40	18.3
Insulation Internal	38	17.4
Carpentry	31	14.2
Painting	30	13.8
Flooring	23	10.6

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

Mobility

740 people stated that they had mobility issues when assessed in Q1 2023. Of these, 15.5% had issues with Mobility Aids, 15.1% had issues with Mobility Fixtures, more than 1 in 10 had issues with Mobility Furniture, and 3.8% had Other issues (Figure 11).
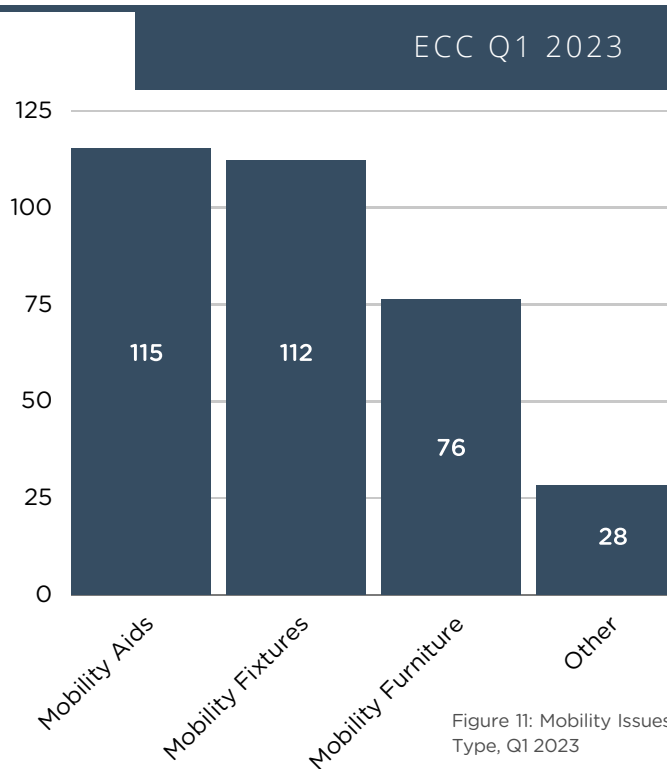

Figure 11: Mobility Issues by Type, Q1 2023

More than one-third of those who indicated that they had an issue with Mobility Aids had an issue with their walking stick or needed a new rollator, 13.9% had issues with their mobility scooter, and more than 1 in 10 had issues with their wheelchair (Table 11).

| Mobility Aids	No.	%
Walking Stick	43	37.4
New Rollator	43	37.4
Mobility Scooter	16	13.9
Wheelchair	13	11.3

Table 11: Mobility Aids Issues by Type, Q1 2023

Over 40% who indicated that they had a Mobility Fixtures issue had an issue with grab rails in the bathroom, almost two in five had issues with grab rails generally, 17.9% had issues with their bannisters, 14.3% needed a toilet seat riser, and just over 10% had issues with their wheelchair ramp (Table 12).

Mobility Fixtures	No.	%
Grab rails bathroom (shower or toilet)	49	43.8
Grab rails (and fitted)	43	38.4
Bannister (and fitted)	20	17.9
Toilet seat riser	16	14.3
Wheelchair ramp	12	10.7

Table 12: Mobility Fixtures Issues by Type, Q1 2023

For the 28 people who indicated that they had 'Other' Mobility Issues, these issues included painful prostheses, vertigo, being homebound due to an ankle issue, getting out of bed, and issues with a sleep apnoea mask.
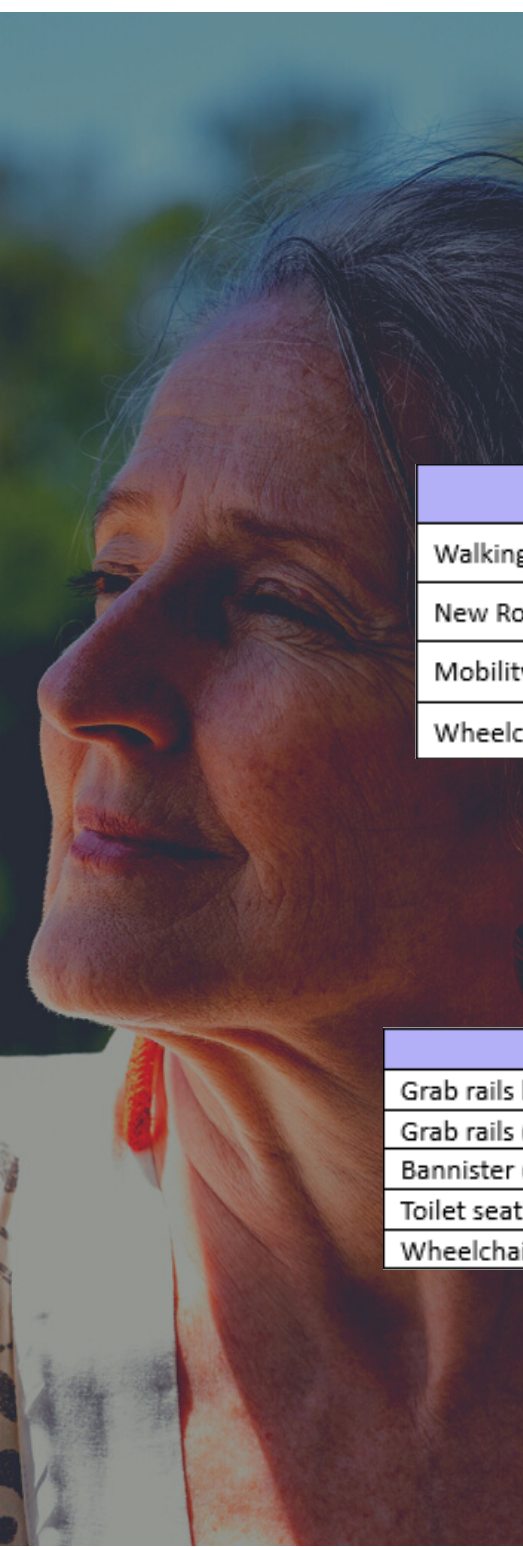
647 people assessed by ALONE in Q1 2023 indicated that they had an issue with Personal Care. Of these, over one-quarter had an issue with GP / Primary Care (28.1%), one quarter had issues with Carers, more than 1 in 5 had issues with Nutrition, and just under 1 in 10 had issues with Hygiene (Figure 12).

Figure 12: Personal Care Issue by Type, Q1 2023
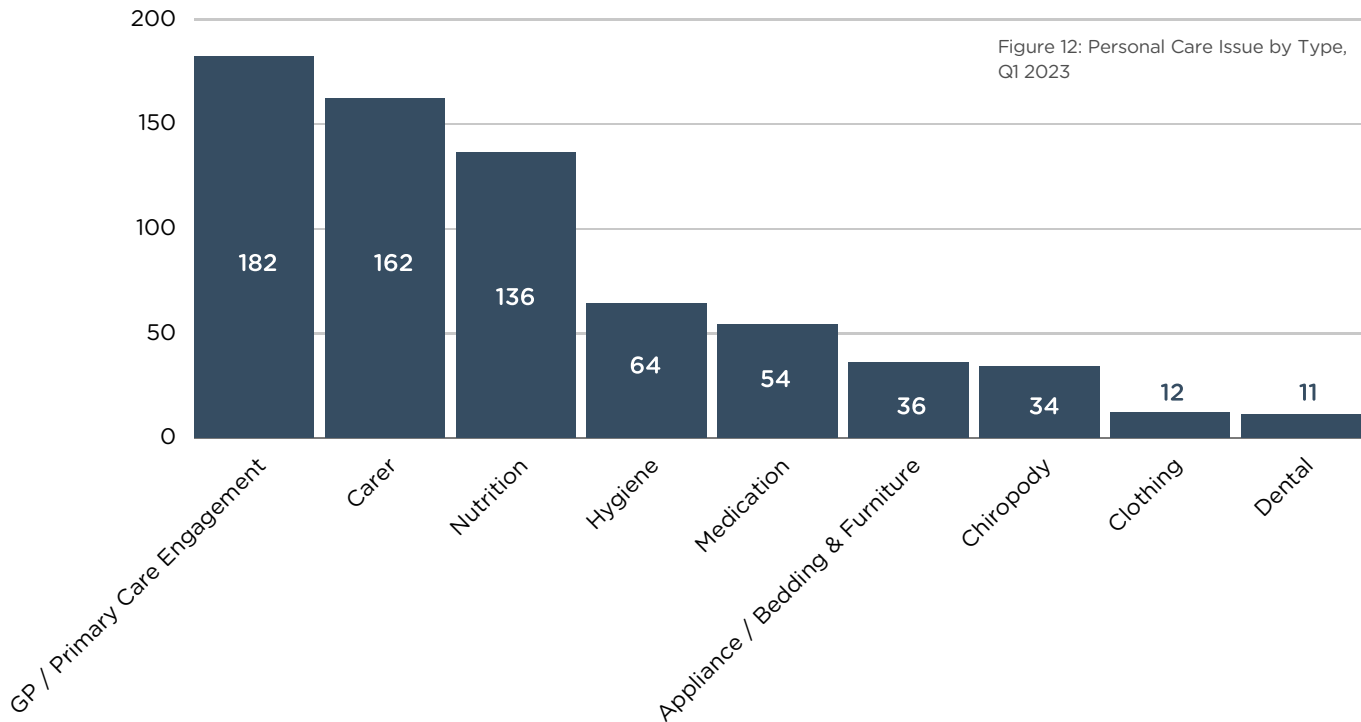
Of the 182 people who indicated an issue with GP / Primary Care Engagement, almost half required support engaging with the Public Health Nurse, almost 3 in 10 required support accessing Occupational Therapy (OT), 16.5% required support with Meals on Wheels, and 13.2% required support advocating for a GP (Table 13).

GP / Primary Care Engagement Issues	No.	%
Public Health Nurse	86	47.3
Access OT	52	28.6
Meals on Wheels	30	16.5
Advocate for GP to support	24	13.2
Access Physio	19	10.4
Provide age-appropriate nutritional information	9	4.9
Other	9	4.9
Support with Changing GP	3	1.6
Wound Dressing	2	1.1

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

162 people assessed indicated that they were having issues with Carers. Of these, 40% required help applying for a Carer, more than one-third had issues advocating for additional carer support, and 30% needed information on carer support (Table 7).

Carer Issues	No.	%
Apply for PHN Carer	65	40.1
Advocate for additional carer support	59	36.4
Information on Carer Supports	50	30.9

Table 14: Carer Issues by Type, Q1 2023

Mental Health

Of the 601 people assessed by ALONE and indicating that they had issues with their mental health, just 40.3% (n=242) had attended a GP, nurse or medical practitioner. Of those, 78.1% (n=189) were prescribed medication of which 14.8% (n=28) said they forgot to take it.

The most prevalent mental health issue among those assessed by ALONE in Q1 2023 was Dementia / Alzheimer's, with almost a quarter (23.1 %) indicating that this was an issue. This was closely followed by Depression (23.0%), 17% reported issues with Anxiety, 16% had issues with their mental or emotional health following a Bereavement, and 5.2% had issues with Addiction. Issues in this area due to Primary Care Mental Health Services were also indicated by 6.8% (Figure 13).
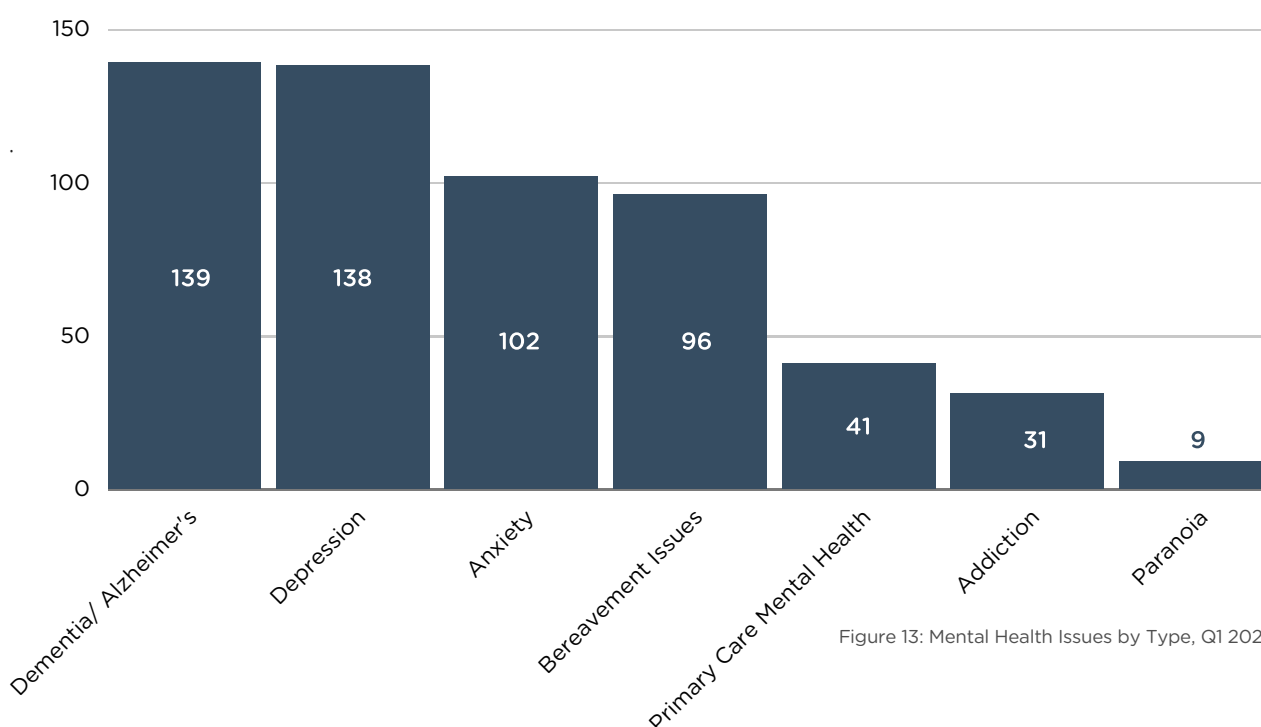

Figure 13: Mental Health Issues by Type, Q1 2023

Of the 139 people assessed in Q1 2023 who indicated that they had issues with Dementia / Alzheimer's, 58.3% (n=81) indicated that they needed information about supports, while 56.1% (n=78) indicated that they had issues accessing supports.

Of the 138 people who indicated that they had issues with Depression, the vast majority (n=112) required information on counselling services (including accessing counselling services), while 12 people required a mental health assessment from their GP or Public Health Nurse.

Social Prescribing

552 people assessed in Q1 2023 indicated that they required some social prescribing support with 82.4% (n=455) declaring interest in a local community group and 12.1% interested in a one-off event.

Safeguarding

Just 31 people assessed by ALONE in Q1 2023 indicated they were at risk of abuse.

Of these, 41.9% (n=13) felt at risk of Emotional Abuse, 32.3% (n=10) felt at risk of Financial Abuse, 29% (n=9) were at risk of Self-Neglect, and 16.1% (n=5) were at risk of Neglect (Figure 14).
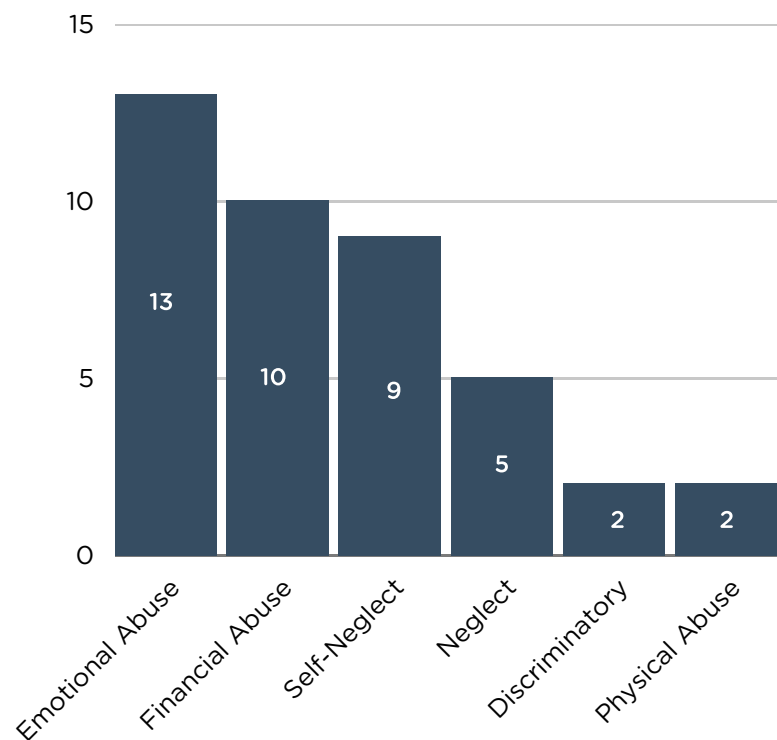

Figure 14: Safeguarding Issues by Type, Q1 2023

Of the 31 people with Safeguarding issues, 7 were submitted to the adult team / ALONE staff for further review.

CHAPTER 3:
MEETING THE ECC OBJECTIVES:
ALONE INTERVENTIONS

This Chapter considers how ALONE is responding to older people's needs by providing individual tailored supports. To note, not every older person who underwent an Assessment in Q1 2023 received an intervention in that period, and similarly, some older people who were assessed in previous quarters commenced interventions in Q1 2023. This means that the numbers here refer to interventions conducted in Q1 2023, rather than the number of people, unless otherwise stated.

In total, ALONE provided **12,536 new support interventions to 3,877 people** in Q1 2023, an average of 3.2 interventions per person. This represents an increase of 234.8% on the number of interventions, and 186.8% on the number of people receiving them, compared to the same period in 2022.

The highest number of interventions were undertaken on behalf of older people in CHO 8 (n=1,776) which also had the highest average number of interventions per person (4.1). The lowest number of interventions were undertaken in CHO 6 (n=666), while the lowest average number of interventions per person was in CHO 1 (2.5; Table 15).

CHO Area	No. People	No. Interventions	Average
CHO 1	517	1,286	2.5
CHO 2	433	1,720	4.0
CHO 3	323	1,317	4.1
CHO 4	563	1,476	2.6
CHO 5	525	1,515	2.9
CHO 6	206	666	3.2
CHO 7	442	1,462	3.3
CHO 8	435	1,776	4.1
CHO 9	414	1,288	3.1

Table 15: Interventions by CHO Area, no. of people, no. of interventions, and average, Q1 2023

The number of interventions per person range from 1 to 41. The area with the highest number of interventions was Legal and Financial, followed by Housing, Support and Befriending, and Physical Health and Mobility (Figure 15).
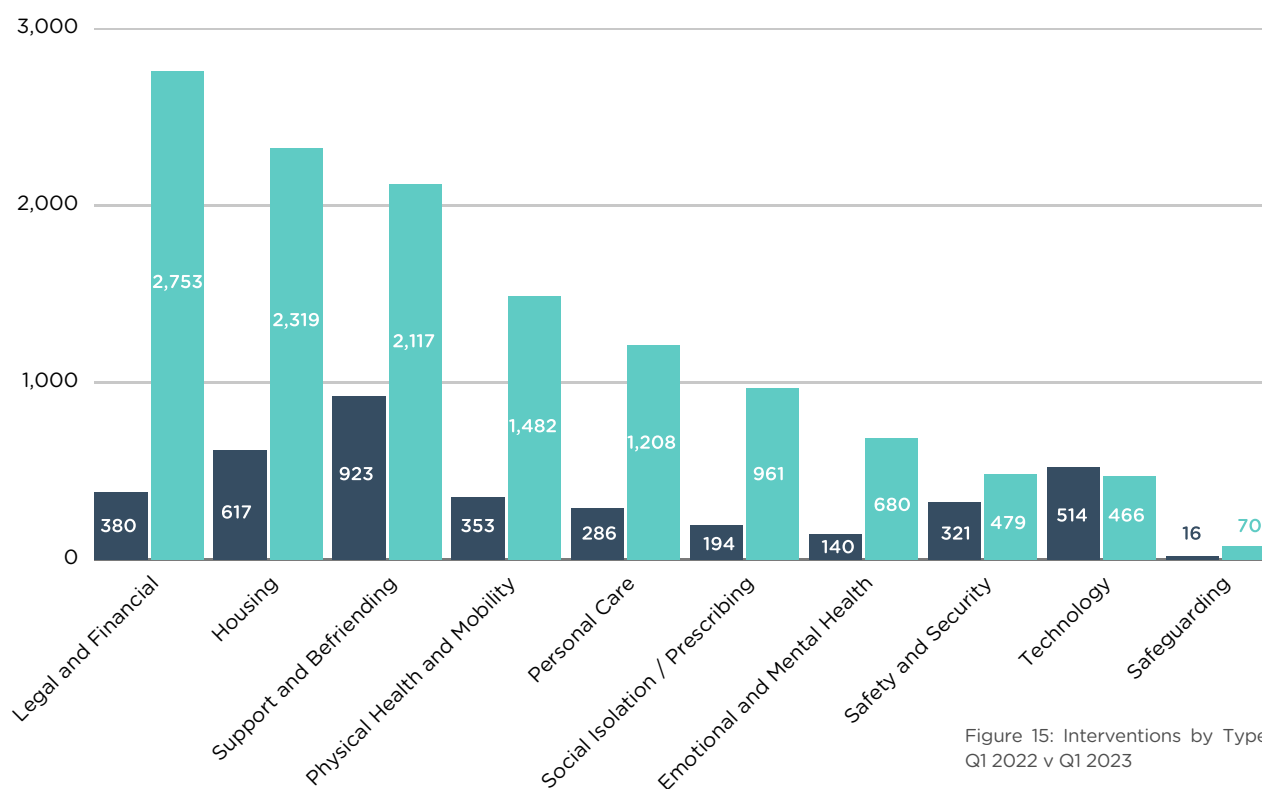
Figure 15: Interventions by Type, Q1 2022 v Q1 2023

As can be seen in Figure 15 and Table 16, there has been a significant increase in the number of interventions delivered by ALONE between Q1 2022 and Q1 2023 in almost all areas. The slight decrease in Technology is due to a change in how this area of support is recorded, as discussed below. The highest percentage change was in Legal and Financial interventions, which experienced a 624.5% increase. This represents a shift in support needs compared to Q1 2022, when Support and Befriending accounted for the highest number of interventions, followed by Housing, Technology, and Legal and Financial Issues. The increase in the cost-of-living, and its disproportionate impact on older people, and the need for clarity and support around Government interventions, particularly the energy credit, all of which are discussed further below, resulted in an increase in the need for Legal and Financial supports. Housing remains a key concern for older people supported by ALONE, as does Support and Befriending.

Type of Intervention	Q1 2022	Q1 2023	% change
Legal and Financial	380	2,753	624.5
Housing	617	2,319	275.9
Support and Befriending	923	2,117	129.4
Physical Health and Mobility	353	1,482	319.8
Personal Care	286	1,208	322.4
Social Isolation / Prescribing	194	961	395.4
Emotional and Mental Health	140	680	385.7
Safety and Security	321	479	49.2
Technology	514	466	-9.3
Safeguarding	16	70	337.5
Total	**3,744**	**12,536**	**234.8**

Table 16: No. of Interventions by Type, Q1 2022 v Q1 2023 and % change

Although Legal and Financial interventions account for the highest number of interventions, and number of people, Housing is the area of support with the highest number of interventions per person, indicating that this area is the most resource-intensive for ALONE (Table 10).

Type of Intervention	No. Interventions	No. People	Average
Legal and Financial	2,753	1,544	1.8
Housing	2,319	1,098	2.1
Support and Befriending	2,117	1,582	1.3
Physical Health and Mobility	1,482	944	1.6
Personal Care	1,208	702	1.7
Social Isolation / Prescribing	961	707	1.4
Emotional and Mental Health	680	458	1.5
Safety and Security	479	407	1.2
Technology	466	334	1.4
Safeguarding	70	47	1.5

Table 17: Interventions by Type, No. of People, No. of Interventions, Average per Person, Q1 2023

Legal and Financial

As indicated above, the highest number of interventions in Q1 2023 were in the Legal and Financial area, at 2,753. Of these, almost half (47.7%, n=1,314) concerned household utilities, 17.9% (n=493) concerned Benefits, and 12.8% (n=353) concerned Funding (Figure 16).
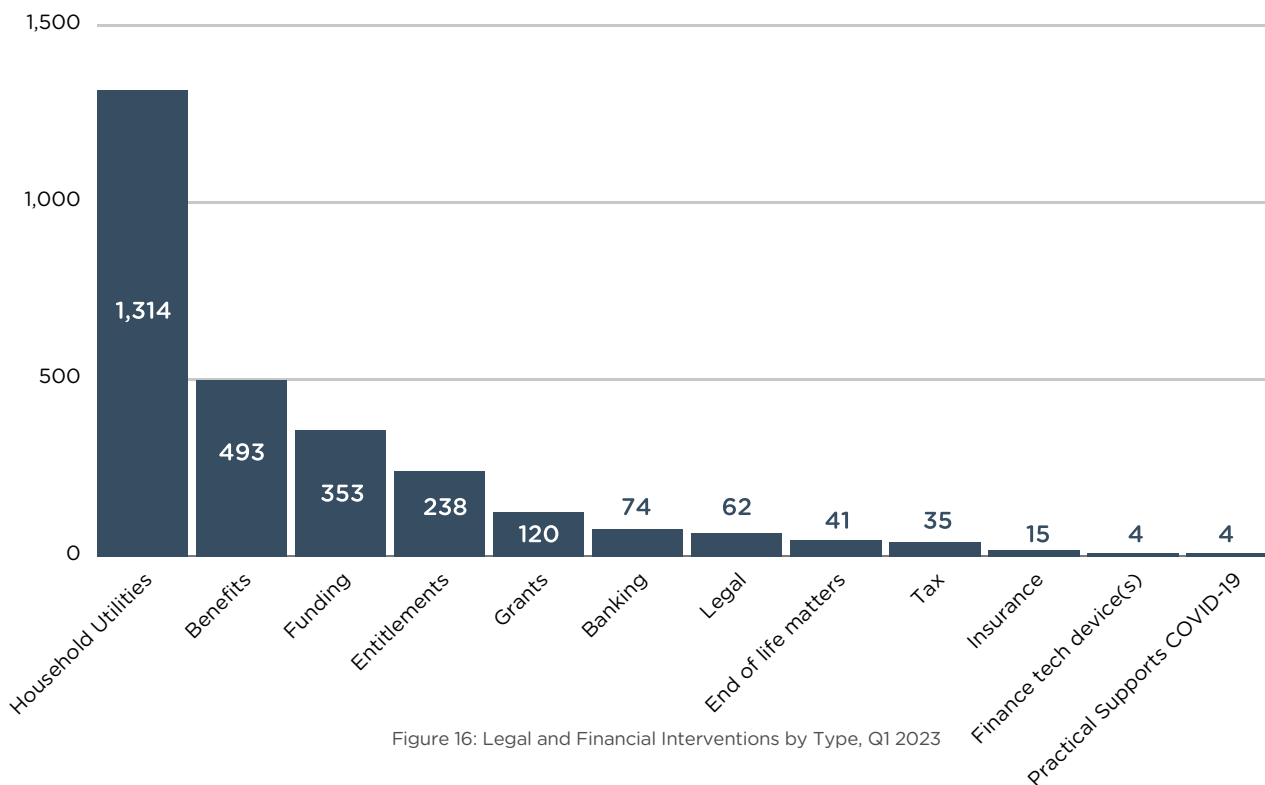
Figure 16: Legal and Financial Interventions by Type, Q1 2023

The impact of the cost-of-living crisis is evident from the number and type of interventions concerning utilities. Of the 1,314 Household utilities interventions, almost two-thirds (73.5%, n=966) concerned the Government's energy credit scheme and a further 23.7% (n=311) of interventions concerned utility arrears or payment plans (Table 18).

Household Utilities Intervention	No.	%
Energy Credit	966	73.5
Arrears / Payment Plan	311	23.7
Utility Refund	27	2.1
Cancel Utility	10	0.8

Table 18: Utilities Interventions by Type, Q1 2023
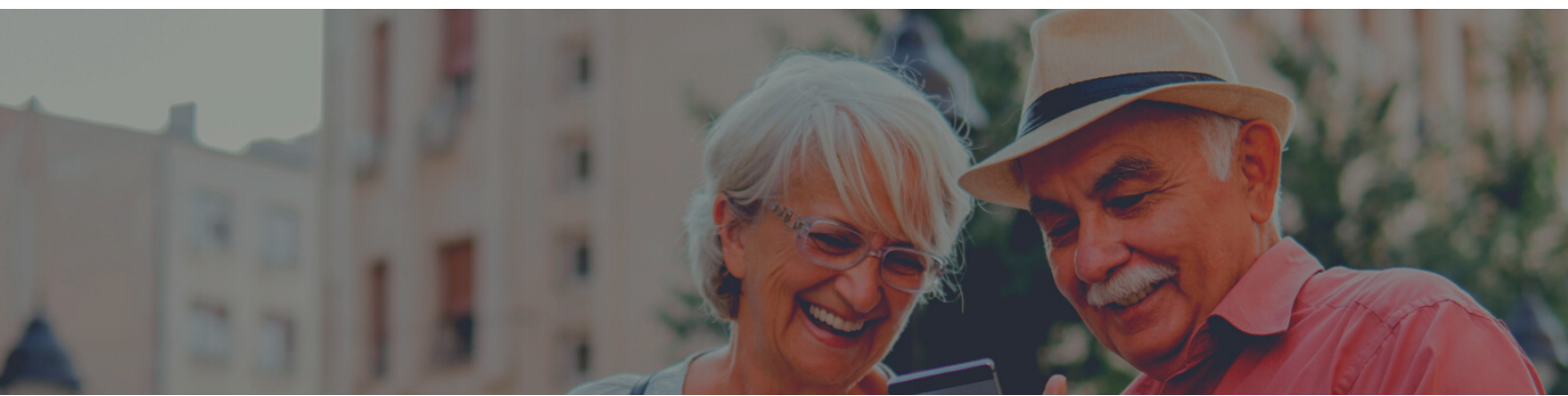
Housing

2,319 interventions were made in relation to Housing in Q1 2023, an increase of 275.9% on Q1 2022. Of these, almost 2 in 5 related to Housing Adaptations (36.9%, n=855), 19.4% (n=449) concerned Internal Home Repairs, and 8.6% related to Appliances and Furniture (n=200; Figure 17).
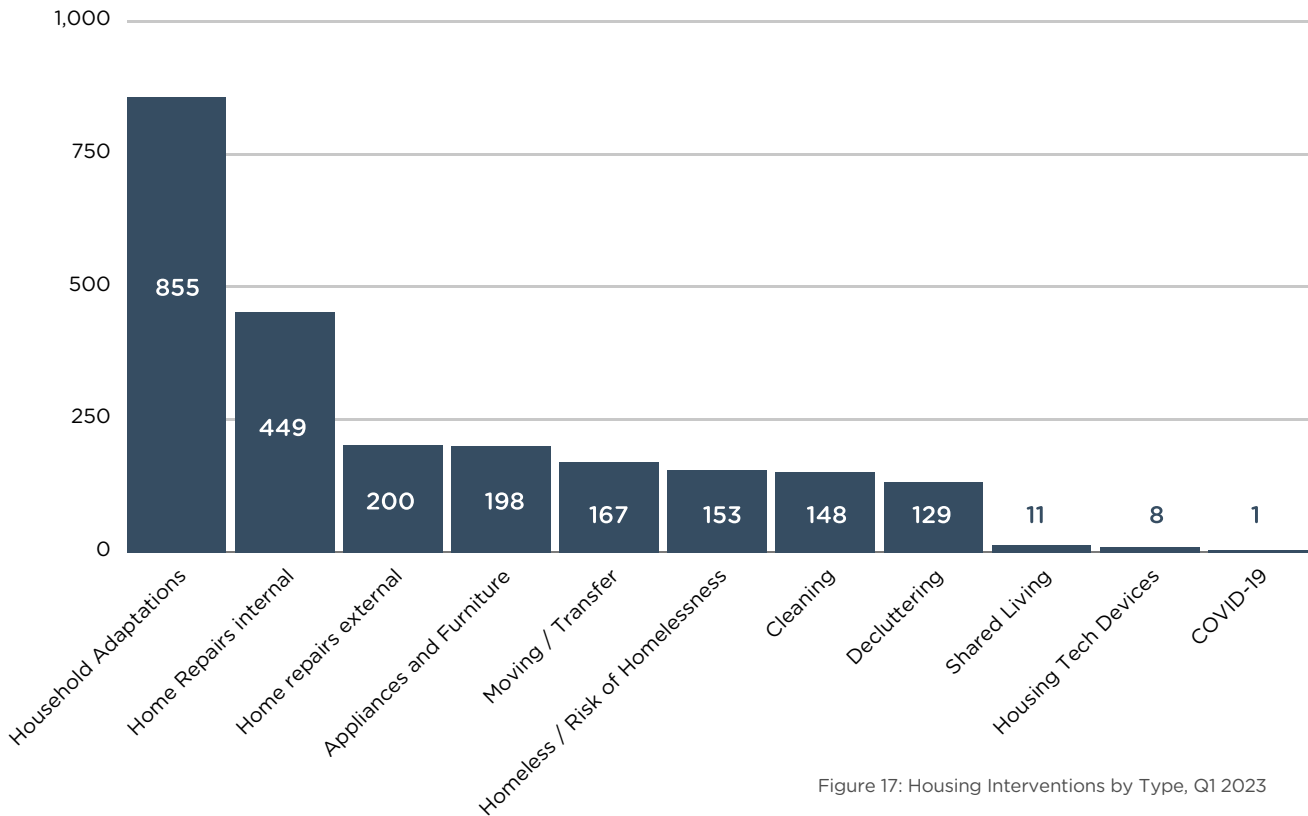

Figure 17: Housing Interventions by Type, Q1 2023

Of the 855 Housing Adaptation interventions, more than one-fifth (22.7%, n=194) related to Bathroom Adaptations / Downstairs Toilet, while 13.6% (n=116) related to Front Door Safety Cameras and 8.7% (n=74) related to Emergency Pendants. The full range of interventions provided by ALONE in relation to Housing Adaptations is set out in Table 19 on the following page.

Housing Adaptation Interventions	No.	%
Bathroom Adaptation / Downstairs Toilet	194	22.7
Front Door Safety Camera	116	13.6
Emergency Pendant	74	8.7
Stair-lifts	64	7.5
Smoke/fire detection system	62	7.3
Access ramps	56	6.5
Builders Quotations	35	4.1
Complete Application Form	35	4.1
Alexa Show- Intercom, Link to doorbell	32	3.7
Broadband	22	2.6
Smart indoor security camera	19	2.2
Install central heating	19	2.2
Replace boiler	18	2.1
Minifinder – Emergency Strap	17	2.0
GP / OT Report	17	2.0
Smart home sensors	12	1.4
Rewiring / Certified Electrician's Report	12	1.4
Level access showers	11	1.3
Wheelchair access	11	1.3
Proof of Tax Compliance (O.P)	5	0.6
Funding Shortfall	4	0.5
House Alarm	2	0.2
Energy control – thermostats	1	0.1
V.A.T Paid to Builder	1	0.1

Table 19: Housing Adaptation Interventions by Type, Q1 2023

Support and Befriending

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

Of the 2,117 interventions within this category in Q1 2023, 2,115 contained further detail on the type of support provided. Of these, more than half (58.7%, n=1,242) were provided by the ALONE Visitation Support and Befriending service, a further 35.8% (n=758) were provided through the ALONE Telephone Support service, and the remaining 5.4% (n=115) were provided through alternative services and supports (Figure 18).
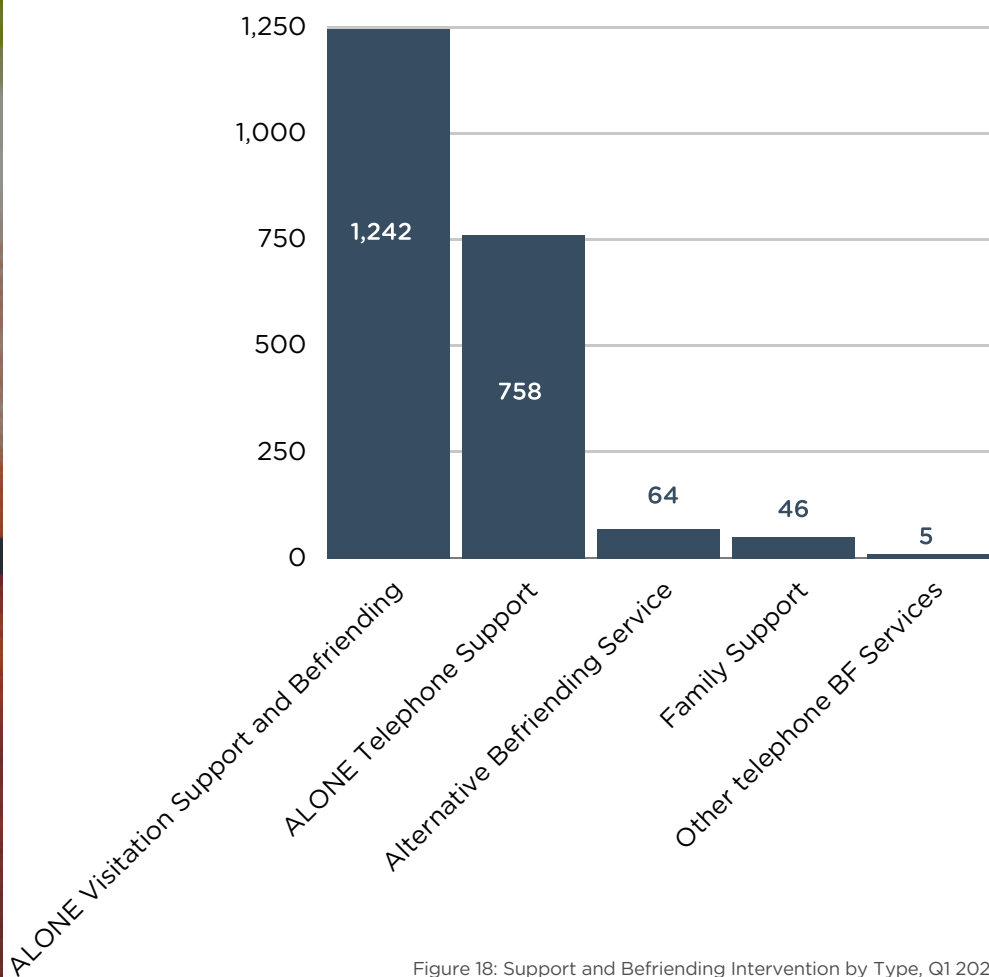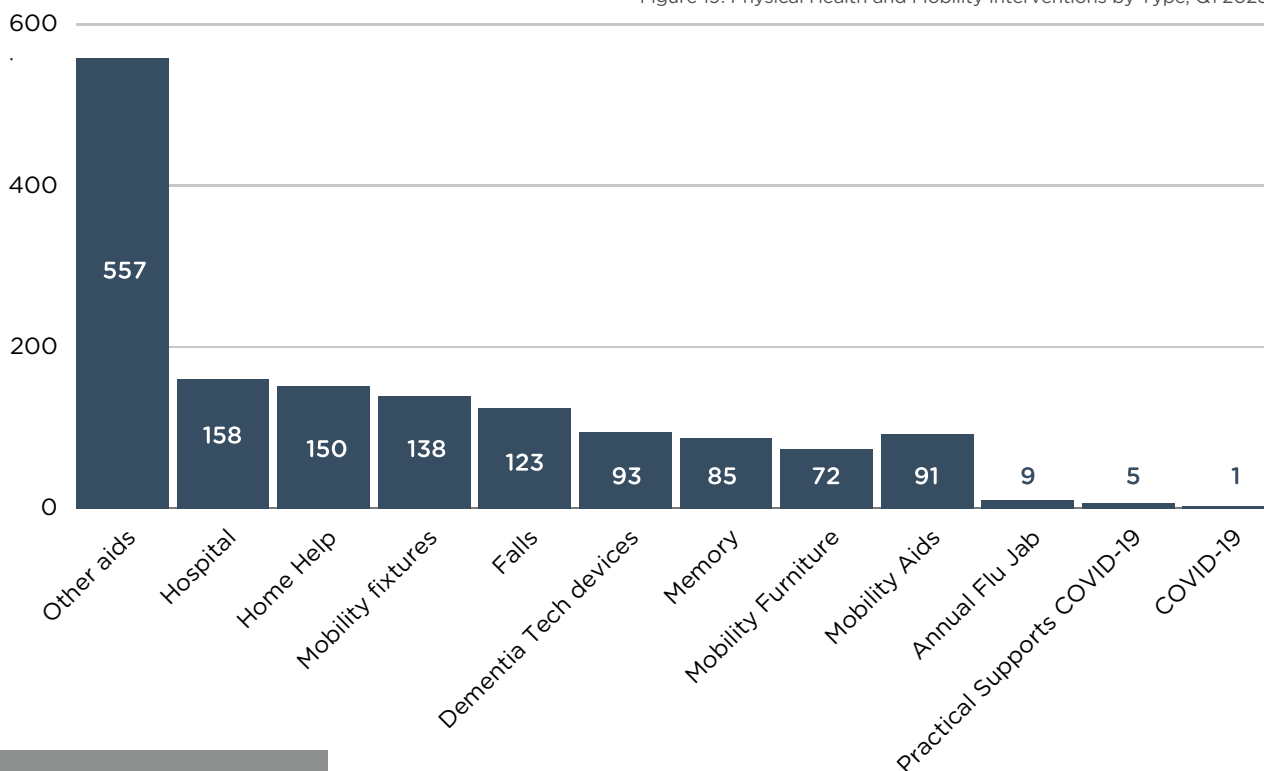

Figure 18: Support and Befriending Intervention by Type, Q1 2023

Physical Health and Mobility

Of the 1,482 interventions relating to Physical Health and Mobility, 37.6% (n=557) related to 'Other' mobility aids, 10.7% (n=158) related to Hospital, and 10.1% (n=150) related to Home Help (Figure 19).

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

The Other aids category referred primarily to assistive technology (73.2%, n=408), with the remaining 26.8% (n=149) relating to aids such as hearing aids, transport adaptation, orthopaedic shoes, and glasses.

Within the Hospital category, 43% of interventions related to arranging transport for hospital appointments (n=68), with advocacy work focusing on discharges, either for or against, depending on the needs of the older person (Table 20).

| Hospital Interventions	No.	%
Transport for appointment	68	43.0
Support during stay in hospital	23	14.6
Support hospital discharge	26	13.9
Advocate for hospital admission	20	12.7
Advocate against hospital discharge	8	5.1
Accompany to hospital	7	4.4
Advocate for respite after hospital stay	3	1.9
Advocate for hospital discharge	2	1.3
Advocate for respite discharge	1	0.6

Table 20: Hospital Interventions by Type, Q1 2023
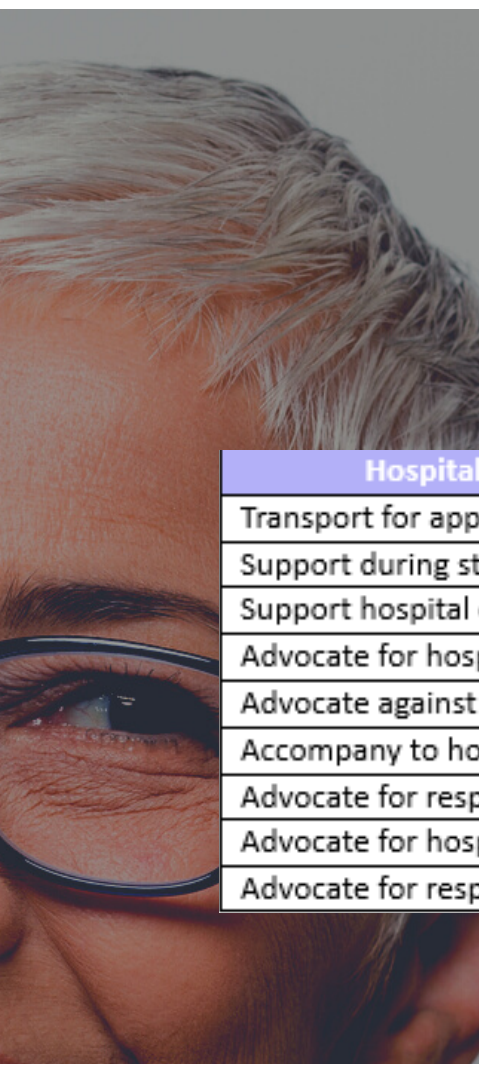
Personal Care

Of the 1,208 Personal Care interventions made in Q1 2023, 29.7% (n=359) related to engaging with a GP or Primary Care provider, 18.2% (n=220) related to Carer supports, and 16.6% (n=200) concerned Nutrition (Figure 20).

Figure 20: Personal Care Interventions by Type, Q1 2023
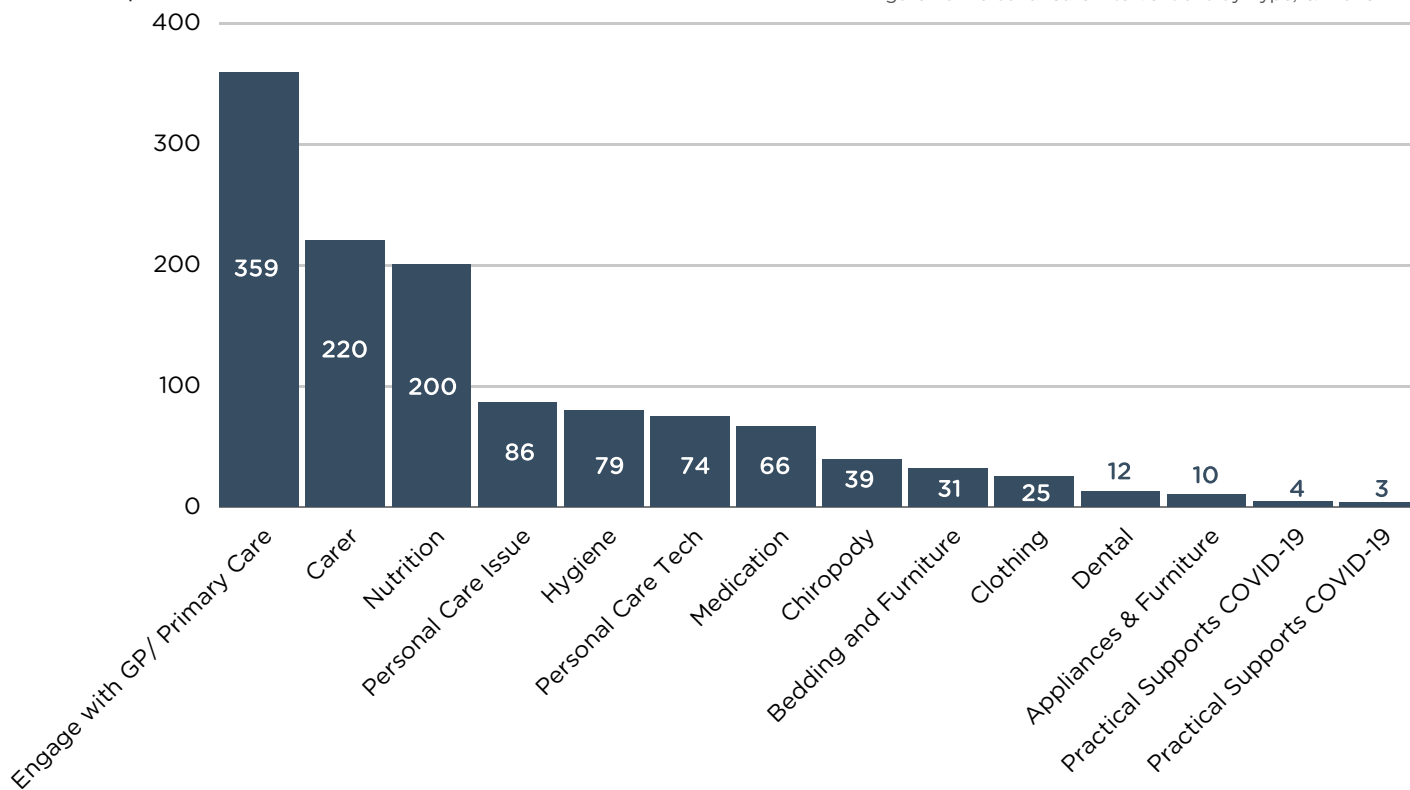
27.9% of engagements with GP or Primary Care (n=100) were to advocate for GP support, 22.3% (n=80) related to liaising with a Public Health Nurse, and 21.4% (n=77) involved accessing the support of an Occupational Therapist (Table 21).

GP / Primary Care Interventions	No.	%
Advocate for GP to support	100	27.9
Public Health Nurse	80	22.3
Access Occupational Therapist	77	21.4
Access Physiotherapist	30	8.4
Meals on Wheels	29	8.1
Refer to ICPOP Team	14	3.9
Provide age-appropriate nutritional information	12	3.3
Support with Changing GP	9	2.5
Other	7	1.9
Wound Dressing	1	0.3

Table 21: GP / Primary Care Interventions by Type, Q1 2023
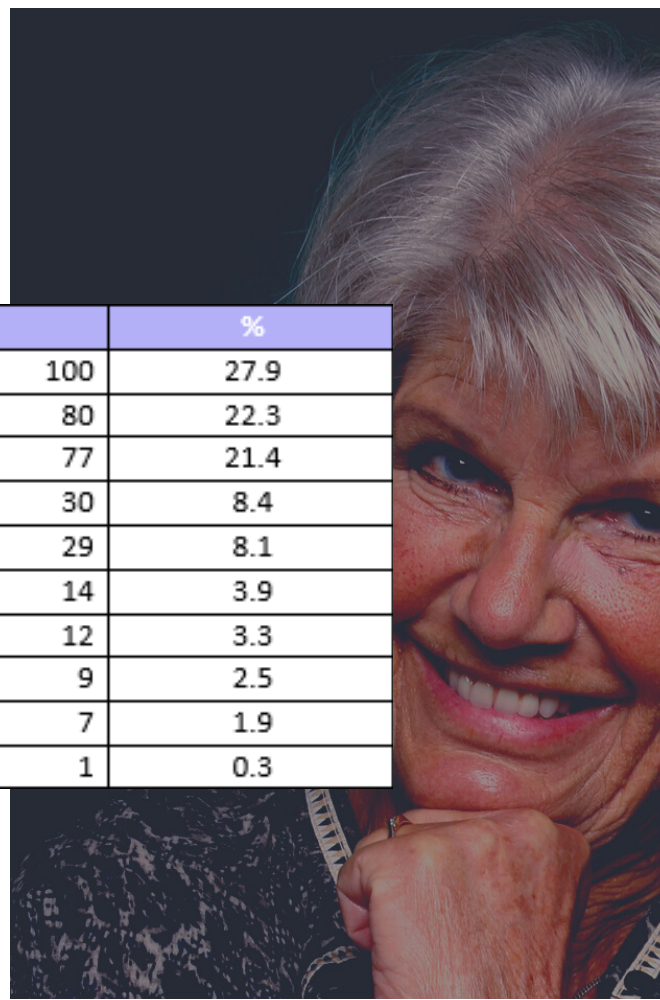
Social Isolation/Prescribing

Of the 961 Social Isolation / Prescribing interventions provided by ALONE in Q1 2023, two-thirds (n=639) related to putting older people in touch with community groups, almost 1 in 5 (n=188) related to information and engagement with one-off events, and 13.9% (n=134) related to the provision of technology to support social isolation.

| Social Isolation / Prescribing	No.	%
Local Community Groups	639	66.5
One-off Events	188	19.6
Technology to Support Social Isolation	134	13.9

Table 22: Social Isolation Prescribing / Isolation Interventions by Type, Q1 2023

Almost three quarters of the interventions (74.6%, n=477) relating to local community groups involved the provision of information on these groups, more than one-fifth (21.1%, n=135) involved arranging for the older person to attend a group, and 4.2% (n=27) involved attending the group with the older person.

Emotional and Mental Health

680 interventions were provided in respect of Emotional and Mental Health in Q1 2023. Of these, more than 1 in 5 (21.2%, n=144) involved supporting older people with Dementia / Alzheimer's, a similar proportion (20.1%, n=137) involved Depression supports, and 18.4% (n=125) involved supporting older people with Anxiety (Figure 21).

Of the 144 interventions relating to Dementia / Alzheimer's, 54.2% (n=78) related to the provision of information relating to supports while the remaining 45.8% (n=66) involved supporting an older person to access supports.

Figure 21: Emotional and Mental Health Interventions by Type, Q1 2023
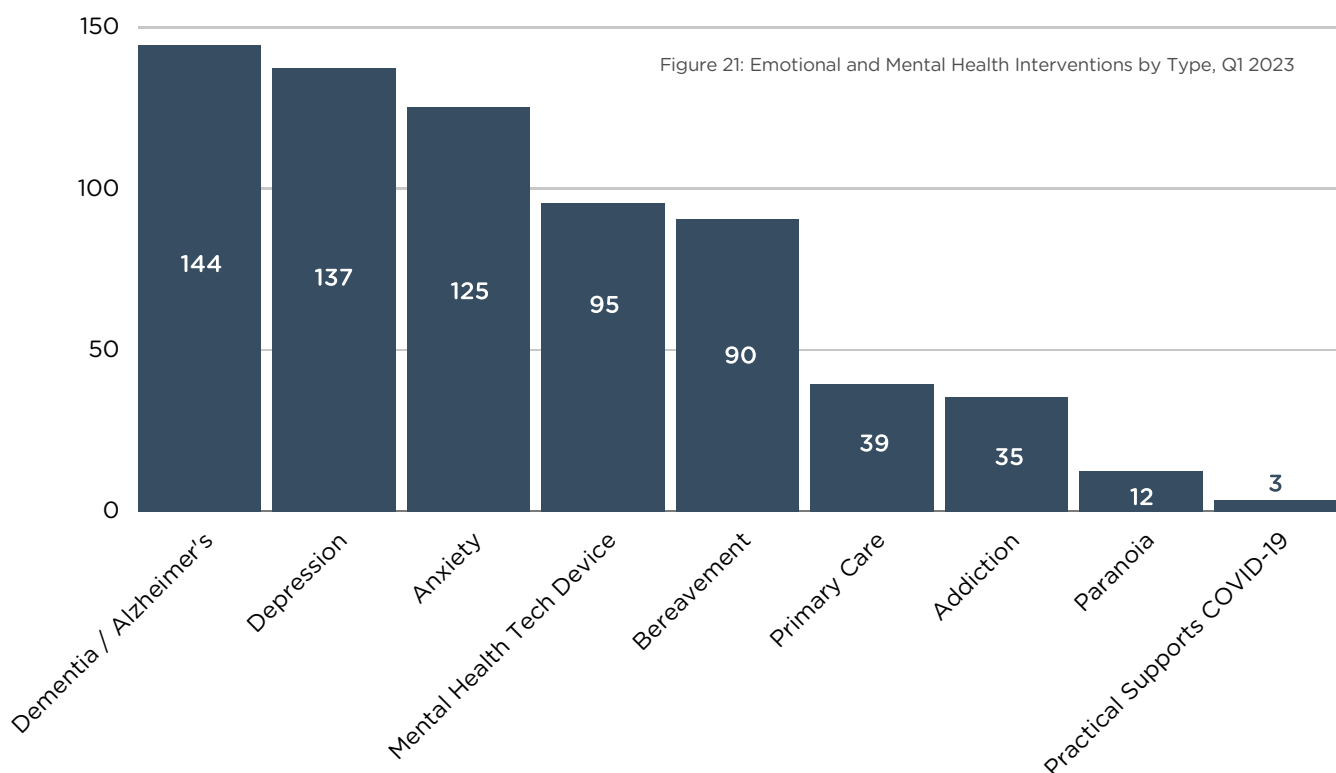
Safety and Security

The vast majority of the 479 Safety and Security interventions related to support with technology (98.3%, n=471), with the remaining 1.7% (n=8) involving supporting an older person with anti-social behaviour (Figure 22).

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Figure 22: Safety and Security Interventions by Type, Q1 2023
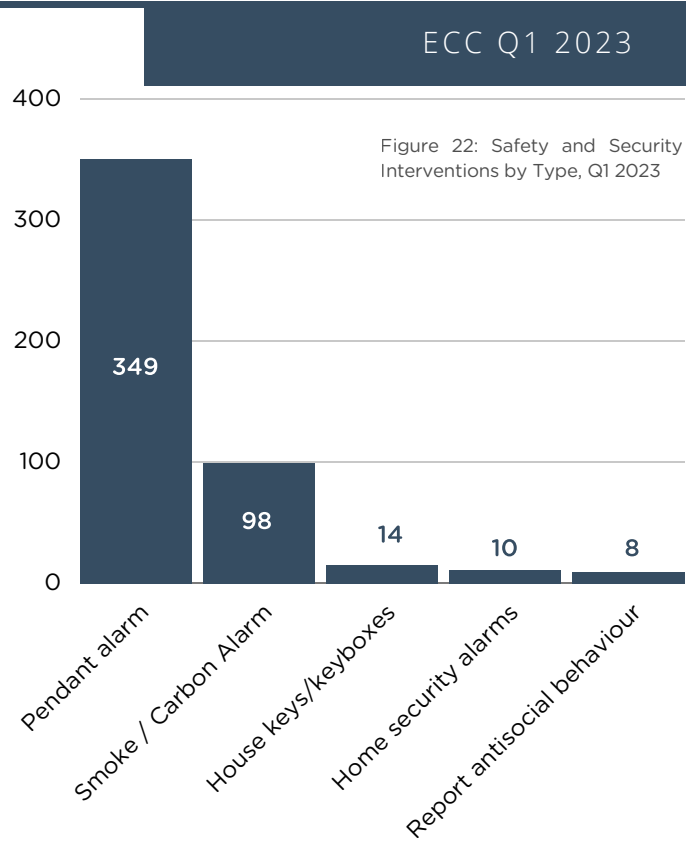
Technology

Due to a change in how interventions are recorded by ALONE in Q3 2022, technology as an intervention type appears to be quite low, at 466 specific interventions (Figure 15). However, technology has been integrated throughout the various intervention types and is used in response to a variety of support needs. In fact, technological supports formed part of 1,550 interventions in Q1 2023 , in support of 963 people across seven distinct intervention areas (Figure 23). Table A 1 in the Appendix provides a breakdown of the category of intervention and type of technology used, where stated.

Figure 23: Technology Interventions by Intervention Area, Q1 2023
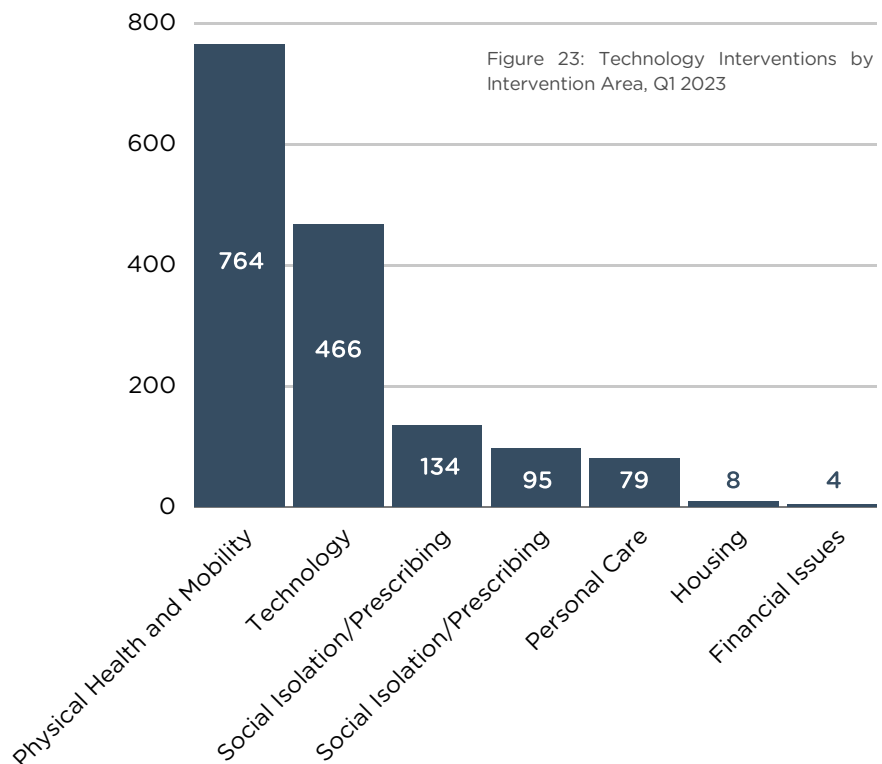
Safeguarding

Just 70 interventions related to Safeguarding in Q1 2023; however, it is concerning that, of those, 43.1% (n=31) had multiple concerns (Figure 24). Supports for those with multiple concerns included supporting an intervention care plan (in 13 interventions), speaking with the Gardaí (6 interventions), speaking with a senior case worker (6 interventions), speaking with the Public Health Nurse (4 interventions), and support the person to report elder abuse (2 interventions).
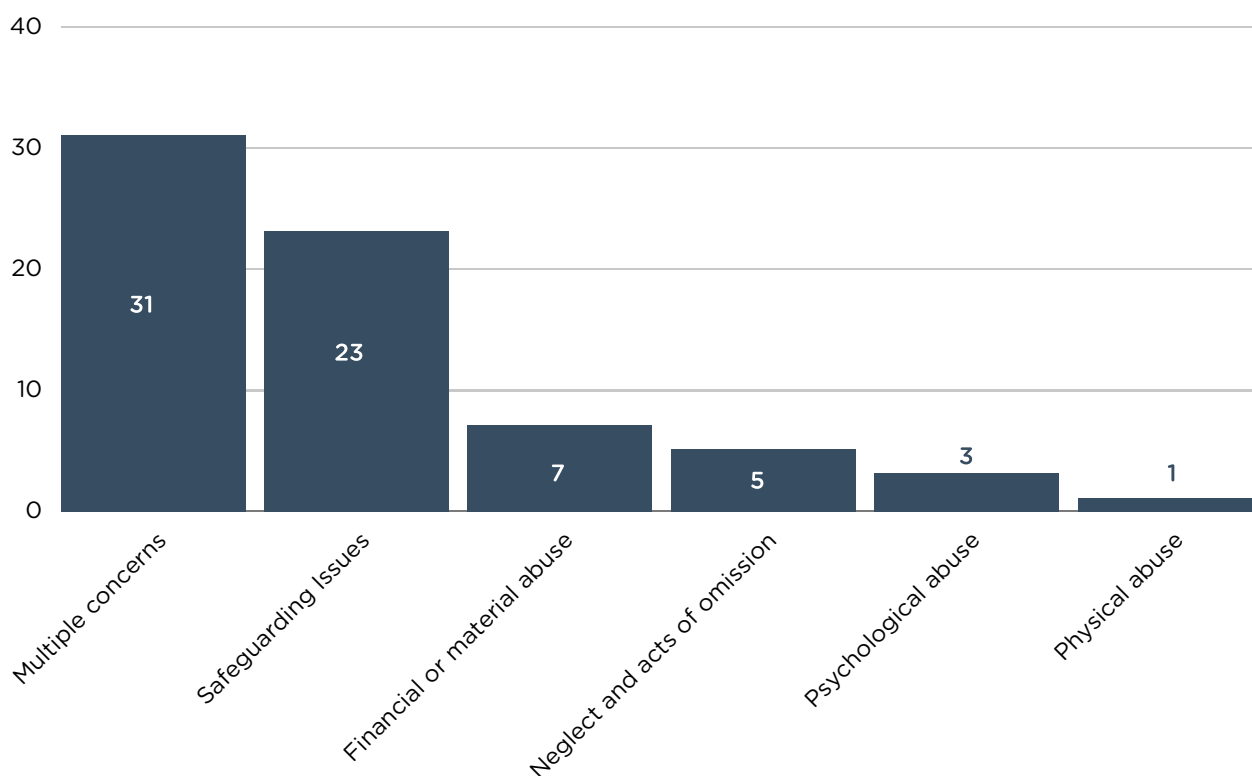
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Figure 24: Safeguarding Interventions by Type, Q1 2023

Assessments and Interventions

Of the 2,609 people who were assessed in Q1 2023, 2,432 people (93.2%) received some intervention from ALONE in the same period. Of the 177 people who were not supported with an intervention within the quarter, most (n=103; 58.2%) were assessed in March 2023.

Of the people who were assessed and identified a specific need, the proportion who received an intervention during Q1 2023 was between 94.8% and 100% (Table 23). This indicates that ALONE is responsive to the needs of the vast majority of people presenting for support.

Area of Need	No. Assessed	No. Received Interventions	%
Loneliness	1,393	1,357	97.4
Physical Health	1,157	1,097	94.8
Finance	900	859	95.4
Housing Issues	827	803	97.1
Mobility	740	705	95.3
Personal Care	647	621	96.0
Mental Health	601	566	94.2
Social Prescribing	552	534	96.7
Safeguarding	31	31	100.0

Table 23: No. of People Assessed within each category of need, No. of people who received an intervention within each category of need, % of those assessed who received an intervention, Q1 2023

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

As this table shows, 1,357 people identified as being lonely, for whom a total of 3,764 interventions were provided. The interventions required by people who reported that they felt lonely related to all aspects of ALONE's work, from Housing to Personal Care, with just 1,217 (32.3%) related to Support and Befriending, a loneliness-specific intervention type.

Similarly with housing need: 803 people assessed in Q1 2023 as having a housing need received a total of 2,474 interventions in this period. Of those interventions, just 660 (26.7%) related specifically to Housing with the remaining almost three-quarters of interventions relating to Legal and Financial issues, Support and Befriending, Personal Care and other areas.

Having a comprehensive assessment allows ALONE to identify a range of issues and respond with a full suite of supports. Further, considering an older person's needs in this holistic way allows ALONE to provide broader interventions which may directly impact a person's main presenting need.

3 An Assessment may identify one or more category of need for the same person and overlap between categories is common. The proportion of people within each category of need who received an intervention in Q1 2023 is therefore different to the overall proportion of all people who were assessed, which counts each individual once.

Need Identified → / Intervention ↓	Loneliness	Housing	Personal Care	Physical Health	Mobility	Mental Health	Finance	Social Prescribing	Safeguarding
Legal and Financial	462	393	269	437	293	228	779	208	13
Housing	430	660	273	430	287	205	327	199	19
Support and Befriending	1,217	360	343	631	424	348	346	358	13
Physical Health and Mobility	470	324	318	594	379	215	269	205	14
Personal Care	326	250	430	323	223	171	212	163	9
Social Isolation / Prescribing	426	189	180	266	175	178	190	441	6
Emotional and Mental Health	240	138	144	202	113	308	145	132	10
Safety and Security	92	83	58	83	59	37	58	37	3
Technology	87	58	54	83	48	45	42	38	3
Safeguarding	14	19	14	16	13	15	10	6	20
Total No. of People*	**1,357**	**803**	**621**	**1,097**	**705**	**566**	**859**	**534**	**31**
Total No. of Interventions**	**3,764**	**2,474**	**2,083**	**3,065**	**2,014**	**1,750**	**2,378**	**1,787**	**110**

Table 24: No. of People Assessed by Need Identified and Intervention Provided, Q1 2023

Note: *This Total refers to the number of people who were assessed in Q1 2023 and indicated a particular need.
**This is the total of all interventions received by all people assessed in Q1 2023 and indicated a particular need.
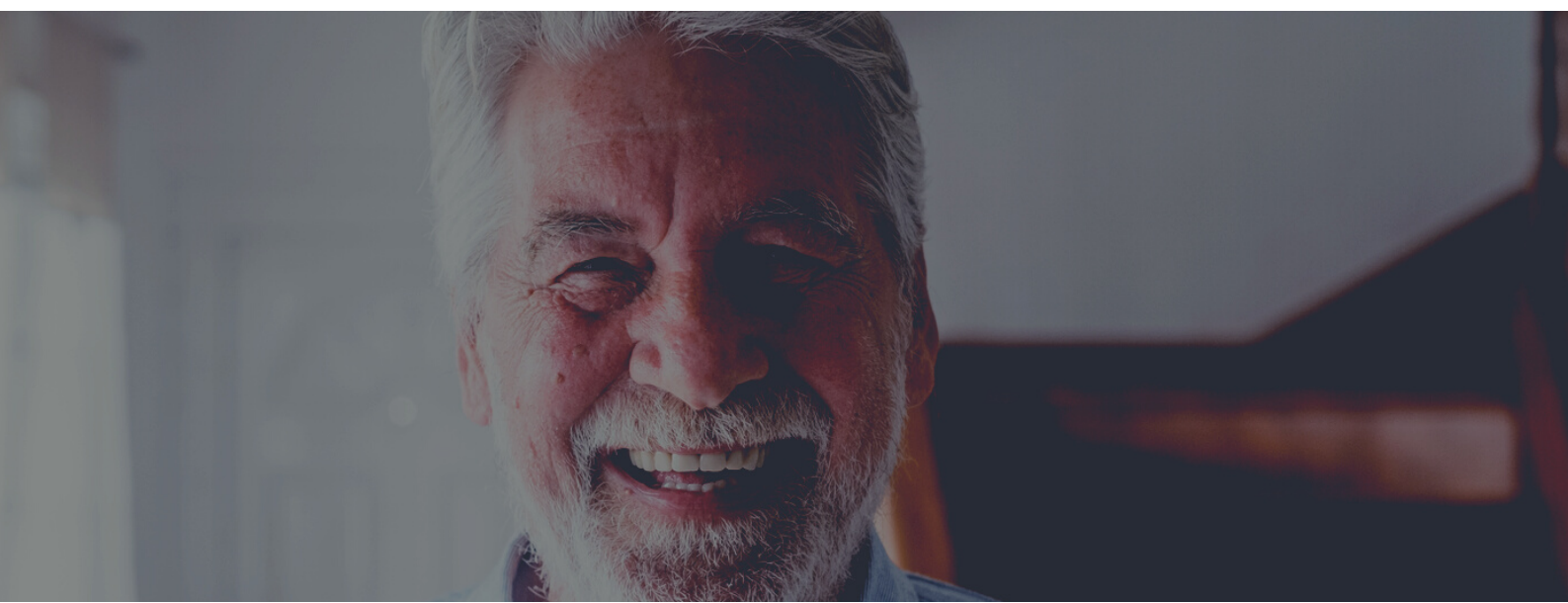
THE NATIONAL SUPPORT AND REFERRAL LINE (NSRL)

ALONE's NSRL provides direct access to ALONE's integrated service model. Older people and other agencies can access ALONE services and contact ALONE for information and/or advice from 8am-8pm, seven days a week. The NSRL can be accessed by professionals in Local Authorities, Local Development Companies, Hospitals, Primary care, the HSE, GPs, community services to refer older people to ALONE services.

Between January and March 2023 ALONE managed 6,637 incoming support and referral calls as shown in Table 25.

NSRL calls	January	February	March	YTD
Total Calls	2,252	1,888	2,497	6,637
Cumulative Unique Individuals (first time callers)	524	940	1,681	

Table 25: Calls to the National Support and Referral Line, Q1 2023

Calls to the NSRL in this period cover a variety of themes, as set out in Table 26. As this shows, most calls where a theme was identified focused on loneliness and financial issues.

Main Theme of Call	Record Count
Loneliness	697
Front office*	564
Finance	409
Supportive chat	308
Info/advice given to older person	281
Signposting	218
Housing	191
Technology	186
Missed call from ALONE	115
Home Care/Meals on Wheels	74
Mental health (suicidal caller etc.)	69
Transport	23
Referral to CWO	16
Shopping/medication	14
Referral to MABS	7
Referral to SVP	4
Restrictions/vaccine (Covid)	1
Total	3,177

Table 26: Calls to the National Support and Referral Line by Theme, [DATE]
Note: Front office is used to describe calls in relation referrals, and/or queries from older people, their families or other stakeholders.

VOLUNTEER ENGAGEMENT

Volunteers play a critical role in the delivery of ALONE's services and supports, particularly the ALONE Visitation and Telephone Support and Befriending services. The total number of volunteers engaged with ALONE at the end of Q1 2023 was 5,460. Table 27 sets out the number of active volunteers by type of support they provide.

	Visitation Support and Befriending	Telephone Support and Befriending	National Support and Referral Line	Other
CHO 1	226	59	3	6
CHO 2	127	9	1	
CHO 3	93	23		
CHO 4	115	28	5	
CHO 5	157	18	1	
CHO 6	196	41	10	
CHO 7	320	28	4	7
CHO 8	217	50	5	
CHO 9	335	33	10	1
Unknown	3			
Total	**1,789**	**289**	**39**	**14**

Table 27: Volunteers by CHO and Volunteer Area, Q1 2023

VISITATION SUPPORT AND BEFRIENDING

At the end of March 2023, the number of older people engaged with the ALONE Visitation Support and Befriending service was 4,474. This figure includes befriending matches which are at different stages throughout the process. Information on the number of active volunteers and visits provided by CHO area and month is provided in Table 28.
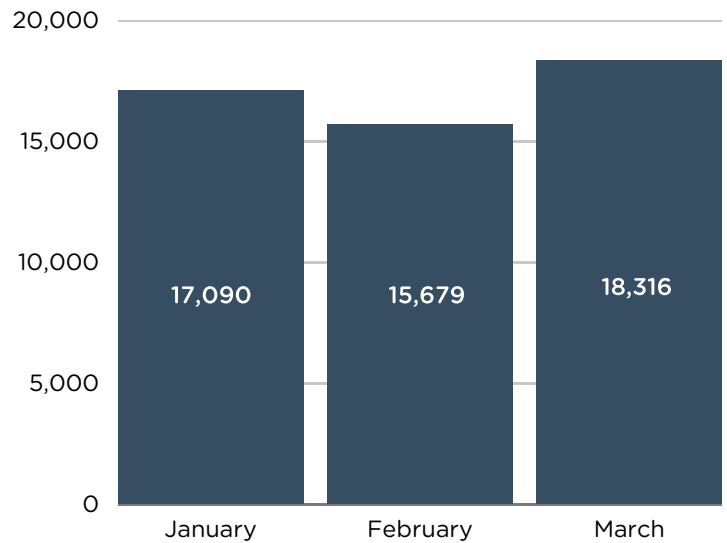
	January		February		March	
	Volunteers	Visits	Volunteers	Visits	Volunteers	Visits
CHO1	209	836	213	852	228	912
CHO2	122	488	132	528	129	516
CHO3	84	336	87	348	96	384
CHO4	112	448	110	440	115	460
CHO5	155	620	164	656	160	640
CHO6	199	796	202	808	203	812
CHO7	304	1216	292	1168	322	1288
CHO8	198	792	215	860	220	880
CHO9	336	1344	336	1344	339	1356
Total	**1,719**	**6,876**	**1,751**	**7,004**	**1,812**	**7,248**

Table 28: Visitation Support and Befriending, by Volunteers, No. of Visits, and CHO, Q1 2023
Note: Slight difference in numbers are due to timing of data extraction.

Telephone Support and Befriending

At the end of March 2023, the number of older people engaged with ALONE's Telephone Support and Befriending service was 3,827. Figure 25 below provides a breakdown of the call numbers per month in Q1 2023. To date, 51,085 telephone support and befriending calls have been made in this period.

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Figure 25: Telephone Support and Befriending Calls by Month, Q1 2023

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

	January	February	March	YTD
CHO1	2,642	2,381	2,811	7,834
CHO2	864	818	997	2,679
CHO3	887	822	994	2,703
CHO4	1,123	1,132	1,471	3,726
CHO5	1,338	1,317	1,567	4,222
CHO6	1,111	1,006	1,232	3,349
CHO7	2,468	2,295	2,619	7,382
CHO8	2,300	2,040	2,326	6,666
CHO9	4,357	3,868	4,299	12,524
Total	17,090	15,679	18,316	51,085

Table 22: Telephone Support and Befriending Calls by CHO, Q1 2023

ONGOING WORK

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

In addition to the 3,973 new engagements during Q1 2023, ALONE has an ongoing relationship with many older people. In Q1 2023, 6,399 people who had engaged with ALONE prior to the beginning of the quarter remained active, more than one and a half times the number who engaged during the quarter.

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Of this group, 5,645 (88.2%) were still actively engaged with their interventions, while others were awaiting assessment, matching with an alternative Support and Befriending Service, or waiting to be matched or re-matched with an ALONE Support and Befriending volunteer.

Of those for whom gender was reported (n=6,021), 64.3% were female (n=3,874) and 35.5% were male (n=2,140), which is similar to the new engagements in Q1 2023 (Figure 26).
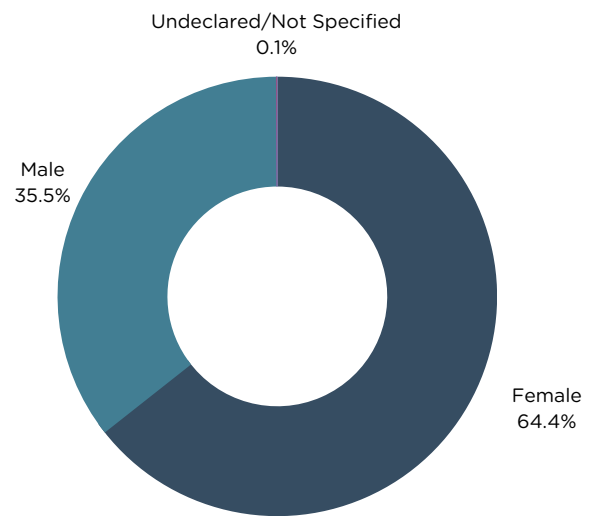
For those whose age was recorded (n=5,858), the majority (58%, n=3,400) were aged between 71 and 85 years old, while 105 people were younger than 61, and a small number (n=69) were older than 95 (Figure 27).
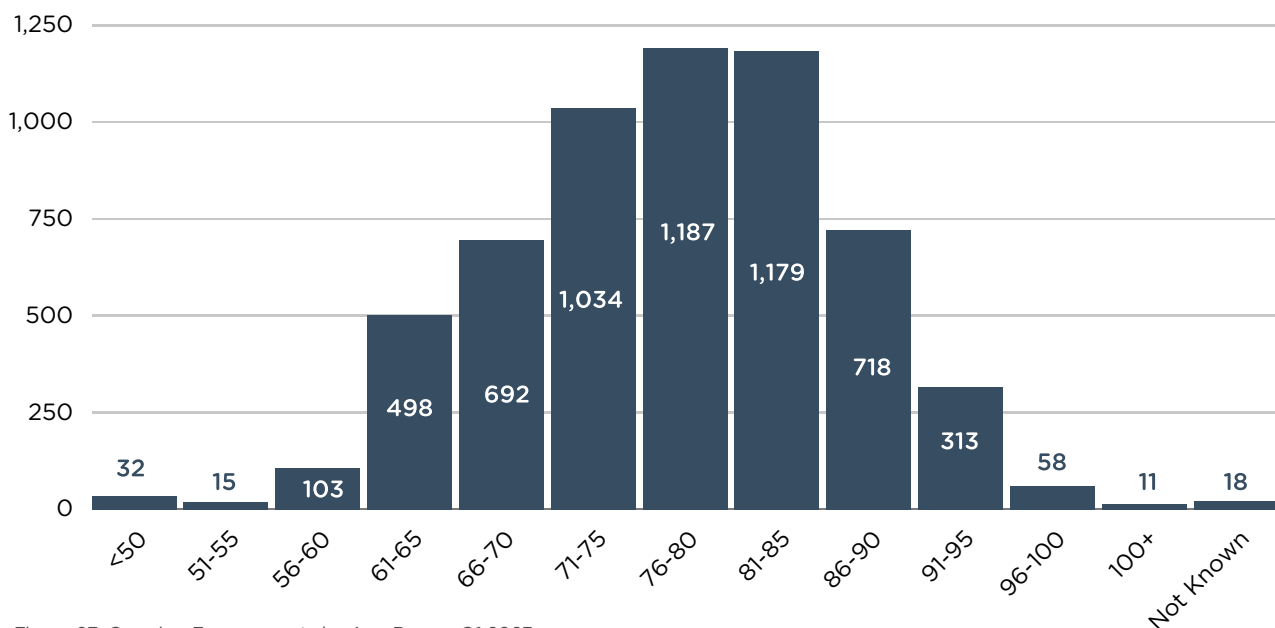
Figure 27: Ongoing Engagements by Age Range, Q1 2023

The geographical spread of these ongoing engagements for whom data was available (n=6,029) is set out in Table 30. As this shows, CHO 9 has the highest proportion of ongoing engagements, followed by CHO 1 and CHO 7, with a lower level of engagement in CHOs 2, 3 and 6.

CHO Area	No. Ongoing Engagements	%
CHO 1	972	16.1
CHO 2	482	8.0
CHO 3	378	6.3
CHO 4	384	6.4
CHO 5	675	11.2
CHO 6	396	6.6
CHO 7	855	14.2
CHO 8	749	12.4
CHO 9	1,133	18.8
Unknown	5	0.1
Total	6,029	100

Table 30: Ongoing Engagements (commenced pre-Q1 2023), by CHO, Q1 2023

Of the 6,399 people who engaged with ALONE prior to Q1 2023 and who remained active within ALONE, more than one in five (21%, n=1,344) received a new intervention in Q1 2023.

COMMUNITY IMPACT NETWORK (CIN)

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

In Q1 2023, ALONE supported 120 CIN member organisations, providing support to over 27,000 older people. ALONE provided training to 39 CIN member organisations in Q1 2023 across 22 training sessions (Table 31). The CIN also reached over 350 groups monthly with the CIN Newsletter.

CIN Engagement Q1 2023	No.
Total CIN Member Organisations	120
Total older people being supported	27,253
Total number of CIN Member Organisations who availed of training	39
Total number of training sessions	22
Total number training attendees	58

Table 31: CIN Engagement, Q1 2023

Geographical information was collated from a 39 out of the 53 training attendees and is shown in Figure 26.
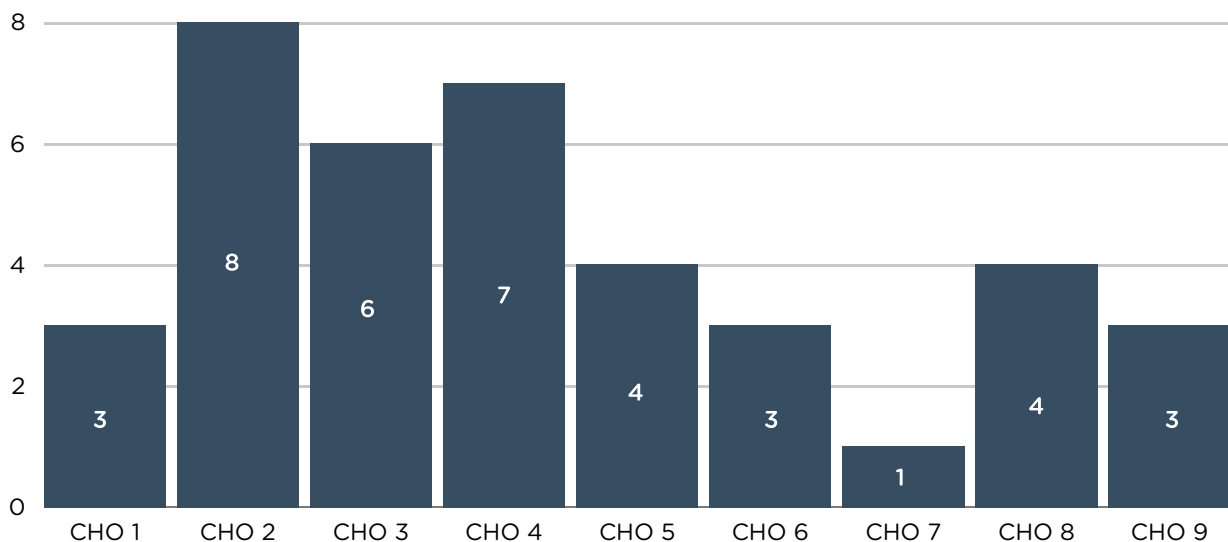

Figure 26: Geographical reach of the CIN training participants, Q1 2023

CIN TRAINING

The CIN currently has 15 CIN Member Training and Development modules on offer: an additional two new modules were added in Q1 2023. There are plans to add an additional 3 modules in Q2 2023.

Feedback is captured from all attendees at CIN Training. Of note, in Q1 2023:

83% of training participants 'strongly agreed' that the training was relevant to their work/volunteer role.

75% of training participants 'strongly agreed' that the training will be beneficial to them in supporting others: older people, colleagues, staff, volunteers.

The overall rating of the training courses was 4.54 (out of 5)

100% of participants agreed that they would recommend the CIN Trainings to other colleagues and organisations.

CIN NETWORKING AND PROMOTIONAL EVENTS

For Q1 CIN hosted 5 virtual peer-to-peer coffee mornings for members: individuals from 19 organisations attended. The top three common topics/themes that organisations said that they wanted support/discussion around were:

>> Re-engaging older people into the community

>> Information on what other organisations do

>> How to provide transport to older people in rural areas

In Q1, the CIN also facilitated and hosted three local information events: 37 organisations were in attendance. The findings of these events showed that organisations/services:

>> Were sometimes unaware and had not heard of an organization offering the type of support that CIN offers

>> Are not familiar with all the ALONE Services

>> Are not familiar with other organisations/services in their area

>> Are often working in isolation

>> Rely heavily on Social Employment Schemes, Tús Workers, and volunteers.

In Q1 2023 CIN team members also attended five external networking events nationally (i.e., in Cork , Mayo, Galway, Meath, Louth). As a direct result of these meetings, some organisations have since become CIN members, availed of training, or signed up for further training. In general, there was a significant amount of interaction with all CIN member organisations in Q1 2023, helping to build momentum within the network.

COMMUNICATIONS AND POLICY

Communications and Campaigns: 5Key Achievements

ALONE received 34 pieces of national media coverage including print, radio and TV. This included widespread coverage of the Alliance of Age Sector NGO's call for an Independent Commissioner on Ageing, ALONE's response to the Government's 'Hello Again World Campaign', and the news that the number of over-70s waiting on social housing has past 2,000 for the first time.
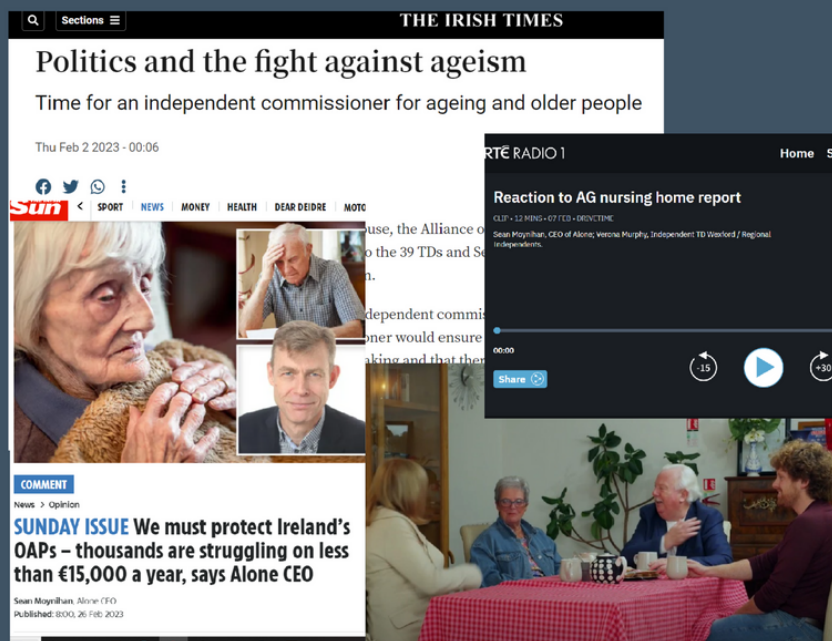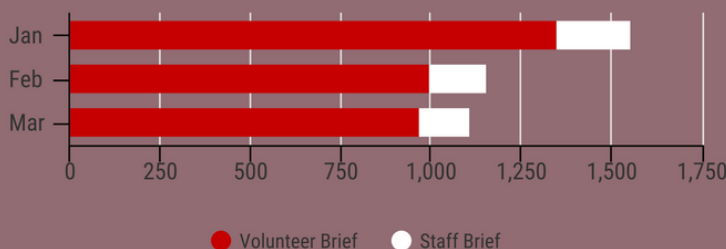

ALONE had a media reach of over 3.5 million people in the first three months of 2023.
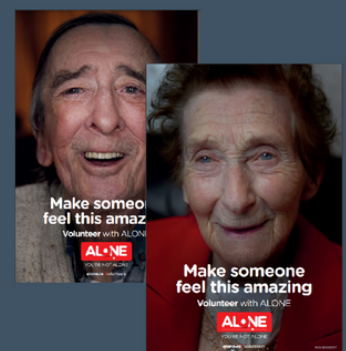
We communicated to 3,000 of ALONE's Older People directly by SMS.

Newsletter Readership

ALONE continued to communicate with all Staff and all Volunteers, reaching a high of 1,353 volunteers and 201 staff members in January. ALONE also communicated to over 4,000 partners such as HSE staff, other NGO's and politicians in March.

ALONE began its 'Make someone feel this amazing' nationwide poster campaign to recruit more volunteers. Featuring Elizabeth and Leo, two older people who ALONE supports.

You can read ALONE's press releases by visiting alone.ie/press-releases

ICT

Information Communication Technology exists to support ALONE's mission as defined in the Strategic Plan: to "lead the drive to support positive ageing at home, strengthen our services, innovate and create new services, be more sustainable and realise our full potential as we grow". Investments in information Technology are primarily driven by the need to improve the way work is done within the organisation; to support decision making processes; to help mitigate against risk; and to adhere to various laws, regulations, and policies.

ALONE is now a fully Cloud run organisation since the move to Microsoft SharePoint / Azure AD in late 2022. Improvements to IT security have taken place in 2022 with next generation Fortinet Firewall upgrades in all major office locations. Anti-Threat Protection for mail has been rolled out adding an additional layer of security for email. The organisation's anti-virus has been upgraded at the end of 2022 with the roll out of MS Defender and adding web content filtering to help protect devices while on public and personal broadband connections. Two new MIS team members joined in August and September 2022. The team have been able to identify improvements in data quality and business processes within ALONE'S Management Information System (MIS; Salesforce).

Key milestones in ICT in Q1 2023 include:

- Development of an ICT usage and communications policy, Information Security Policy, and ICT Souring Policy.

- Development of overall ICT and ICT Risk assessment procedures.

- Improvement & Corrective Action and Business Plan object updates/ enhancements in ALONE'S MIS.

- ICT Strategy established and signed off for 2023. Longer term ICT strategy into 2026 commenced.

- New Services Directory in place, CH09 services uploaded with remained of CH0 areas to be uploaded in Q2/Q3.

- BFriend App Development.

- Implementation of Trailhead for Salesforce; Trailhead is a self-taught training platform we will use to enable staff to upskill and gain knowledge on ALONE specific aspects of Salesforce.

- Ongoing work on reporting/dashboard development, fixes to various pre-existing data quality issues.

ANALYTICS/RESEARCH AND EVALUATION

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

in Q1 2023 include:

> Recruitment of a Data Analyst to focus on enhancing data management and quality

> Development of a Research/Evaluation strategy for ALONE, providing a clear direction for this area for the next two years, aligned to the organisational strategic plan

> Refining organisational and service Key Performance Indicators (KPIs), developing a KPI dictionary, and implementing improvements to existing reporting processes

> Supporting ALONE and the HSE in reporting on roll-out of ECC funded services and extracting key insights from ALONE's data, to inform decision-making about ALONE services

> Implementing new organisational policies to manage research requests and partnerships

SUMMARY

There was a significant increase in both new engagements and interventions delivered in ALONE in Q1 2023 when compared to the same period in 2022. This growth is an early indication that the integrated model is proving attractive to older people and referral agencies across Ireland as providing an integrated hub for community-based support.

ALONE's reach across all nine CHO areas is also changing to expand in areas which previously had lower levels of engagement. Trends will continue to be monitored to ensure a consistent and responsive service-delivery model is available nationwide.

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

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

As detailed above, ALONE played a leadership role in the Community Impact Network (CIN) to develop and manage this multi-faceted membership network. As part of this role, ALONE provides training, development, and networking opportunities for CIN Member Organisations.

In Q1 2023, ALONE grew its membership base of the CIN, delivered training to individuals across all CHO areas and developed new training for members. The CIN also actively provided multiple opportunities for CIN members to network and build their capacity to support older people in their local communities.

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

The assessment conducted by ALONE aims to identify the full range of needs an older people may have and to support the person in the areas they need it most. The increase in the number of people assessed between Q1 2022 and Q1 2023 of 365% demonstrates the commitment of ALONE to provide a suite of tailored supports to older people to enable them to live independently with an improved quality of life.

Some 3,973 people newly engaged with ALONE services in Q1 2023, an increase of 122.5% compared to the same period in 2022. In addition, continued supports were provided to 6,399 people who had previously engaged. The high number of people who continue to be engaged with ALONE indicates that the supports provided are both necessary and effective in helping people to age in place.

While the focus of ALONE's work is on practical supports for older people, such as befriending, social prescribing, assistive technology and coordinating linkages to local community groups in their area, supports in legal and financial matters have become more prevalent, increasing by 624.5% in Q1 2023 compared to the same period in 2022. This area accounted for more than one in five of all interventions (21.7%) in the period. As As a key partner in the Government's Reduce Your Use public information campaign, through its Stay Warm and Well campaign, ALONE provided a trusted source of information for older people who wished to access the available supports to reduce the cost of energy.

The volume of calls to the NSRL (over 6,500 in Q1 2023), and the range of themes emerging from those calls (e.g., supporting older people who are lonely, signposting and referring to partner supports) is also indicative of ALONE's capacity to respond to the diversity of needs of older people.

Housing, and particularly housing adaptations, continues to account for a large proportion of the interventions made by ALONE, notwithstanding the fact that older people who receive support from ALONE are less likely to be homeowners than the general population of older people. The level of support provided by ALONE to older people in completing grant aid forms, engaging with contractors, accessing necessary information (such as OT reports) is also indicative of a reduced capacity by older people to engage in this type of work on their own behalf, and would explain why Housing interventions are the most resource intensive.

ALONE's Visitation and Telephone Support and Befriending services continue to form a significant part of ALONE's interventions, accounting for 16.7% of all new interventions provided in Q1 2023. Further, a quarter of older people people who engaged with ALONE prior to Q1 2023 and for whom intervention data are available were being supported through this intervention type. This highlights the demand for this service and the salience of practical support and befriending for older people. The prevalence of loneliness among older people assessed by ALONE shows how important the Support and Befriending interventions are. Social prescribing is also key to addressing loneliness, providing a link to the community through local groups and social activities.

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 2023, technology was part of 1,550 interventions supporting 963 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 of impact measurement tools, in line with the HSE initiatives to implement tailored assessments scales to identify key indicators such as frailty and resilience. The ALONE assessment tools focus on housing, physical health, daily living, psychological health, financial and legal, technology and social prescribing.

Through engaging with ALONE, older people, their carers and/or family members not only have access to the suite of services provided by ALONE staff and volunteers, but to those provided by the organisations and services that ALONE collaborates with.

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

Some 6,409 interventions relied on the partnerships developed by ALONE. Of these almost one third (n=2,073) related to accessing State supports such as providing information on accessing the energy credit, accessing supplementary welfare supports from Community Welfare Officers, applying for housing adaptation and mobility grants, and reclaiming VAT. Almost 20% (n=1,231) involved ALONE's healthcare partners such as Occupational Therapists, addiction services, consultants/GPs, and pharmacies. A further 6.6% (n=426) involved an additional layer of support in relation to physical health, with ALONE advocating on behalf of older people with their GPs, advocating for additional home help or advocating for or against hospital discharge, depending on the needs of the person concerned. ALONE also partnered with local social and community groups to support older people to become less socially isolated and to aid with social prescribing (17.4%, n=1,115). This support aligns with the HSE Social Prescribing Framework[4] and the Integrated Model of Care for the Prevention and Management of Chronic Disease in older people[5] (Table 31).

4   HSE Social Prescribing Framework

5   215879_HSE_National framework Integrated Care.indd

Partner Supports	No.	%
Access State Supports	2,073	32.3
Access Physical Health Supports	1,231	19.2
Access Social Supports	1,115	17.4
Access Finance Supports	544	8.5
Advocate re Physical Health	426	6.6
Access Charitable Supports	360	5.6
Access Housing	261	4.1
Access Personal Care Supports	173	2.7
Access Transport	80	1.2
Access Legal Support	75	1.2
Access Mental Health Supports	66	1.0
Access Training	5	0.1

Table 31: Partner Supports, No. and % of Interventions, Q1 2023

In Q1 2023, just under 2,000 older people were referred to ALONE by external agencies, which included hospitals, community care teams, housing bodies and so on. These referrals accounted for almost half (48.3%) of all referrals to ALONE. More than a quarter (26.1%) of external referrals are from hospitals, particularly discharge teams who link in with ALONE's services to support the transition from hospital to living at home. ALONE also partnered with ICPOP teams (7.1% of external referrals) to provide a comprehensive and integrated suite of supports to older people. Although the proportion of charitable organisations who refer older people to ALONE is relatively small (5.6%), they range across sectors from organisations supporting people who are homeless, organisations supporting people with brain injuries, Meals on Wheels, the Irish Wheelchair Association, the Alzheimer's Association, carers' organisations, and charities supporting people with sight loss.

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

Through its assessment process, ALONE was able to identify the specific needs of the older people referred to its services in Q1 2023. The high proportion of those assessed who went on to receive an intervention to meet their needs in that period, which suggests that assessments are identifying areas where support provided by ALONE and its network can add real value. The increase in interventions across almost all areas compared to Q1 2022, and the spread in the use of technology across intervention types, indicates that ALONE is progressing towards this objective by responding to the needs identified in the comprehensive assessment and providing tailored supports.

As noted, a core objective of ALONE's Research and Evaluation Strategy is to design and conduct an impact assessment of ALONE services, which will commence in 2024.

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

The data gathered by ALONE through the assessment process can identify the emerging needs of older people, such as cost-of-living and housing issues, as well as demographic, health, and support trends. In addition to new assessments and interventions, ALONE also carried a 'caseload' of over 6,000 older people to whom the service provides ongoing and consistent supports in Q1 2023. Monitoring the progression of the older people who engage with ALONE on a medium- to long-term basis allows ALONE to respond quickly to emerging support needs and to map trends over time and identify gaps in supports which may be addressed by ALONE, the HSE or other organisations.

When it comes to new engagements by older people, the data set out in this report provides a comprehensive overview across all nine CHO areas in Q1 2023. By analysing trends across geographical regions, ALONE can identify areas where its services may not be fully utilised and work to develop and strengthen its services and partnerships in those areas. In Q1 2022, three CHOs accounted for more than half of all new engagements (CHO 1,7 and 9). In Q1 2023, 50% of all new engagements were in four CHOs: CHOs 1, 4, 5 and 8. This indicates that the geographical spread of ALONE's work is becoming more evenly distributed.
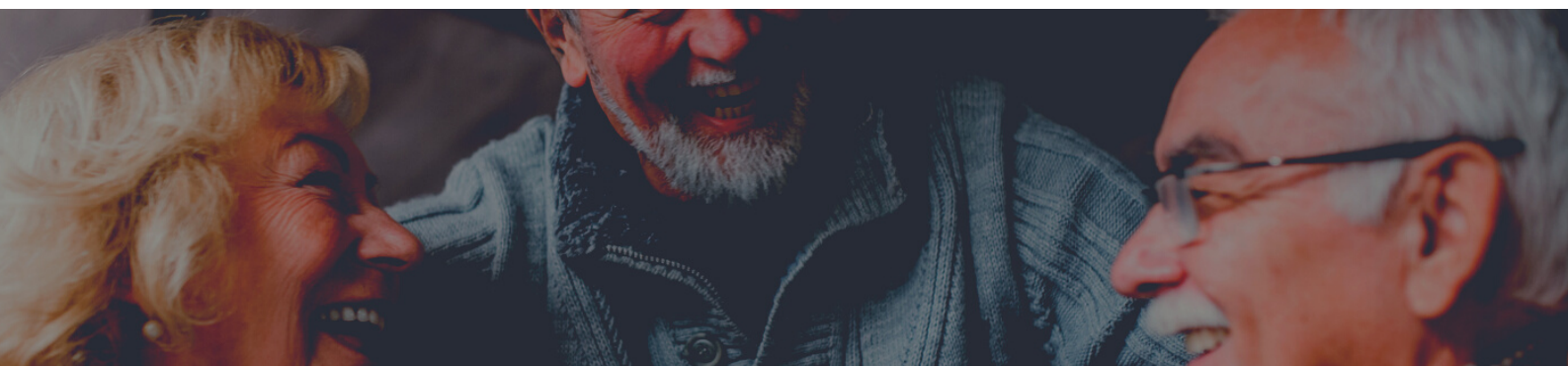
As this report illustrated, the highest number of interventions were undertaken on behalf of people in CHO 8 (n=1,776) which also had the highest average number of interventions per person (4.1). The lowest number of interventions were undertaken in CHO 6 (n=666), while the lowest average number of interventions per person was in CHO 1 (2.5). This indicates a geographical shift in the concentration of ALONE's work, an increase in engagement in previously underrepresented areas, and allows for more comprehensive monitoring of trends at a national level.

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

The total number of volunteers engaged with ALONE at the end of Q1 2023 was almost 5,500, with volunteers providing support across all CHO areas. This engagement resulted in over 21,000 Visitation Support and Befriending visits to older people, and over 51,000 Telephone Support and Befriending calls. The volunteer network also enabled over 6,600 calls to be taken by the National Support and Referral Line in Q1 2023.

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

As can be seen in Appendix 1, technology was an integral part of 1,550 interventions, or 12.4% of all interventions, in Q1 2023. This technology supported 963 people across areas as diverse as finance, housing, mental health, personal care, physical health and mobility, and social isolation.

The growth in assistive technology 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, almost half of all referrals to ALONE's services are made by external referral partners. Of these, 56.8% are made through Community Care Teams consisting of primary health care centres, discharge teams, community intervention teams, community nurses, and day care centres. A further quarter of referrals are made by hospitals across the country. This demonstrates the strong relationship between ALONE and the healthcare sector at both primary and acute levels. In addition, the broad range of community-based and charitable organisations who refer older people to ALONE is leading to greater alignment of services and supports, with a view to avoiding duplication.

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

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

CONCLUSION

ALONE's services experienced a significant period of growth in Q1 2023. The number of older people engaged, assessments undertaken and interventions provided increased considerably compared to Q1 2022. ALONE has strengthened its strategic partnerships with the HSE and public health teams, and built new partnerships with community-based organisations, a diverse range of charities, and other referral agencies. This growth has enabled ALONE to provide Support Coordination services to a greater number of older people, offering a more diverse range of supports.

The high number of Finance interventions provided by ALONE is due in large part to ALONE's partnership with Government to support older people through the cost-of-living crisis, particularly during the Winter months through the Warmer Homes Scheme. The high volume of interventions required to support people with their housing need, particularly housing adaption, requires the development of relationships with Government stakeholders, tradespeople, Occupational Therapists and other local supports. A key action of the Joint Policy Statement on Housing Options for Our Ageing Population, Action 4.1, was to increase the Housing Adaptation grants. The increase in allocation for these grants in Budget 2023, while welcome, was insufficient to meet demand and ALONE is fully committed to continuing its advocacy efforts to have funding restored to 2010 levels as a baseline to increase funding in line with the growth of Ireland's ageing population. The partnerships built by ALONE, and its status as an Approved Housing Body, means that it is uniquely placed to support older people with this process.

As a Support Coordinator, ALONE acts as a 'community connector', taking a holistic approach to the assessment of the needs of older people and responding with a suite of wraparound services, creating a one-stop-shop to support ageing in place.

APPENDIX 1

Technology Interventions

Technology Interventions (Area, Category and Subcategory)	No. Interventions
Financial Issues	
Finance tech device(s)	
Flip Phone (Simple Phone)	1
Simple Smart Phone (Doro 8050)	1
Smart Speaker- Assists with shopping, reminders	2
Housing	
Housing Tech Devices	
Alexa Show- Intercom, Link to doorbell	1
Front Door Safety Camera	1
Smart home sensors	1
Smoke/fire detection system	5
Mental Health Issues	
Mental Health Tech Device	
Flip Phone (Simple Phone)	11
Internet access	18
Simple Smart Phone (Doro 8050)	17
Smart Speaker (ALEXA)	26
Smart Tablet	22
Wellbeing Apps	1
Personal Care	
Personal Care Tech	
Alexa show- reminders to do certain tasks	43
Blood pressure monitor	8
Sleep Sensor	5
Smart Watch	4
Tablet	18
Physical Health & Mobility	
Dementia Tech devices	
Emergency Pendant	11
Front Door Safety Camera	12
GPS- Emergency Strap	27
Smart home sensors	10
Smart indoor security camera	12
Smart speaker with screen	27
Mobility Aids	
Mobility scooter	25
New Rollator	41
Walking stick	12
Wheelchair	13
Other aids	
Additional hearing aid	7
Blood pressure monitor	5

APPENDIX 1

Technology Interventions

Get appointment for eye test	14
Get appointment for hearing test	15
Glasses	12
GPS wrist strap	6
Hearing Aids	36
Indoor Camera	6
Memory aids	4
Mini finder	8
Orthopaedic shoes	3
Other	28
Pebble	150
Pendant alarm	182
Sleep Sensor	3
Smart doorbell	8
Smart Home Sensor	7
Smart phone	17
Smart speaker with screen	18
Smart Watch	7
Tablet	8
Transport Adaption	12
Visual aids	18
Social Isolation/Prescribing	
Isolation tech device	
Broadband	12
Flip Phone (Simple Phone)	17
Simple Smart Phone (Doro 8050)	21
Smart Speaker	45
Smart Tablet	37
Video calling TV adaptor	2
Technology	
BConnect Assistive Tech	
Assistive technology support	117
Referral to BConnect	115
Response to BConnect Data	1
Technology Support	
Access External Training	5
Computer Support	11
Internet Support	46
Phone Support	79
Tablet / App Support	79
TV / Radio	13

Table A 1: Technology Interventions by Category and Subcategory.

ALONE

YOU'RE NOT ALONE

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

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