



YOU'RE NOT ALONE



Q3 2023

ECC

Report



KEY FINDINGS

28,665

Older people supported: an increase of 31% from Q2 2023.

2,282

New older people: 61% were female, and 39% male.

2,280

Referrals: 72% from external referrals, 18% public/ friends/ family, 15% self referred.

1,642

External referrals: 56% from HSE Community Care, 29% from hospitals, 11% from ICPOP and Charitable Organisations

17%

Of older people supported by ALONE in rented accommodation, which is higher than national profile (11%)







128%

Increase in CHO4 where the proportion of older people supported more than doubled








UNDERSTANDING THE NEEDS OF OLDER PEOPLE IN IRELAND IN Q3 2023

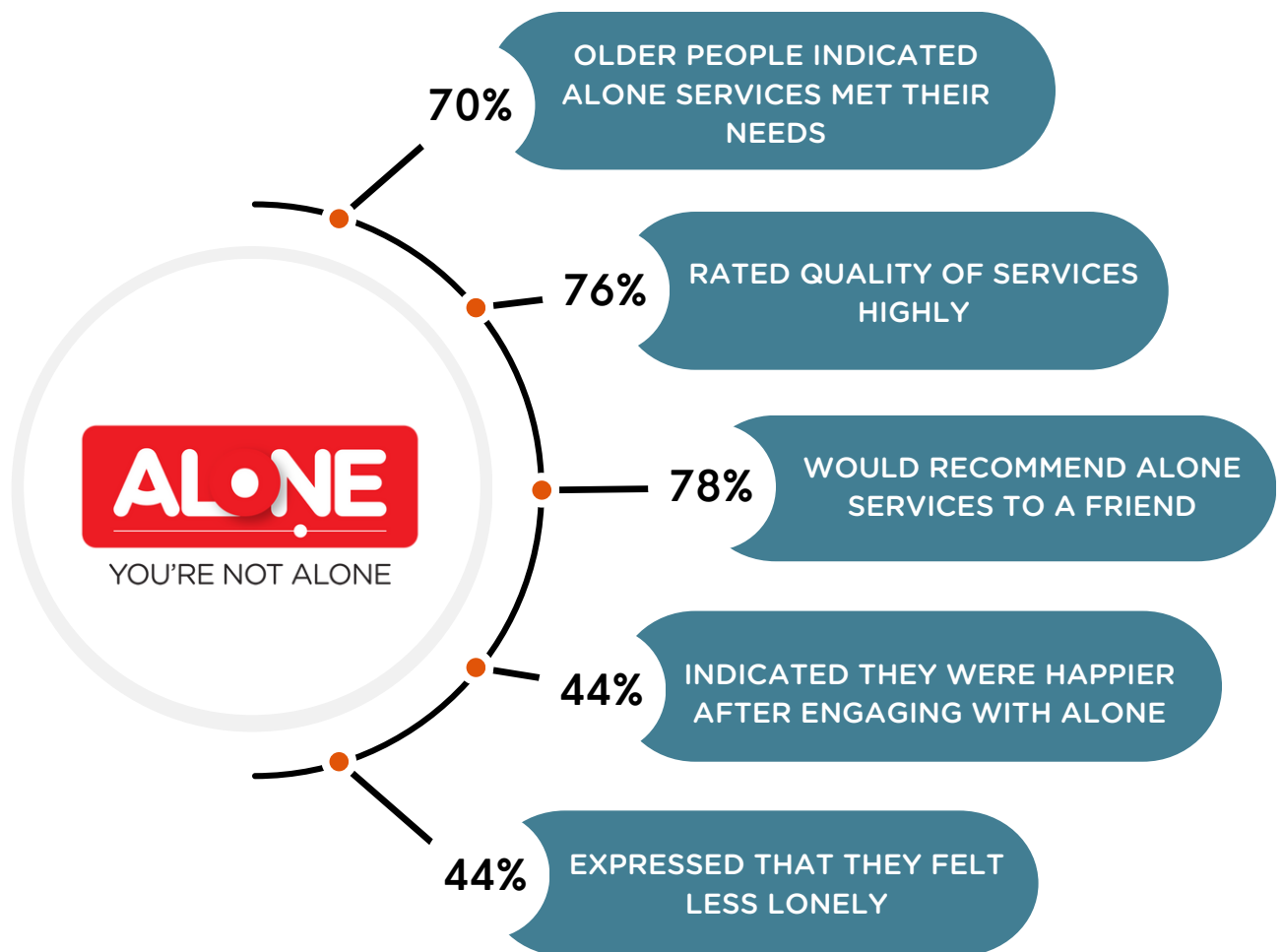
In Q3 2023, we assessed 2,230 individuals and here are some findings.

-  63% felt lonely, a slight increase from 60% in Q2 2023.
-  63% were living alone.
-  50% faced physical health concerns, up from 48% in Q2 2023.
-  34% experienced mobility issues, compared to 31% in Q2 2023.
-  33% encountered housing problems, a slight rise from 31% in Q2 2023.
-  Among homeowners, 32% had home related difficulties, which was slightly lower than the 37% who did not own their own homes.

PROVIDING SUPPORT TO OLDER PEOPLE IN Q3 2023

-  12,564 interventions were conducted, an increase of 53% compared to Q3 2022
-  The highest number of interventions was in CHO1
-  The average number of interventions per person was 3.5, ranging from 1 to 36.
-  Of the 2,230 people who were assessed in Q3 2023, 96% received some intervention from ALONE in the same period.
-  2,338 Housing interventions, followed by support and befriending, and financial/legal aid.

WHAT OUR OLDER PEOPLE SAID ABOUT ALONE



We asked 3,900 older people who use our service

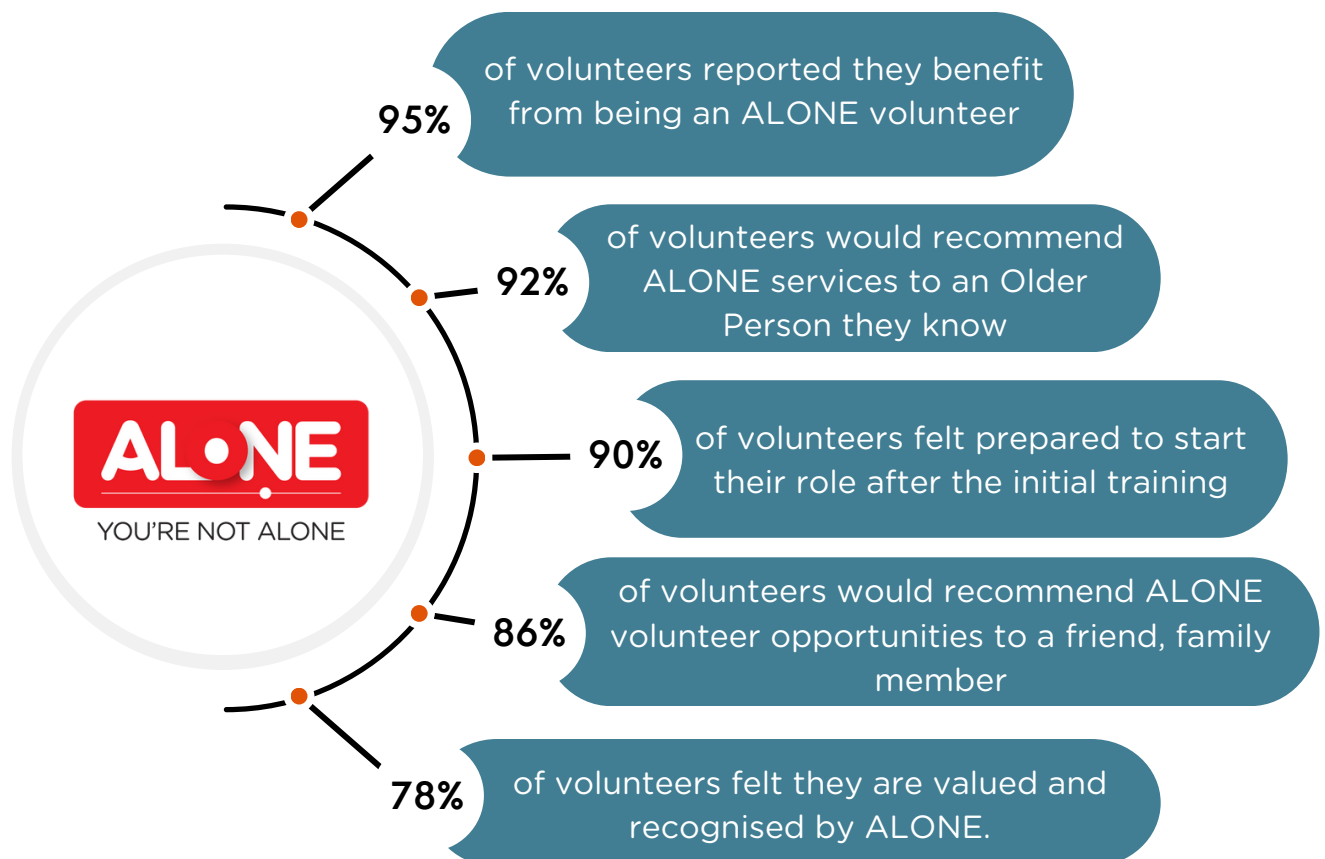
Source: Older person's survey 2023



ALONE VOLUNTEERS: VALUED CONTRIBUTIONS AND POSITIVE IMPACT IN Q3 2023

- ▶ ALONE volunteers contributed support worth between €640,000 to €1.6 million in Q3 2023.
- ▶ Volunteers conducted 23,884 Visitation Support and Befriending visits, 55,879 Telephone Support and Befriending calls, and supported 6,001 calls to be taken by the National Support and Referral Line.

ALONE'S ANNUAL VOLUNTEER SURVEY INDICATED:



IN Q3 2023, ALONE SUPPORTED 136 CIN MEMBER ORGANISATIONS.

60

CIN Member Organisation benefitted from ALONE's training.

89

Training sessions given.

146

Networking events attended or hosted.



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GLOSSARY OF TERMS

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



Assessment:

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



BConnect:

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



Community Healthcare Organisation (CHO):

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



Contact:

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



Enhanced Community Care (ECC):

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



Intervention:

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







Where we are
TODAY

INTRODUCTION

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

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

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



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



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



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



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

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

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

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

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

THE ALONE WAY

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

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

PURPOSE OF THE REPORT

ECC Q3 2023

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 Q3 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 seventh in a series and builds on the previous six reports, which described interventions delivered by ALONE in 2022 and 2023. It presents a national picture of the support offered by ALONE and draws on a wealth of quantitative statistics as well as qualitative notes taken from casework and assessments. All data are anonymised.



CHAPTER 1: ALONE'S COLLABORATION WITH HSE

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

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

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



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

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

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



THE ENHANCED COMMUNITY CARE PROGRAMME (ECC)

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

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



Community Healthcare Networks

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

Community Specialist Teams (Hubs)

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

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.

03

OBJECTIVE THREE

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



04

OBJECTIVE FOUR

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



05

OBJECTIVE FIVE

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



06

OBJECTIVE SIX

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

CHAPTER 2: IDENTIFYING NEEDS ALONE ENGAGEMENT AND ASSESSMENT

Overall, 2,282 new people were supported by ALONE in Q3 2023, compared to 2,435 in the same period in 2022, representing a slight decrease of 6.3% in the year (Figure 1).

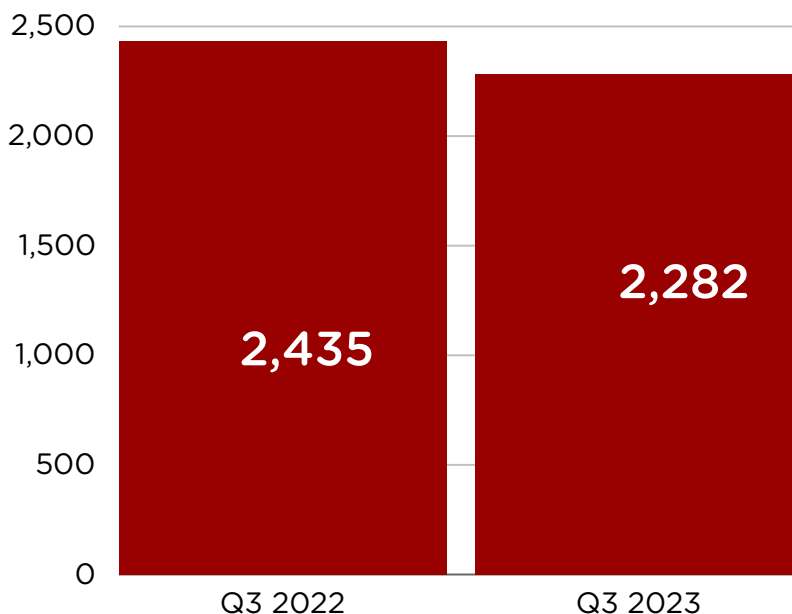
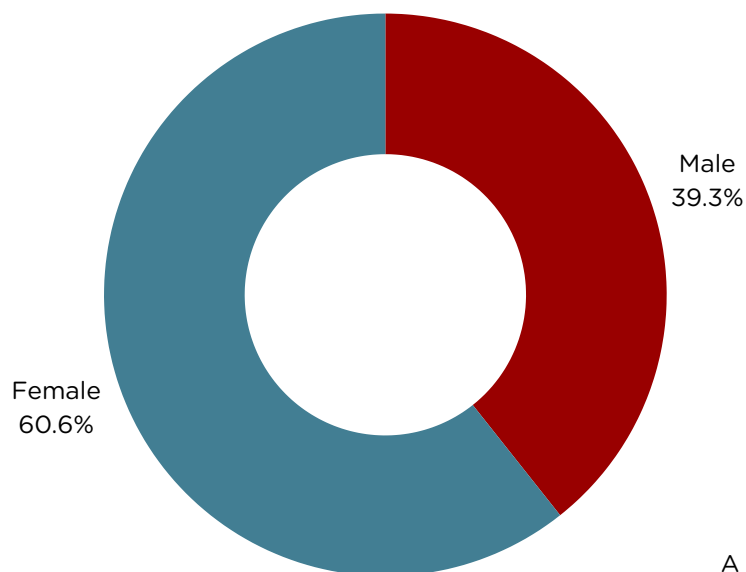


Figure 1: No. of People Supported, Q3 2022 v Q3 2023



Of those for whom gender was reported (n=2,278), 60.6% were female (n=1,382) and 39.3% were male (n=896; Figure 2). This gender distribution remained similar to the same period in 2022 (63% female, 37% male).

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

Figure 2: No. of People Supported by Gender, Q3 2023



Where age was recorded (n=2,197), the majority (41.7%, n=917) of older people supported by ALONE were aged between 76 and 85 years old (Figure 3), which is the same as Q3 2022. In Q3 2023, ALONE supported 118 individuals younger than 61, while 31 individuals were older than 95.

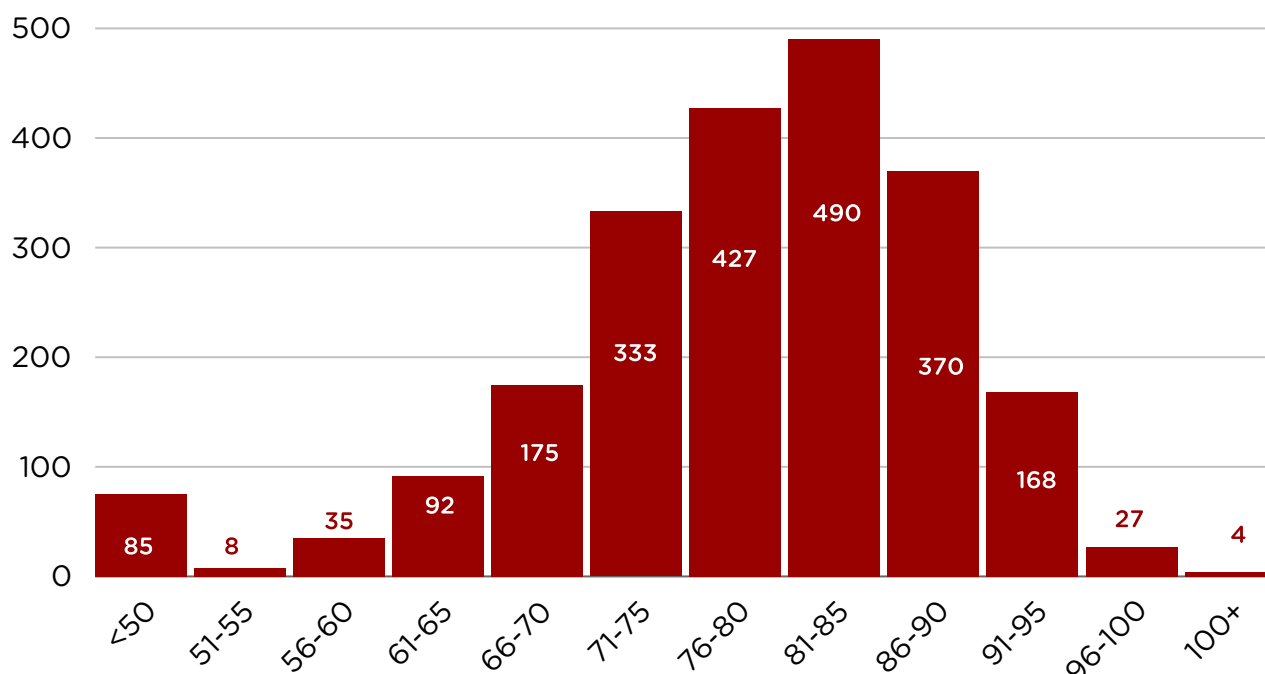


Figure 3: People Supported by Age Range, Q3 2023

In Q3 2023, CHO data were recorded for 2,276 new individuals. Although overall there was a decrease in the proportion of new engagements by 6.5%, the most significant change compared to Q3 2022 occurred in CHO 4, where the proportion of people more than doubled and the number of people increased by 128.1%. There was also a 21.8% increase in the number of people supported in CHO 5 (Table 1). In Q3 2022, three CHOs accounted for almost half of all new engagements: CHO 1, 8 and 9. Three CHOs also accounted for almost half of all new engagements in Q3 2023, although this was CHO 4, 1 and 5. This suggests that the awareness of ALONE's services is growing in regions where these services have been more recently introduced. This continues a pattern observed in Q1 and Q2 2023: ALONE will continue to monitor this data to ensure its services remain responsive to older people's needs.

CHO	Q3 2022		Q3 2023		Q3 2022 v Q3 2023
	No.	%	No.	%	% Change (no. of people)
CHO 1	434	17.8%	305	13.4%	-29.7%
CHO 2	285	11.7%	266	11.7%	-6.7%
CHO 3	237	9.7%	172	7.6%	-27.4%
CHO 4	203	8.3%	463	20.3%	128.1%
CHO 5	261	10.7%	318	14.0%	21.8%
CHO 6	112	4.6%	104	4.6%	-7.1%
CHO 7	241	9.9%	225	9.9%	-6.6%
CHO 8	359	14.7%	286	12.6%	-20.3%
CHO 9	299	12.3%	141	6.2%	-52.8%
Unknown	3	0.1%	3	0.1%	0.0%
Total	2,434		2,276		-6.5%

Table 1: People Supported by CHO, Q3 2022 v Q3 2023

Referrals

In Q3 2023 the majority of referrals 72.3% (n=2,280) were made by external agencies, an increase from 57.7% in Q3 2022 (Figure 4 and Table 2). The proportionate increase in referrals by external agencies is accounted for by a proportionate decrease in self-referrals (19.8% in Q3 2022), internal referrals (14.4% in Q3 2022), and the 7.3% of referrals which were unaccounted for in the data for Q3 2022.

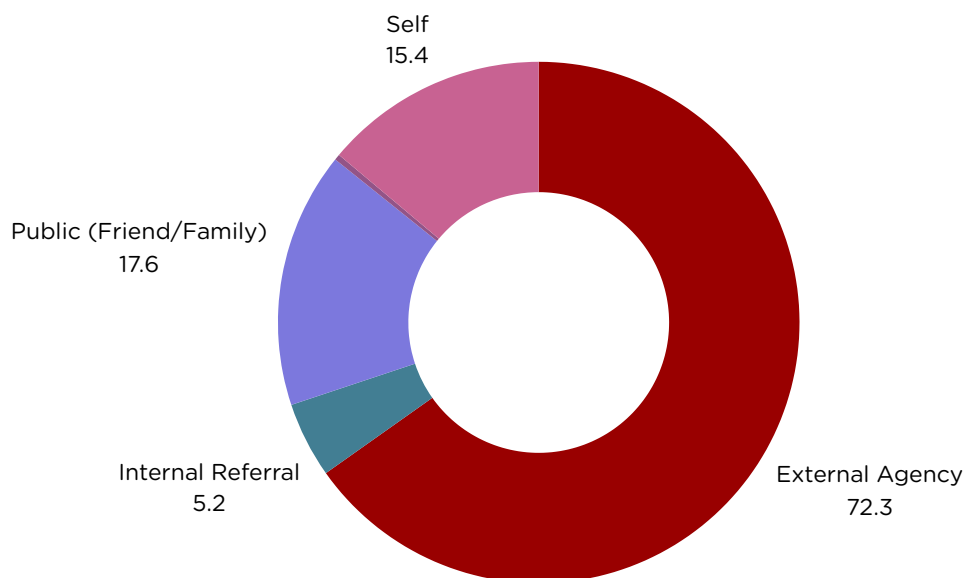


Figure 4: Referral Types, %, Q3 2023

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.

External agencies in CHOs 1, 4 and 5 collectively represented 47.1% of all external referrals, while in the previous quarter CHOs 1, 2 and 8 collectively represented 50% of these referrals in Q3 2022.

Referral Type	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Total
External Agency	222	209	125	295	257	73	164	213	88	1,642
Internal Referral	40	10	7	5	6	1	28	17	5	119
Public (Friend/Family)	67	48	23	68	50	25	40	49	30	400
Self		2		5	3					10
Secondary Sláintecare Referral	30	19	41	135	33	11	22	33	28	352
Total*	305	265	172	463	318	104	225	286	141	2,272

Table 2: Referral Type by CHO, Q3 2023

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



Among the individuals referred by named External Agencies (n=1,438), 56.2% were referred by HSE Community Care Teams and 29.2% were referred by a hospital. ICPOP (Integrated Care Programme for Older Persons) and Charitable Organisations accounted for 10.8% of external referrals (Table 3). As in Q2 2023, four of the top five External Referral Agencies are healthcare organisations (96.2% of the total), demonstrating the importance of collaboration between ALONE and these essential healthcare services. As Table 3 shows, ALONE's model has become embedded in the ECC programme.

External Referral Agency	No.	%*
Community Care Team	808	56.2
Hospital	420	29.2
ICPOP	111	7.7
GP	64	4.5
Charitable Organisation	44	3.1
Mental Health Team	41	2.9
Home Care Provider	13	0.9
Area Partnership	10	0.7
Family Resource Centre	10	0.7
Safeguarding Team	10	0.7
Nursing Home	9	0.6
Housing Body	6	0.4
Jobseeker Support	5	0.3
Local Authority	5	0.3
Physiotherapist	4	0.3
Occupational Therapist	3	0.2
Hospice	2	0.1
Local Development Company	2	0.1
Memory Clinic	2	0.1
Social Worker	2	0.1
Voluntary Organisation	2	0.1
Child and Family Agency	1	0.1
Day Care Centre	1	0.1
Garda	1	0.1
Government Department	1	0.1
Optician	1	0.1
Unnamed Agency	592	

Table 3: External Referral Agencies, Q3 2023

Note: The %* is based on the number of individual people referred by a named External Referral Agency, where the same person may come through the service via more than one referral pathway. 'Charitable Organisations' includes national organisations such as the Alzheimer's Association of Ireland, the Simon Communities, Peter McVerry Trust and more specialised and/or local-level groups. A further 592 people were referred to ALONE in Q3 2023 however data is currently unavailable as to referral source.



ALONE Assessment of Need

In Q3 2023, ALONE Support Coordinators assessed 2,230 older people, which indicates a 2% decrease compared to the number of people assessed in Q2 2023 (n= 2,266; Figure 5).

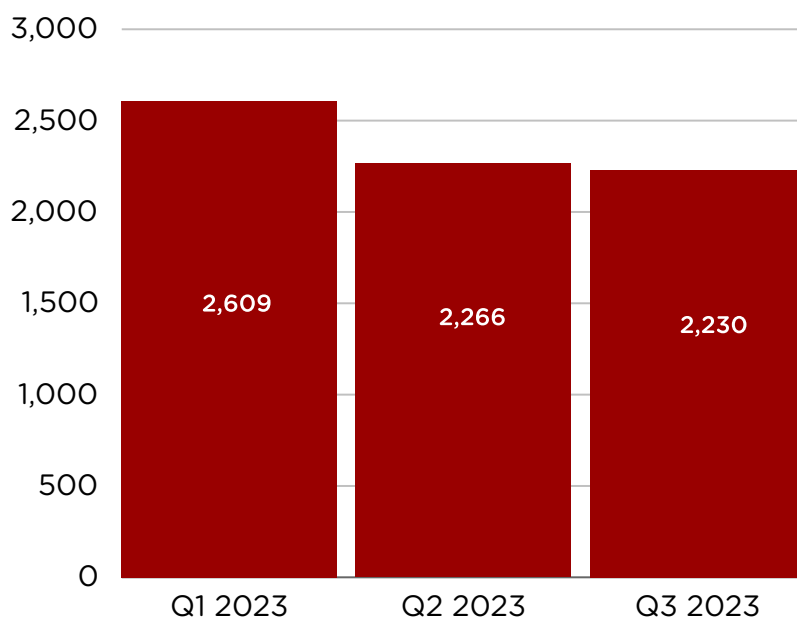


Figure 5: Number of Older People Assessed Q1 2023 v Q2 2023 v Q3 2023

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

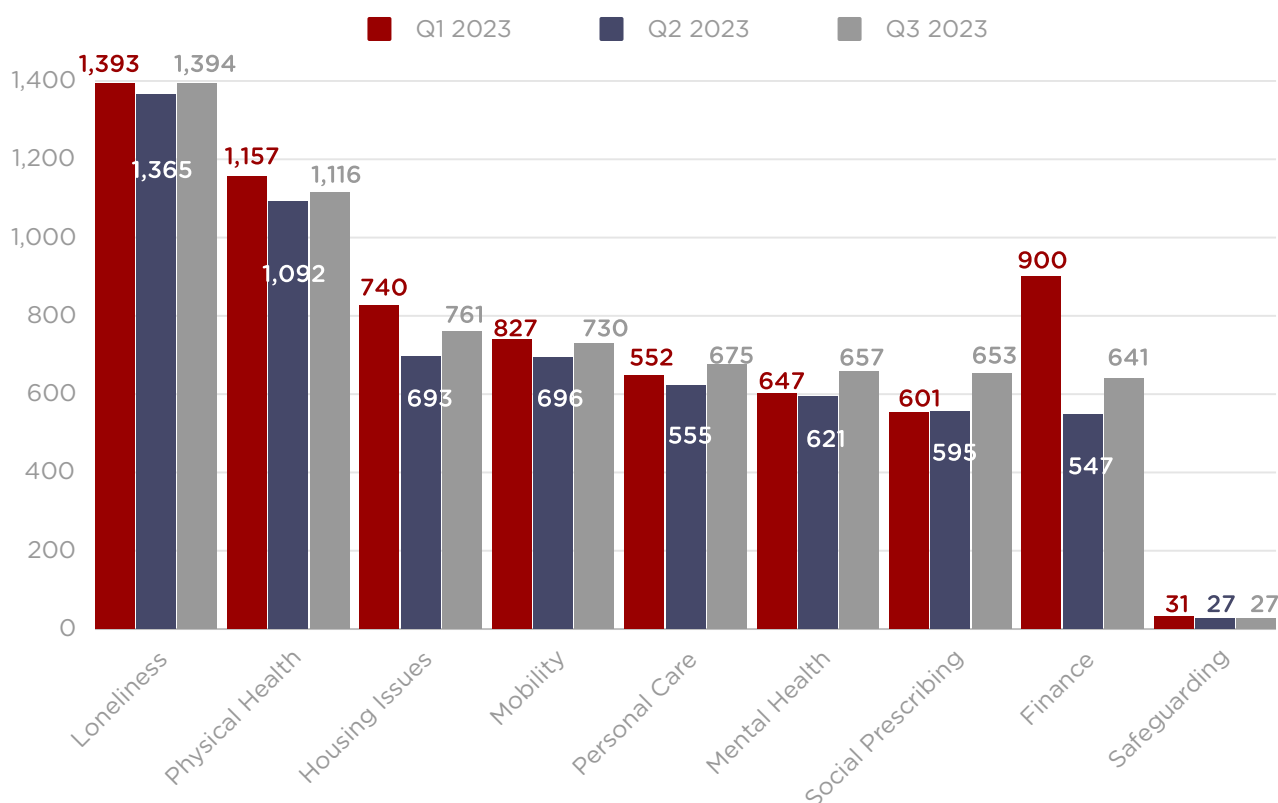


Figure 6: Issues Presenting in Assessments, number, Q1 2023 v Q2 2023 v Q3 2023

As Table 4 shows, loneliness continued to be the most prominent issue for older people engaging with ALONE, having increased to about 62% in Q3 2023. Continuing a trend from earlier in the year, physical health issues were also prevalent, with half of older people reporting a physical health issue, while about one-third reported mobility and housing issues. There was a slight increase in the number and proportion of those reporting issues with Finance between Q2 and Q3 2023.

Category	Q1 2023		Q2 2023		Q3 2023	
	No.	%*	No.	%*	No.	%*
Loneliness	1,393	53.4	1,365	60.2	1,394	62.5
Physical Health	1,157	44.3	1,092	48.2	1,116	50.0
Mobility	740	28.4	693	30.6	761	34.1
Housing Issues	827	31.7	696	30.7	730	32.7
Social Prescribing	552	21.2	555	24.5	675	30.3
Personal Care	647	24.8	621	27.4	657	29.5
Mental Health	601	23.0	595	26.3	653	29.3
Finance	900	34.5	547	24.1	641	28.7
Safeguarding	31	1.2	27	1.2	27	1.2

Table 4: Issues Presenting in Assessments, Q1 2023 v Q2 2023 v Q3 2023

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



1,394 people assessed in Q3 2023 indicated that they felt lonely, representing 62.5% of the people assessed in this period, in contrast to 1,365 (60.2%) people assessed in Q2 2023.

Of this group, 996 (71.4%) said they had someone to visit them. Of the 975 people who responded to the question of who came to visit them, more than three quarters (n=775, 79.5%) were visited by family, while 11.6% were visited by neighbours (n=113), and 9% by friends (n=88).

909 individuals answered the question asking when they were last out socially. Of those, 39.6% (n=360) said that they had been out socially in the last week, a decrease of 4.8 percentage points from the previous quarter, while 8.8% (n=80) had not been out socially in over a year, a similar proportion to the previous quarter (Table 5). This consistent pattern of long-term isolation among older people for the first three quarters of 2023 is of concern to ALONE and it is an area which will continue to be monitored. This trend should expedite the development of a national Action Plan for Loneliness, as called for by the Loneliness Taskforce, of which ALONE is a founding member.

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

Table 5: Last Time Out Socially, Q1 2023 v Q2 2023 v Q3 2023

Of those who indicated that they felt lonely, more than one-third (35.9%, n=500) indicated that they had a hobby. These hobbies include gardening, reading, painting, baking, yoga, bingo, playing cards, birdwatching, bowling, knitting/crocheting, and swimming. The frequency of these hobbies ranged from “most days” to “whenever possible”, with some depending on the availability of family or other supports. For those who did not have hobbies, reasons included poor health and mobility, and a dislike of leaving the house.



Physical Health

Among the 1,116 individuals who reported having an issue with their Physical Health and provided additional information, 33.2% (n=371) had an issue with Falls, while 16% (n=179) had an issue with Memory (Figure 7). A similar trend was observed in Q2 2023, although the number of people reporting Memory issues has increased each quarter of this year.

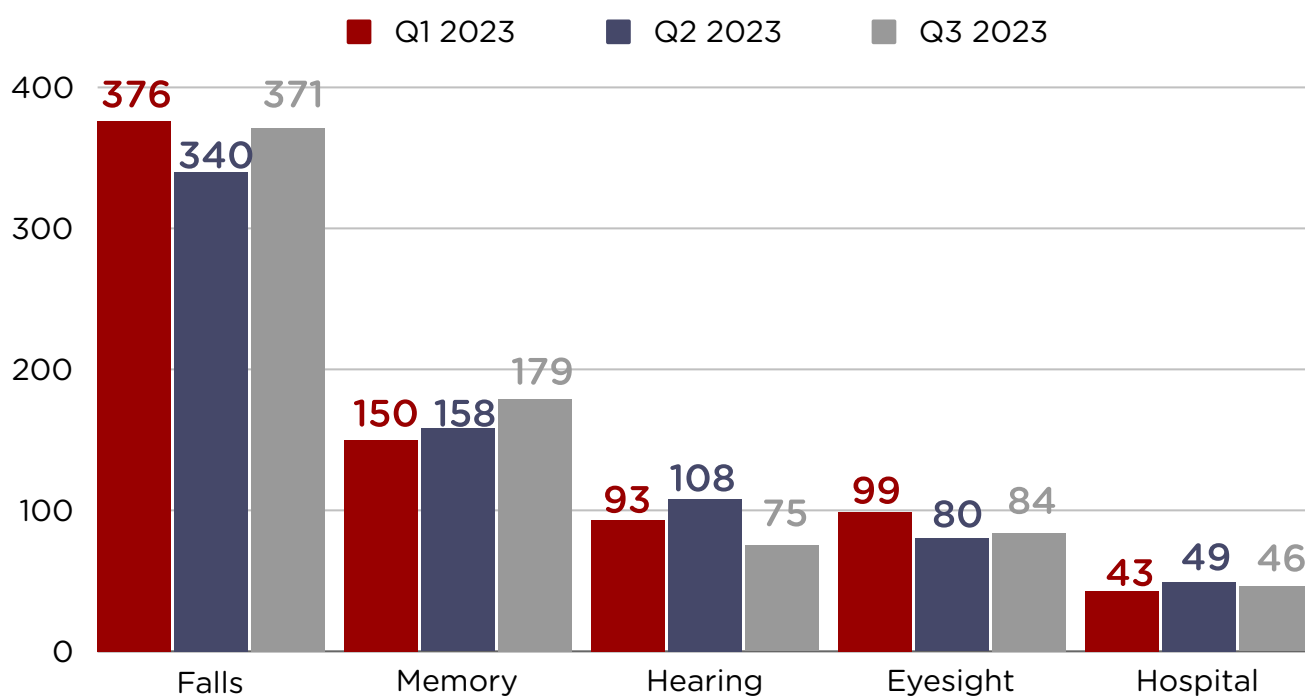


Figure 7: Physical Health Issues by Type, Q1 2023 v Q2 2023 v Q3 2023

Almost one-third of people (n = 337; 30.2%) who reported issues with their Physical Health in Q3 2023 indicated that they received Home Support, with just 33 of those indicating that they had issues with the help they received. 76 people who indicated that they did not have Home Support had issues with it, with ALONE supporting 66 (86.8%) of those in this regard. A further 145 (22.1%) people who had issues with Personal Care also received Home Support.



Mobility

761 people stated that they had mobility issues when assessed in Q3 2023. Of these, 18.7% had issues with Mobility Fixtures, 18.4% had issues with Mobility Aids, 8.1% had issues with Mobility Furniture, and 5.3% had Other issues, in keeping with the data reported in the previous quarter (Figure 8).

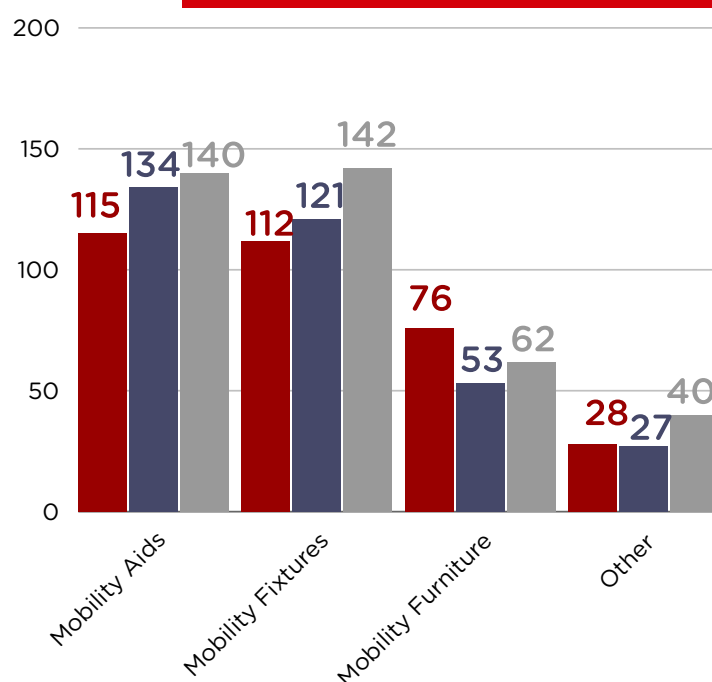


Figure 8: Mobility Issues by Type, Q1 2023 v Q2 2023 v Q3 2023

Around three quarters of those who indicated that they had an issue with Mobility Aids had an issue with their new rollator or walking stick, 17.9% had issues with their wheelchair, and 15% had issues with their mobility scooter (Table 6).

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

Table 6: Mobility Aids Issues by Type, Q1 2023 v Q2 2023 v Q3 2023

Just over half of older people (52.4%) who indicated that they had issues with Mobility Fixtures reported problems with grab rails in general, more than one-third had issues with bathroom grab rails, whereas 14.1% had issues with their bannisters, 8.5% needed a toilet seat riser, and 7.7% had issues with a wheelchair ramp (Table 7).

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

Table 7: Mobility Fixtures Issues by Type, Q1 2023 v Q2 2023 v Q3 2023

For the 40 people who indicated that they had 'Other' Mobility Issues, their specific challenges included Parkinson's disease, osteoarthritis, or mobility impairments resulting from a fall, and stroke.



Housing

Of the 2,200 individuals who responded to this question in Q3 2023, 75.6% indicated that they owned their home (n= 1,664; Figure 9). This marks a slight decrease (2 percentage points) compared to Q2 2023, where 78% of respondents indicated they were homeowners.

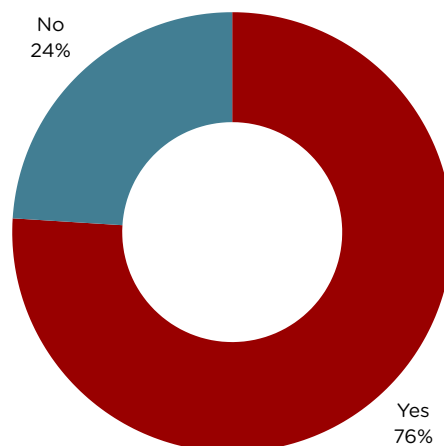


Figure 9: Home Ownership, %, Q3 2023

537 people responded that they did not own their home, of which 484 provided details about their current living arrangements. The majority (61.8%, n=299) were living in Local Authority or Approved Housing Body (AHB) rented accommodation, and 14.3% (n=69) were renting in the Private Rented Sector. These figures align with the trends observed in Q1 and Q2 2023 (Table 8).

Type of occupancy (non-owner occupied)	Q1 2023		Q2 2023		Q3 2023	
	No.	%	No.	%	No.	%
Local Authority	297	54.1	232	53.6	271	56.0
Other	97	17.7	84	19.4	96	19.8
Private Rented	92	16.8	60	13.9	69	14.3
AHB	43	7.8	38	8.8	28	5.8
Nursing home/ Long-term Care	13	2.4	15	3.5	14	2.9
Homeless	7	1.3	5	1.2	6	1.2
Total	549		433		484	

Table 8: Types of Occupancy, non-owner occupiers, Q1 2023 v Q2 2023 v Q3 2023

According to Census 2022, 83.4% of households headed by people aged 65+ were owner occupied (77.8% with no mortgage, 5.6% with a mortgage), while 7.7% rented from a Local Authority or Approved Housing Body, and 3.5% rented in the private sector. While a relatively small proportion of people rented in the private sector, the number (n=16,986) of households increased by 83% since Census 2016. Table 9 compares the tenure data of people who engaged with ALONE in Q3 2023 with the Census 2022 data. The proportion of owner occupiers is lower in the ALONE data, while older people in all types of rented accommodation is higher, with twice the proportion living in Local Authority rented housing represented in the ALONE data. This indicates that people in rented accommodation have a higher degree of need for ALONE services and supports.



Type of occupancy (excl. Nursing Home and Homeless)	ALONE Q3 2023 Data		Census 2022	
	No.	%	No.	%
Owner Occupier	1,664	78.2	401,596	83.4
Local Authority	271	12.7	31,124	6.5
Other	96	4.5	26,010	5.4
Private Rented	69	3.2	16,986	3.5
AHB	28	1.3	5,789	1.2
Total	2,128	100	481,505	100

Table 9: Household Tenure, ALONE Data and Census 2022 aged 65+

Of the 1,918 individuals who provided details of their living arrangements, 63.3% lived alone, more than one in five lived with a spouse, and the remainder lived with family, friends, or a lodger (Table 10).

Living Arrangements	Q1 2023		Q2 2023		Q3 2023	
	No.	%	No.	%	No.	%
Living Alone	1,497	68.0	1,272	65.2	1,214	63.3
With Spouse	420	19.1	405	20.7	410	21.4
With Son	102	4.6	109	5.5	105	5.5
With Other Family Member	61	2.8	63	3.2	83	4.3
With Daughter	62	2.8	69	3.5	64	3.3
With Partner	38	1.7	23	1.2	27	1.4
Lodger	13	0.6	10	0.5	9	0.5
Friend	9	0.4	2	0.1	7	0.4
Total	2,202	100	1,952	100	1,918	100

Table 10: Living Arrangements, Q1 2023 v Q2 2023 v Q3 2023



Housing Issues

730 individuals assessed by ALONE in Q3 2023 indicated that they had issues with their home (Figure 6). Of these, 526 owned their home while 199 indicated that they did not. Although a higher proportion of individuals who faced issues with their home were owner-occupied, it is essential to consider the higher rate of home ownership among people assessed by ALONE during this period. When analysed as a proportion of tenure type, 31.6% of homeowners assessed by ALONE had difficulty with their home compared to 37.1% of those assessed who indicated that they did not own their home. This is a continuation of a pattern observed in Q1 and Q2 2023 where housing issues were also disproportionately experienced by people who did not own their home.

Similar to Q2 2023, more than one in three people with a housing issue in Q3 2023 (38.6%, n=282) required a Housing Adaptation, while one in five (20.4%, n=149) had issues with internal repairs. Additionally, one-third (33.8%, n=247) had issues with Cleaning and External Repairs (Figure 10).

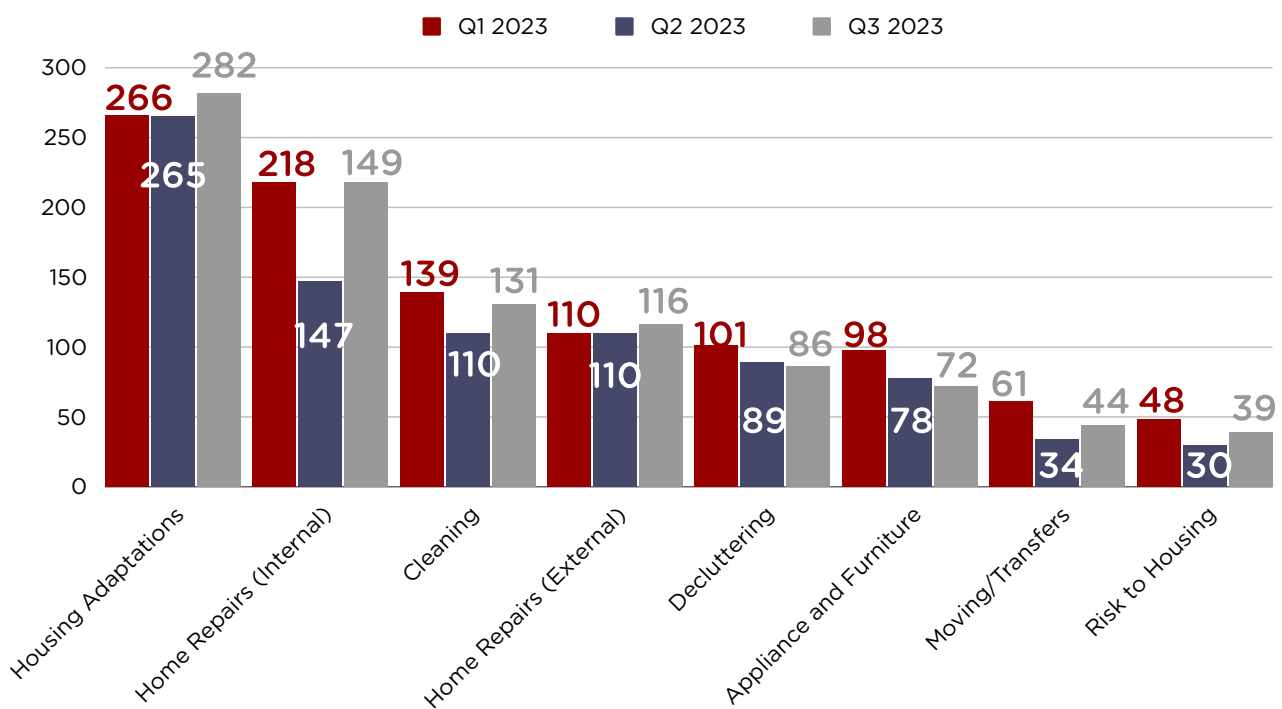


Figure 10: Housing Issues by Type, Q1 2023 v Q2 2023 v Q3 2023

The remaining 5 did not indicate their tenure status.

As Table 11 shows, bathroom adaptation continued to be the most prevalent adaptation issue across 2023. Almost 1 in 5 (19.1%, n=54) had issues with Access Ramps, and 13.1% (n=37) had issues with Stair-lifts, reflecting the prevalence of Mobility Issues in the Assessment data. This trend highlights the positive impact of housing adaptation on supporting older people to live well at home.

Housing Adaptation Issues	Q1 2023		Q2 2023		Q3 2023	
	No.	%*	No.	%*	No.	%*
Bathroom Adaptation	164	61.7	164	61.9	176	62.4
Access Ramps	48	18.0	59	22.3	54	19.1
Stair-lifts	44	16.5	40	15.1	37	13.1
Level Access Showers	13	4.9	15	5.7	14	5.0
Downstairs Toilet	12	4.5	15	5.7	14	5.0
Complete Application Form	7	2.6	12	4.5	12	4.3
Install Central Heating	26	9.8	9	3.4	11	3.9
Builders Quotations	7	2.6	6	2.3	9	3.2
Replace Boiler	15	5.6	5	1.9	8	2.8
OT Report	1	0.4	3	1.1	8	2.8
Extensions	11	4.1	12	4.5	7	2.5
Wheelchair Access	5	1.9	5	1.9	7	2.5
Proof of Property Tax Compliance (OP)	1	0.4	4	1.5	6	2.1
GP Report	1	0.4	3	1.1	6	2.1
Rewiring	8	3.0	3	1.1	5	1.8
Architect Drawings	0	0.0	0	0.0	1	0.4
Certified Electricians Report	2	0.8	1	0.4	0	0.0
Oversee Building Works	1	0.4	1	0.4	0	0.0
Reclaim VAT	1	0.4	1	0.4	0	0.0
GA	1	0.4	0	0.0	0	0.0
Total People with Housing Adaptation Issues	266	100	265	100	282	100

Table 11: Housing Adaptation Issue by Type, Q1 2023 v Q2 2023 v Q3 2023

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

As Table 12 shows, more than half of the people who indicated that they had issues with Internal Home Repairs had issues with plumbing (30.9%, n=46) and windows and doors (26.8%, n=40). Moreover, 18.1% individuals reported issues with painting, while 14.8% had electrical issues and flooring issues (Table 12). This contrasts to the previous quarter, where 25.2% of the people indicated issues with windows and doors, followed by plumbing (24.5%), electrical (16.3%) and painting (14.3%) issues.

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

Table 12: Home Repairs (Internal) Issue by Type, Q1 2023 v Q2 2023 v Q3 2023

Social Prescribing

675 people assessed in Q3 2023 indicated that they required some social prescribing support, with 84.4% (n=570) declaring an interest in a local community group, and 14.7% (n=99) interested in a one-off event. This is similar to Q2 2023, where 85.2% preferred community groups, and 15.5% were interested in one-off events among 555 assessed individuals. In Q1 2023, 82.4% of 552 individuals favoured community groups, with 12.1% interested in one-off events. The data shows a consistent preference for community groups across the quarters, with a slight variation in the interest in one-off events.

Personal Care

657 people assessed by ALONE in Q3 2023 indicated that they had an issue with Personal Care. Of these, one-third had an issue with GP / Primary Care (33.3%, n=219), around one quarter (24.2%, n=160) had issues with Carers, 19.8% (n=130) had issues with Nutrition, and just 8.1% (n=53) had issues with Medication (Figure 11). The number and proportion of people reporting difficulties with Nutrition, Medication, Hygiene and Appliances/ Bedding and Furniture has increased in comparison to the previous quarter.

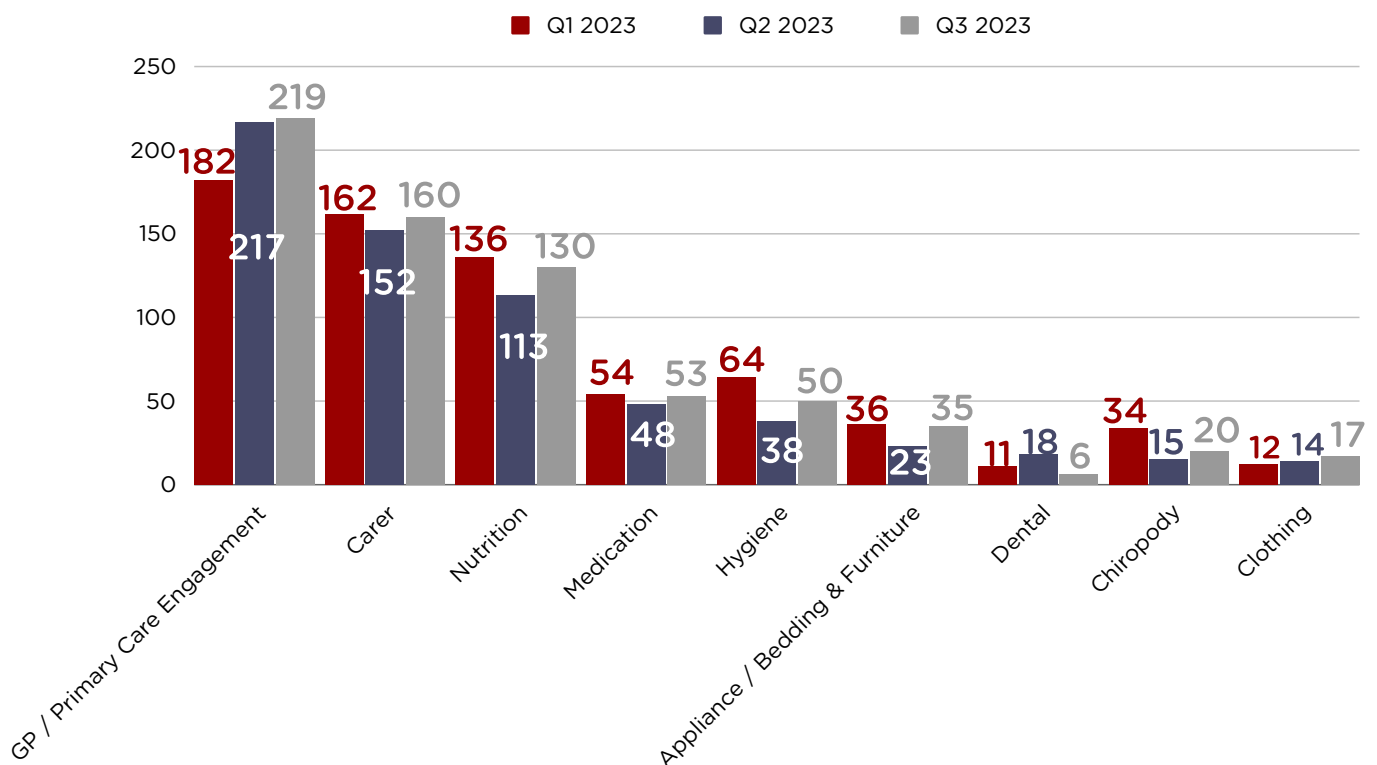


Figure 11: Personal Care Issue by Type, Q1 2023 v Q2 2023 v Q3 2023

Of the 219 people who indicated an issue with GP / Primary Care Engagement, almost half (49.8%) required support engaging with the Public Health Nurse, almost one-third (32.4%) required support accessing Occupational Therapy (OT), 14.6% required support advocating for a GP and 12.3% required support with accessing Physiotherapy (Table 13). ALONE have observed an increase in the need to access OT support across the three quarters of the year. It is possible that this is linked to the increase in housing adaptations, and the need for an OT report to access certain adaptation grants.

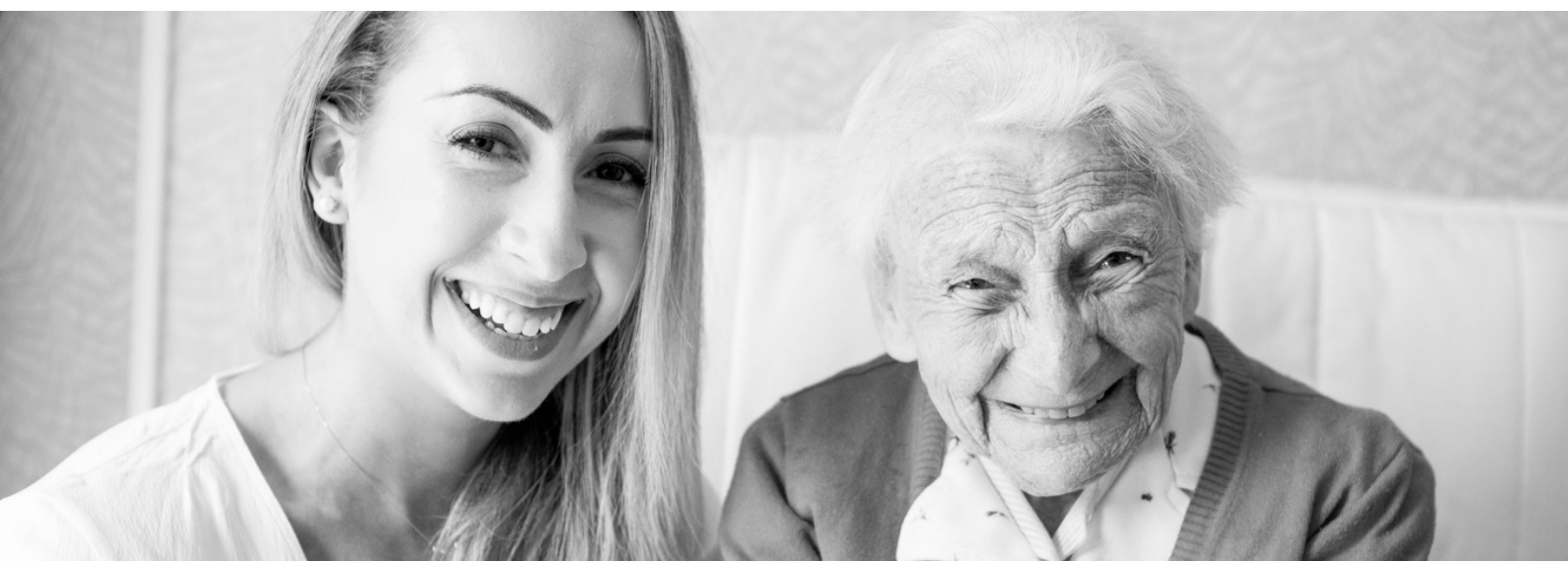
GP / Primary Care Engagement Issues	Q1 2023		Q2 2023		Q3 2023	
	No.	%	No.	%	No.	%
Public Health Nurse	86	47.3	125	57.6	109	49.8
Access OT	52	28.6	44	20.3	71	32.4
Advocate for GP to support	24	13.2	39	18.0	32	14.6
Access Physiotherapy	19	10.4	21	9.7	27	12.3
Meals on Wheels	30	16.5	24	11.1	23	10.5
Other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

Table 13: GP / Primary Care Engagement Issues by Type, Q1 2023 v Q2 2023 v Q3 2023

160 individuals assessed indicated that they were having issues with Carers. Of these, 41.3% required help applying for a Carer, more than one-third (37.5%) had issues advocating for additional carer support, and 29.4% needed information on carer support (Table 14).

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

Table 14: Carer Issues by Type, Q1 2023 v Q2 2023 v Q3 2023



Mental Health

Of the 653 people assessed by ALONE and indicating that they had issues with their mental health, just 42.7% (n=279) had attended a GP, nurse, or medical practitioner. Of those, 72% (n=201) were prescribed medication of which 12.9% (n=26) said they forgot to take it.

The most prevalent mental health issue in Q3 2023 was Dementia / Alzheimer's (26%). This was followed by Depression (23.1%), Anxiety (21.9%), and Bereavement issues (16.8%). Across the three quarters of 2023, the prevalence of mental health issues remained relatively consistent: in Q2 21.3% reported depression, 18.3% were experiencing anxiety, and 15.8% dealing with bereavement. Similarly, in Q1, depression affected 23% of individuals, 17% experienced anxiety, and 16% faced bereavement issues. The overall number of people indicating issues with these four areas of mental health has increased in Q3 2023, a concerning pattern which ALONE will continue to monitor. Additionally, 6.3% reported issues related to Primary Care Mental Health Services, and 3.8% had issues with Addiction (Figure 12).

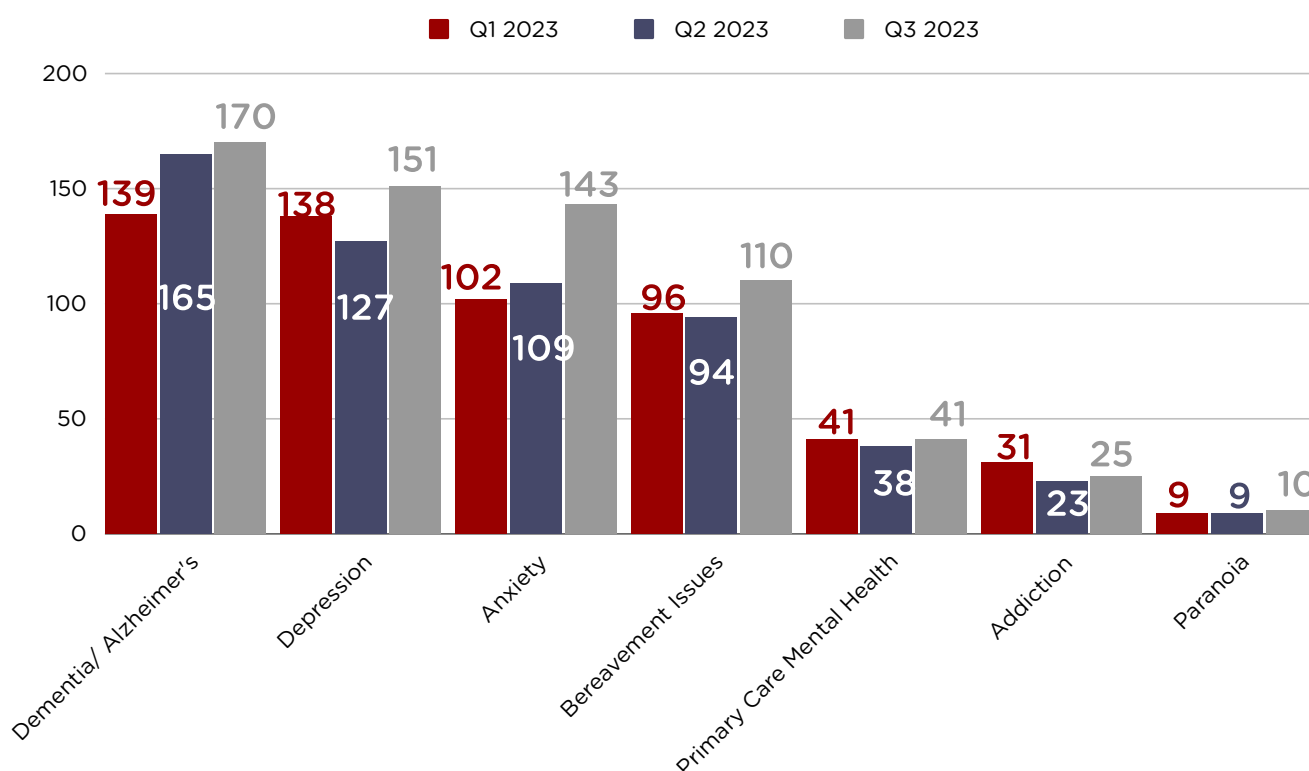


Figure 12: Mental Health Issues by Type, Q1 2023 v Q2 2023 v Q3 2023

Of the 170 people assessed in Q3 2023 who indicated that they had issues with Dementia / Alzheimer's, 48.4% (n=83) indicated that they needed information about supports, 32.9% (n=56) indicated that they had issues accessing supports, while 18.2% (n=31) indicated that they had issues with both.

Of the 151 people who indicated that they had issues with Depression, the vast majority (n=111) required information on counselling services (including accessing counselling services), while 15 people required a mental health assessment from their GP or Public Health Nurse.

Finance

641 people assessed by ALONE in Q3 2023 indicated that they had issues with Finance. This represents a slight increase on Q2 2023 (n=547), possibly due to the colder than expected weather during the summer months.

Of these, 239 people (37.3%) had issues with utilities, 189 people (29.5%) had issues with benefits, and 118 people (18.4%) had issues with entitlements (Figure 13). Winter Fuel Allowance was the most prevalent issue for those with benefits issues (46%, n=87), followed by issues with the Household Benefits Package (34.9%, n=66) and Exceptional Needs Payment (14.3%, n=27). Of those with utility issues, 87% (n=208) had issues with payments, arrears, or a payment plan, while only 26 people had issues claiming a refund from their utilities' provider.

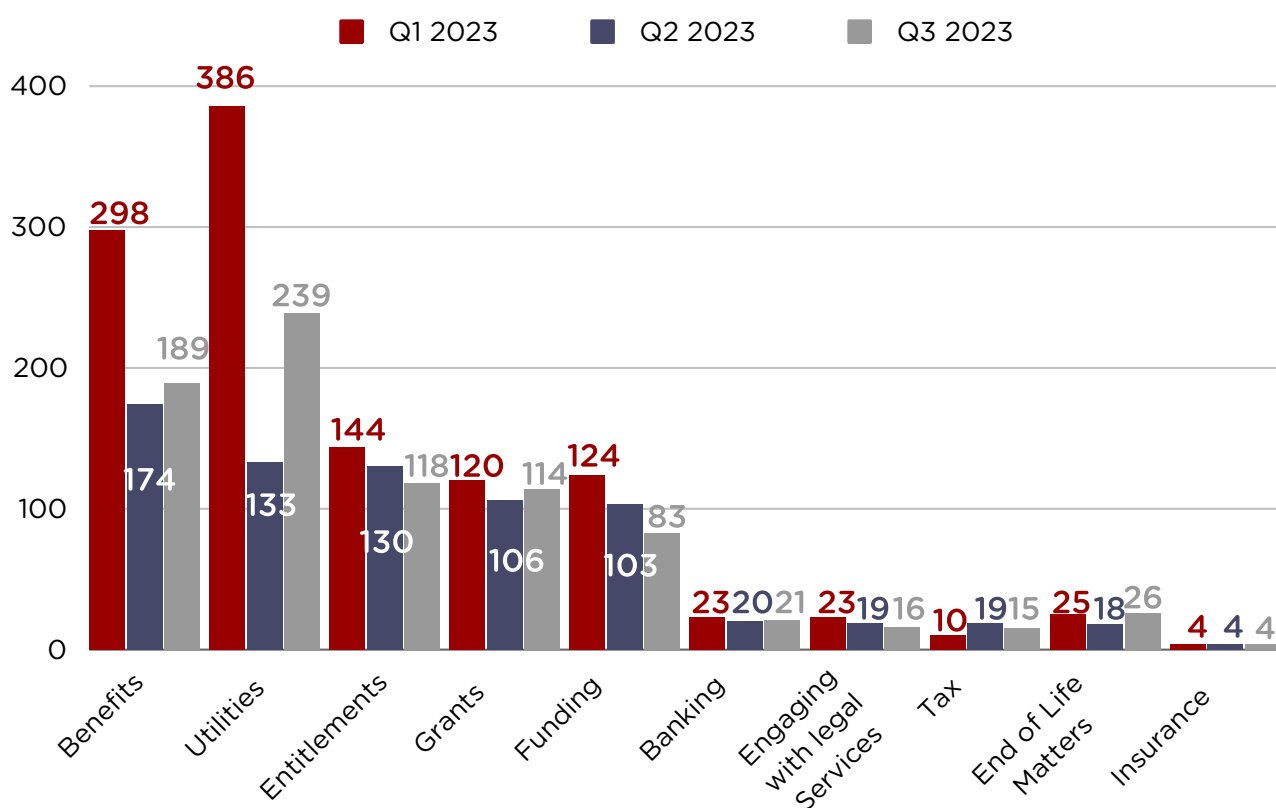


Figure 13: Finance Issues by Type, Q1 2023 v Q2 2023 v Q3 2023



Safeguarding



Just 27 people assessed by ALONE in Q3 2023 indicated they were at risk of abuse, which is similar to the previous quarter. More than half (55.6%, n=15) felt at risk of Emotional Abuse, 48.1% (n=13) felt at risk of Financial Abuse, while 25.9% (n=7) were at risk of Self-Neglect and Physical Abuse (Figure 14).

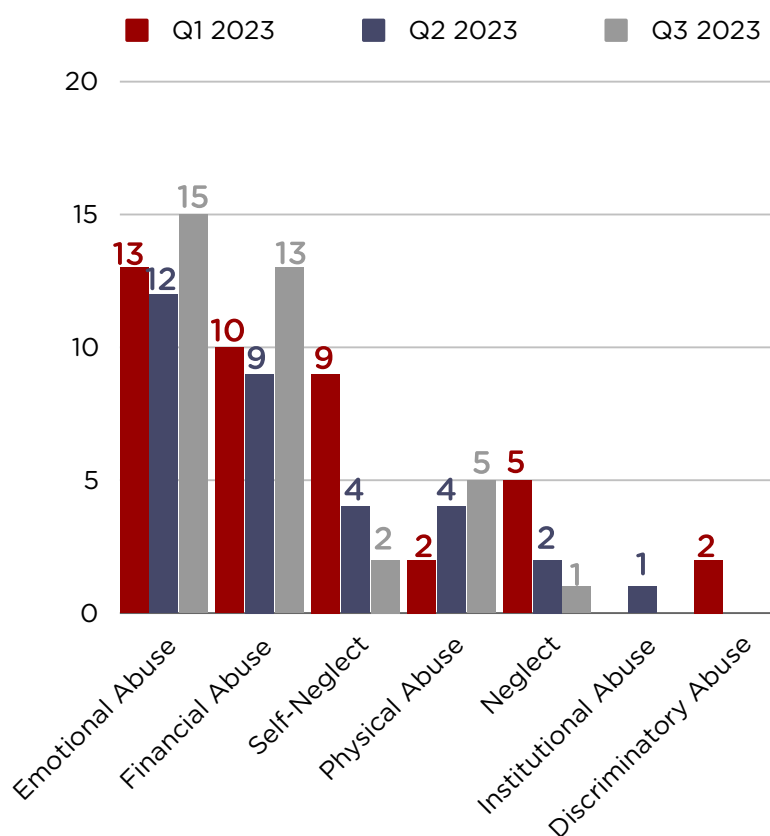


Figure 14: Safeguarding Issues by Type, Q1 2023 v Q2 2023 v Q3 2023

Note: Data on Institutional Abuse for Q1 & Q3 2023 and Discriminatory Abuse for Q2 & Q3 2023 is unavailable.

Of the 27 people with Safeguarding issues, 18 were submitted to the adult team / ALONE staff for escalation, where necessary, to the HSE Safeguarding Teams.

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 Q3 2023 received an intervention in that period, and similarly, some older people who were assessed in previous quarters commenced interventions in Q3 2023. This means that the numbers here refer to interventions conducted in Q3 2023, rather than the number of people, unless otherwise stated.

In total, ALONE provided 12,564 new support interventions to 3,585 people in Q3 2023, an average of 3.5 interventions per person. The number of interventions per person range from 1 to 36. This represents an overall increase of 53.2% on the number of interventions (n= 8,201), compared to the same period in 2022. The highest number of interventions were undertaken on behalf of older people in CHO 1 (n=2,058) while CHO 2 had the highest average number of interventions per person (4.0). The lowest number of interventions were undertaken in CHO 6 (n=549), while the lowest average number of interventions per person was in CHO 4 (2.7; Table 15).

CHO Area	No. People	No. Interventions	Average
CHO 1	578	2,058	3.6
CHO 2	423	1,675	4.0
CHO 3	250	782	3.1
CHO 4	562	1,514	2.7
CHO 5	422	1,341	3.2
CHO 6	172	549	3.2
CHO 7	435	1,623	3.7
CHO 8	413	1,815	4.4
CHO 9	322	1,184	3.7
Not Known	3	4	

Table 15: Interventions by CHO Area, no. of people, no. of interventions, and average, Q3 2023

As Figure 15 (on the following page) shows, the area with the highest number of interventions was Housing, followed by Support and Befriending, Legal and Financial, and Physical Health and Mobility.

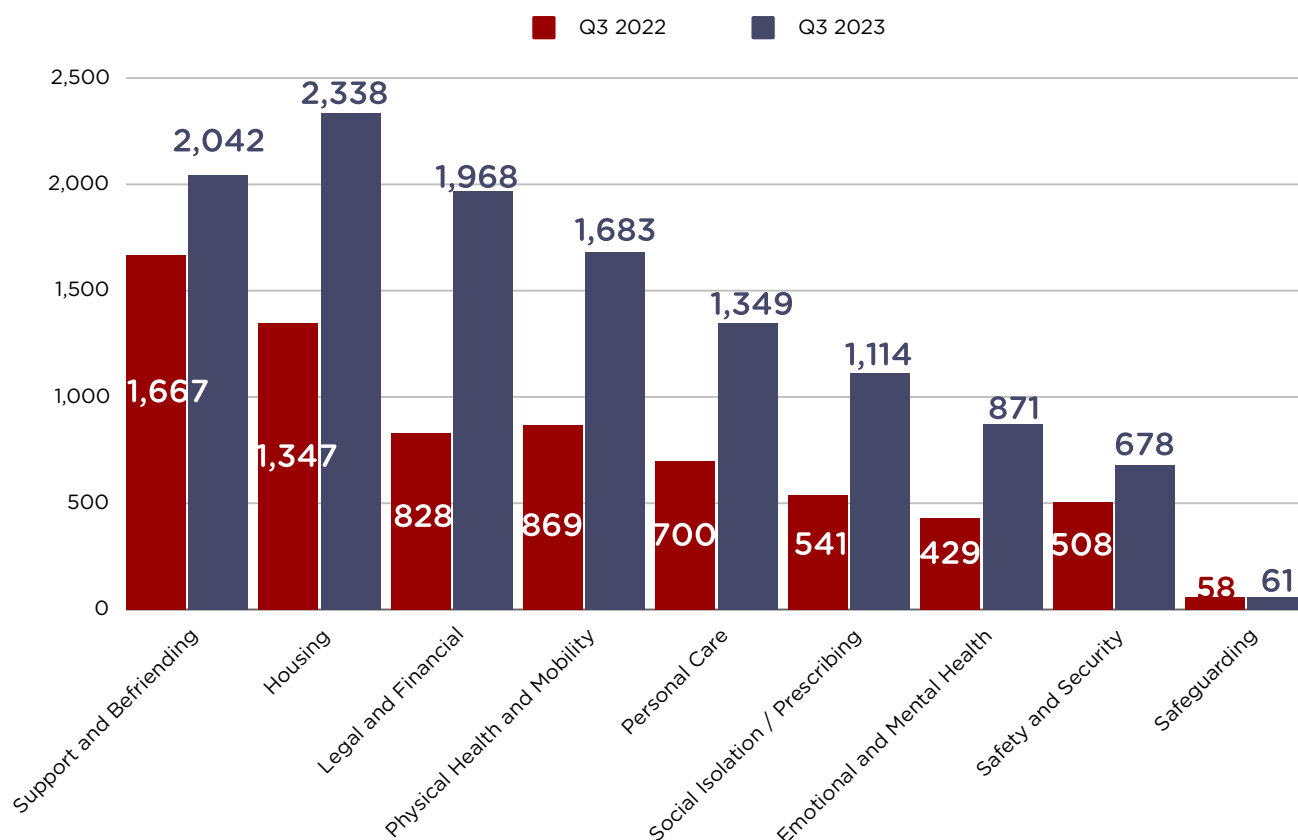


Figure 15: Interventions by Type, Q3 2022 v Q3 2023

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

As Table 16 and Figure 15 depict, there has been a significant increase in the number of interventions delivered by ALONE between Q3 2022 and Q3 2023 in all areas. The highest percentage change in this period was in Legal and Financial, which experienced an increase of 137.7%. This represents a shift in support needs compared to Q3 2022, when Support and Befriending accounted for the highest number of interventions, followed by Housing, and Physical Health and Mobility, although it is worth noting that these three support areas have been the most prevalent in the past two quarters. The increase in the cost-of-living, and its disproportionate impact on older people, and the need for clarity and support around Government interventions, all of which are discussed further below, resulted in an increase in the need for Legal and Financial supports.

Type of Intervention	Q3 2022	Q3 2023	% change
Housing	1,347	2,338	73.6
Support and Befriending	1,667	2,042	22.5
Legal and Financial	828	1,968	137.7
Physical Health and Mobility	869	1,683	93.7
Personal Care	700	1,349	92.7
Social Isolation / Prescribing	541	1,114	105.9
Emotional and Mental Health	429	871	103.0
Safety and Security	508	678	33.5
Safeguarding	58	61	5.2

Table 16: No. of Interventions by Type, Q3 2022 v Q3 2023 and % change

Although Support and Befriending interventions account for the highest number of people supported (n=1,442), Housing remains the area with the highest number of interventions per person, indicating that this area is the most resource intensive for ALONE (Table 17).

Type of Intervention	No. of People	No. of Interventions	Average
Housing	1,112	2,338	2.1
Support and Befriending	1,442	2,042	1.4
Legal and Financial	1,044	1,968	1.9
Physical Health and Mobility	982	1,683	1.7
Personal Care	775	1,349	1.7
Social Isolation / Prescribing	824	1,114	1.4
Emotional and Mental Health	572	871	1.5
Safety and Security	519	678	1.3
Technology	291	460	1.6
Safeguarding	39	61	1.6

Table 17: Interventions by Type, No. of People, No. of Interventions, Average per Person, Q3 2023

ALONE's completion rate for interventions is very high. Of the interventions which commenced in Q3 2023, ALONE completed 74.2% (n=9,321) in the same quarter, with 92.9% of those resulting in outcomes being met.

Moreover, out of all ongoing interventions, 3,394 were completed in Q3 2023 and 95% (n=3,223) of these interventions were completed with outcomes being met.



Housing

2,338 interventions were made in relation to Housing in Q3 2023, an increase of 77.4% on Q3 2022. Of these, one-third were related to Housing Adaptations (33.6%, n=786), 17.1% (n=399) concerned Internal Home Repairs, and 12.4% related to External Home Repairs (n=291; Figure 16). During Q3 2023, Housing Adaptations saw a significant increase of 58.8%, whereas Internal Home Repairs increased by 79.7%, and External Home Repairs increased by 114%, compared to Q3 2022.

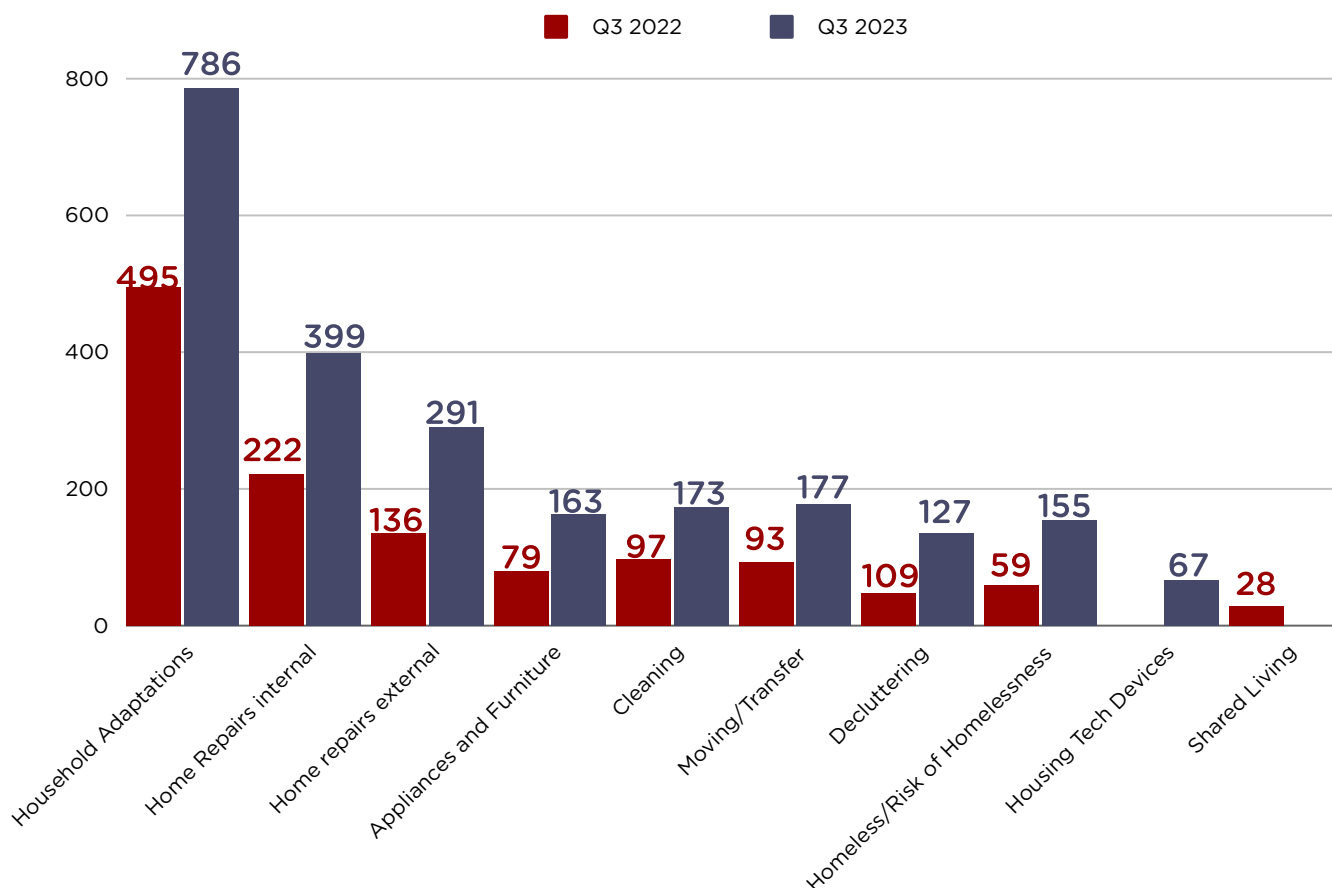


Figure 16: Housing Interventions by Type, Q3 2022 v Q3 2023

Note: Data on Housing Tech Devices for Q3 2022 and Shared Living for Q3 2023 is unavailable.



Of the 786 Housing Adaptation interventions, approximately one-third (31.2%, n=245) were related to Bathroom Adaptations, while one in ten were related to Access ramps (10.4%, n=82) and Emergency Pendants (10.2%, n=80), and 9.3% (n=73) were related to Stair-lifts. The full range of interventions provided by ALONE in relation to Housing Adaptations is set out in Table 18.

Housing Adaptation Interventions	No.	%
Bathroom Adaptation	245	31.2
Access ramps	82	10.4
Emergency Pendant	80	10.2
Stair-lifts	73	9.3
Complete Application Form	56	7.1
Builders Quotations	31	3.9
Front Door Safety Camera	28	3.6
Proof of Property Tax Compliance	20	2.5
GP Report	18	2.3
Downstairs toilet	17	2.2
OT Report	17	2.2
Extensions	15	1.9
Install central Heating	14	1.8
Level access showers	14	1.8
Replace boiler	11	1.4
Smart home sensors	9	1.1
Smart indoor security camera	8	1.0
Wheelchair access	8	1.0
House Alarm	7	0.9
Oversee Building Works	7	0.9
Rewiring	6	0.8
Proof of Tax Compliance (O.P)	5	0.6
Funding Shortfall	4	0.5
<u>Minifinder</u> - Emergency Strap	3	0.4
<u>Reclaim V.A.T</u>	3	0.4
Architect Drawings	2	0.3
Certified Electricians Report	2	0.3
GA: Architect Drawings	1	0.1

Table 18: Housing Adaptation Interventions by Type, Q2 2023



Support and Befriending

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

As indicated above, Support and Befriending accounted for the second highest number of interventions in Q3 2023. Of these, 62.5% (n=1,276) were provided by the ALONE Visitation Support and Befriending service, one-third (33.6%, n=687) were provided through the ALONE Telephone Support service, and the remaining interventions (3.9%, n=79) were provided through alternative services and supports (Figure 17). This marks an increase of 22.7% for ALONE Visitation Support and Befriending, 20.1% for ALONE Telephone Support, and 46.3% for alternative services and supports compared to Q3 2022.

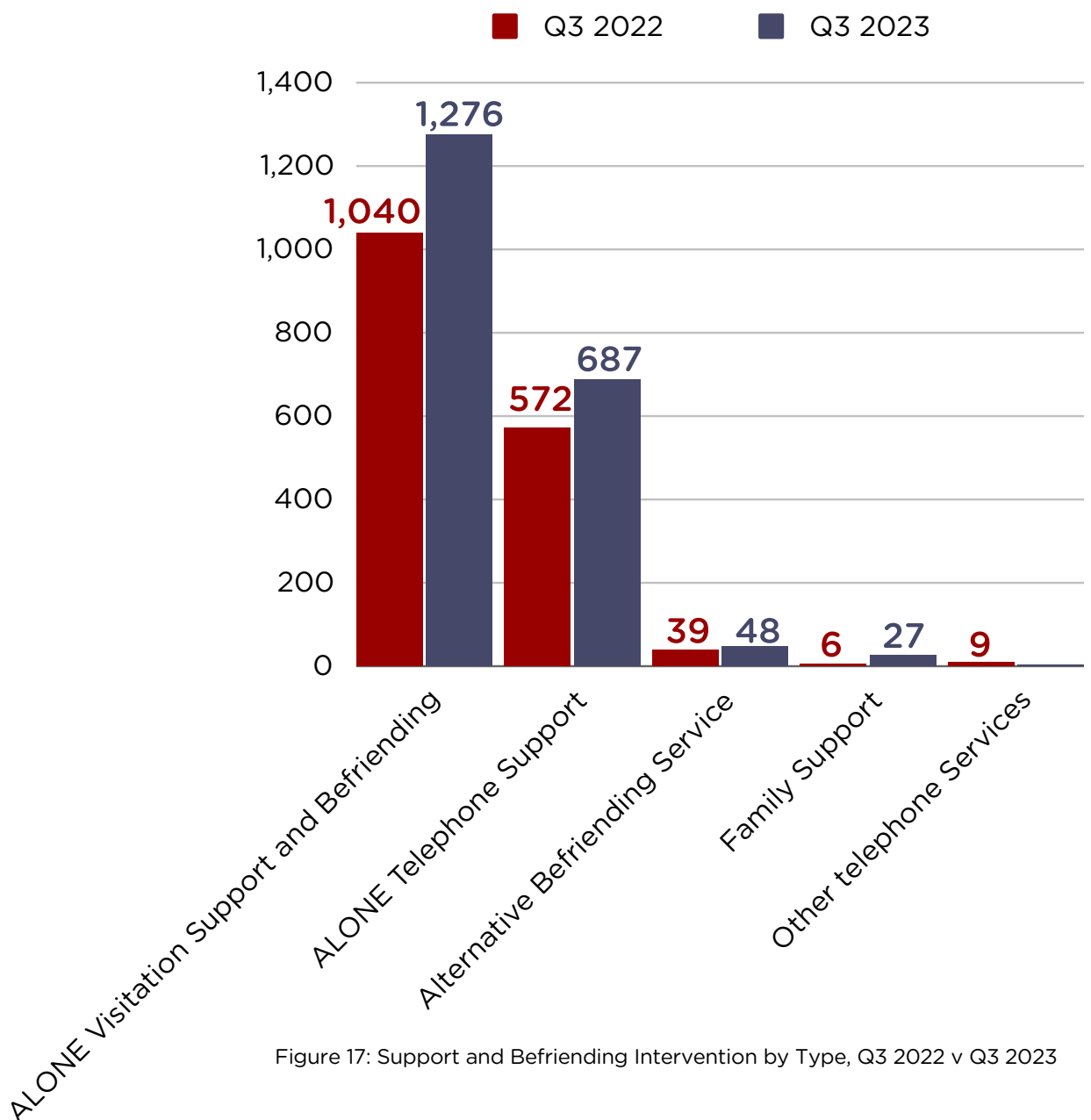


Figure 17: Support and Befriending Intervention by Type, Q3 2022 v Q3 2023

Legal and Financial

In the Legal and Financial area, there were a total of 1,968 interventions, making it the third-highest category in Q3 2023. Among these interventions, around one in three (33%, n=649) concerned household utilities, while 18.1% (n=357) concerned Benefits, and 15.4% (n=303) concerned Funding (Figure 18). Compared to Q3 of the previous year, interventions concerning Household Utilities increased by 605%.

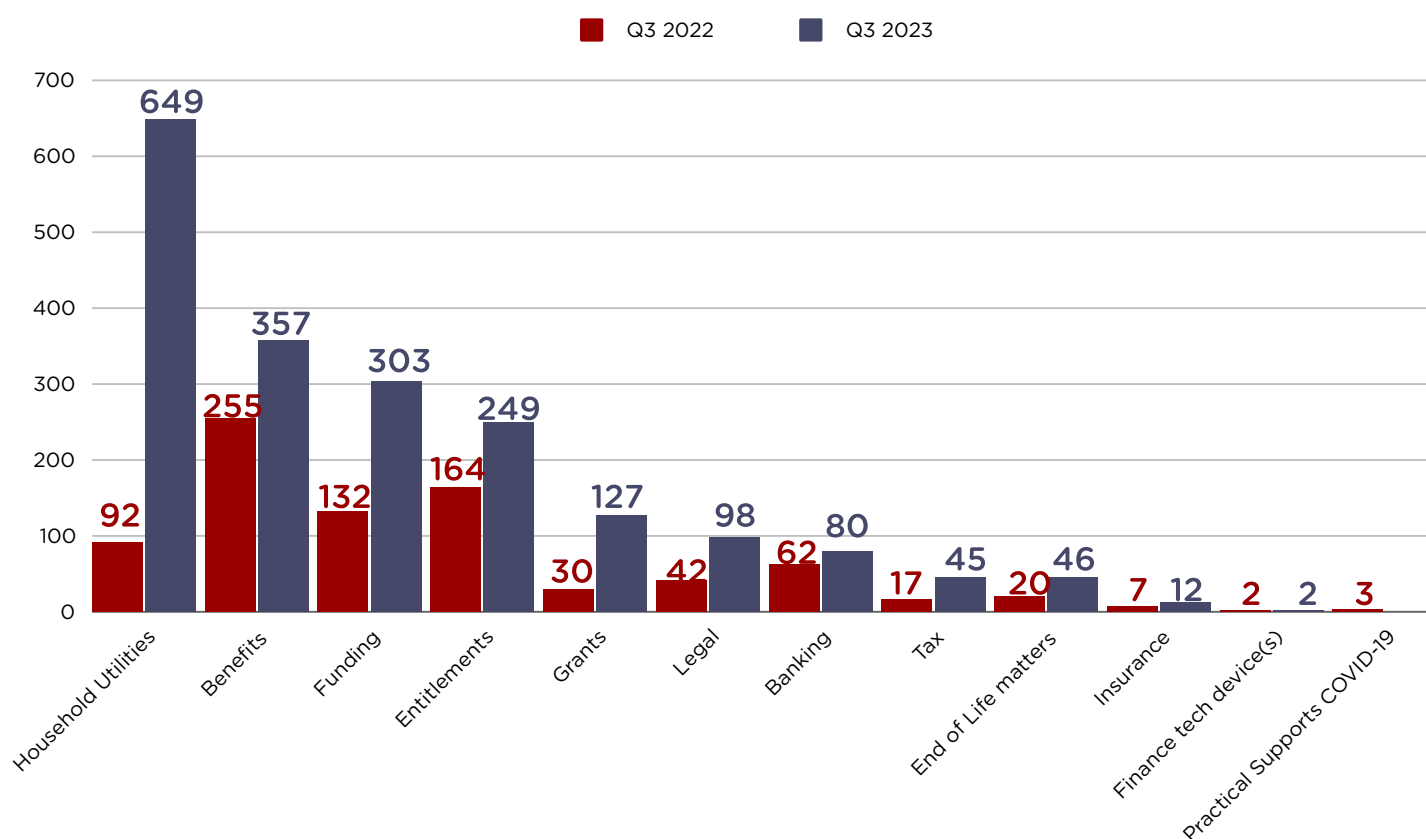


Figure 18: Legal and Financial Interventions by Type, Q3 2022 v Q3 2023

Note: Data on Practical Supports COVID-19 for Q3 2023 is unavailable.

The impact of the cost-of-living crisis is evident from the number and type of interventions concerning utilities. Of the 649 Household utilities interventions, 41.4% (n=269) of interventions concerned utility arrears or payment plans and a further 40.2% (n=261) concerned the Government's energy credit scheme, for which ALONE provides support through information provision and, where necessary, supports to access the relevant energy credit (Table 19).

Household Utilities Intervention	No.	%
Arrears / Payment Plan	269	41.4
Energy Credit	261	40.2
Support with Rent	76	11.7
Utility Refund	25	3.9
Cancel Utility	18	2.8

Table 19: Utilities Interventions by Type, Q3 2023

Physical Health and Mobility

Of the 1,683 interventions relating to Physical Health and Mobility, 11.8% (n=198) related to Hospital, and 10.8% (n=182) related to Mobility Fixtures. A further 32.6% (n=549) related to 'Other' aids (Figure 19). The Other aids category referred primarily to assistive technology (78.5%, n=431), with the remaining 21.5% (n=118) relating to aids such as hearing aids, transport adaptation, orthopaedic shoes, and glasses.

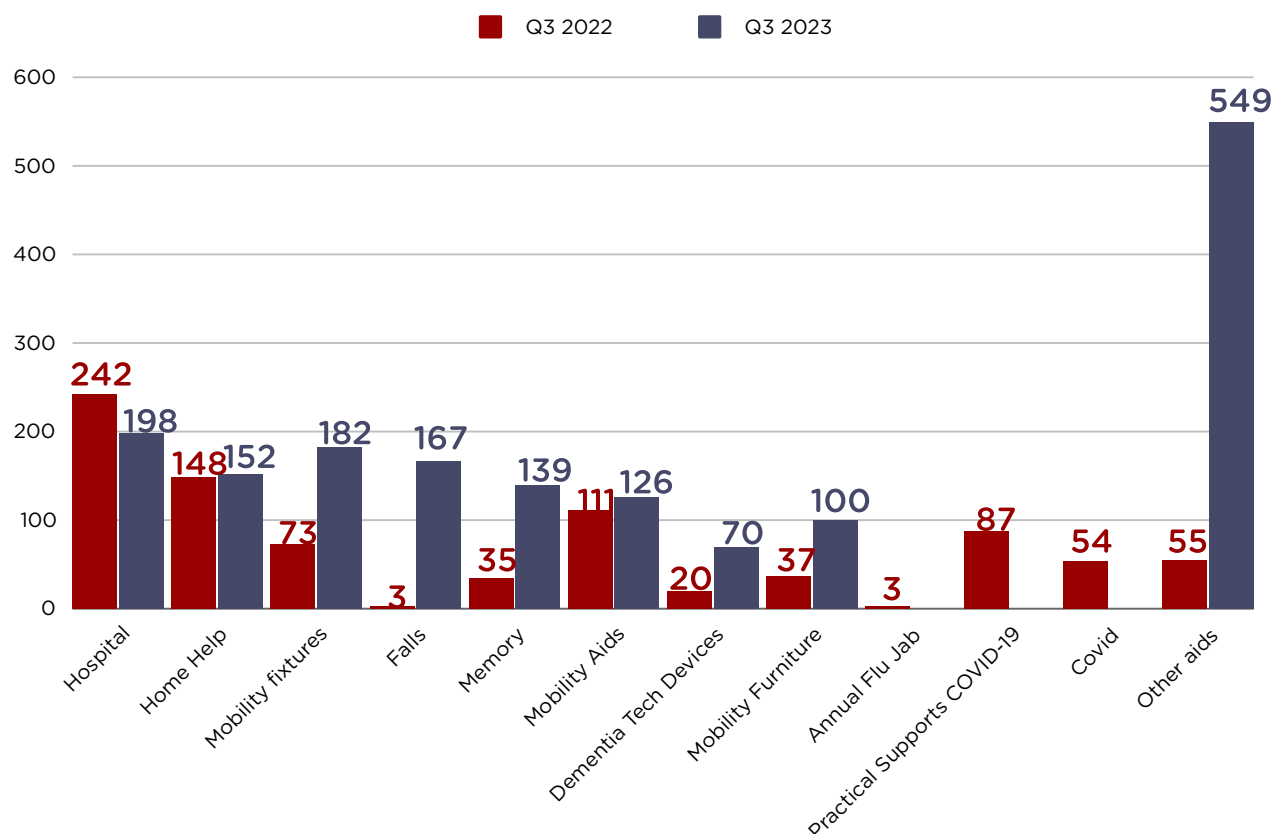


Figure 19: Physical Health and Mobility Interventions by Type, Q3 2022 v Q3 2023

Note: Data on Annual Flu Jab, Practical Supports COVID-19 and COVID-19 for Q3 2023 is unavailable.



Within the Hospital category, 44.4% of interventions related to arranging transport for hospital appointments (n=88), with advocacy work focusing on discharges, either for or against, depending on the needs of the older person (Table 20)..

Hospital Interventions	Q3 2022		Q3 2023		% change
	No.	%	No.	%	
Transport for appointment	101	68.7	88	44.4	-12.9
Support during stay in hospital	7	4.8	38	19.2	442.9
Advocate for hospital admission	16	10.9	31	15.7	93.8
Support hospital discharge	15	10.2	28	14.1	86.7
Accompany to hospital	5	3.4	6	3.0	20.0
Advocate against Hospital discharge	3	2.0	3	1.5	0.0
Advocate for Respite after hospital stay			3	1.5	
Advocate for hospital discharge			1	0.5	
Total	147		198		34.7

Table 20: Hospital Interventions by Type, Q3 2022 v Q3 2023 and % change

Note: Data on Advocacy for Respite after hospital stay and Advocacy for hospital discharge for Q2 2022 is unavailable.



Personal Care

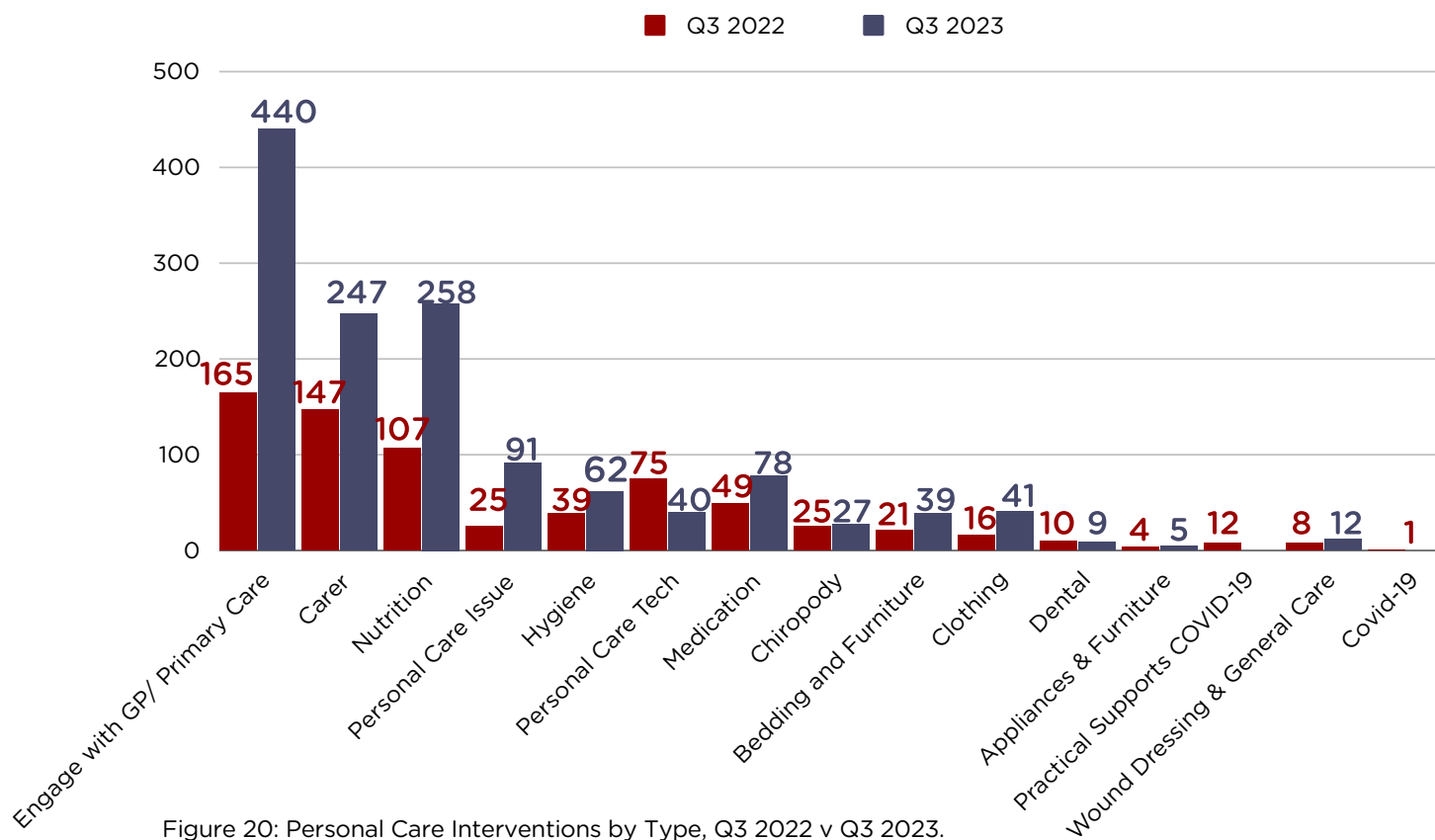


Figure 20: Personal Care Interventions by Type, Q3 2022 v Q3 2023.

Note: Data on Practical Supports COVID-19 and COVID-19 for Q3 2023 is unavailable.

24.4% (n=107) of engagements with GP / Primary Care related to liaising with a Public Health Nurse, while 22.8% (n=22.8) were to advocate for GP support, and 32.6% (n=143) involved accessing the support of Occupational Therapist and Physiotherapist (as noted previously, this is potentially linked to the relatively high proportion of housing adaptations; Table 21).



GP / Primary Care Interventions	No.	%
Public Health Nurse	107	24.4
Access Occupational Therapist	103	23.5
Advocate for GP to support	100	22.8
Access Physiotherapist	40	9.1
Meals on wheels	28	6.4
Other	20	4.6
Refer to ICPOP	18	4.1
Support with Changing GP	10	2.3
Provide age-appropriate nutritional information	9	2.1
Wound dressing	4	0.9

Table 21: GP / Primary Care Interventions by Type, Q3 2023

Social Isolation/Prescribing

Of the 1,114 Social Isolation / Prescribing interventions provided by ALONE in Q3 2023, more than three-quarters (n=853) related to putting older people in touch with community groups, almost one in five (n=221) related to information and engagement with one-off events, and 3.6% (n=40) related to the provision of technology to support social isolation (Table 22)

Social Isolation / Prescribing	Q3 2022		Q3 2023	
	No.	%	No.	%
Local Community Groups	385	71.2%	853	76.6%
One-off Events	85	15.7%	221	19.8%
Isolation tech device	71	13.1%	40	3.6%

Table 22: Social Isolation Prescribing / Isolation Interventions by Type, Q2 2023 v Q3 2023

Around three-quarters of the interventions (75.2%, n=641) relating to local community groups involved the provision of information on these groups, one in five (20.4%, n=174) involved arranging for the older person to attend a group, and 4.5% (n=38) involved attending the group with the older person.

Emotional and Mental Health

871 interventions were provided in respect of Emotional and Mental Health in Q3 2023. Of these, one in four (25.6%, n=223) involved supporting older people with Anxiety, while 23.9% (n=208) involved supporting older people with Dementia / Alzheimer's, and 20.2% (n=176) involved Depression supports (Figure 21).

Of the 208 interventions relating to Dementia / Alzheimer's, 60.1% (n=125) related to the provision of information relating to supports while the remaining 39.9% (n=83) involved supporting an older person to access supports.

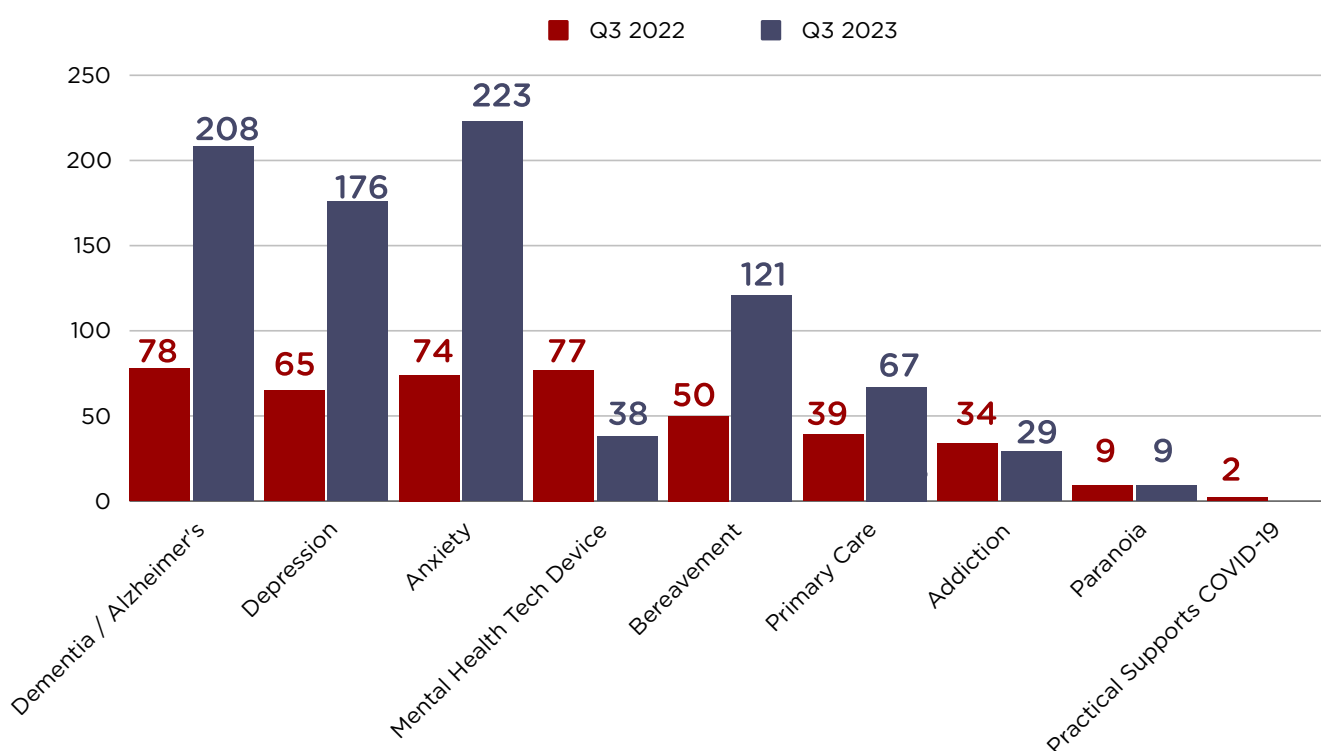


Figure 21: Emotional and Mental Health Interventions by Type, Q3 2022 v Q3 2023

Note: Data on Practical Supports COVID-19 for Q3 2023 is unavailable.

Safety and Security

The vast majority of the 678 Safety and Security interventions conducted related to support with technology including pendant alarms, smoke/carbon monoxide alarms, key boxes, and house alarms (96.9%, n=657), while the remaining 3.1% (n=21) involving supporting an older person with anti-social behaviour (Figure 22).

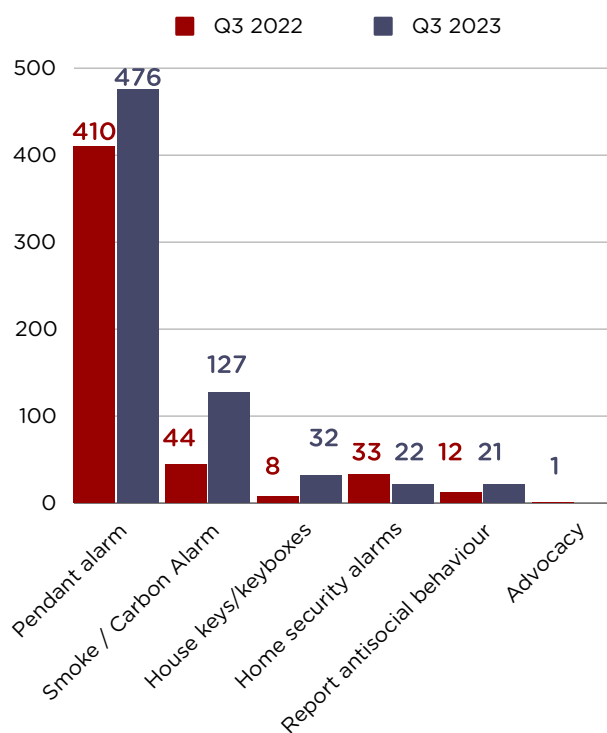


Figure 22: Safety and Security Interventions by Type, Q3 2022 v Q3 2023

Note: Data on Advocacy for Q3 2023 is unavailable.

Technology

As referenced above, assistive technology has been integrated throughout the various intervention types in ALONE and is used in response to a variety of support needs. In fact, technological supports formed part of 1,392 interventions in Q3 2023 in support of 890 people across seven distinct intervention areas (Figure 23).

The specific 'Technology' intervention type that appears in Figure 23 refers to the provision of Technology Support (349 interventions) and 'BConnect Assistive Tech' (111 interventions), which includes referrals to the ALONE technology engagement team and support with assistive technology. Table A1 in the Appendix provides a detailed breakdown of the category of intervention and type of technology used, where stated.

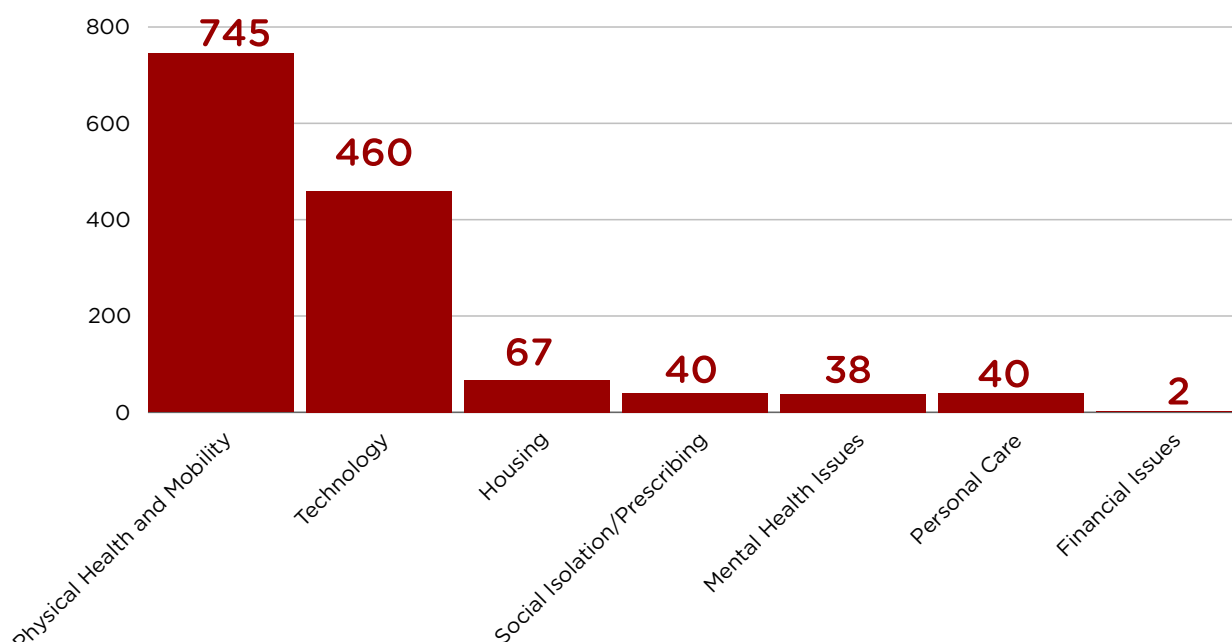


Figure 23: Technology Interventions by Intervention Area, Q3 2023

Safeguarding

Just 61 interventions related to Safeguarding in Q3 2023; of those, 39.3% (n=24) had safeguarding issues, while 26.2% (n=16) had multiple concerns (Figure 24). The number of interventions provided to people who had multiple safeguarding concerns has, thankfully, decreased considerably. This support in Q3 2023 included supporting an intervention care plan (in 10 interventions), speaking with a senior case worker (4 interventions), and support the person to report elder abuse (2 interventions)..

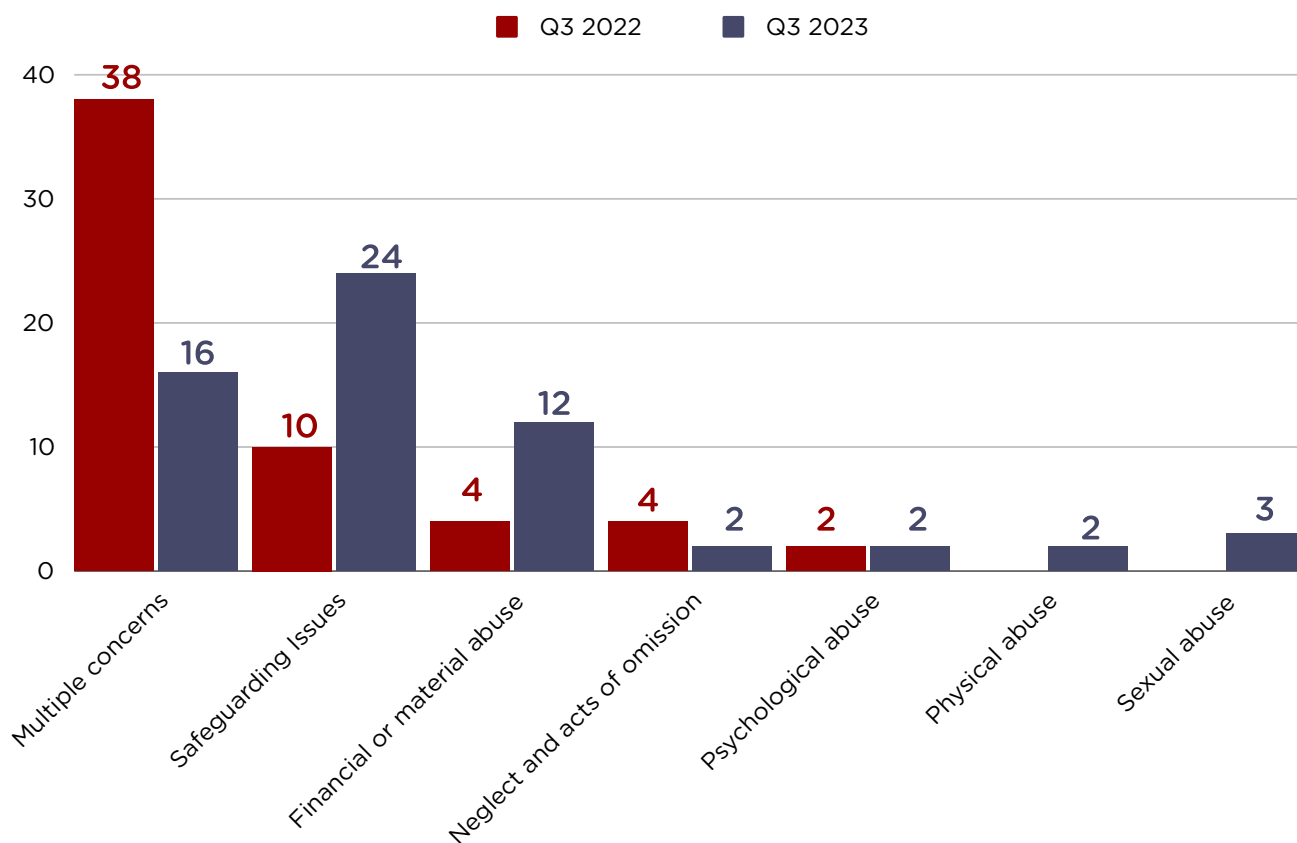


Figure 24: Safeguarding Interventions by Type, Q3 2022 v Q3 2023

Note: Data on Sexual Abuse and Physical Abuse for Q3 2022 is unavailable.



Assessments and Interventions

Of the 2,230 people who were assessed in Q3 2023, 2,140 people (96%) received some intervention from ALONE in the same period. Of the 90 people who were not supported with an intervention within the quarter, 27.8% (n=25) were assessed in September 2023.

Of the people who were assessed and identified a specific need, the proportion who received an intervention during Q3 2023 was between 95% 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	1,394	1,364	97.8
Physical Health	1,116	1,079	96.7
Mobility	761	730	95.9
Housing Issues	730	717	98.2
Social Prescribing	675	669	99.1
Personal Care	657	639	97.3
Mental Health	653	631	96.6
Finance	641	638	99.5
Safeguarding	27	27	100.0
Total Assessed	2,230	2,140	96.0

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, Q3 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, 1,394 people were identified as being lonely in the Assessment: 1,364 of those received an intervention in the quarter. A total of 6,335 interventions were provided to those 1,364 people. The interventions required by people who reported that they felt lonely related to all aspects of ALONE's work, from Housing to Personal Care, while 1,719 (27.1%) related to Support and Befriending, a loneliness-specific intervention type.

Similarly, with physical health needs: 1,079 people assessed in Q3 2023 as having a physical health need received a total of 5,464 interventions in this period. Of those interventions, 1,194 (21.9%) related specifically to Physical Health and Mobility with the remaining interventions relating to Support and Befriending, Housing issues, Legal and Financial Issues, Personal Care, and other areas. 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.

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

Need Identified →	Loneliness	Physical Health	Mobility	Housing Issues	Social Prescribing	Personal Care	Mental Health	Finance	Safeguarding
Intervention ↓									
Support and Befriending	1,719	857	597	474	712	520	576	430	24
Housing	809	842	692	1,353	457	686	529	645	29
Legal and Financial	741	747	513	671	381	520	452	1,166	17
Physical Health and Mobility	857	1,194	890	622	466	695	476	485	19
Personal Care	696	737	553	520	356	919	427	388	34
Social Isolation / Prescribing	714	442	286	252	814	243	310	238	8
Emotional and Mental Health	532	380	222	226	309	282	653	228	16
Safety and Security	146	139	117	111	67	76	52	95	5
Technology	92	95	58	46	51	16	40	46	2
Safeguarding	29	31	27	27	9	18	16	21	30
Total No. of People*	1,364	1,079	730	717	669	639	631	638	27
Total No. of Interventions**	6,335	5,464	3,955	4,302	3,622	3,975	3,531	3,742	184

Table 24: No. of People Assessed by Need Identified and Intervention Provided, Q3 2023

Note:

*This Total refers to the number of people who were assessed in Q3 2023 and indicated a particular need.

**This is the total of all interventions received by all people assessed in Q3 2023 and indicated a particular need.



ALONE's Strategic Partnerships

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

Analysis indicates that, in Q3 2023, 6,502 interventions relied on the partnerships developed by ALONE, an increase from 5,942 in the previous quarter. Around 1 in 4 (n=1,584, 24.4%) involved ALONE's healthcare partners including Occupational Therapists, addiction services, consultants and GPs, and pharmacies. Indeed, access to physical health supports increased steadily, indicating a consistent need for these services. A further 7.4% (n=478) 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, advocating for or against hospital discharge, depending on the needs of the person concerned. Of note, there was a significant drop in accessing state supports in Q2 2023, which increased by 1.8 percentage points in Q3 2023 (21.4%, n=1,393), suggesting fluctuations in the availability or utilisation of State support services.

ALONE also partners with local social and community groups to support older people to become less socially isolated (20.1%, n=1,306). This support aligns with the HSE Social Prescribing Framework and the Integrated Model of Care for the Prevention and Management of Chronic Disease in older people.

Mirroring the overall pattern observed in ALONE, the largest proportionate increase between Q2 and Q3 2023 was in Accessing Financial Supports, which increased from 4.9% in Q2 2023 to 8.7% in Q3 2023. This support includes providing information on accessing the energy credit, accessing supplementary welfare supports from Community Welfare Officers, applying for housing adaptation and mobility grants, and reclaiming VAT. In the same period, the proportion of supports to Access Housing decreased from 11% to 3.8% (Table 25).

4 [HSE Social Prescribing Framework](#)

5 [215879_HSE_National framework Integrated Care.indd](#)

	Q1 2023		Q2 2023		Q3 2023	
	No.	%	No.	%	No.	%
Access Physical Health Supports	1,231	19.2	1,270	21.4	1,584	24.4
Access State Supports	2,073	32.3	1,167	19.6	1,393	21.4
Access Social Supports	1,115	17.4	1,183	19.9	1,306	20.1
Access Financial Supports	544	8.5	292	4.9	567	8.7
Advocate re Physical Health	426	6.6	437	7.4	478	7.4
Access Charitable Supports	360	5.6	298	5	384	5.9
Access Housing	261	4.1	654	11	249	3.8
Access Personal Care Supports	173	2.7	299	5	201	3.1
Access Transport	80	1.2	93	1.6	118	1.8
Access Legal Support	75	1.2	114	1.9	113	1.7
Access Mental Health Supports	66	1	89	1.5	83	1.3
Access Training	5	0.1	23	0.4	26	0.4
Advocate Housing			12	0.2		
Advocacy (General)			11	0.2		

Table 25: Partner Supports, No. and % of Interventions, Q3 2023



A core focus of ALONE's community model is linking community and acute services, to enable all groups to work together to meet demand. As Table 26 shows, ALONE are engaged with and receiving referrals from 35 acute hospitals nationwide. Service managers across all 9 CHO areas are focusing on building on relationships with key stakeholders within these hospitals, in addition to ICPOP teams, and ECC Network Managers to further increase the numbers of referrals from these sources.

CHO	Type	No. in CHO	No. engaged with YTD	Referrals YTD
1	ICPOP Lead	3	3	64
1	ECC Network Manager	8	8	
1	Acute Hospitals	4	4	41
2	ICPOP Lead	3	3	30
2	ECC Network Manager	9	9	
2	Acute Hospitals	5	5	133
3	ICPOP Lead	4	4	105
3	ECC Network Manager	8	6	
3	Acute Hospitals	3	3	16
4	ICPOP Lead	3	3	24
4	ECC Network Manager	14		
4	Acute Hospitals	6	5	214
5	ICPOP Lead	4	4	69
5	ECC Network Manager	11	6	
5	Acute Hospitals	4	4	142
6	ICPOP Lead	3	3	4
6	ECC Network Manager	8	4	
6	Acute Hospitals	3	3	45
7	ICPOP Lead	4	4	15
7	ECC Network Manager	14	12	
7	Acute Hospitals	3	3	93
8	ICPOP Lead	4	4	6
8	ECC Network Manager	12	10	
8	Acute Hospital	6	5	220
9	ICPOP Lead			4
9	ECC Network Manager	12		
9	Acute Hospital	3	3	103

Table 26: ALONE Engagements ECC Programme, Q3 2023

ONGOING WORK

Crucially, ALONE maintained substantial support for a significant number of individuals during Q3 2023, many of whom had initiated engagement with its services before this quarter. ALONE's interventions can range from the provision of information about a specific payment or support, to providing longer-term support with home adaptations or Visitation/Telephone Support and Befriending.

At the end of Q3 2023, ALONE had 28,665 continuing engagements with older people. In addition to the 2,282 older people who were newly supported during Q3 2023, 8,045 unique individuals who ALONE supported prior to the beginning of the quarter remained active, more than twice the number who engaged during the quarter, continuing a trend from previous reports.

Of this group, 7,044 (87.6%) 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=8,034), 64.2% were female (n=5,158) and 35.7% were male (n=2,873; Figure 25), which is similar to new engagements in Q3 2023.

Undeclared/Not Specified
35.7%

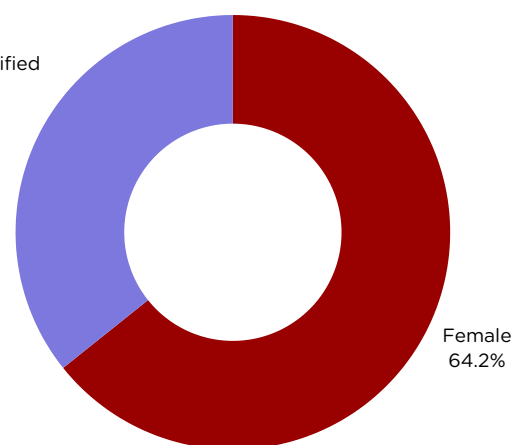


Figure 25: Ongoing Engagements by Gender, Q3 2023

For those whose age was recorded (n=7,769), the majority (71.8%, n=5,575) were aged between 71 and 90 years old, while 155 people were younger than 61, and 166 were older than 95 (Figure 26).

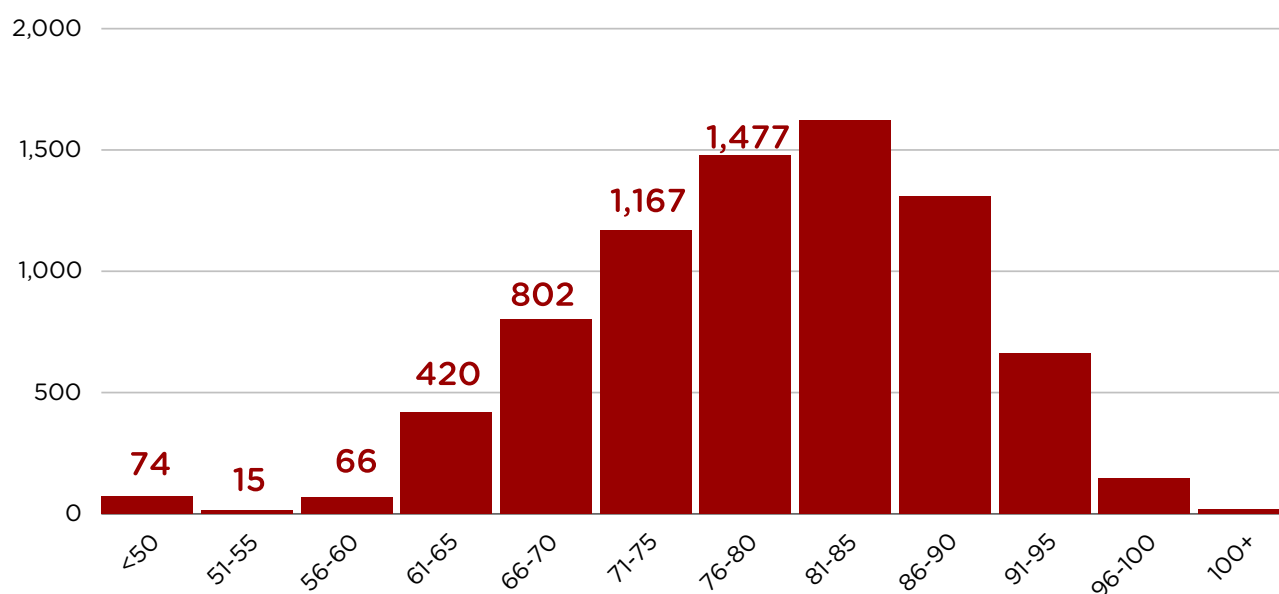


Figure 26: Ongoing Engagements by Age Range, Q3 2023

The distribution of these ongoing engagements, for which data was available (n=8,029), is presented in Table 27 according to their geographical spread. As this shows, CHO 9 has the highest proportion of ongoing engagements, followed by CHOs 1 and 7, with a lower level of engagement in CHOs 2, 3 and 6. This observation aligns with the conclusions drawn in prior reports regarding the geographic distribution of engagements, and is primarily a result of the initial establishment of ALONE's services in these areas, as evidenced in Table 1. However, it is worth noting that this pattern seems to be evolving in Q3 2023, as indicated in Table 27.

CHO Area	No. Ongoing Engagements	%
CHO 1	1,118	13.9
CHO 2	768	9.6
CHO 3	521	6.5
CHO 4	959	11.9
CHO 5	863	10.7
CHO 6	557	6.9
CHO 7	1,074	13.4
CHO 8	981	12.2
CHO 9	1,197	14.9
Total	8,029	

Table 27: Ongoing Engagements (commenced pre-Q2 2023), by CHO, Q3 2023

Of the 8,045 unique individuals who ALONE supported prior to Q3 2023, and who remained active within ALONE, 17.2% (n=1,384) received a new intervention in Q3 2023.



IMPACT OF ALONE'S WORK

In June 2023 ALONE sent a survey by phone, e-mail, or post to a sample of 3,900 older people to hear about their experiences of receiving support from ALONE. In this survey older people were asked to answer questions about themselves, what services they had received in ALONE, their positive or negative experiences with ALONE, recommendations for service improvements or innovations, and support from volunteers.

A total of 585 older people responded. Key findings from the survey were:

- ▶▶ 76% rated the service highly
- ▶▶ 78% would recommend ALONE services to a friend
- ▶▶ The main impacts of getting support were that older people felt less lonely and happier
- ▶▶ 90% felt their Visitation Support and Befriending volunteer had positively impacted their life
- ▶▶ 85% felt Telephone Support and Befriending calls had a positive impact on their lives.

By far, the main contributor to older people's satisfaction with ALONE services was the kind and friendly nature of staff and volunteers. Numerous older people mentioned feeling like someone cared about them as the main benefit of the support they had received. Many spoke about the impact their Visitation Support and Befriending volunteer had on their lives. They talked about having someone to talk to them, listen, and how this helped them feel happier, cared for, more relaxed and less worried.

“Kind caring honest always there when you need her. She is always only a phonecall away. Up to when I met her, I wasn't interested in talking to anyone, but she has such a manner it's unreal. I feel as if I could talk to her all day. She has been a great help to me”.

They also highlighted the impact of having someone to help them with things like technology, doing small jobs around the house, taking them to appointments, bringing shopping and other practical supports.

Learning

Although most of the feedback received from older people was very positive, there were some recommendations made to improve the service offered. ALONE is currently implementing changes across the organisation as a result of this feedback, some of which relate to volunteers.

- ▶ Less than 10% of older people indicated they had not heard back from ALONE after an initial visit, or their volunteer had stopped visiting. ALONE is reviewing the process around checking in with older people to ensure that older people are kept informed about service wait time, and that they are receiving visits if these were arranged.
- ▶ Up to 20% of older people were not satisfied with wait time to ALONE's befriending services.

ALONE is also continuing to promote volunteer opportunities in ALONE and to improve our recruitment process, to provide our services to as many older people as possible.



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 Q3 2023 was 6,538 (Table 28).

Volunteers - YTD ever engaged	July	August	September
CHO1	645	661	685
CHO2	577	604	618
CHO3	411	442	475
CHO4	646	650	667
CHO5	582	618	645
CHO6	693	717	740
CHO7	974	1,007	1,029
CHO8	632	652	673
CHO9	1,111	1,038	1,006
Total	6,271	6,389	6,538

Table 28: Volunteers - YTD engaged (ever) July to September 2023

Table 29 sets out the number of active volunteers per month in Q3 per CHO area, and the total number of hours contributed by volunteers.

	July		August		September	
	Volunteers	V. Hours	Volunteers	V. Hours	Volunteers	V. Hours
CHO1	297	2,384	297	2,376	303	2,376
CHO2	173	1,408	183	1,480	182	1,480
CHO3	140	1,136	147	1,176	165	1,320
CHO4	189	1,536	189	1,536	205	1,672
CHO5	209	1,736	219	1,776	220	1,776
CHO6	232	1,888	242	2,000	235	1,960
CHO7	361	2,904	384	3,096	387	3,136
CHO8	303	2,504	298	2,400	298	2,424
CHO9	373	2,992	380	3,096	377	3,064
Total	2,277	18,488	2,339	18,936	2,372	19,208

Table 29: Number of active volunteers and total hours contributed in Q3

In 2018, the Charities Regulator commissioned a report from Indecon on the Social and Economic Impact of registered charities. In calculating the estimated value of volunteering in charitable organisations, Indecon used both the National Minimum Wage (NMW) and Average Earnings to achieve a range. Using this methodology, the contribution of active volunteers in ALONE in Q3 2023 ranged from €639,942 (NMW) to €1.59 million (Average Hourly Earnings).

Visitation Support and Befriending

At the end of September 2023, the number of older people receiving the ALONE Visitation Support and Befriending service was 6,270. 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 30. As this shows, ALONE volunteers conducted 23,884 visits to older people in Q3 2023.

	July		August		September	
	Volunteers	Visits	Volunteers	Visits	Volunteers	Visits
CHO1	237	948	236	944	240	960
CHO2	150	600	160	640	155	620
CHO3	118	472	127	508	143	572
CHO4	154	616	157	628	171	684
CHO5	182	728	195	780	196	784
CHO6	194	776	201	804	191	764
CHO7	320	1,280	344	1,376	342	1,368
CHO8	247	988	252	1,008	245	980
CHO9	338	1,352	338	1,352	338	1,352
Total	1,940	7,760	2,010	8,040	2,021	8,084

Table 30: Visitation Support and Befriending, by Volunteers, No. of Visits, and CHO, Q3 2023

In June 2023, ALONE launched a new BFriend app for Visitation Support and Befriending Volunteers, to capture information about their engagements with older people and to enhance communication between ALONE volunteers and the organisation. This BFriend App is linked to ALONE's MIS, enabling a next day response and extra support for older people.



Telephone Support and Befriending

At the end of September 2023, the number of older people supported by ALONE's Telephone Support and Befriending service was 4,806.

Table 31 below provides a breakdown of the call numbers per month in Q3 2023. As this shows, 55,879 telephone support and befriending calls were made in this period.

Telephone Support & Befriending Calls	July	August	September	YTD
CHO1	3,063	3,205	3,137	25,535
CHO2	1,234	1,260	1,233	9,476
CHO3	1,005	1,022	966	8,633
CHO4	1,822	1,849	1,795	14,002
CHO5	1,697	1,752	1,750	14,058
CHO6	1,150	1,149	1,096	10,207
CHO7	2,388	2,402	2,191	21,562
CHO8	2,356	2,495	2,268	20,382
CHO9	3,863	3,994	3,737	35,982
Total	18,578	19,128	18,173	141,664

Table 31: Telephone Support and Befriending Calls by CHO, Q3 2023



ALONE Volunteer Survey

ALONE's annual volunteer survey aims to gather feedback from volunteers to enhance the volunteer experience and support provided by ALONE. It focuses on assessing volunteer expectations, the impact of previous measures, awareness of new supports, challenges faced, interest in training and social events, and volunteer satisfaction with ALONE. This year, ALONE distributed its Volunteer Survey to 2,063 volunteers, receiving responses from 560 participants, resulting in a 27% response rate.

Overall, feedback from volunteers was overwhelmingly positive, with many expressing their satisfaction with their experiences, feeling well-supported by ALONE staff, and adequately trained to fulfil their roles.

Key findings were:

- ▶ 95% of volunteers reported they benefit from being an ALONE volunteer
- ▶ 92% of volunteers would recommend ALONE services to an older person they know
- ▶ 90% of volunteers felt prepared/somewhat prepared to start their role after the initial training
- ▶ 86% of volunteers would recommend ALONE volunteer opportunities to a friend, family member
- ▶ 78% of volunteers felt they are valued and recognised by ALONE.

Volunteers also identified key challenges faced by older people, including difficulties accessing local services, mental health difficulties, isolation and loneliness, digital literacy needs, and a lack of information regarding financial support options. Various suggestions were made around improvements for training, availability of information on supports for older people, and more communication from ALONE.

ALONE deeply appreciates the constructive feedback volunteers provide as it aids the organisation in continually learning from our past experiences. To ensure that ALONE meets the needs of its volunteers, a series of actions designed to address volunteers requirements effectively have been developed and will be implemented over the next 12 months.

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 July and September 2023 ALONE managed 6,001 incoming support and referral calls as shown in Table 32 below.

NSRL calls	July	August	September	YTD
Total Calls	2,014	1,962	2,025	18,864
Cumulative Unique Individuals (first time callers)	3,015	3,417	3,847	

Table 32: Calls to National Support and Referral Line, Q3 2023

Calls to the NSRL in this period cover a variety of themes, as set out in Table 33. As this shows, most calls focused on loneliness, providing support to older people, and giving them information/advice.

Main Theme of Call	N
Loneliness	1,856
Front Office	1,624
Supportive Chat	1,178
Info/Advice given to OP	857
Finance	593
Signposting	549
Technology	443
Housing	440
Missed call from ALONE	256
Mental health (suicidal caller etc.)	175
Home Care/Meals on Wheels	143
Referral for digital skills training	95
Transport	68
Shopping/Medication	45
Referral to CWO	27
Referral to SVP	23
Referral to MABS	22
Restrictions/Vaccine (Covid)	4

Table 33: Calls to the National Support and Referral Line by Theme, July to September 2023

Note: *Front office is used to describe calls in relation referrals, and/or queries from older people, their families or other stakeholders



COMMUNITY IMPACT NETWORK (CIN)

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

In Q3 2023, ALONE supported 136 CIN Member Organisations and indirectly supported 31,157 older people. ALONE provided training to 60 CIN Member Organisations across 89 training sessions and attended or hosted 146 networking events. (Table 32). An additional 72 services/organisations received CIN supports.

	N
CIN Member Organisations	136
Older people indirectly supported	31,157
CIN Member Organisations who availed of training	60
Training sessions	89
Networking events hosted/attended	146

Table 34: CIN Engagement, Q3 2023

Training for the CIN

Current training available to all CIN members and organisations that support older people in the community is set out in Table 35. Taking into account the valuable input gathered from a survey of CIN members, ALONE is currently in the process of developing training modules covering mental health awareness, the healthcare requirements of the elderly, and Dementia.

Training & Development Modules	Befriending Modules	Hi-Digital Modules	Proposed Modules
Safeguarding Trainings	Service Set-Up Training	Digital Champion Training	Dementia Awareness
Boundaries Trainings	Befriending Coordination Training	Volunteer Digital Champion Training	Mental Health Module
Community Advocacy	Support and Case Management Training	Youth Digital Champion Training	Positive Living Module – contains multiple modules
Organising Local Events	How to Train your Befrienders	Support Services Digital Champion Training	Cancer Awareness Module
How to collect & Use Case Studies	Support and Befriending Befriender Training		
Communication Styles and managing difficult calls			
Service Promotion & Impact			
How to Promote your Service			
How to Write Grant Applications			

Table 35: CIN Training Modules

Feedback about CIN training is very positive.
Key findings from Q3 2023 include:

- ▶ 74% of participants indicated the training provided them with an opportunity to gain new knowledge.
- ▶ 77% of participants agreed the training will be beneficial to them in supporting older people, colleagues, staff, volunteers.
- ▶ Befriending & Supports: “Excellent and informative with great resources for the befriender. Well produced, good use of video and scenario. Easy to follow. The course is very comprehensive and gave me a good insight into the duties and skills required of a befriender.”
- ▶ Writing Grant Applications: “Through this training I heard of other organisations that work with older people and further ideas of how best to apply for grants. It has been really beneficial and helpful.”

CIN NETWORKING

In September, ALONE hosted the Community Impact Network Seminar in Waterford which was attended by Minister Mary Butler, Minister of State (Mental Health and Older People), Bairbre Nic Aongusa, Head of Community Development at Department of Rural and Community Development and the CEO of the Family Resource Centre National Forum, Fergal Lardy.

Representatives from 29 different community organisations and 12 national HSE representatives also attended this event, which focused on engaging older people in our communities.



BUILDING A ROBUST ICT INFRASTRUCTURE

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

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

Key milestones in ICT in Q3 2023 include:

- ▶ Under a rigorous Governance, Risk, and Security framework that ensures ongoing assurance of the correct functioning of all ICT activities, processes, and technologies, we have achieved the following:
 - Completed the upgrade of our Olympic House network and security hardware infrastructure.
 - Selected and implemented a platform to support security awareness training for staff and volunteers, with the staff rollout to be completed by the end of October 2023.
 - Established and initiated the rollout of a formal engagement model for our key ICT suppliers and providers, complete with an agreed-upon meeting schedule and an agenda encompassing operational, project, and strategic initiatives.
 - Identified new operational metrics spanning asset management, security, change management, and projects.
 - Introduced and communicated new ICT and Information Security policies across the entire ALONE organisation.
- ▶ Developed a strategic cloud-based architecture to support the extended deployment of critical mobile applications for use by both staff and volunteers in their assistance to older people.
- ▶ Identified key streams of ICT activities that will support ALONE's internal operations, its engagement with its extended and mobile workforce, and facilitate the enhancement or introduction of new services for older people through partner collaboration and integration.
- ▶ Commenced the development of strategic partnerships, addressing both the support of current services and internal applications, and the creation of new services for the benefit of older individuals and our expanding volunteer workforce.

DEVELOPING RESEARCH AND EVALUATION CAPACITY

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

Key milestones in Research and Evaluation in Q3 2023 include:

- ▶ The rollout of a new process throughout ALONE's services to systematically report Key Performance Indicators (KPIs) and monitor service delivery, complemented by training modules. All of this work is aimed at enhancing the overall effectiveness and efficiency of ALONE's services.
- ▶ Conducting an in-depth analysis of satisfaction surveys administered to all active ALONE volunteers, as well as a representative sample of 3,900 older people supported by ALONE. The findings were then compiled into reports containing key insights and recommendations for ALONE.
- ▶ Providing support to both ALONE and the HSE in reporting the deployment of ECC-funded services and extracting critical insights from ALONE's data. These insights have been used to inform decision-making regarding ALONE's services and to generate policy recommendations.
- ▶ Initiating the submission of applications for research funding schemes in partnership with academic institutions and researchers. The research endeavours to encompass topics such as housing support for older individuals and a comprehensive review of interventions designed to support ageing in place.



ELEVATING OUTREACH EFFORTS: CAMPAIGNING AND ADVOCACY

Communications and Campaigns: 5 Key Achievements

ALONE received 658 pieces of coverage in Q3 2023 from Regional Radio (297), Regional Print (197), Online (115), National Print Dailies (22), National Radio (20), Magazine (3), National Print Sundays (2) and TV (2).



ALONE released 12 press releases during Q3, which are all available at alone.ie



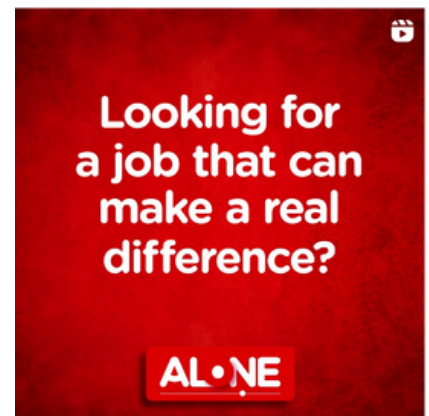
ALONE had a media reach of 59 million during Q3 2023



We communicated to 3,000 of ALONE's Older People directly by SMS.



■ Volunteer Brief ■ Staff Brief ■ Annual Report



ALONE launched a digital recruitment campaign in September across platforms such as LinkedIn, Facebook and digital advertising.

SUMMARY

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

As this report demonstrates, the number of new engagements in ALONE is levelling, although the number of interventions delivered continued to increase in Q3 2023. The growth in external referrals is a continued sign that ALONE's integrated model is proving attractive to older people and referral agencies across Ireland as providing an integrated hub for community-based support. Indeed, ALONE's reach across all nine CHO areas is changing to expand in areas which previously had lower levels of engagement (particularly CHO 4). Trends will continue to be monitored to ensure a consistent and responsive service-delivery model is available nationwide.

Specifically, 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 continues to play a leadership role in the Community Impact Network (CIN) to develop and manage this multi-faceted membership network.

By the end of Q3 2023, ALONE supported 136 CIN Member Organisations, providing indirect support to 31,157 older people. ALONE provided training to 60 CIN Member Organisations in Q3 2023 across 89 training sessions, hosted 146 networking events, and continued with a range of training including Hi Digital skills training, giving older people free access to the essential tools needed to become digitally independent.

Objective Two

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

Some 2,282 new older people supported by ALONE services in Q3 2023, a slight decrease (6.3%) compared to the same period in 2022. Additionally, a high number of older people continued to be supported by ALONE which indicates that the supports provided are both necessary and effective in helping people to age in place over an extended period. The volume of calls to the NSRL (18,864 in the year to Q3 2023), and the range of themes emerging from those calls is also indicative of ALONE's capacity to respond to the diverse needs of older people.

Housing, and particularly housing adaptations, continues to account for the highest proportion of interventions made by ALONE with almost 1 in 5 (18.6%) of all interventions relating to housing. This trend is notable, especially considering that the older people receiving support from ALONE are less likely to be homeowners in comparison to the broader population. It raises concerns for ALONE regarding the wellbeing of older individuals, particularly in the context of the private rented sector.

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

ALONE's Visitation and Telephone Support and Befriending services continue to form a significant part of ALONE's interventions, accounting for almost 16.3% of all new interventions provided in Q3 2023. This work is supported by a broad base of volunteers who, across Q3 2023, conducted just under 24,000 visits to older people and made over 55,000 calls.

The high number of financial and legal interventions provided by ALONE in Q3 2023 follows from record numbers in Q2 2023, with most interventions focused on utility bills. Poor weather during the summer months and the continued cost of living crisis is likely impacting fuel and other expenses for older people, while recipients of the Fuel Allowance awaited its reinstatement at the end of September 2023. For the second year in a row, ALONE and the Department of Energy and Climate Change (DECC) are collaborating on a Winter Response Initiative, focused on supporting older people during the Winter months through the Warmer Homes Scheme. This is aligned to the Climate Action agenda in the Programme for Government, which states:

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

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

ALONE is committed to innovation in the aged care sector and has pioneered the use of assistive technology to support ageing in place. In Q3 2023, technology was part of 1,392 interventions supporting 890 people. Integrating technology across intervention types has allowed ALONE to demonstrate the ways in which this type of innovation can support older people at various levels.

Objective Three

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

ALONE's work as a community connector is closely aligned to the Sláintecare Implementation Strategy and Action Plan (2021-2023) and Healthy Ireland Action Plan (2021-2025). As this report illustrated, over half of the interventions provided in Q3 2023 relied on the partnerships developed by ALONE, an increase of almost 9% from Q2 2023. This involved collaboration with ALONE's healthcare partners to access physical health supports, local social and community groups, and State supports such as benefits and grants. While relatively⁸ low in number, advocacy by ALONE to secure an older person's housing warrants continuing monitoring, given the increased precarity of older people in the private rented sector.

In Q3 2022, ALONE introduced new assessment and referral processes to ensure the effective monitoring of collaboration across the network, and to holistically assess the needs of older people. In Q3 2023, 1,642 older people were referred to ALONE by external agencies, accounting for almost three-quarters of all referrals to ALONE. Community Care Teams accounted for over half of these (56.2%) and include health centres, primary care teams, Regional General Nurses, and community-based Occupational Therapists. Almost 3 in 10 (29.2%) were from hospitals, particularly discharge teams who link in with ALONE's services to support the transition from hospital to living at home. ALONE also partners with ICPOP teams (7.7% of external referrals) to provide a comprehensive and integrated suite of supports to older people. Although the proportion of charitable organisations who refer older people to ALONE is relatively small (3.1%), they range from organisations supporting people who are homeless, organisations supporting people with brain injuries, Meals on Wheels, the Irish Wheelchair Association, the Alzheimer's Association, domestic violence charities, carers' organisations, and charities supporting people with sight loss.

The second most common referral service in Q3 2023 was Public (family/friends), while older people self-referring was the third most common referral pathway. This continues to demonstrate the trust the public have in ALONE's reputation for providing a comprehensive support service. The Community Impact Network (CIN) further develops ALONE's impact and reach, both in providing supports to the older person living at home and increasing community engagement with older people.

Through its assessment process, ALONE was able to identify the specific needs of the older people referred to its services in Q3 2023. The high proportion of those assessed who went on to receive an intervention to meet their needs in that period suggests that ALONE's assessments are identifying areas where support provided by ALONE and its network can add real value. The increase in interventions across legal and finance (+137.7%), social prescribing (+105.9%), emotional and mental health (103%), physical health (+93.7%), personal care (+92.7%), and housing (+73.6%) compared to Q3 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.

This report also contains a summary of the impact assessment conducted in Q3 2023 with a sample of older people who have received support from ALONE. More than two thirds of those surveyed rated the service they received highly and almost 4 in 5 would recommend ALONE to a friend. The supports provided through the ALONE Visitation Support and Befriending and Telephone Support and Befriending has been found to have a particularly positive impact, with 85-90% of those in receipt indicating that it had a positive impact on their lives. As these supports remain a significant part of ALONE's offering, it is valuable to confirm their ongoing necessity and their ability to achieve the intended outcomes.

As detailed earlier in this report, in Q3 2023, ALONE continued to monitor service-level data to identify trends which can be used to enhance its output and further align with HSE objectives. Refining and improving organisational and service Key Performance Indicators, collating reports for the HSE, and undertaking surveys to gain insight into the experience of both volunteers and older people supported by ALONE each help ALONE progress this objective.

Objective Four

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

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

When it comes to new engagements by older people, the data set out in this report provides a comprehensive overview across all nine CHO areas in Q3 2023. By analysing trends across geographical regions, ALONE is identifying areas where its services may not be fully utilised and work to develop and strengthen its services and partnerships in those areas. The most significant change in this quarter compared to Q3 2022 occurred in CHO4, where the proportion of people more than doubled and the number of people increased by 128.1%. Additionally, while in Q3 2022 CHOs 1, 8 and 9 accounted for almost half of all new engagements, this changed to CHOs 4, 1 and 5 in Q3 2023. This continues a pattern observed in Q1 and Q2 2023 and indicates that the geographical spread of ALONE's work is becoming more evenly distributed.

Objective Five

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

In Q3 2023, the total estimated volunteer contribution ranged from €640,000 to €1.6 million. The total number of volunteers engaged with ALONE at the end of Q3 2023 was 6,538. This engagement resulted in 23,884 Visitation Support and Befriending visits to older people, and 55,879 Telephone Support and Befriending calls. The volunteer network also enabled 18,864 calls to be taken by the National Support and Referral Line in the year to the end of Q3 2023, and approximately 6,000 within the quarter alone. As this report indicates, ALONE launched a new BFriend app for Visitation Support and Befriending Volunteers in June 2023. Uptake for the app continued to increase across Q3 2023, facilitating effective communication between ALONE volunteers and the organisation.

As this report demonstrated, assistive technology was an integral part of 11.1% of all interventions in Q3 2023. This technology supported 890 people across areas as diverse as:

- ▶ Finance, to facilitate internet banking;
- ▶ Housing, to enhance safety, convenience, and accessibility for older adults through monitors, smart-home sensors and fire detectors;

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

The use of assistive technology to support older people, particularly around health, continues to rapidly evolve as technology advances. This aligns not only to the Government's eHealth Strategy developed in 2013, but supports commitments made in the Programme for Government, which specifically references deploying.

“New technologies, telehealth, and innovative ways to support vulnerable groups, as well as new pathways of care” (p.44).

Objective Six

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

As outlined previously, 72.3% of all referrals to ALONE's services are made by external referral partners. Of these, almost half were made through Community Care Teams consisting of primary health care centres, community intervention teams, community nurses, and day care centres. A further quarter of referrals were made by hospitals across the country. This demonstrates the strong relationship between ALONE and the healthcare sector at both primary and acute levels. In addition, the broad range of community-based and charitable organisations who refer older people to ALONE is leading to greater alignment of services and supports, with a view to avoiding duplication. This alignment is also progressed through ALONE's work with the CIN and the diverse network of organisations who are members of the network.

CONCLUSION

In the third quarter of 2023, the total number of older people supported by ALONE's services through assessments and interventions continued to grow compared to the same period in 2022. ALONE also strengthened its strategic partnerships with the HSE and public health teams, forging new collaborations with community-based organisations, a diverse array of charitable entities, and various referral agencies. This expansion has enabled ALONE to extend Support Coordination services to a greater number of older people, offering a wider range of supports.

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



INSIGHTS IN NUMBERS: JAN-SEPT 2023



136

Community Impact
Network (CIN) members



24,942

Interventions
Conducted



9,182

Referrals



59%

Of older people
reported loneliness



67,012

Visitation
Support and
Befriending Visits



158,964

Telephone
Support and
Befriending Calls



€1.8-4 million

Value of
volunteer support

SURVEY HIGHLIGHTS



70%

Older individuals
satisfied with ALONE
services in annual
survey



92%

ALONE volunteers
reported they benefitted
from volunteering in
annual survey

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
Housing	
Housing Tech Devices	
Alexa Show- Intercom, Link to doorbell	10
Broadband	2
Front Door Safety Camera	7
Smart Home Sensors	4
Smart Indoor Security Camera	2
Smoke/Fire Detection System	42
Mental Health Issues	
Mental Health Tech Device	
Flip Phone (Simple Phone)	6
Internet Access	3
Simple Smart Phone (Doro 8050)	4
Smart Speaker (ALEXA)	19
Smart Tablet	2
Wellbeing Apps	4
Personal Care	
Personal Care Tech	
Alexa Show- Reminders to do certain tasks	20
Sleep Sensor	2
Smart Watch	15
Tablet	3
Physical Health & Mobility	
Dementia Tech devices	
Emergency Pendant	12
Front Door Safety Camera	5
GPS- Emergency Strap	13
Smart Home Sensors	11
Smart Indoor Security Camera	6
Smart Speaker with Screen	23
Mobility Aids	
Mobility scooter	30
New Rollator	52
Walking Stick	15
Wheelchair	29
Other aids	
Additional Hearing Aid	3
Blood Pressure Monitor	1

Get appointment for eye test	9
Get appointment for hearing test	12
Glasses	3
GPS Wrist Strap	7
Hearing Aids	20
Indoor Camera	2
Memory Aids	2
Mini finder	1
Orthopaedic Shoes	3
Other	44
Pebble	60
Pendant Alarm	280
Smart Doorbell	4
Smart Home Sensor	1
Smart Phone	3
Smart Speaker with Screen	10
Smart Watch	36
Tablet	3
Transport Adaption	30
Visual Aids	15
Social Isolation/Prescribing	
Isolation tech device	
Broadband	4
Flip Phone (Simple Phone)	6
Simple Smart Phone (Doro 8050)	9
Smart Speaker	11
Smart Tablet	9
Video Calling TV adaptor	1
Technology	
BConnect Assistive Tech	
Assistive Technology Support	76
Referral to BConnect	33
Response to BConnect Data	2
Technology Support	
Access External Training	26
Computer Support	34
Internet Support	68
Phone Support	108
Tablet / App Support	96
TV / Radio	17

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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