



ECC

REPORT

Q2 2024



YOU'RE NOT ALONE

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GLOSSARY OF TERMS

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



Assessment:

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



BConnect:

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



Community Healthcare Organisation (CHO)

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

**Regional Health Area (RHA)**

The Health Service Executive (HSE) is transitioning from nine Community Health Organisations (CHOs) to six Regional Health Areas (RHAs) to achieve several key objectives aimed at improving the efficiency, quality, and equity of healthcare services in Ireland. The RHAs aim to ensure the geographical alignment of hospital and community healthcare services at a regional level, based on defined populations and their local needs, enabling access to healthcare closer to home. By integrating community and acute care, the RHAs aim to empower local decision-making and support population-based service planning. This approach is in line with the Government's commitment to universal healthcare as well as recommendations made in the Oireachtas Committee on the Future of Healthcare Sláintecare Report.² Further information is available in Annexure C.

**Contact:**

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

**Enhanced Community Care (ECC):**

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

**Intervention:**

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

1 <https://www.cso.ie/en/releasesandpublications/ep/q-plfo/populationandlabourforceprojections2023-2057/populationprojectionsresults/>

2 <https://www.cso.ie/en/releasesandpublications/ep/q-plfo/populationandlabourforceprojections2023-2057/populationprojectionsresults/>

EXECUTIVE SUMMARY

It is well-established that Ireland's population of older adults is rapidly increasing. According to Census 2022, 15.1% (n=776,315) of the population are aged 65 or older, marking a 21.8% increase from the previous Census in 2016. By 2057, this demographic is expected to grow to 1.9 million.³

Maintaining health and wellbeing is essential for healthy ageing, allowing older adults to age in place. This encompasses access to quality healthcare services, preventive care, social support networks, and opportunities for physical and mental activity, ensuring individuals can continue contributing to society and maintain a good quality of life as they age.

Ireland's National Strategy on Ageing (2013) aims to enable people to age with confidence, security, and dignity in their own homes and communities for as long as possible. It emphasises a collaborative approach involving government, community organisations, healthcare providers and individuals. Supporting ageing in place remains a central focus of the Irish Government's Sláintecare programme of healthcare reform. Ireland's Wellbeing Framework⁴ also prioritises quality of life for older individuals, highlighting access to suitable housing, physical and mental health services, and opportunities for community and cultural participation as key dimensions of wellbeing for older people.

This demographic shift presents both challenges and opportunities for Ireland. Effective strategies and collaborative efforts are essential to ensure that the growing population of older adults can live healthy, fulfilling lives while actively participating in their communities.

³ <https://www.cso.ie/en/releasesandpublications/ep/p-plfp/populationandlabourforceprojections2023-2057/populationprojectionsresults/>

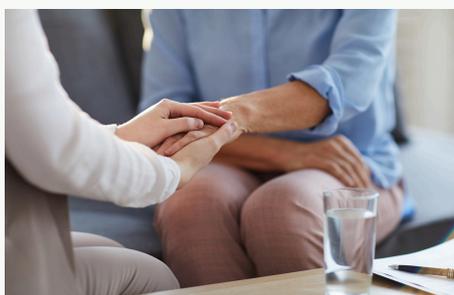
⁴ See [Understanding Life in Ireland: The Well-being Framework](#) and [Understanding Life in Ireland: The Well-being Framework Report 2024](#)



ALONE'S MISSION AND ROLE IN THE ECC PROGRAMME

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

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



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



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



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



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

⁵
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 computerisation, training, knowledge sharing and collaborative working. The organisation supports a range of smaller groups, services, and organisations around the country through a Community Impact Network (CIN). Through the CIN, ALONE is developing partnerships with statutory, community and voluntary services to enhance services for older people across Ireland.

ALONE is currently working with the HSE to roll-out the ALONE model as part of the Enhanced Community Care (ECC) programme. The goal of the ECC programme, officially launched in September 2022, is to enhance quality of life for older people by improving access to integrated care through collaboration with partners, statutory bodies, and volunteers. ALONE strives to deliver timely and appropriate care in a location of the older person's choice. A distinctive feature of the ALONE Model is its ability to create holistic support plans that consider the overall needs of an older person. This comprehensive approach is evident in the diverse range of interventions offered, each tailored to address the multifaceted needs identified during assessment. Moreover, a core focus of ALONE's Community Service Hub model is linking community and acute services, to enable all groups to work together to meet demand. It is strategically designed to bridge the gap between various agencies and services, establishing ALONE as a critical link in the continuum of care.

⁵ <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/social-prescribing/>

THE ALONE WAY

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

- Respect
- Honesty
- Collaborative Leadership
- Innovation

KEY OBJECTIVES



01

OBJECTIVE ONE

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



02

OBJECTIVE TWO

To support people to live well at home as independently, and for as long as possible through support coordination and access to services such as but not limited to; Practical supports, befriending, social prescribing, assistive technology.

03

OBJECTIVE THREE

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



04

OBJECTIVE FOUR

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



05

OBJECTIVE FIVE

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



06

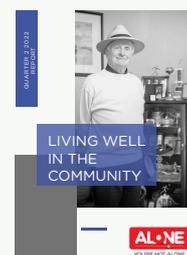
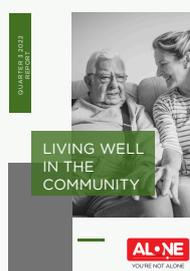
OBJECTIVE SIX

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

PURPOSE OF THE REPORT

This quarterly report marks ALONE's third year within the ECC programme and demonstrates how ALONE continues to support the HSE to achieve its vision of enhanced, person-centered community health supports, while striving to improve the health and wellbeing of older adults.

Building on nine previous reports, this tenth edition presents a national picture of the support offered by ALONE in Q2 2024. All data are anonymised to ensure privacy.



KEY FINDINGS

This report highlights the critical role played by ALONE in addressing the diverse needs of Ireland's ageing population in Q2 2024. During this period, ALONE delivered a broad range of targeted interventions to address issues such as loneliness, housing, and health concerns, effectively bridging gaps in practical support. Importantly, individuals coming to ALONE were not restricted to one type of support; ALONE's flexible and comprehensive model recognises the diverse needs of older people and provides tailored interventions to support their independence and wellbeing.

This quarter, ALONE concentrated on aligning its services with the new HSE RHA structure. This shift required a swift and effective adaptation, including updates to IT systems, reallocation of staff, and adjustments to service delivery models. Volunteers were instrumental in supporting ALONE through this transition, maintaining the continuity and effectiveness of support.

The significant financial value of ALONE's volunteers, estimated at up to €2.14 million in this period, highlights their crucial role in enhancing the organisation's service reach and impact. By dedicating countless hours to supporting older individuals in need, these volunteers contribute to substantial cost savings for the healthcare system and generate invaluable social benefits. This allows resources to be allocated more efficiently to directly benefit those who require assistance. Volunteers offer personalised and compassionate practical support that meets the diverse needs of older people across various geographies and demographics. By leveraging volunteer support, ALONE not only amplifies its impact but also showcases the power of community engagement in promoting the health and wellbeing of older people.



KEY ACHIEVEMENTS

26,944

Older people supported across all ALONE services.

3,773

Older People newly supported, similar to Q1 2024.

11,462

Older people in receipt of ongoing support.

61,108

Telephone Support and Befriending, NSRL and check-in calls.

11,515

New interventions conducted for 3,510 older people

69%

Of new interventions completed with outcomes met by end of quarter.

93%

Of 2,767 older people assessed received some intervention within quarter.

7,693

Engaged volunteers by end of Q2, with the highest increase in HSE Midwest.

€2.14
million

Worth of support provide by ALONE volunteers across 71,830 hours.

27,592

Visitation Support and Befriending visits carried out by volunteers.

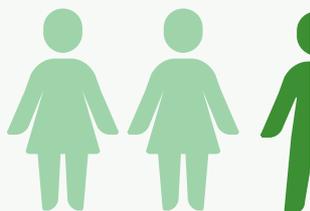
8

New CIN organisations bringing total membership to 172 by June.

120

Delegates at national CIN conference.

KEY INSIGHTS

Gender
/Age

ALONE supported 1.5 females for every male, consistent with national patterns and Q1 trends.

42%

Almost 42% of older people supported were between 76 and 85 years old.

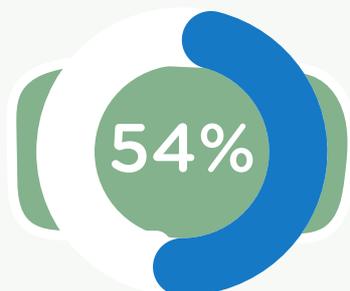
Referrals



66% of referrals were from external agencies, similar to Q1.

85% of these referrals were from HSE Community Care Teams, hospitals, and ICPOP.

Of the 2,767 people who received a personalised needs assessment from ALONE:

Loneliness
/Isolation

Experienced loneliness.

24%

Required some social prescribing support.

KEY INSIGHTS

Physical Health

52%

Experienced an issue with physical health, a 5 percentage point increase from Q1.

36%

Experienced mobility challenges, a 5 percentage point increase from Q1.

Mental Health

25%

Experienced mental health issues, particularly relating to Dementia/Alzheimer's.

Housing Issues

33%

Experienced housing issues, mainly needing housing adaptations.

Financial Difficulties

28%

Faced financial difficulties, primarily utilities and benefits, similar to Q1.

KEY INSIGHTS

Personal
Care

30%

Experienced personal care concerns, particularly GP/Primary Care access, carer supports and nutrition.

Assistive
Technology

13%

Of interventions involved assistive technology, aimed at improving older people's independence, mobility, and communication.

Strategic
Partnerships

52%

Of interventions involved strategic partnerships for State, social, and physical health supports.



CASE STUDIES



“

Mary said she is very grateful for a Support Coordinator's support in getting a grant for €6,200 for a stairlift and is looking forward to getting it installed now.

When the Support Coordinator was doing a second check-in call to enquire how Mary's befriending match was going, Mary said: it's brilliant and it feels like 'a new life'.

The volunteer is semi-local and fills her in on local news and chats about people she used to know. Mary said she couldn't be happier with the service.

”

“

I would like to thank Tim for all the support he has given to Dad and the rest of the family, to be honest the word thank you really can't sum up how much we appreciate the time and care he gave to Dad. With all the family living away it was very difficult to make mid-week appointments. Tim always stepped in to take him... He helped Dad with the post, collecting prescriptions, appointments, shopping, walking, and an array of other things!

He treated Dad with the utmost dignity and respect, and we had great trust in him. He was so kind and understanding with him and was brilliant at motivating him to get out on days when maybe he wouldn't have been bothered. So many times, when Tim called to see him, Dad would say he wasn't having a great day but always by the end of the visit he was in a much better mood and feeling positive.

Thank you for this wonderful service.

”



DELIVERY OF KEY OBJECTIVES

OBJECTIVE ONE

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

In Q2 2024, ALONE demonstrated strong leadership in developing and managing the Community Impact Network (CIN), which, by June, comprised 172 member organisations supporting 34,877 older people nationwide.

The network welcomed eight new organisations, providing indirect support to 690 older people. During Q2, ALONE provided training to six CIN member organisations including two affiliated entities, hosted 41 networking activities, and engaged 215 attendees, strengthening connections among 50 organisations and indirectly supporting 6,264 older adults. The ALONE CIN Conference was a major success, fostering collaboration among diverse stakeholders. Moreover, nine organisations received Digital Champions training, resulting in 98 digital champions potentially supporting 188 older people in their community. This training aims to enhance the digital skills of older adults, fostering greater independence and connectivity.

ALONE's CIN takes a broad approach to creating a community support network. By working with member organisations, offering extensive training, hosting networking events, conducting outreach, and focusing on digital empowerment, it supports local community groups to work together more effectively within integrated care systems.



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.

ALONE maintained a steady level of support to older people during Q2 2024, assisting 3,773 new individuals, reflecting the project's stabilisation as it progresses into its third year. Over 11,500 new support interventions were provided to 3,510 older people, with housing-related support continuing to dominate, accounting for 18% of interventions. This highlights a persistent need for housing assistance among older adults, particularly those in the private rented sector. The upcoming launch of ALONE's Housing with Support Demonstrator Project at Richmond Place will offer universal design housing with 24/7 care to older people, highlighting ALONE's dedication to improving housing options and meeting the needs of older adults.

Social support remained another key area of focus, with 28% of interventions dedicated to support and befriending services, as well as social isolation and prescribing strengthened by the invaluable contributions of volunteers.



OBJECTIVE THREE

To support the Community Healthcare Network's and Community Specialist Teams in linking with voluntary providers and community groups in delivering the preventive approach through the implementation of the impact measurement tools, in line with the HSE initiatives to implement tailored assessments scales to identify key indicators such as frailty and resilience. The ALONE assessment tools focus on Housing, Physical Health, Daily Living, Psychological Health, Financial and Legal, Technology and Social Prescribing.

In addition to its efforts in aligning with the Sláintecare Programme and the Healthy Ireland Action Plan (2021-2025), ALONE has demonstrated a strong commitment to integrated, patient-centered care by forming strategic partnerships and collaborating with healthcare providers and social support organisations. In Q2 2024, over half of ALONE's interventions (52%) relied on partnerships. Of these partnerships, nearly a quarter involved State supports, such as grants and allowances, that directly impact the health and wellbeing of older people. Additionally, 23% of the interventions that relied on partnerships focused on accessing social supports such as local events and community groups, and another 23% focused on physical health supports, including GP/PHN assessments, counselling services, and addiction support services.

By forming strategic partnerships and collaborations with healthcare providers and social support organisations, ALONE consolidates resources and expertise to deliver comprehensive support services to older individuals.

The majority of referrals to ALONE in this quarter came from external agencies, including Community Care Teams and hospitals, with a notable proportion also from self-referrals and public recommendations, demonstrating a high level of trust in ALONE's services. Of the 2,767 individuals who were assessed and identified a specific need in the quarter, 93% received some intervention from ALONE in the same period. By facilitating timely access to ALONE's community-based services, ALONE supports the prevention of unplanned hospital admissions among older adults. This proactive approach can enhance the quality of life for older adults and alleviate the strain on emergency care resources. ALONE's thorough and personalised assessment process, which emphasises key indicators like frailty and resilience, demonstrates a proactive approach to community care.

OBJECTIVE FOUR

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

ALONE's data collection and assessment processes provide valuable real-time insights into emerging needs and trends among older people. By monitoring ongoing engagements and analysing trends across all six RHAs, ALONE ensures a responsive and comprehensive service delivery model.

At the start of the quarter, 11,462 older individuals who had previously received support from ALONE remained active, with 84% receiving continuous assistance. The remaining individuals were either awaiting assessment or matching with volunteers.

Regional analysis reveals some variations in issues faced by older people. Loneliness was the most common issue in four out of six areas, whilst the HSE Midwest and West and North West regions reported physical health challenges as the most common concern. This regional data will help ALONE identify service demand changes, areas of underutilisation, and guide future service development and partnerships.



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 Q2 2024, ALONE's volunteer efforts were substantial, valued between €912,241 and €2.14 million, with 7,693 volunteers delivering 27,592 visitation and befriending visits and 53,171 telephone support calls. Volunteers also facilitated 5,979 calls through the NSRL, supporting 3,069 individuals, and conducted 1,958 check-in calls to older people, crucial for maintaining contact, and providing practical and emotional support.

Technological supports were a key component of 13% of ALONE's interventions in Q2 2024, comprising 1,437 interventions and benefiting 909 individuals. These included assistive technologies and digital tools aimed at improving physical health, housing safety, mental health, personal care, finance management, and reducing social isolation. This focus aligns with the Government's eHealth Strategy and the Programme for Government's commitment to integrating new technologies and innovative care solutions for older adults.

OBJECTIVE SIX

Focus on delivering services through a collective of healthcare providers, community services, Local Authorities, Approved Housing Bodies, and social enterprises towards avoiding duplication and streamlining services for service users and local communities.

ALONE's external referrals accounted for about two-thirds of referrals in Q2 2024, which is similar to Q1 2024. Notably, 46% of these referrals came from HSE Community Care Teams, while about one-third were from hospitals. This highlights ALONE's effective collaboration with both primary and acute care providers to enhance the health and wellbeing of older adults. Additionally, referrals from a diverse range of communities and charitable organisations are helping to align services and prevent duplication. ALONE's involvement in the CIN further supports this alignment by facilitating collaboration with various organisations, thereby improving service delivery and driving innovation.

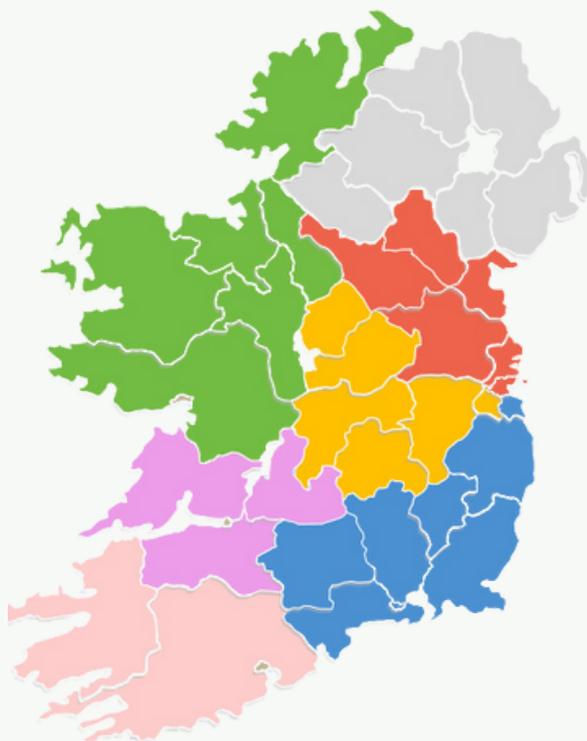
CHAPTER 1: ALONE'S COLLABORATION WITH HSE

THE ENHANCED COMMUNITY CARE PROGRAMME (ECC)

In line with Sláintecare, the ECC objective is to deliver increased levels of healthcare with service delivery refocused towards general practice, primary care, and community-based services. The emphasis is on 'ageing in place' through the delivery of an end-to-end care pathway that will care for people at home, prevent referrals and admissions to acute hospitals where it is safe and appropriate to do so, and enable a "home first" approach.⁶ The success of the ECC programme is evident in its significant impact on reducing hospital admissions and waiting lists. 91% of patients with chronic diseases are now managed routinely close to home, reflecting the programme's focus on community care.⁷

ALONE's role in providing an integrated system of care, practical supports and services to older people, along with its strategic partnerships Community Care Teams, hospitals, and ICPOP, is vital in supporting ECC programme's home first approach. This collaboration ensures that older adults receive the necessary care and support within their communities, thereby promoting ageing and care in place.⁸

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.



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

7 <https://about.hse.ie/news/reduction-hospital-admissions-highlights-progress-transforming-healthcare/>

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

COMMUNITY HEALTHCARE NETWORKS

These provide the foundation and organisational structure through which integrated care is delivered locally. These include GPs, Health and Social Care Professionals (HSCPs), Nursing leadership and staff empowered at a local level to drive integrated care delivery. Each of the 96 Networks serve an average population of 50,000 people and consist of between 4-6 primary care teams, with GPs involved in delivering services. The number of CHNs per RHA ranges from 8-20.

COMMUNITY SPECIALIST TEAMS (HUBS)

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

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

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



THE ALONE MODEL

ALONE is a national organisation that supports and empowers older people to age happily and securely at home. ALONE helps individuals and their families, and works with other organisations, to improve the lives of older people. The organisation is deeply committed to the work it does, although it does not provide direct care. ALONE works with all older people, including those who are lonely, isolated, frail, or ill, homeless, living in poverty, or are facing other difficulties.

ALONE'S INTEGRATED SUPPORT MODEL

As outlined previously, ALONE provides a unique integrated system of Support Coordination, Visitation Support and Befriending, Telephone Support, Social Prescribing, and Housing supports driven by assistive technology. These services are focused on improving older people's quality of life, health, and wellbeing and task-based management is central to the services provided. ALONE also coordinates with other services and aligns to the demographics and needs across Ireland, while contributing the planning to fill gaps and plan for future needs. ALONE's assistive technology allows medical professionals and families to remotely support the health needs of older people. ALONE is equipping its frontline staff with a range of technology while working with technology providers to adopt a preventative approach to reduce unnecessary hospital admissions, improve discharge times and help older people to remain in their homes.

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



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

ALONE service hub models are scalable, transferable, and replicable. Developed over 10 years and taking the learnings from OPRAH, DKIT Cúltaca and the Canterbury model, each area works to ensure that older people have access to all the necessary supports and services that they require to age well at home. 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 ECC Programme with roll-out across the 96 CHNs, linked to the 30 Community Specialist Teams for Older People and Chronic Disease.

IMPLEMENTATION OF THE ALONE MODEL

The focus of the ALONE model within the ECC programme is to develop an integrated model to deliver quality approved support coordination, visitation support and befriending, and telephone support and befriending driven by assistive technology and volunteers, with a structured network of contact and support at CHN level across all health regions.

In early 2024, the HSE began transitioning from nine CHOs to six RHAs to achieve several key objectives aimed at improving the efficiency, quality, and equity of healthcare services in Ireland. During 2024, ALONE successfully restructured its services into 12 teams and reconfigured its IT and reporting systems to support service delivery in the six new RHAs. Information on the geographical distribution of these RHAs is contained in Annexure C.

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 delivering a timely and appropriate level of care in a suitable location, ideally in a setting of the service users' choice.



KEY NATIONAL POLICIES/Frameworks BEING FURTHERED BY ALONE MODEL

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

Policies/Frameworks	Key Objectives
<p>National Positive Ageing Strategy (NPAS)</p>	<p>Fostering positive ageing in Ireland through accessible health services and support for older people's cultural, social, and economic engagement. Prioritising rights, independence, autonomy, and dignity.</p> <ul style="list-style-type: none"> • Goal 1: Remove barriers to participation - Enable active engagement in community life, promote independence and self-managed approach to health. • Goal 2: Health and Wellbeing Support - Provide comprehensive health assistance, including caregiver support • Goal 3: Dignified Ageing at Home - Ensure income security and safe housing for confident ageing in communities • Goal 4: Support and use research about people as they age to better inform policy responses to ageing in Ireland
<p>Sláintecare Implementation Strategy and Action Plan 2021-2023</p>	<p>Sláintecare aims to improve health and social care in Ireland, focussing on broader determinants like housing and education to support healthy ageing. Sláintecare has two reform programmes that they have developed to achieve their goal.</p> <ul style="list-style-type: none"> • Programme 1: Improving safe, timely access to care, and promoting health and wellbeing - Establishing universal healthcare, expanding primary care and community support for seniors, and integrating digital health tech for better quality of life. • Programme 2: Addressing health inequalities - Improving specialist service access, creating regional centres of excellence, and integrating health and social care to meet older people's complex needs.
<p>Roadmap for Social Inclusion</p>	<p>The government aims for greater social inclusion in Ireland through six focused actions, including support for older people. This involves benchmarking pensions by 2021 and developing a plan to address loneliness and isolation, alongside improvements in healthcare.</p>

Policies/Frameworks	Key Objectives
<p>Housing Options for our Ageing Population</p>	<p>The plan outlines 40 strategic actions to improve housing options for older people, including increased funding for Housing Adaptation Grants. It covers building and planning aspects, health and social care support, integration, and the development of a GIS decision-making tool for older people's housing.</p>
<p>Sharing the Vision</p>	<p>This programme aims to establish a personalised mental health system catering to individual needs, focusing on community-based actions.</p> <p>Mental Health Services for Older People – discusses the inconsistent access to dementia support services across Ireland and the importance of home-based assessments for older people (page 50).</p>
<p>Housing for All – A New Housing Plan for Ireland</p>	<p>The framework aims to guarantee sustainable, affordable housing for all in Ireland. One aspect of the Social Inclusion Policy focuses on increasing housing options for older people, enabling them to age at home and in their communities (page 65). This involves ensuring access to various housing options and necessary supports for healthy, active participation in community life.</p>
<p>Integrated Care Programme for Older People</p>	<p>The goal is to establish and execute an integrated care plan for older individuals with complex health and social care needs, emphasising community-based support. This approach seeks to enhance quality of life and tailor services to individuals' needs and preferences.</p>

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

Policies/Frameworks	Key Objectives
<p>Healthy and Positive Ageing for All</p>	<p>The strategy aims to enhance awareness among researchers about challenges faced by older people, gather evidence to improve conditions for positive ageing, and facilitate communication between stakeholders. It seeks to inform comprehensive government policies to boost research capacity on ageing, focussing on:</p> <ul style="list-style-type: none"> • Health: Addressing inequities in healthcare access, improving social care for ageing at home, and researching better healthcare services and behaviours, including palliative care. • Participation: Researching civic engagement, providing autonomous transport options, and offering education and skill development opportunities. • Security: Developing home support systems for safe ageing, ensuring financial and social security for independence in communities. • Cross-cutting Themes: Tackling ageism, enhancing access to information and technology, and conducting cohort analyses, especially on the 80+ age group living in communities.
<p>Healthy Ireland - A Framework for Improved Health and Wellbeing 2013-2025</p>	<p>The Framework aims to provide a structure that will allow for the of increase of healthy living across all age groups in Ireland, reduced health inequalities and improved wellbeing. Key objectives relating to improved health and wellbeing for older people include:</p> <ul style="list-style-type: none"> • Embedding health and wellbeing in health service delivery. • Strengthening partnership and community working. <p>Supporting healthy behaviours from childhood through to healthy ageing.</p>
<p>Understanding Life in Ireland: The Wellbeing Framework 2023</p>	<p>Ireland's Wellbeing Framework focuses on quality of life, with a particular emphasis on equality and sustainability. It reviews performance across economic, environmental, and social issues simultaneously, rather than in isolation. Key wellbeing dimensions relating to older people include:</p> <ul style="list-style-type: none"> • Access to housing and quality of housing. • Physical health, mental health and access to health services. • Life satisfaction and emotional state. • Community and cultural participation.

CHAPTER 2

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

Profile of Older People Supported in Q2 2024

Overall, 3,773 individuals were newly supported by ALONE in Q2 2024, compared to 3,791 in Q1 2024, a decrease of 0.5% in the quarter (Figure 1). This minor variation suggests that the numbers are stabilising, as the project enters its third year and continues to mature.

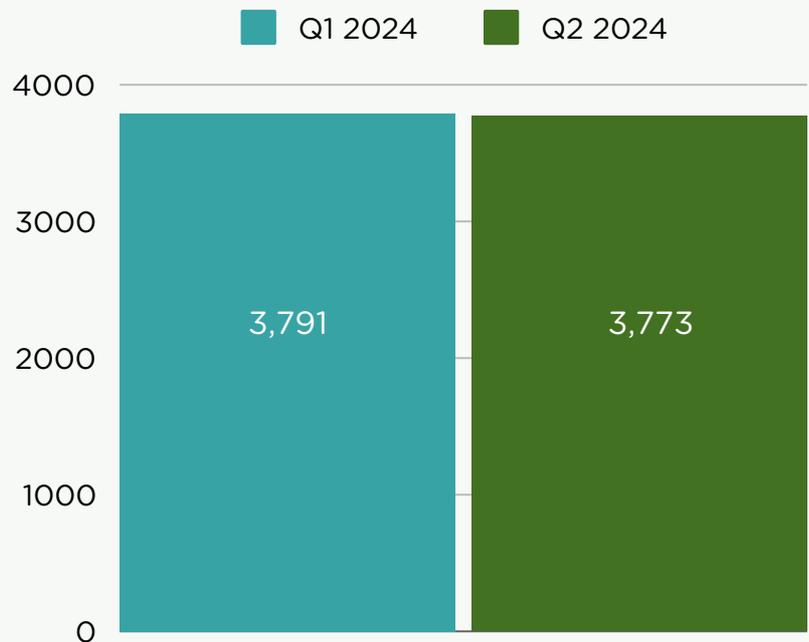


Figure 1: No. of Individuals Supported, Q1 2024 v Q2 2024

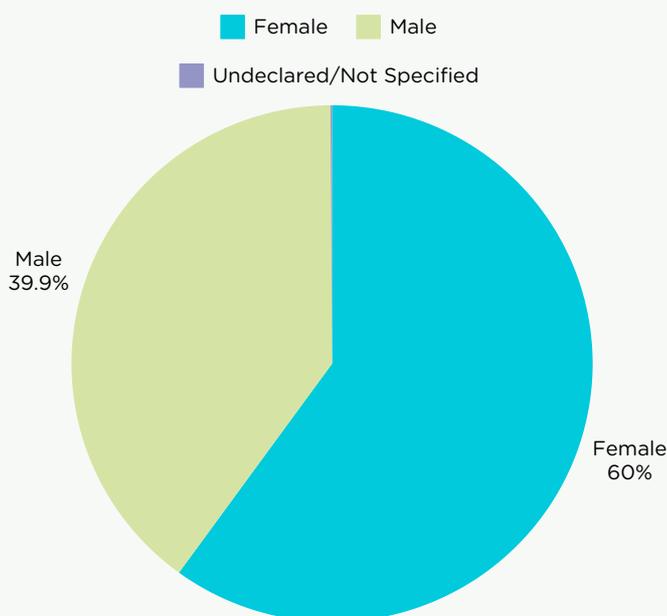


Figure 2: Older People Supported by Gender(%), Q2 2024

Of those for whom gender was reported in Q2 2024 (n=3,768), 60% were female (n=2,265) and 39.9% were male (n=1,503; Figure 2).⁹ This aligns with trends observed in the previous quarter and the broader demographic trend in Ireland, as per CSO data, which indicates a higher population of women compared to men in the older age groups.¹⁰

This demographic insight highlights the significance of recognising and addressing the gender-specific needs of the ageing population. Women in older age groups may have different social, economic, and health-related needs compared to men, necessitating tailored support services to ensure their well-being and quality of life.

⁹ A small proportion (n=5) were "Undeclared / Not specified".

¹⁰ [Census of Population 2022 - Summary Results](#)

Where age was recorded (n=3,648), the majority (41.5%, n = 1,512) of older people supported by ALONE were aged between **76** and **85** years old (Figure 3), which is the same as Q1 2024. Moreover, in Q2 2024, ALONE supported 124 individuals younger than 61, while 54 individuals were older than 95.

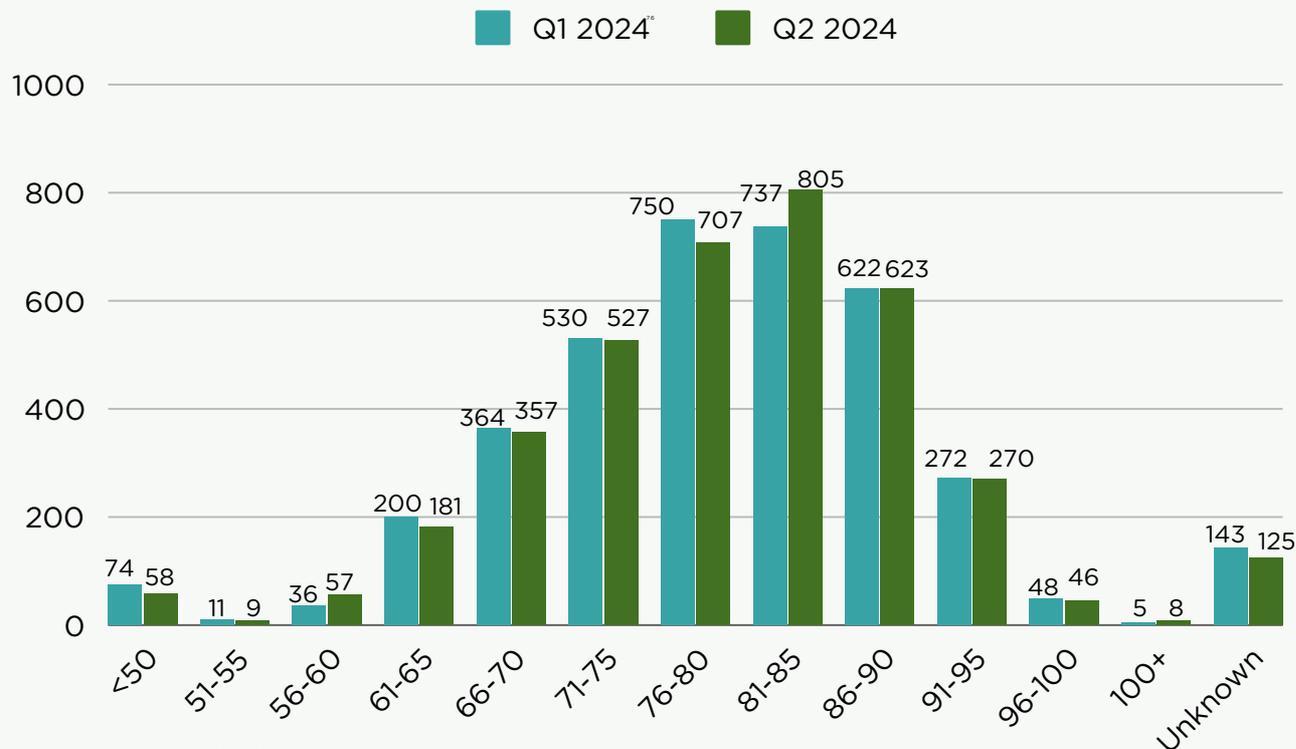


Figure 3: Individuals Supported by Age Range, Q1 2024 v Q2 2024

In Q2 2024, RHA data were recorded for 3,771 newly supported individuals. The trend in support differs across regions, with some areas, such as HSE Dublin and North East, and HSE West and North West, seeing an increase in newly supported individuals, while others show a decline(Figure 4).

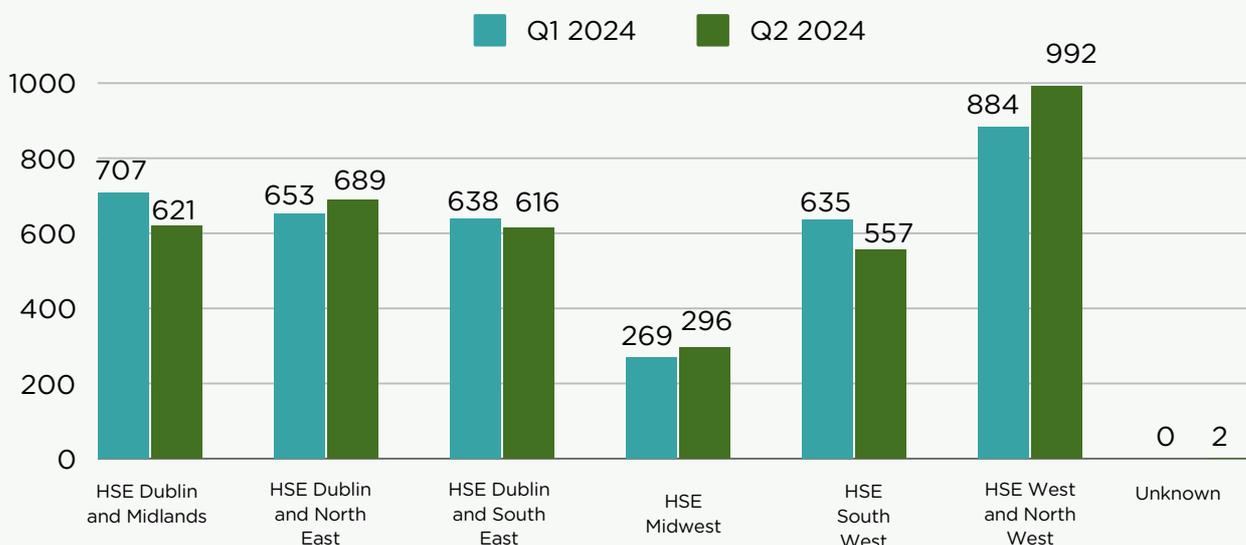


Figure 4: Unique individuals supported in each RHA, Q1 2024 v Q2 2024

HOME OWNERSHIP & LIVING ARRANGEMENTS

Of the 2,712 individuals who responded to the question of home ownership in Q2 2024, 75% indicated that they owned their own home, which is similar to previous quarters (n= 2,026; Figure 5).

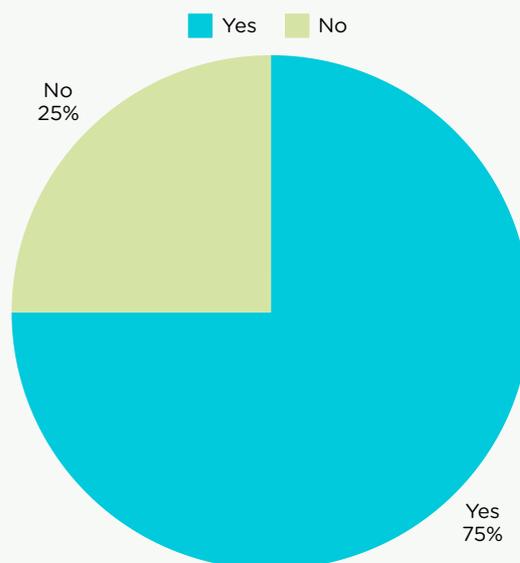


Figure 5: Home Ownership, %, Q2 2024

Around 690 people stated that they did not own their own home, of which 654 provided details about their current living arrangements. The majority (62.2%, n=407) were living in Local Authority or Approved Housing Body (AHB) rented accommodation, and 13.5% (n=88) were renting in the Private Rented Sector (Table 1) similar to Q1.

Type of occupancy (non-owner occupied)	Q1 2024		Q2 2024	
	No.	%	No.	%
Local Authority	365	56.0	329	50.3
Other	113	17.3	113	17.3
Private Rented	88	13.5	88	13.5
AHB	63	9.7	78	11.9
Nursing home/ Long-term Care	15	2.3	26	4.0
Homeless	8	1.2	9	1.4
Total	652		654	

Table 1: Types of Occupancy, non-owner occupiers, Q1 2024 v Q2 2024

As in Q1 2024, of the 2,541 individuals who provided details of their living arrangements, 65.2% lived alone, almost one in five lived with a spouse, and the remainder lived with family, friends, or a lodger (Table 2).

Living Arrangements	Q1 2024		Q2 2024	
	No.	%	No.	%
Living Alone	1,588	64.8	1,657	65.2
With Spouse	514	21.0	501	19.7
With Son	111	4.5	123	4.8
With Other Family Member	94	3.8	105	4.1
With Daughter	94	3.8	100	3.9
With Partner	21	0.9	30	1.2
Lodger	19	0.8	19	0.7
Friend	10	0.4	10	0.4
Total	2,449		2,541	

Table 2: Living Arrangements, Q1 2024 v Q2 2024

NEEDS OF OLDER PEOPLE IDENTIFIED BY ALONE

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

In Q2 2024, ALONE Support Coordinators conducted assessments with 2,767 older people, a 3.7% decrease from Q1 2024 (n= 2,873; Figure 6). In 2023, assessments saw a 13% drop from Q1 to Q2, partly due to the summer period. This year's smaller decline indicates sustained demand for ALONE services.

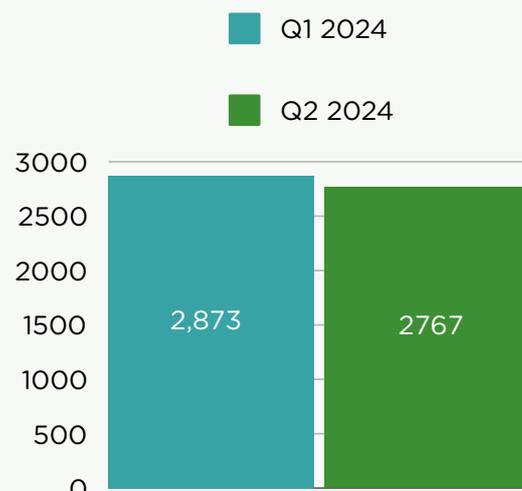


Figure 6: Number of Older People Assessed Q1 2024 v Q2 2024

During their assessment, an older person is asked if they are having issues with areas such as Housing, Personal Care, Physical Health, Mobility, Emotional/Mental Health, Finance, Social Isolation/Prescribing, and Safeguarding. Loneliness, which falls within the heading of Social Isolation/Prescribing on the assessment, is dealt with separately in this report as not everyone who feels lonely requires social prescribing and not everyone who requires social prescribing supports indicate that they are lonely.

As Figure 7 and Table 3 illustrate, there are differences in the number and proportion of people assessed in Q2 2024 who indicate they have issues under each of the main areas in their assessment. However, Loneliness remains a significant issue (53.8%), although the percentage has slightly decreased from Q1 2024 (57%). Physical health concerns have increased from 47% in Q1 to 52%, indicating a growing need for health-related support. Mobility issues have also increased by almost 5 percentage points, while housing issues remain relatively stable at 32.9%, and financial concerns have seen a slight increase from the previous quarter.

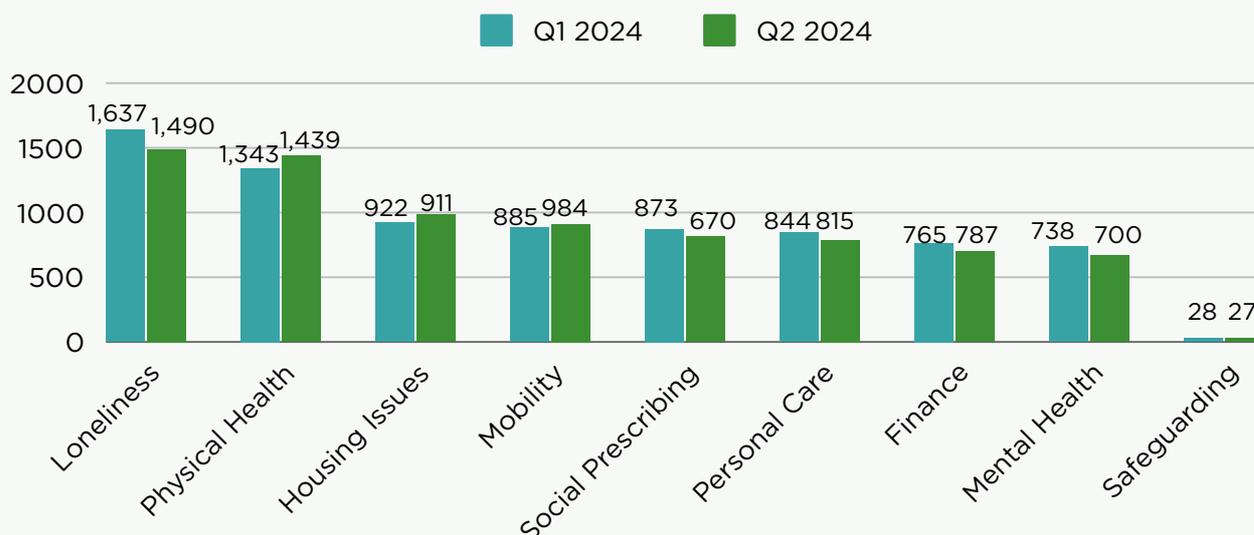


Figure 7: Issues Presenting in Assessments, number, Q1 2024 and Q2 2024

Category	Q1 2024		Q2 2024	
	No.	%*	No.	%*
Loneliness	1,637	57.0	1,490	53.8
Physical Health	1,343	46.7	1,439	52.0
Mobility	885	30.8	984	35.6
Housing Issues	922	32.1	911	32.9
Personal Care	844	29.4	815	29.5
Finance	765	26.6	787	28.4
Mental Health	738	25.7	700	25.3
Social Prescribing	873	30.4	670	24.2
Safeguarding	28	1.0	27	1.0

Table 3: Issues Presenting in Assessments, Q1 2024 v Q2 2024

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

LONELINESS

Approximately 54% of older people (n = 1,490) reported feeling lonely, which is slightly less than last quarter, although Loneliness continues to be a prominent issue. Within this group, 62.8% (n=935) said they had someone to visit them. Of the 885 people who responded to the question of who came to visit them, more than three-quarters (n=667, 75.4%) were visited by family, 12.9% by friends (n=115), and 11.6% by neighbours (n=103).

In terms of social outings, almost 40% (n=451) of the 1,138 respondents who answered the question in Q2 2024 reported having been out socially in the past week. Notably, 6.6% (n=75) had not been out socially in over a year (Table 4), which is similar to last quarter.

Last time out socially	Q1 2024		Q2 2024	
	No.	%	No.	%
In the past week	469	41.7	451	39.6
In the past month	312	27.7	309	27.2
In the past 6 months	198	17.6	222	19.5
In the past year	74	6.6	84	7.4
More than a year ago	74	6.6	75	6.6

Table 4: Last Time Out Socially, Q1 2024 v Q2 2024

Of those who indicated that they felt lonely in Q2 2024, around 38 %, (n=570) stated that they had a hobby. These hobbies include gardening, reading, painting, farming, baking, listening to music, fishing, playing cards, watching football matches/motorbike racing, 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 for leaving the house.

Of the 1,490 people assessed who felt lonely, the ALONE assessment identified 564 individuals who needed the ALONE Telephone and Befriending Service, 969 who needed the ALONE Visitation and Befriending Service, and 365 who needed both.

PHYSICAL HEALTH

Among the 1,439 individuals who reported having an issue with their Physical Health and provided additional information in Q2 2024, 27% (n=389) had an issue with falls, while 11.7% (n=169) had an issue with memory. As illustrated in Figure 8, this pattern is consistent with the trend observed in Q1 2024. Additionally, there has been a consistent increase in hearing issues over the past few quarters.

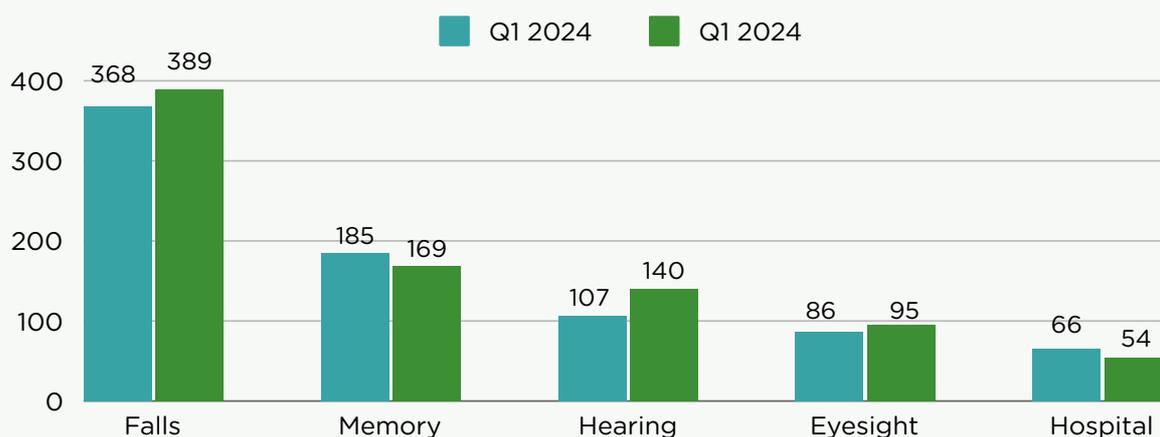


Figure 8: Physical Health Issues by Type, Q1 2024 v Q2 2024

About 259 (18.1%) of those who reported issues with their Physical Health indicated that they received Home Support. Only 13 indicated that they had issues with the help they received. Additionally, 34 people who indicated that they did not have Home Support had issues with it, with ALONE supporting only 8 of those in this regard. A further 180 (22.3%) people who had issues with Personal Care also received Home Support.

MOBILITY

In Q2 2024, 984 older people specified Mobility issues during their assessments, an increase of 5% from Q1 2024, indicating a growing need for support in this area. Among them, 16.2% reported issues with Mobility Aids, 12.5% with Mobility Fixtures, 6.2% with Mobility Furniture, while only 1.7% reported Other issues (Figure 9).

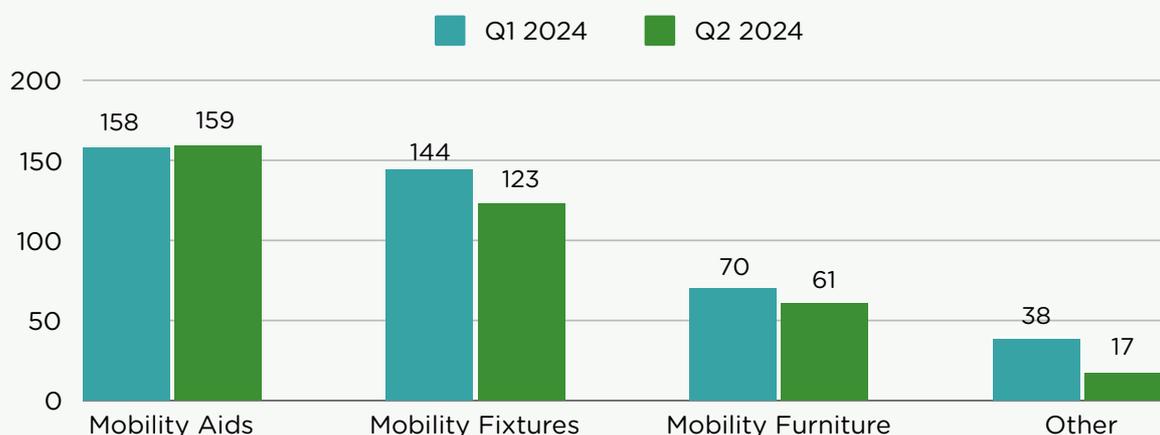


Figure 9: Mobility Issues by Type, Q1 2024 v Q2 2024

In Q2 2024, more than two-thirds of those who indicated that they had an issue with Mobility Aids had an issue with their new rollator and walking stick, an increase of 9% from the previous quarter. While this indicates a greater dependence on these aids, it also highlights potential issues with their usage or quality. About 14.5% had issues with their wheelchair and 13.2% had issues with their mobility scooter (Table 5), which is a decrease from the previous quarter.

Mobility Aids	Q1 2024		Q2 2024	
	No.	%	No.	%
New Rollator	60	38.0	74	46.5
Walking Stick	53	33.5	50	31.4
Wheelchair	31	19.6	23	14.5
Mobility Scooter	26	16.5	21	13.2
Disabled Person's Parking Card			2	1.3

Table 5: Mobility Aids Issues by Type, Q1 2024 v Q2 2024

Similarly, older people facing issues with Mobility Fixtures reported various challenges in Q2 2024, with 83.7% expressing problems related to grab rails particularly those installed in bathrooms, while 20.3% had issues with their bannisters. These issues can have significant safety implications for older people, potentially increasing the risk of falls. Additionally, 11.4% needed a toilet seat riser, and 6.3% had issues with a wheelchair ramp (Table 6).

Mobility Fixtures	Q1 2024		Q2 2024	
	No.	%	No.	%
Grab rails (and fitted)	75	52.1	59	48.0
Grab rails bathroom (shower or toilet)	50	34.7	44	35.8
Bannister (and fitted)	27	18.8	25	20.3
Wheelchair ramp	9	6.3	19	15.4
Toilet seat riser	20	13.9	14	11.4
Other			5	4.1

Table 6: Mobility Fixtures Issues by Type, Q1 2024 v Q2 2024

For the 17 people who indicated that they had 'Other' Mobility Issues in Q2 2024, their specific challenges included Parkinson's disease, eyesight issues, needing a seat riser for bed support/kitchen chair, breathing issues, arthritis, and deteriorating conditions of the mobility fixtures, highlighting the complexity of mobility issues among older people.



HOUSING

Among the 911 individuals who reported Housing-related issues in Q2 2024, Housing Adaptations continued to be the most prevalent issue. More than one in three people (34.4%, n=313) reported needing Housing Adaptations, a trend that has remained consistent, indicating a sustained demand for modifications to accommodate the specific housing needs of older individuals (Figure 10). This aligns with the broader context of physical health problems, where falls and mobility issues are key concerns as shared earlier, highlighting the need for universal home design for older people.

Further, almost one in five (19.4%, n=177) reported issues with internal repairs, and nearly one-third (32.3%, n=294) had issues with cleaning and external repairs (Figure 10), similar to Q1 2024.

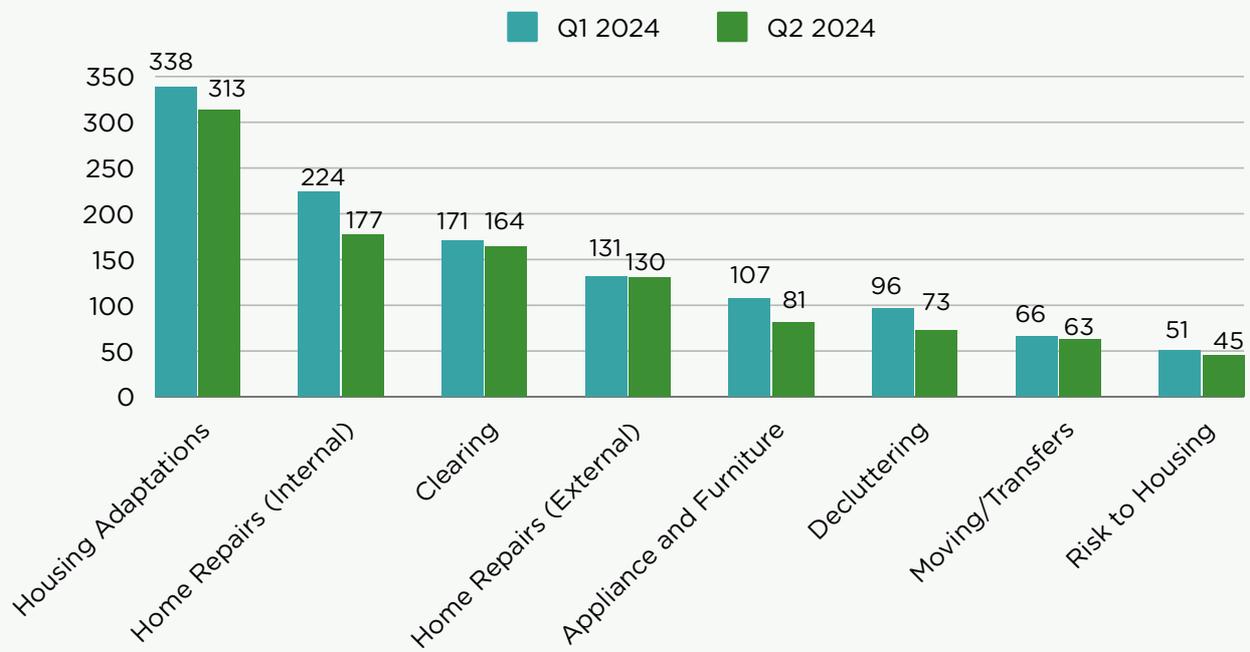


Figure 10: Housing Issues by Type, Q1 2024 v Q2 2024



As Table 7 shows, Bathroom Adaptation continued to be the most prevalent adaptation issue in the quarter, with Access Ramp issues being the second most prevalent concern, followed by issues with Stair-lifts. This reflects the ongoing prevalence of mobility issues in the assessment data.

Housing Adaptation Issues	Q1 2024		Q2 2024	
	No.	%*	No.	%*
Bathroom Adaptation	205	60.7	184	58.8
Access Ramps	68	20.1	74	23.6
Stair-lifts	52	15.4	54	17.3
Level Access Showers	11	3.3	25	8.0
Complete Application Form	14	4.1	23	7.3
Builders Quotations	12	3.6	21	6.7
Downstairs Toilet	24	7.1	17	5.4
Proof of Property Tax Compliance (OP)	8	2.4	15	4.8
GP Report	4	1.2	15	4.8
Extensions	9	2.7	11	3.5
Install Central Heating	8	2.4	10	3.2
Replace Boiler	13	3.8	8	2.6
OT Report	6	1.8	5	1.6
Wheelchair Access	7	2.1	5	1.6
Rewiring	4	1.2	4	1.3
Oversee Building Works	2	0.6	1	0.3
Certified Electricians Report	2	0.6	0	0.0

Table 7: Housing Adaptation Issue by Type, Q1 2024 v Q2 2024

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

As indicated in Table 8, more than half of the older people reporting issues with Internal Home Repairs had reported experiencing plumbing and electrical problems. Additionally, 16.4% faced challenges related to internal insulation and painting in Q2 2024.

Home Repairs (Internal)	Q1 2024		Q2 2024	
	No.	%	No.	%
Plumbing	67	29.9	61	34.5
Electrical	42	18.8	40	22.6
Insulation Internal	39	17.4	29	16.4
Painting	26	11.6	29	16.4
Windows and Doors	56	25.0	28	15.8
Carpentry	24	10.7	22	12.4
Flooring	21	9.4	19	10.7

Table 8: Home Repairs (Internal) Issue by Type, Q1 2024 v Q2 2024

PERSONAL CARE

Approximately, 815 people assessed by ALONE in Q2 2024 indicated that they had an issue with Personal Care. Of these, around one in four had an issue with their GP / Primary Care (24.3%, n=198), more than one-fifth (22.6%, n=205) had issues with Nutrition, 14.6%, (n=119) had issues with Carer, and just 7.9% (n=64) had issues with Medication (Figure 11).

This quarter, issues related to GP/Primary Care Engagement decreased by 31.7%, while the need for Carer support saw a 53.3% decrease compared to last quarter, which can be partly attributed to changes in the ALONE assessment form.

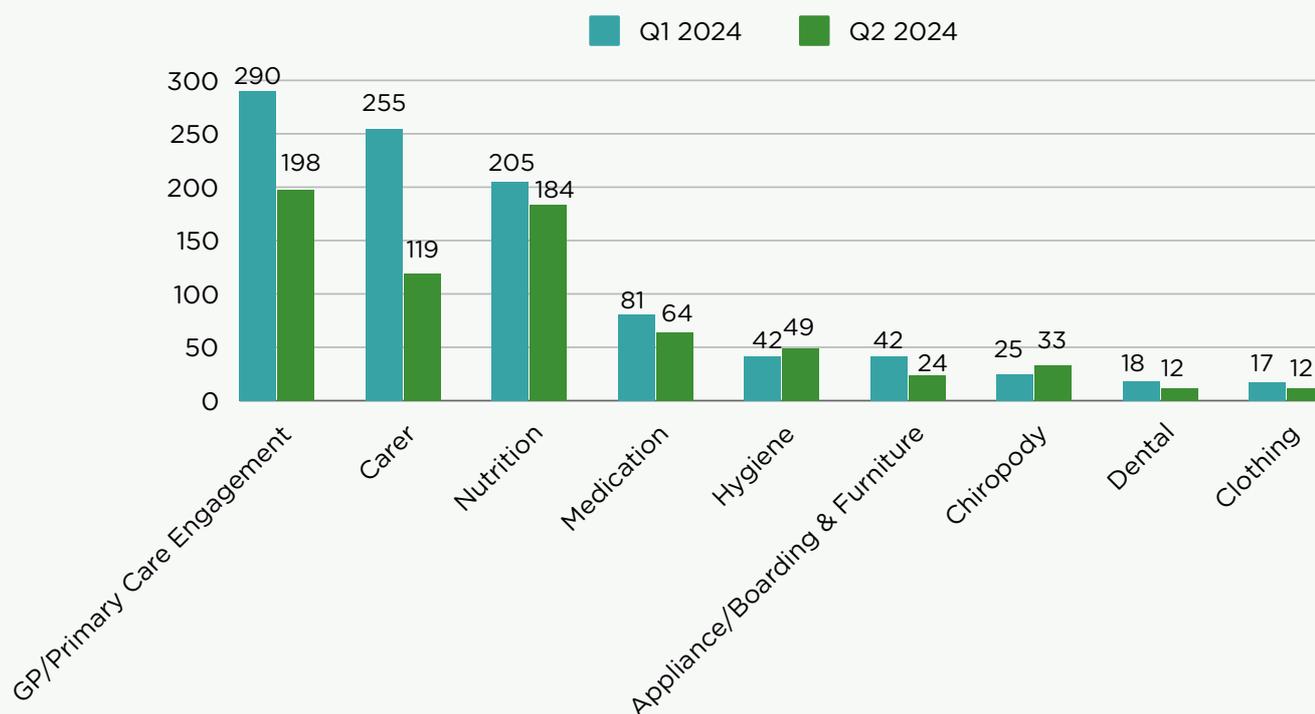


Figure 11: Personal Care Issue by Type, Q1 2024 v Q2 2024

Of the 198 older people experiencing GP/Primary Care Engagement issues in Q2 2024, nearly half required support to engage with a Public Health Nurse (47%), while the second most prevalent issue was the need for support in accessing Occupational Therapy (OT; 24.2%). Furthermore, 18.7% required support advocating for a GP, which is double the rate from the previous quarter, while support with accessing Physiotherapy increased by 6 percentage points (Table 9).

GP / Primary Care Engagement Issues	Q1 2024		Q2 2024	
	No.	No.	No.	%
Public Health Nurse	147	50.7	93	47.0
Access OT	73	25.2	48	24.2
Advocate for GP to support	27	9.3	37	18.7
Access Physio	25	8.6	29	14.6
Meals on Wheels	57	19.7	23	11.6
Other	14	4.8	23	11.6
Provide age-appropriate nutritional information	10	3.4	4	2.0
Wound Dressing	2	0.7	2	1.0
Support with Changing GP	4	1.4	4	2.0

Table 9: GP / Primary Care Engagement Issues by Type, Q1 2024 v Q2 2024

Moreover, 184 older people assessed reported issues with Nutrition in Q2 2024. Of these, more than half (51.6%, n=95) needed alternative options for food, while 37.5% raised concerns related to Meals on Wheels. The remaining individuals required support accessing a nutritionist, getting information on the nearest food centre, support with improving cooking facilities, and age-appropriate nutritional information. When asked about the need for nutritional support, the vast majority of older people (87.5%) who indicated that they had issues with Nutrition wanted ALONE to support.

FINANCE

In Q2 2024, 787 people indicated they had issues with their Finance, which is similar to Q1 2024. Of these, 43.1% had issues with utilities, 24.3% had issues with Benefits, and 16.1% had issues with Entitlements (Figure 12). Although the overall number of people reporting financial issues remained relatively stable, there was a noticeable rise in concerns related to Utilities and Entitlements compared to the last quarter.

Among those with Utility issues, 92.3% (n=313) had issues with payments, arrears, or a payment plan, indicating the prolonged impact of the cost-of-living crisis, while only 30 people had issues with cancelling or claiming a refund from their utilities' provider and 2 people required support to register as vulnerable customer with supplier.

Among those facing Benefits issues, the most common were related to the Household Benefits Package (35.6%, n=68) and the Exceptional Needs Payment (13.6%, n=26), consistent with trends observed in Q1. There was a significant decrease in reported problems with the Winter Fuel Allowance, which may be attributed to the seasonal nature of this benefit.

Among those with Entitlement issues, 81% sought State supports such as the Living Alone Allowance, Carers Allowance, Disability Allowance, and Free Travel Pass. Another 15.7% of the issues were related to various pension supports, while a small number involved the need for a GP Medical Card.

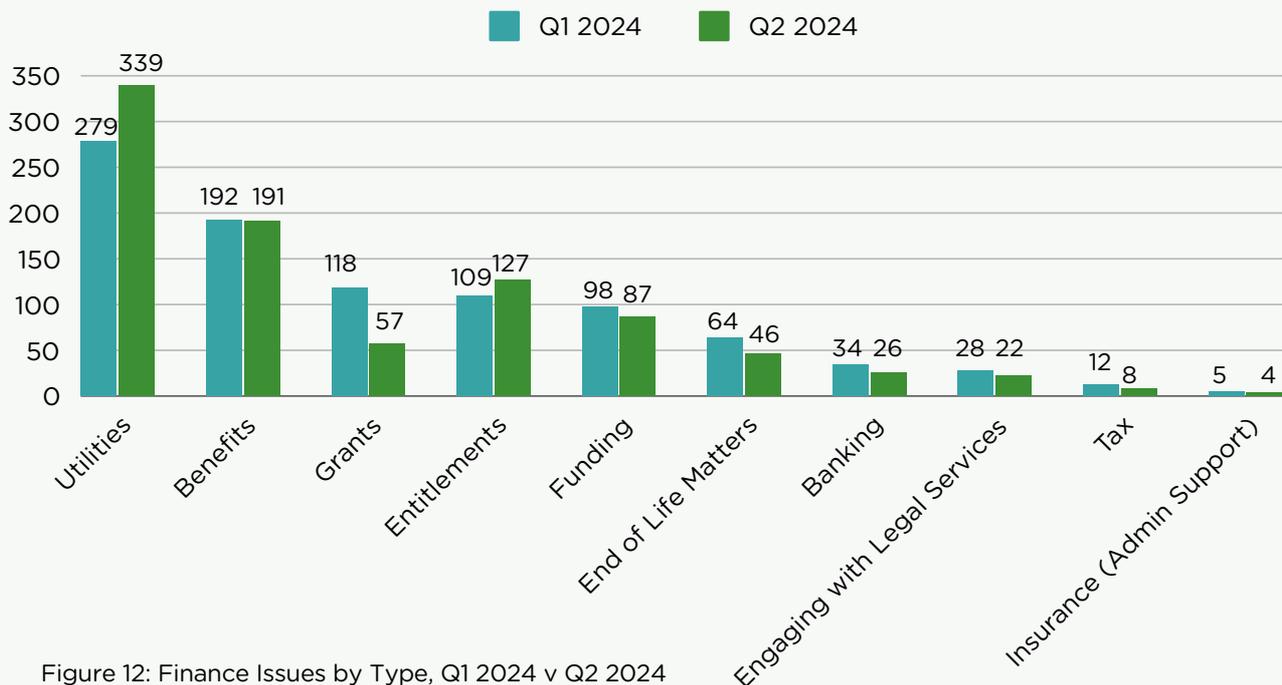


Figure 12: Finance Issues by Type, Q1 2024 v Q2 2024

MENTAL HEALTH

In Q2 2024, 700 people assessed by ALONE indicated that they had issues with their Mental Health. The most common issue was Dementia / Alzheimer’s, affecting 24% of those assessed, which is similar to the previous quarter. This was followed by Anxiety (18%), Depression (17.6%), and Bereavement issues (13.7%). The overall pattern of Mental Health issues showed a decline compared to the last quarter, which could potentially be influenced by favourable weather conditions.

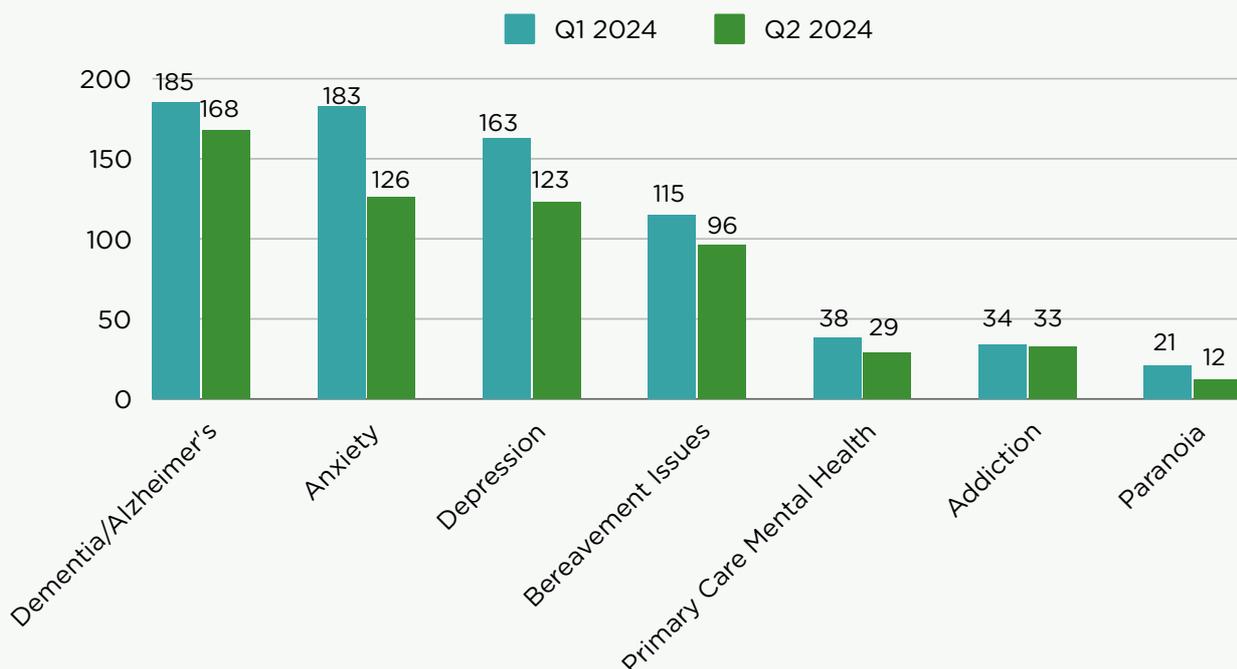


Figure 13: Mental Health Issues by Type, Q1 2024 v Q2 2024

Among the 700 people assessed in Q2 2024, just 40.8% (n=286) had visited a GP, nurse, or medical practitioner. Of those, 79.4% (n=227) were prescribed medication and 6.6% (n=15) said they forgot to take it, similar to last quarter.

For those with Dementia / Alzheimer's (n=168), more than half (51.2%, n=86) needed information about available supports. Additionally, 41.7% (n=70) faced issues accessing these supports, while only 7.1% (n=12) indicated that they had issues with both.

For the 126 people who indicated that they had issues with Anxiety, the majority (80.2%, n=101) required information on counselling services, including access to counselling services, while 19 people sought to be re-engaged with previous supports, and only 10 people required a mental health assessment from their GP or Public Health Nurse.

SOCIAL PRESCRIBING

In Q2 2024, 670 older people required some Social Prescribing support. As shown in Table 10, about 82.8% (n=555) of individuals expressed interest in joining a local community group, similar to Q1 2024. While ongoing community involvement remains highly preferred, there has been an increased interest in one-off events.

Social Prescribing Support	Q1 2024		Q2 2024	
	No.	%	No.	%
Local Community Group	766	87.7	555	82.8
One-off events	132	15.1	128	19.1

Table 10: Social Prescribing Support, Q1 2024 v Q2 2024

SAFEGUARDING

In total, 27 people assessed by ALONE in Q2 2024 indicated they were at risk of abuse. About 56% (n=15) felt at risk of Financial Abuse, while 33.3% (n=9) felt at risk of Emotional Abuse. In addition, 14.8% were at risk of Self-Neglect and 7.4% were at risk of Physical Abuse (Figure 14).

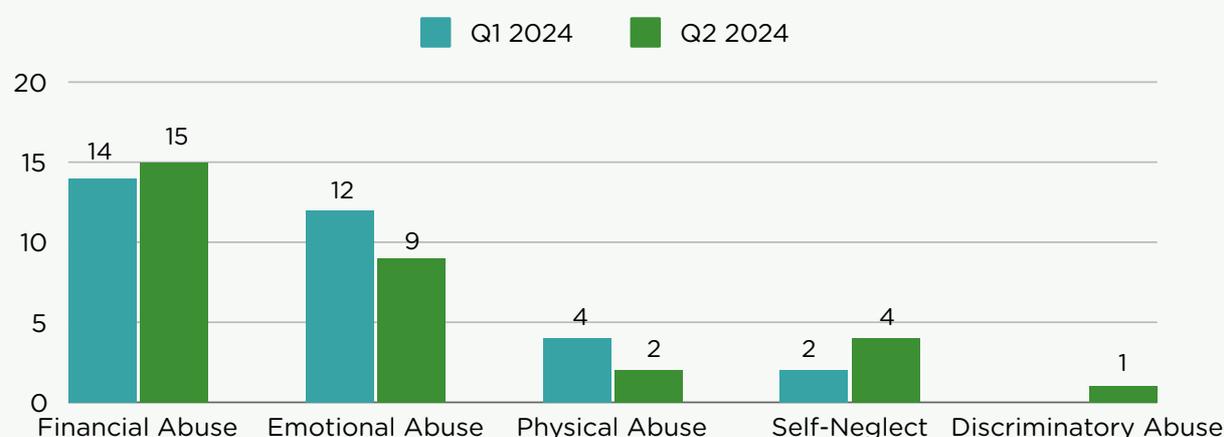


Figure 14: Safeguarding Issues by Type, Q1 2024 v Q2 2024

Overall, 21 cases were submitted to the adult team / ALONE staff for escalation, and where necessary, to the HSE Safeguarding Teams.

Issues of Concern

ALONEs detailed assessment highlights the ongoing challenges faced by older individuals in Ireland. Consistent with Q1 2024, Loneliness and Physical Health issues remain the most common concerns among older individuals supported by ALONE. This underscores the persistent need for interventions targeting social engagement and health.

Key issues identified in the Q2 2024 data include:

LONELINESS

Loneliness and long-term social isolation have consistently been highlighted in recent reports, with 6.6% of older individuals still experiencing persistent loneliness despite slight improvements last quarter. This issue is closely linked to declining mental and physical health, underscoring the need for targeted interventions. ALONE has proposed several policy measures, including a national loneliness strategy, research on its costs, a standardised measurement tool, a €5 million fund for proven interventions, enhanced social prescribing, a national awareness campaign, and support for a dedicated loneliness research center.



UTILITIES



Of the total number of people who received a personalised needs assessment in Q2 2024, 11% indicated problems with utilities. The overwhelming majority (92%) of this group are struggling with payments, arrears, or managing payment plans. This further indicates the prolonged impact of the cost-of-living crisis and the need for policy responses to support vulnerable individuals to manage and reduce utility cost.

PHYSICAL HEALTH CONCERNS AND HOUSING NEEDS



The rising incidence of Physical Health issues, such as falls, among older adults underscores the critical need for housing adaptations like bathroom modifications, ramps, and stair-lifts to enhance safety and accessibility, emphasising the importance of universal design in creating safer living environments. The persistent challenges with housing adaptations, particularly for mobility, highlight the importance of incorporating universal design principles.

MOBILITY

The increase of 5 percentage points in Mobility issues from the Q1 is a critical area of concern. It can be linked to an older person's ability to go out, socialise, and combat loneliness. Difficulties with mobility can often lead to challenges in navigating homes and public spaces, which can further isolate individuals and can significantly contribute to feelings of loneliness.



GROWING NEED FOR AUDITORY HEALTH SERVICES

The consistent increase in hearing issues among older adults highlights a growing demand for services focused on auditory health. This trend underscores the importance of providing comprehensive support for hearing impairments, including access to hearing aids and related interventions. Addressing these needs is essential for improving communication, reducing social isolation, and enhancing overall quality of life for individuals experiencing hearing loss.

Chapter 3: Delivering the ECC Objectives: ALONE Interventions

Strategic Added Value of the ALONE Model

Driving a Person-Centred Approach in the ECC Programme

During Q2 2024, ALONE provided a total of 11,515 new support interventions to 3,510 older people, averaging 3.3 interventions per person. Out of these, about 69% of interventions were completed with outcomes being met while only 6% were completed and the outcome was not met. The most common reasons for outcomes not met were that services were no longer required (40.4%), followed by disengagement of the older person (26.1%). Of note, gaps in service provisions accounted for 7.5% of interventions with unmet outcomes.

The breadth of support offered is demonstrated in Tables 11 and 12, which sets out the number of people assessed within each specific category and the interventions they received. As these tables show, support and befriending, physical health, mobility and housing were the most common interventions provided.

Furthermore, of the 2,767 individuals who were assessed, and identified a specific need in Q2 2024, 2,573 older people (93%) received some intervention from ALONE in the same period. When analysed by support need, the proportion who received an intervention ranged from 93.6% to 98.3% (Table 11). This indicates that ALONE is responsive to the needs of older people seeking support.

Area of Need	No. Assessed	No. Received Interventions	%
Loneliness	1,490	1,423	95.5
Physical Health	1,439	1,361	94.6
Mobility	984	930	94.5
Housing Issues	911	878	96.4
Personal Care	815	795	97.5
Finance	787	774	98.3
Mental Health	700	655	93.6
Social Prescribing	670	658	98.2
Safeguarding	27	26	96.3

Table 11: No. of Individuals Assessed within each category of need, No. of people who received an intervention within each category of need, % of those assessed who received an intervention, Q2 2024

As highlighted in previous reports, individuals expressing a particular need are not confined to a single type of intervention. ALONE's model offers flexibility, recognising that an older person may benefit from a combination of interventions tailored to their unique circumstances. This approach demonstrates ALONE's dedication to crafting support plans that address all aspects of an individual's needs, promoting holistic wellbeing and an enhanced quality of life.

For example, as Tables 11 and 12 show, 1,490 people were identified as being lonely by ALONE. Of those, 1,423 received an intervention in the quarter, with a total of 5,716 interventions provided to these individuals. These interventions encompassed all aspects of ALONE's work, from Housing to Personal Care, while 2,477 (43.3%) related to Support and Befriending and Social Isolation / Prescribing, a loneliness-specific intervention type. Similarly, out of the 1,439 individuals who were assessed in Q2 2024 as having a physical health need, 1,361 individuals received a total of 5,883 interventions in this period. Of those interventions, 1,364 (23.2%) related specifically to Physical Health and Mobility, with the remaining interventions addressing Support and Befriending, Housing issues, Legal and Financial Issues, Personal Care, and other areas.

Need Identified → Intervention ↓	Loneliness	Physical Health	Mobility	Housing Issues	Personal Care	Finance	Mental Health	Social Prescribing	Safeguarding
Housing	707	1,017	756	1,470	677	623	432	341	24
Support and Befriending	1,769	923	668	525	556	399	498	626	12
Physical Health and Mobility	784	1,364	1,033	728	699	520	452	397	16
Legal and Financial	605	807	532	615	490	1,230	357	325	14
Personal Care	624	741	522	528	948	402	418	341	23
Social Isolation / Prescribing	708	498	325	299	289	234	303	835	9
Emotional and Mental Health	363	337	197	209	237	177	531	259	6
Safety and Security	112	135	102	148	86	64	58	51	4
Technology	31	40	26	26	8	20	15	9	0
Safeguarding	13	21	15	22	15	14	28	21	44
Total No. of People*	1,423	1,361	930	878	795	774	655	658	26
Total No. of Interventions**	5,716	5,883	4,176	4,570	4,005	3,683	3,092	3,205	152

Table 12: No. of Individuals Assessed by Need Identified and Intervention Provided, Q2 2024

Note: *This Total refers to the number of people who were assessed in Q2 2024 and indicated a particular need.

**This is the total of all interventions received by all people assessed in Q2 2024 and indicated a particular need



ALONE: The Critical Link between Older People and Services

A central focus of ALONE's model is connecting community and acute services, to facilitate collaboration among all groups to meet demand. It is strategically designed to bridge the gap between various agencies and services, positioning ALONE as a vital link in the continuum of care.

As shown in Table 13, external agencies were the primary source of referrals during the quarter, underlining ALONE's crucial role in connecting individuals with essential services. Approximately two-thirds of referrals in Q2 2024 were by external agency sources, consistent with the previous quarter.

Referral Type	Q1 2024		Q2 2024	
	No.*	No.*	No.*	%
External Agency	2,501	66.3	2,494	66.3
Internal Referral	358	9.5	268	7.1
Public (Friend/Family)	517	13.7	527	14.0
Secondary Sláintecare Referral	18	0.5	19	0.5
Self	721	19.1	765	20.3
Total	3,774		3,760	

Table 13: Referral Type, No., %, Q1 2024 v Q2 2024

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



Among the individuals referred by named External Agencies (n=1,975) in Q2 2024, more than two-fifths were referred to by HSE Community Care Teams consisting of primary health care centres, community intervention teams, community nurses, and day care centres. Approximately, one-third were referred by hospitals across the country. As Table 14 shows, the top four referral agencies—HSE Community Care Teams, hospitals, GPs, and ICPOP—remain consistent with Q1. This highlights how ALONE’s model has become deeply embedded in the ECC programme, establishing ALONE as an essential partner within these key services.

	External Referral Agency	No.	%
1.	Community Care Team	908	46.0
2.	Hospital	654	33.1
3.	GP	138	7.0
4.	ICPOP	126	6.4
5.	Charitable Organisation	95	4.8
6.	Mental Health Team	68	3.4
7.	Local Authority	25	1.3
8.	Local Development Company	18	0.9
9.	Family Resource Centre	13	0.7
10.	Home Care Provider	11	0.6
11.	Memory Clinic	10	0.5
12.	Nursing Home	8	0.4
13.	Day Care Centre	6	0.3
14.	Safeguarding Team	6	0.3
15.	Social Worker	6	0.3
16.	Hospice	3	0.2
17.	Voluntary Organisation	3	0.2
18.	Physiotherapist	2	0.1
19.	Social Prescriber	2	0.1
20.	Bus Transport Services	1	0.1
21.	Cancer Support Centre	1	0.1
22.	Community Centre	1	0.1
23.	Respiratory Specialist	1	0.1
24.	Trade Union	1	0.1
25.	Unknown/Unnamed Agency	956	

Table 14: External Referral Agencies, Q2 2024

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

‘Charitable Organisations’ includes national organisations such as the Alzheimer’s Association of Ireland, the Simon Communities, Vision Ireland and more specialised and/or local-level groups.

A further 956 people were referred to ALONE in Q2 2024 however data is currently unavailable as to referral source.

ALONE's partners include Government and State agencies, national advocacy organisations, community-based networks providing a range of services, from healthcare (e.g., GPs, Public Health Nurses, mental health services, hospital discharge teams) to financial support (e.g., Money Advice and Budgeting Service ([MABS]) and charitable organisations (e.g., Alzheimer's Association). This collaborative approach allows ALONE to function as a central hub, where ALONE Support Coordinators align the specific needs of older individuals identified through their assessment, with the appropriate support offered by ALONE and its partners.

In Q2 2024, 5,932 interventions relied on the partnerships developed by ALONE, accounting for 51.5% of the total interventions (Table 15). Nearly a quarter (n = 1,448, 24.4%) involved accessing State supports, reflecting an increase from Q1 2024. These included securing funding through various grants and schemes, such as adaptation grants for people with disability, housing aid for older people, the senior alert scheme, energy credits, and various allowances (e.g., carers allowance/benefits, disability, pensions).

More than 1 in 5 interventions (23.1%, n=1,371) involved accessing social supports. These supports included providing information and/or arranging for older individuals to attend local community group/one-off events, offering support and befriending partnerships, and facilitating¹¹ contact with family and friends. This assistance aligns with the HSE Social Prescribing Framework and the Integrated Model of Care for the Prevention and Management of Chronic Disease in older people.¹²

Approximately, 22.9% (n=1,356) involved ALONE's healthcare partners, including occupational therapists, addiction services, consultants, GPs, and pharmacies. This proportion is consistent with the previous quarter, reflecting a steady demand for these services. Additionally, 5.5% (n= 328) of these supports involved ALONE advocating for older people regarding physical health issues. This advocacy included seeking additional support from GPs, requesting additional help, and negotiating hospital discharge, depending on the individual's needs.

	Q1 2024		Q2 2024	
	No.	%	No.	%
Access State Supports	1,375	19.8	1,448	24.4
Access Social Supports	1,709	24.7	1,371	23.1
Access Physical Health Supports	1,586	22.9	1,356	22.9
Access Financial Supports	553	8.0	397	6.7
Access Charitable Supports	427	6.2	331	5.6
Advocate re Physical Health	497	7.2	328	5.5
Access Personal Care Supports	214	3.1	261	4.4
Access Housing	239	3.4	210	3.5
Access Transport	135	1.9	85	1.4
Access Legal Support	84	1.2	72	1.2
Access Mental Health Supports	91	1.3	65	1.1
Access Training	22	0.3	8	0.1

Table 15: Partner Supports, No. and % of Interventions, Q1 2024 v Q2 2024

¹¹ [HSE Social Prescribing Framework](#)

¹² [215879_HSE_National framework Integrated Care.indd](#)

Maximising Impact: The Financial and Social Value of Volunteers in the ALONE Model

Volunteers are essential to the delivery of ALONE's services and supports, particularly ALONE's Visitation and Telephone Support and Befriending services.

The financial value of volunteers within the ALONE model is infinite. They greatly expand the reach and impact of ALONE's services by dedicating countless hours of support to older individuals in need. This dedication results in significant cost savings, allowing resources to be allocated more effectively for those requiring assistance. Beyond financial benefits, volunteers contribute a wealth of skills, compassion, and a genuine connection to the communities they serve. Their commitment not only enhances the effectiveness of ALONE's interventions but also fosters a sense of community and solidarity among older individuals, promoting overall wellbeing.

By the end of June 2024 there were 7,693 volunteers engaged with ALONE. As Table 16 shows, the number of volunteers increased steadily each month in Q2 2024 across all areas.

Volunteers - YTD ever engaged	April	May	June	% Change
HSE West and North West	1,282	1,253	1,343	4.8
HSE Dublin and North East	1,841	1,949	1,926	4.6
HSE Dublin and Midlands	1,445	1,438	1,509	4.4
HSE Midwest	570	601	616	8.1
HSE Dublin and South East	1,435	1,517	1,502	4.7
HSE South West	764	774	797	4.3
Total	7,337	7,532	7,693	

Table 16: Volunteers - YTD engaged (ever), by month, Q2 2024

Moreover, volunteers engaged in 27,592 Visitation and Befriending visits and 53,171 Telephone Support and Befriending calls across the quarter. Information on the number of active volunteers and visits provided by RHA and the quarter is provided in Table 17, while Table 18 below offers a breakdown of the number of calls per month in the quarter.

Visitation & Befriending - Individual engagements (visitations)	April		May		June	
	Volunteers	Visits	Volunteers	Visits	Volunteers	Visits
HSE West and North West	416	1,664	423	1,692	455	1,820
HSE Dublin and North East	589	2,356	602	2,408	564	2,256
HSE Dublin and Midlands	481	1,924	444	1,776	462	1,848
HSE Midwest	190	760	191	764	190	760
HSE Dublin and South East	389	1,556	417	1,668	417	1,668
HSE South West	220	880	221	884	227	908
Total	2,285	9,140	2,298	9,192	2,315	9,260

Table 17: Visitation Support and Befriending, by Volunteers, No. of Visits, and RHA, by month, Q2 2024

Telephone Support & Befriending Calls	April	May	June
HSE West and North West	4,107	3,917	3,692
HSE Dublin and North East	5,470	6,153	4,884
HSE Dublin and Midlands	2,913	2,818	2,572
HSE Midwest	901	903	791
HSE Dublin and South East	2,878	2,980	2,519
HSE South West	2,060	1,945	1,668
Total	18,329	18,716	16,126

Table 18: Telephone Support and Befriending Calls by RHA, by month, Q2 2024

In addition, Table 19 sets out the total number of hours contributed by ALONE volunteers per RHA each month in Q2 2024. Overall, ALONE volunteers contributed 71,830 hours of support in the quarter. These figures illustrate the tremendous contribution volunteers provide to ALONES services, highlighting their crucial role in ensuring consistent and meaningful support is provided to older people.

Active Volunteers and Volunteer Hours	April		May		June	
	Volunteer	V. Hours	Volunteer	V. Hours	Volunteer	V. Hours
HSE West and North West	512	4,136	509	4,096	543	6,354
HSE Dublin and North East	671	5,464	678	5,536	634	4,689
HSE Dublin and Midlands	557	4,560	510	4,200	532	3,995
HSE Midwest	220	1,776	218	1,752	215	4,453
HSE Dublin and South East	453	3,680	493	4,032	481	4,374
HSE South West	255	2,088	259	2,120	264	4,525
Total	2,668	21,704	2,667	21,736	2,669	28,390

Table 19: No. of Volunteers, Volunteer Hours, by RHA, by month, Q2 2024

Although the financial value attributed to volunteers extends far beyond traditional metrics, in 2018, the Charities Regulator commissioned a report from Indecon on the Social and Economic Impact of registered charities. In calculating the estimated value of volunteering in charitable organisations, Indecon used both the National Minimum Wage (NMW) and Average Hourly Earnings to achieve a range.¹³ Using this methodology, the total contribution of active ALONE volunteers in Q2 2024 ranged from €912,241 (NMW) to €2.14 million (Average Hourly Earnings).

¹³ Registered Irish Charities - Social and Economic Impact Report 2018 (charitiesregulator.ie)

Building Capacity for Delivery

ALONE is committed to enhancing and expanding the capacity for delivering the ECC programme by developing a strong ICT infrastructure, investing in advanced research and evaluation capabilities, and engaging in campaigning and advocacy efforts.

Building a Robust ICT Infrastructure

In Q2 2024, ALONE continued to advance its ICT infrastructure developments, responding to strategic shifts and regulatory changes.

Key initiatives and progress made during this period include:

- Enhancing CRM, reporting and mobile application systems to support ALONE service transition from CHOs to RHAs. This work is ongoing and will continue into late 2024.
- Additionally, the ICT Team is preparing for the NIS2 framework, which aims to strengthen cybersecurity across the EU. Effective from Q3 2024, NIS2 requires organisations to have a compliance plan by Q1 2025. ALONE, as a service provider to the HSE, is likely to fall under this framework, which involves legal requirements and potential sanctions for non-compliance.

Additionally:

01

The ALONE ICT Team has been bolstered by new hires, filling CRM staff vacancies and establishing a new Tech Service Lead role.

02

Ongoing enhancements to the Tech Support ticketing system and processes have been implemented, ensuring better alignment with ALONE's change and project management model.

03

Significant upgrades to the mobile device management model are in progress, aimed at improving staff onboarding, securing remote work, and supporting the expanded volunteer workforce.

04

The activation of a mobile device management solution has commenced, greatly enhancing the administration and support of ICT equipment for predominantly remote staff while elevating security threat and vulnerability management.

These developments reflect ALONE's commitment to leveraging technology to enhance operational efficiency, security, and service delivery to support older people in their homes and communities.

Developing Research and Evaluation Capacity

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

Key milestones in Research and Evaluation for Q2 2024 include:



01 Taking a leading role in reconfiguring ALONE's IT and reporting systems to align with the new HSE RHA areas.



02 Improving staff dashboards and reports based on feedback from a working group of Support Coordinators, which has enhanced both efficiency and data quality.



03 Continuing to support ALONE services in monitoring ECC-funded initiatives and deriving critical insights from the organisation's data.



04 Hosting the third steering group meeting for ALONE's impact assessment, with input from older people and volunteers. By the end of Q2 2024, 181 older individuals had completed baseline assessments, and 228 referrers had participated in an online survey regarding their referral experiences.



05 Designing and conducting ALONE's annual postal and online feedback survey, with data collection scheduled to conclude by mid-July 2024.



06 Submitting a funding application to facilitate the coordination of a National Loneliness Research Network, aimed at developing evidence-based solutions to combat loneliness in Ireland.

Communications Q2 2024

Loneliness Taskforce Launch



ALONE launch
Loneliness Taskforce powered by ALONE

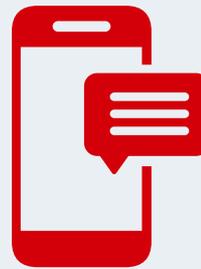
Joint Oireachtas Committee on Health



ALONE attend Committee
in Leinster House

Joint Oireachtas Committee on Social Protection, Community and Rural Development and the Islands

Texts To Older People



ALONE sent 6,000
check in texts to
older people in Q2

ALONE media in Q2 2024

Regional Print: 131
Regional Radio: 64
Online: 38
National print dailies: 4
National Radio: 4
Press Releases: 7
TV: 3
Magazine: 2



Newsletter Readership



ALONE send newsletters every month
to Partners, Staff and Volunteers

Delivering on the ECC Objectives

The HSE National Service Plan (2024) includes a focus on "Services for Older Persons," comprising investments in day care, home support, and community supports through partnerships with voluntary organisations, aimed at enabling older individuals to continue living at home.

This report demonstrates how ALONE continues to fulfil its agreed objectives with the HSE within ECC Programme as follows:

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

ALONE continues to play a leadership role in the CIN¹⁴ to develop and manage this multi-faceted membership network. As of June 2024, ALONE's CIN membership had 172 member organisations, supporting 34,877 older people nationwide.

In Q2 2024, ALONE's CIN welcomed eight new organisations into the network, providing indirect support to 690 older people. Some of the new members included Croom Family Resource Centre, Cork Deaf Association, Tuath Housing, Liberties and Rialto Home Help Services, Foróige, and Dublin Rape Crisis Centre.

The CIN collaborates with a broad range of organisations. Table 20 provides a snapshot of CIN engagement across Q2 2024. During Q2, ALONE provided training to six CIN Member Organisations with 101 attendees and supported 91 CIN Member Organisations with CIN resources. ALONE also provided training to two affiliated organisations:

- **SSE Airtricity:** The CIN delivered a module on "Communication Styles and Dealing with Challenging Calls" to SSE staff. In exchange, SSE trained CIN staff on energy savings and helping older people access entitlements. This training will be offered to CIN members and older people in the autumn.
- **Dundalk IT (Social Care Students):** CIN taught modules on "Safeguarding," "Supporting Older Persons with Mental Health," and "Boundaries Training" to 4th-year Social Care students.

¹⁴ 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.

CIN	April	May	June
CIN New Members	2	2	4
Older People Supported Indirectly	240	310	140
CIN Training			
CIN Training Sessions	4	0	2
CIN Member Attendees	70	0	31
CIN Networking			
CIN Network Activities Hosted	12	11	0
CIN Member Attendees	60	129	0
CIN Resources			
CIN Organisations Supported	37	49	5

Table 20: CIN Engagement, by month, Q2 2024

The CIN team, alongside the ALONE services team, has been actively promoting ALONE services through various events. A key event this quarter was the ALONE CIN Conference, "Collaborating - Our Collective Responsibility," held on May 23 at St. Patrick's College, Maynooth. The conference, which aimed to unite stakeholders for learning and networking, drew over 120 attendees, including 78 in person from 43 organisations and more than 40 online, showcasing CIN's success in engaging key stakeholders.

In Q2 2024, nine organisations received Digital Champion training, resulting in 98 Digital Champions who potentially supported 188 older people in their community. This training aims to enhance the digital skills of older adults, fostering greater independence and connectivity (see Table 21).

One of the participants, who is a TY Tutor (2023/24), shared their experience:

“

We all really enjoyed all our visits to the nursing home. I know that the residents really enjoyed seeing the young faces. Some of the family members I met all spoke very positively about the students visiting their relatives. It was a real fun experience for everyone involved. I believe we all grew - students, staff, residents, and myself - from the many activities that we took part in over the three weeks. Thank you for all your support. I really feel that going forward the digital champions programmes would benefit our future TY students.



Hi-Digital Training	April	May	June
Digital Champion (DC) Training	85	2	11
No. of organisations who received D.C training	5	2	2
Number of Digital Champions Trained (external)	5	2	11
Potential Number of older people to receive HD support	100	80	8

Table 21: Digital Champion Training, by month, Q2 2024

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

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

As mentioned previously, 3,773 individuals were newly supported by ALONE in Q2 2024, which is similar to the previous quarter. This suggests that the numbers are stabilising, as the project enters its third year and continues to mature. It also reflects trust in ALONE and its dedication to offering a range of tailored supports that help older people live independently and enhance their quality of life.

ALONE provided 11,515 new support interventions to 3,510 older people in Q2 2024. Housing continues to account for the highest proportion of interventions made by ALONE, with almost 1 in 5 (18.5%) of all interventions relating to housing. The focus on housing adaptations, especially when linked with physical health and mobility needs and interventions, raises serious concerns about the health and wellbeing of older individuals. This is particularly noteworthy when considering that the older people receiving support from ALONE are less likely to be homeowners in comparison to the broader population. It also raises concerns for ALONE regarding the wellbeing of older individuals, particularly in the context of the private rented sector.¹⁵

Of note, ALONE is preparing to launch the Housing with Support Demonstrator Project: Richmond Place, Inchicore, in collaboration with Circle VHA, HSE, and Dublin City Council. This initiative will showcase a model of universal design housing with 24/7 care and support staff on-site, offering an alternative housing choice for those who need it. This project will enhance the provision of housing for older persons, addressing the critical need for secure and supportive living environments.

¹⁵ Explored in more detail in our research with Threshold - [Threshold Alone Report.indd](#)

Following Housing interventions, Support and Befriending interventions (18.5%) and Physical Health and Mobility (16.8%) were significant areas of support provided by ALONE, similar to Q1 2024 (Figure 15).

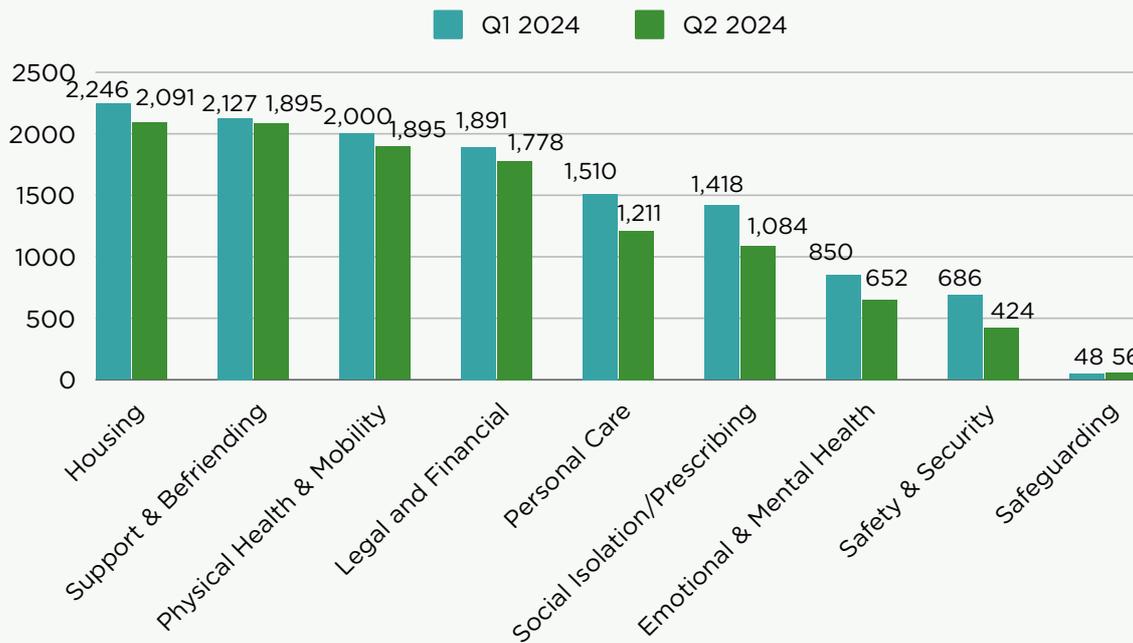


Figure 15: Interventions by Type, Q1 2024 v Q2 2024



With Loneliness being a prevalent concern in older people, ALONE's social supports (both Support and Befriending and Social Isolation/Prescribing Services) continue to form a significant part of ALONE's interventions, accounting for 28% of all new interventions provided in Q2 2024. These supports are further strengthened by the invaluable contributions of their volunteers who conducted 71,830 visits to older people and made 53,171 calls in the quarter.

Table 22 presents the proportion of these interventions delivered by ALONE between Q1 2024 and Q2 2024. The data suggests a stable demand across various types of support, with Housing, Social Support, and Physical Health and Mobility being consistently high-priority areas.

Type of Interventions	Q1 2024		Q2 2024	
	No.	%	No.	%
Housing	2,246	17.6	2,091	18.5
Support and Befriending	2,127	16.6	2,083	18.5
Physical Health and Mobility	2,000	15.7	1,895	16.8
Legal and Financial	1,891	14.8	1,778	15.8
Personal Care	1,510	11.8	1,211	10.7
Social Isolation / Prescribing	1,418	11.1	1,084	9.6
Emotional and Mental Health	850	6.7	652	5.8
Safety and Security	686	5.4	424	3.8
Safeguarding	48	0.4	56	0.5

Table 22: No. of Interventions by Type and %, Q1 2024 v Q2 2024

ALONE is committed to innovation in the aged care sector and has pioneered the use of Assistive Technology to support ageing in place. In Q2 2024, Technology was part of 1,437 interventions supporting 909 people. Integrating technology across intervention types has allowed ALONE to demonstrate the ways in which this type of innovation can support older people at various levels.



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

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

As this report illustrates, over half of the interventions (51.5%, n=5,932) provided in Q2 2024 relied on partnerships developed by ALONE (Table 15). Nearly a quarter of these interventions (n = 1,448, 24.4%) involved accessing State supports, reflecting an increase from Q1 2024. These supports included securing funding through various grants and schemes, such as adaptation grants for people with disability, housing aid for older people, the senior alert scheme, energy credits, and various allowances (e.g., carers allowance/benefits, disability, pensions). These supports directly impact the health and wellbeing of older people, as financial stability and access to necessary resources contribute significantly to their overall quality of life.

Additionally, 45.9% of these interventions involved accessing social supports (23.1%, n=1,371) and physical health supports (22.9%, n=1,356). This involved collaboration with ALONE's partners to access social supports such as local events and community groups, and physical health supports such as GP/PHN assessment, counselling supports, and addiction support services.

Similar to Q1 2024, almost two-thirds of the older people were referred to ALONE by external agencies in Q2 2024 (Table 13). Community Care Teams accounted for almost half of these and included Health Centres, Primary Care Teams, Regional General Nurses, and Community-based Occupational Therapists. This was followed by hospitals, including discharge teams who link in with ALONE's services to support the transition from hospital to living at home. ALONE also partners with ICPOP teams (6.4% of external referrals in Q2 2024) to provide a comprehensive and integrated suite of supports to older people. Although the proportion of charitable organisations who refer older people to ALONE is relatively small, they range from organisations supporting people who are homeless, organisations supporting people with brain injuries, Meals on Wheels, the Irish Wheelchair Association, the Alzheimer's Association, domestic violence charities, carers' organisations, and charities supporting people with sight loss (Table 14).

The second most common referral pathway in Q2 2024 was older people self-referring, while Public (family/friends) was the third most common referral pathway. This continues to demonstrate the trust the public have in ALONE's reputation for providing a comprehensive support service.

Through its assessment process, ALONE was able to identify the specific needs of older people referred to its services in Q2 2024. Of the 2,767 individuals who were assessed and identified a specific need in the quarter, 93% received some intervention from ALONE in the same period.

By facilitating timely access to ALONE's community-based services, ALONE supports the prevention of unplanned hospital admissions among older adults. This proactive approach can enhance the quality of life for older adults and alleviate the strain on emergency care resources. As indicated earlier, a high proportion of those assessed went on to receive an intervention to meet their needs in that period, which suggests that ALONE's assessments are identifying areas where support provided by ALONE and its network can add real value. This also indicates that ALONE is progressing towards this objective by responding to the needs identified in the comprehensive assessment and providing tailored supports (see Annexure A: Key Themes in ALONE Interventions).

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

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

As this report illustrates, the data gathered by ALONE through the assessment process can identify the emerging needs of older people across Ireland. In addition to new assessments and interventions, there are a significant number of older people to whom the service provides ongoing and consistent support. In Q2 2024, 11,462 older people who had been supported by ALONE prior to the beginning of the quarter remained active, with 84.1% (n=9,639) being actively supported with their interventions, while others were awaiting assessment, waiting to be matched with an alternative Support and Befriending Service, or waiting to be matched or re-matched with an ALONE volunteer. Further details on the ongoing work have been provided in Annexure B: Ongoing Engagements. ALONE's substantial support for older people in Q2 2024, with 11,462 individuals remaining active from previous quarters, highlights the organisation's commitment to ongoing support. By closely monitoring the progression of these individuals over time, ALONE can identify trends such as the increased need for support among older women and those aged 71-90. This data-driven approach allows ALONE to proactively address emerging gaps in services, ensuring that interventions are timely and tailored to the specific needs of these groups.

This report offers a comprehensive overview of the data across all six RHAs for Q2 2024. As highlighted in Table 23, Loneliness emerged as the most prevalent issue in all regions, except for the HSE Midwest and West and North West regions, where Physical Health was the most frequently reported concern. Notably, Physical Health ranked as the second most common challenge in the other areas. Beyond this, significant regional differences were observed in the challenges faced by older people. Personal care was the third most common issue in the HSE Dublin and Midlands and Midwest region, Social Prescribing needs were higher in the HSE Dublin and North West region, mobility was a major concern in the Dublin and Southeast region, financial difficulties were more pronounced in the Southwest, and housing issues ranked as the third most common concern in the West and Northwest region.

	HSE Dublin and Midlands	HSE Dublin and North East	HSE Dublin and South East	HSE Midwest	HSE South West	HSE West and North West
Loneliness	254	264	259	132	242	338
Physical Health	198	210	232	148	240	410
Mobility	146	150	162	94	159	273
Housing Issues	139	123	142	80	144	282
Personal Care	159	104	126	105	110	211
Finance	139	157	91	64	184	152
Mental Health	134	90	128	75	81	192
Social Prescribing	120	165	120	53	97	115
Safeguarding	4	8	4	2	4	5

Table 23: Issues emerging during Assessment, No. of People, by RHA, Q2 2024

Note: The figures represent the specific issues reported by individuals and may not reflect a unique count of individuals, as individuals may experience issues in multiple areas.

This analysis will help ALONE to identify shifts in service demand, highlight areas where services might be underutilised, and inform the development and strengthening of services and partnerships to better meet the evolving needs of older individuals across various regions. As previously noted, since the transition to RHAs is relatively new, ALONE will be closely monitoring and analysing trends across different regions across 2024 and 2025.



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 Q2 2024, ALONE's volunteer contribution was substantial with an estimated value ranging from €912,241 to €2.14 million. The total number of volunteers engaged with ALONE at the end of Q2 2024 were 7,693. This resulted in 27,592 Visitation and Befriending visits and 53,171 Telephone Support and Befriending calls across the quarter. The volunteer network also enabled 5,979 calls to be taken by the NSRL supporting 3,069 individuals by the end of June 2024. Additionally, a total of 1,958 check-in calls were made between older individuals and volunteers. These calls play a crucial role in maintaining regular contact, providing practical and emotional support, and ensuring the well-being of older people.

This robust volunteer engagement is particularly timely as the HSE started to transition from CHOs to RHAs during the quarter. ALONE quickly adapted to these changes, reconfiguring its operational structure, updating IT systems, and reallocating staff to align with the new RHAs. The effectiveness of these adaptations is reflected in ALONE's ongoing use of technology to enhance support.

As previously noted, technological supports were a key component of 1,437 interventions in Q2 2024 (13%), in support of 909 people across seven different intervention areas (Figure 16). Most often, technology needs related to physical health, and focused on the provision of assistive devices, remote monitoring tools, and digital platforms that facilitate communication and health management. The integration of these technological supports not only enhances the quality of care but also helps reduce isolation by enabling better connectivity with healthcare providers and loved ones.

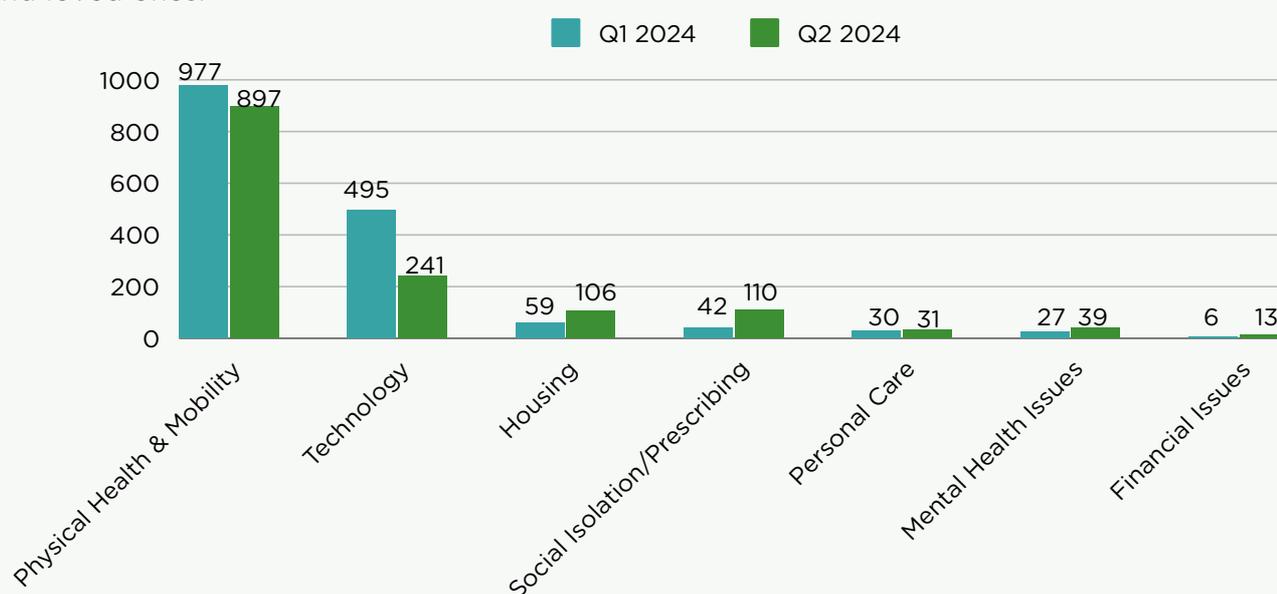


Figure 16: Technology Interventions by Intervention Area, Q1 2024 v Q2 2024

Note: Technology, including both general technology support and assistive technology, was removed as a category from the assessment form in Q2 2024, with related needs now being recorded under one of the other six categories

Assistive technology supported older people across:

PHYSICAL HEALTH

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



MENTAL HEALTH

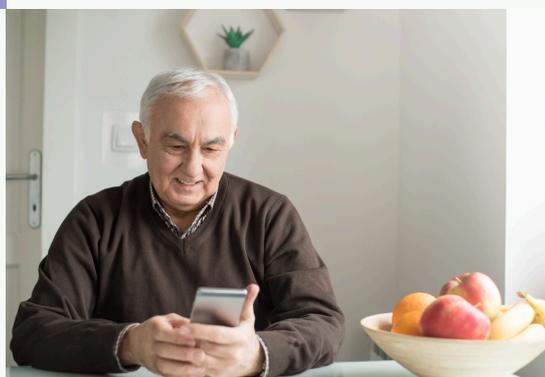
Mental Health, to support older adults with cognitive decline or dementia, depression or anxiety. Supports here may include facilitating reminder systems, medication management, and wellbeing supports.

HOUSING

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

PERSONAL CARE

Personal Care, to provide reminder systems, support healthy sleep habits, and to access other supports online.



FINANCE

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

SOCIAL ISOLATION AND PRESCRIBING

Social Isolation and Prescribing, which supports greater social inclusion for those who may not be able to leave their home at the present time, and to provide peace of mind through greater security.

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

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

As outlined previously in Table 13, external referrals accounted for one-third (66.3%) of the total referrals, underlining ALONE's commitment to building strong alliances within the healthcare sector and broader community to promote health and wellbeing among older persons. Furthermore, among the individuals referred to by named External Agencies (n=1,975) in Q2 2024, more than two-fifths (46%) were referred to by HSE Community Care Teams consisting of primary health care centres, community intervention teams, community nurses, and day care centres. Around one-third were referred by hospitals across the country (Table 15). This demonstrates the strong relationship between ALONE and the healthcare sector at both primary and acute levels to deliver age-friendly care and enhance the overall health and wellbeing of older people.

Moreover, the diverse community-based and charitable organisations that refer older people to ALONE are enhancing the coordination of services and supports. This helps to reduce duplication and promote sectoral consolidation. ALONE's collaboration with CIN and its broad network of member organisations further supports this alignment, collectively addressing the complex needs of older individuals. By being an active member of this network, ALONE not only contributes to the collective effort, but also gains valuable insights that drive ongoing improvement and innovation in its service delivery.



Areas for Attention

Many key areas needing focused attention have been established to better address the needs of older individuals. These areas will be crucial for future initiatives aimed at enhancing the wellbeing and quality of life of older people in our communities. They also reflect the social, personal, physical and mental wellbeing challenges that older adults face.

01

Addressing Housing, Physical Health and Mobility Support Needs

Housing, Physical Health and Mobility remain significant areas of concern for older adults with strong interconnections among them. This underscores the necessity for targeted interventions to enhance home safety and accessibility, particularly for those in the private rental sector. Effective solutions include initiatives focused on housing modifications and accessibility improvements. To address these challenges comprehensively, a more integrated approach to service delivery is required, connecting housing, physical health, and financial support to meet the holistic needs of older individuals.

02

Enhancing Technological Integration

Technological support is vital for improving physical health, housing, and social inclusion among older people. In Q2 2024, most technological interventions focused on physical health, such as assistive devices, remote monitoring tools, and digital health platforms. To maximise the benefits of these technologies, ALONE should continue to expand training for both staff and older adults, ensuring that assistive technologies remain accessible, up-to-date, and effectively integrated into daily life. Ongoing innovation and effective integration of new technologies are essential to meet the evolving needs of older individuals and enhance their overall health and wellbeing.

03

Addressing Regional Disparities

The HSEs shift transition from CHOs to RHAs demanded swift adaptation by ALONE, but it also highlighted significant regional variations in the needs of older individuals. For instance, some regions are experiencing higher demands for services related to social isolation, physical health, housing, and mental health. ALONE needs to continue to monitor the need and tailor its services and resource allocation to address these specific regional needs effectively, ensuring that areas with higher demand receive an adequate level of support.

04

Loneliness and Community Engagement

Loneliness remains a major concern among older people, with nearly 28% of all new interventions in Q2 2024 addressing social isolation through ALONE's services. Volunteers play a crucial role in combating loneliness by providing essential practical and emotional support through regular visits and calls. Community organisations also contribute significantly by fostering social connections and support networks. To enhance these efforts, expanded community engagement initiatives are needed.

By focusing on these key areas, ALONE can enhance its service delivery, address emerging needs, and further its mission of improving the quality of life for older individuals across Ireland.

Conclusion

As Ireland's population continues to age, the issues of loneliness, inadequate housing, and health concerns among older individuals have become more pronounced. This report highlights ALONE's pivotal role in addressing these challenges and improving the health and wellbeing of older people in Ireland in alignment with the objectives of the ECC Programme. By maintaining a person-centered approach, ALONE remains dedicated to supporting independent living and advancing integrated care practices.

ALONE's comprehensive services span a broad spectrum, from providing impactful support and befriending services and housing support to addressing physical and mental health needs and facilitating community engagement. The organisation's strategic partnerships and collaboration with healthcare providers and social support organisations enable a robust network that amplifies its reach and effectiveness.

Key deliverables include the substantial volunteer efforts, valued at up to €2.14 million, which are crucial for maintaining contact, and providing emotional and practical support to older people. Furthermore, ALONE's technological interventions, including assistive technologies, have been pivotal in enhancing physical health, housing safety, mental health, and overall quality of life for older people.

As an integral part of the ECC programme, ALONE's model ensures that older individuals have access to a wide array of services designed to improve physical and mental health, enabling them to age in place with a greater quality of life. Through ongoing service provision and the extensive utilisation of its volunteer network, ALONE significantly contributes to the ECC Programme's goals, fostering a healthier, more resilient ageing population in Ireland. This commitment to service excellence and innovation positions ALONE as a vital contributor to enhancing the quality of life for older adults nationwide.



Annexure A: Key Themes in ALONE Interventions

A key strength of the ALONE model is that it allows for a holistic support plan to be put in place, which takes account of the overall needs of an older person. This comprehensive approach is underlined by the diverse range of interventions offered, each designed to address the multifaceted needs of the older person. ALONE recognises that the needs of older people are varied and complex. Thus, in response ALONE offers a range of interventions, ensuring a nuanced and individualised support system. The interventions include:



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



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



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



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



Social Isolation/Prescribing to promote community engagement and activities;



Emotional and Mental Wellbeing to reduce difficulties and assistance with obtaining specialised support;



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



Technology to enhance the quality of life for older people;



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

Annexure A presents the breakdown of key themes in the ALONE interventions' dataset in Q2 2024.

A1: Housing

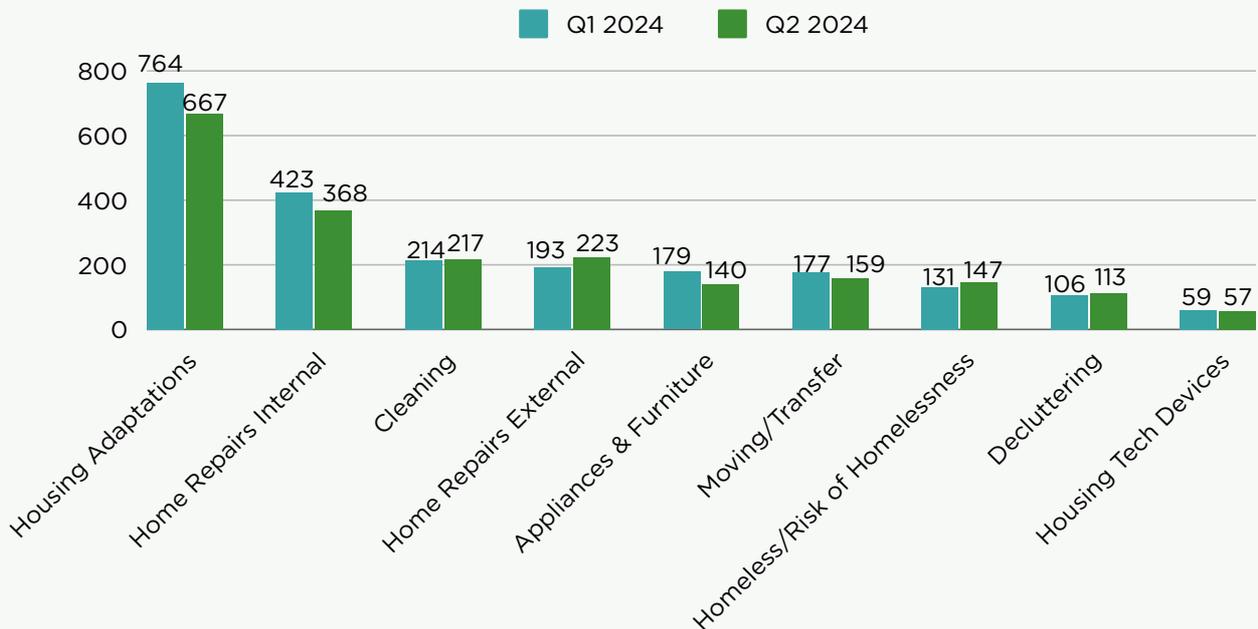


Figure 17: Housing Interventions by Type, Q1 2024 v Q2 2024

A2: Support & Befriending

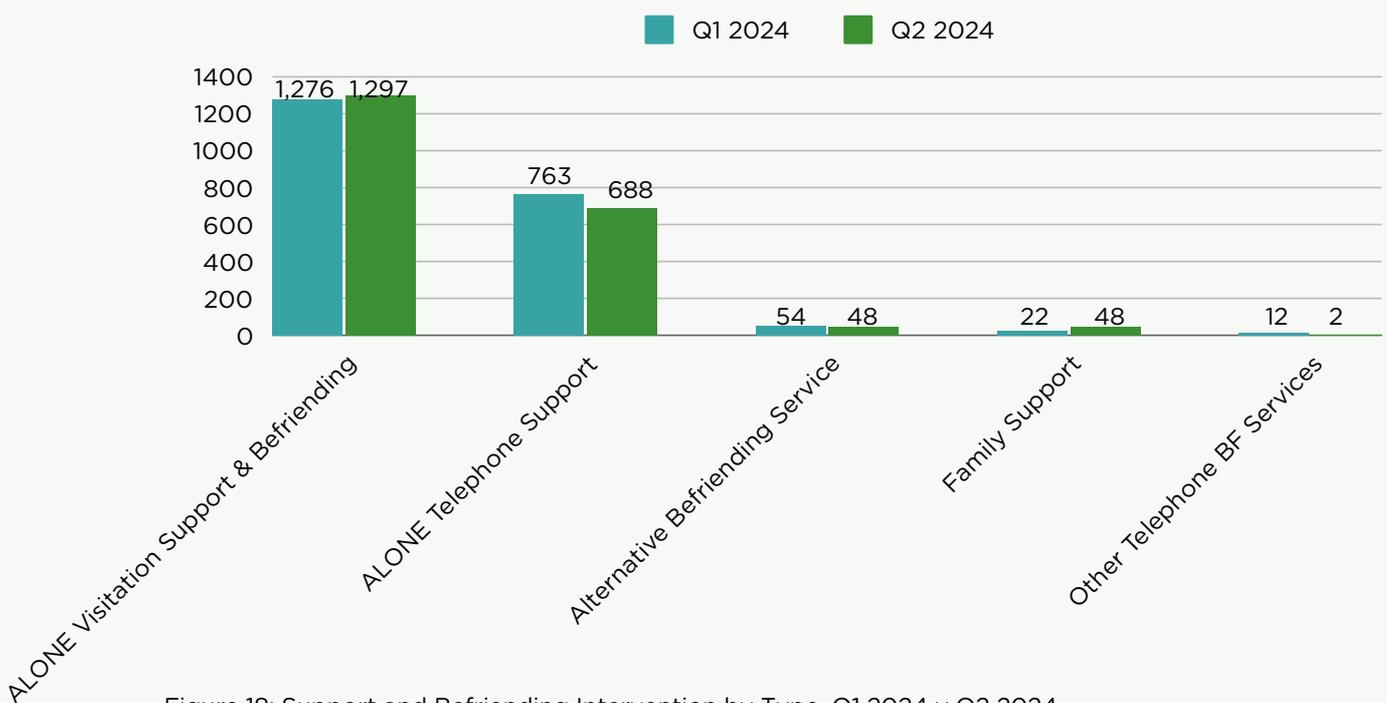


Figure 18: Support and Befriending Intervention by Type, Q1 2024 v Q2 2024

A3: Physical Health & Mobility

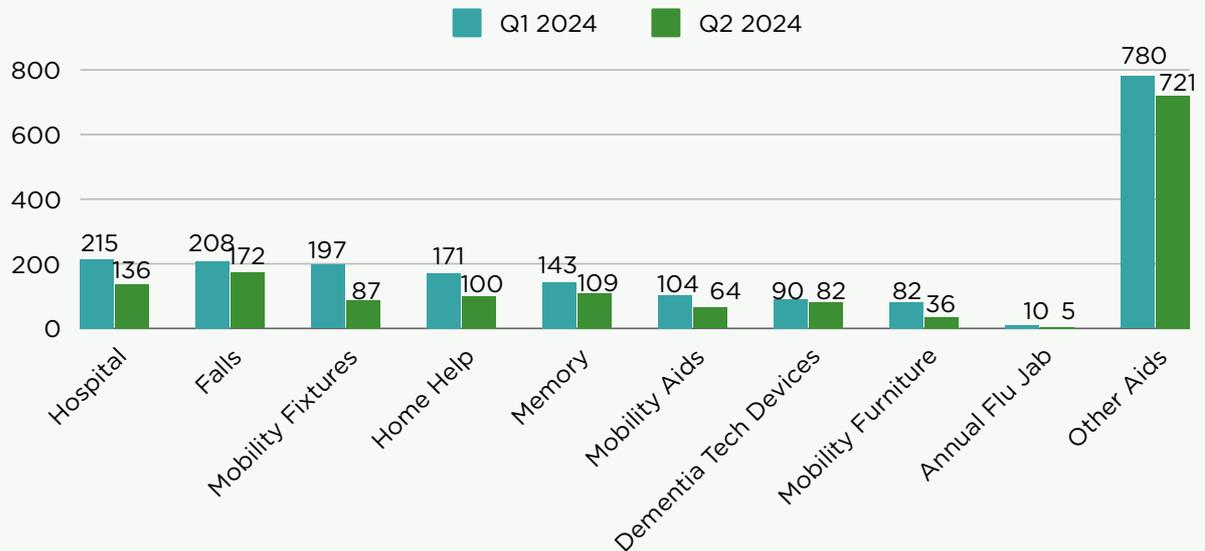


Figure 19: Physical Health and Mobility Interventions by Type, Q1 2024 v Q2 2024

A4: Legal and Financial

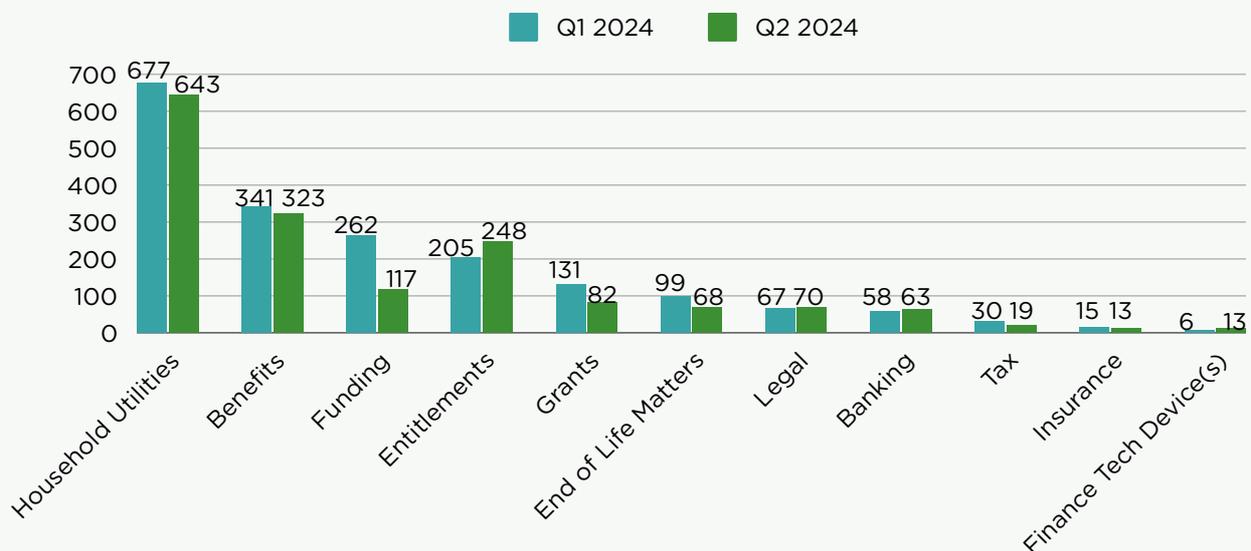


Figure 20: Legal and Financial Interventions by Type, Q1 2024 v Q2 2024

Note: Data on Practical Supports COVID-19 and Struggling Financially for Q1 2024 is unavailable.

A5: Personal Care

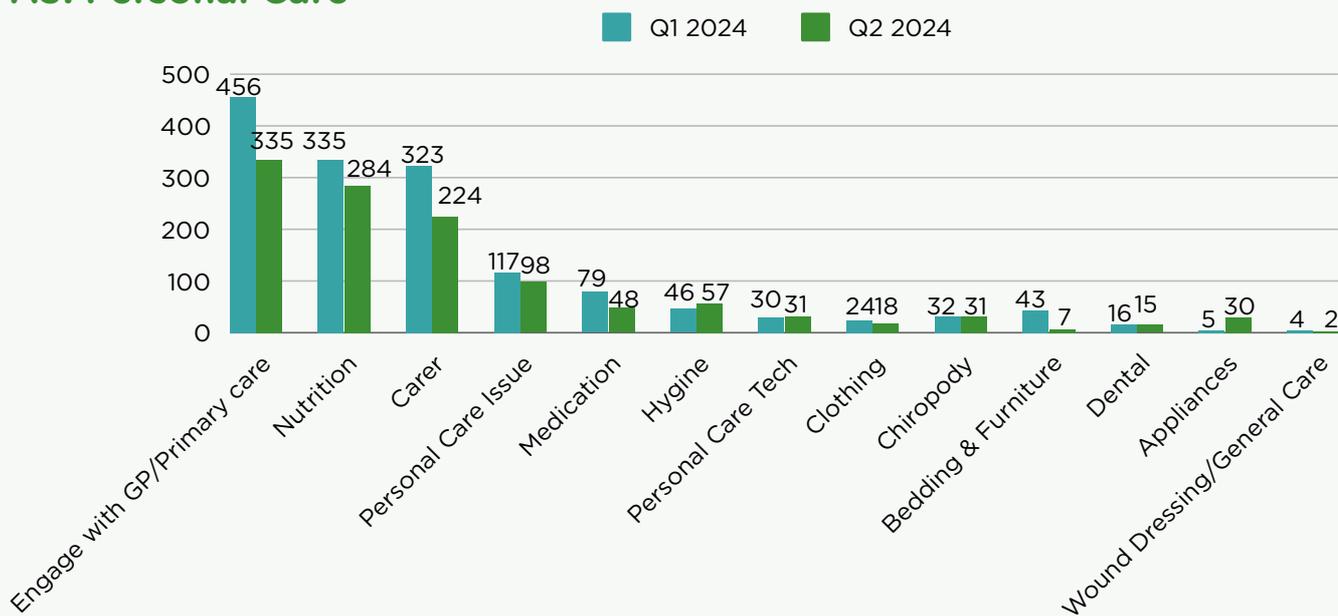


Figure 21: Personal Care Interventions by Type, Q1 2024 v Q2 2024

A6: Social Isolation/Prescribing

Social Isolation / Prescribing	Q1 2024		Q2 2024	
	No.	%	No.	%
Local Community Groups	1122	103.5	776	71.6
One-off Events	254	23.4	198	18.3
Isolation tech device	42	3.9	110	10.1

Table 24: Social Isolation Prescribing / Isolation Interventions by Type, No. and %, Q1 2024 v Q2 2024

A7: Emotional and Mental Health

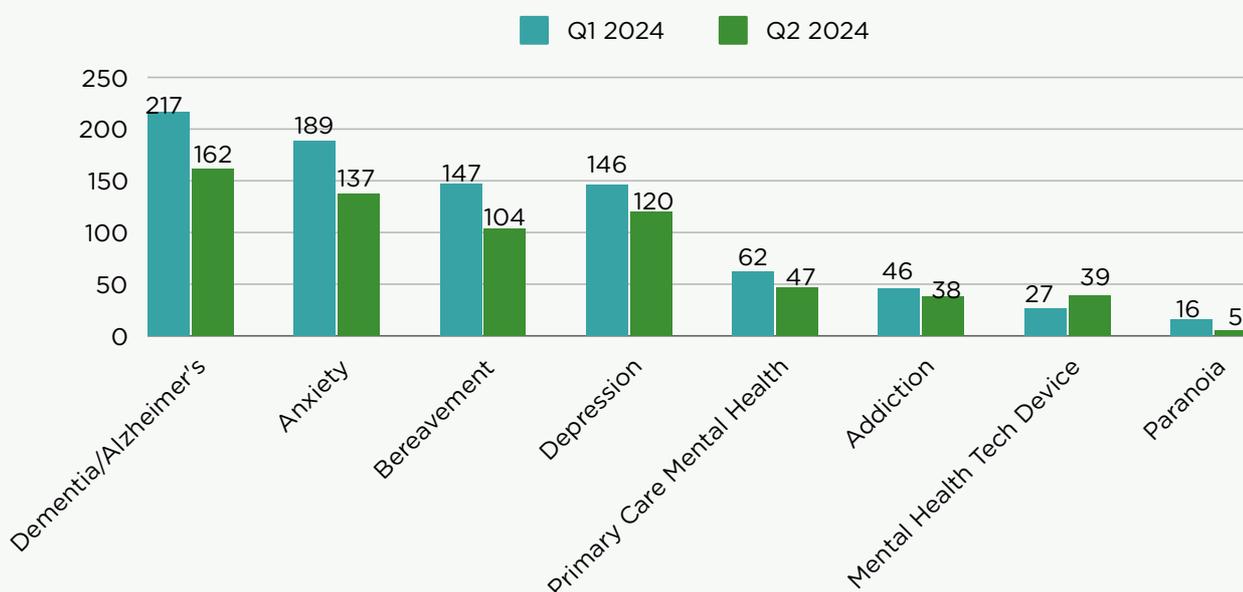


Figure 22: Emotional and Mental Health Interventions by Type, Q4 2023 v Q1 2024

A8: Safety & Security

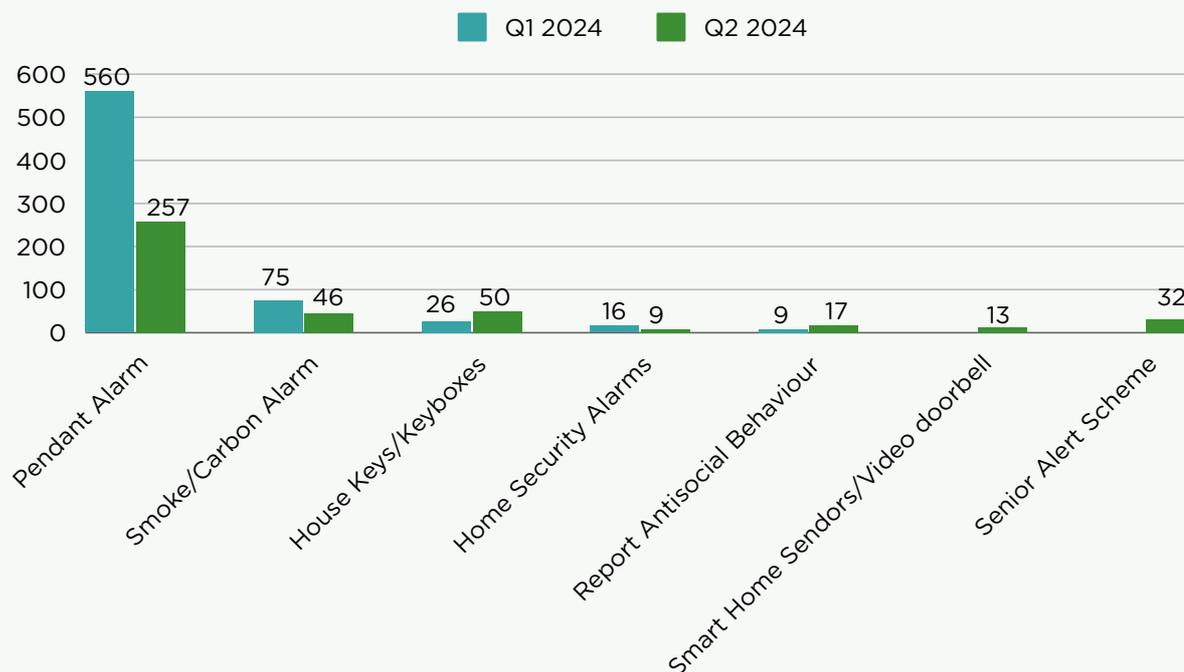


Figure 23: Safety and Security Interventions by Type, Q1 2024 Q2 2024

Note: Data on Smart Home Sensors/Video doorbell and Senior Alert Scheme for Q2 2024 is unavailable.

A9: Safeguarding

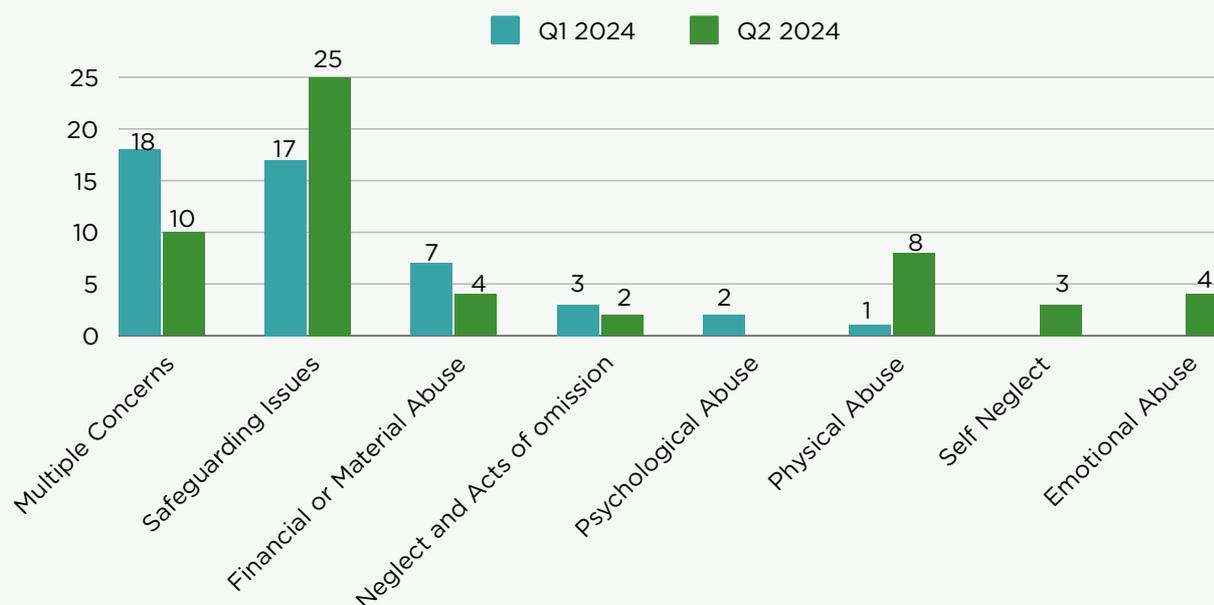


Figure 24: Safeguarding by Type, Q1 2024 v Q2 2024

Note: Data on emotional abuse and self-neglect for Q1 2024 and Psychological Abuse for Q2 2024 is unavailable

In Q2 2024, 1,958 check-in calls were made between older people and volunteer. Quarterly details are provided in Table 25.

Check-in calls (Older People and Volunteer)	April	May	June
Total Calls	581	756	621

Table 25: Check-in Calls (Older People and Volunteer), Q2 2024

Moreover, between April to June 2024 ALONE's NSRL managed 5,979 incoming support and referrals. The calls data is provided in Table 26.

NSRL calls	April	May	June
Total Calls	1,878	2,063	2,038
Cumulative Unique Individuals (first time callers)	1,849	2,493	3,069

Table 26: Calls to the National Support and Referral Line, Q2 2024

Calls to the NSRL in this period cover a variety of themes, as set out in Table 27, a trend which was observed throughout the year. As this shows, most calls focused on loneliness, providing support to older people, and giving them information and advice.

Main Theme of Call	Record Count
Loneliness	609
Front Office	363
Supportive Chat	296
Info/Advice given to OP	271
Missed call from ALONE	137
Technology	87
Housing	83
Signposting	80
Energy Credit Requests	53
Finance	47
Home Care/Meals on Wheels	35
Info about digital skills/Hi Digital	27
Mental health (suicidal caller etc.)	23
Referral to Girl Guides classes	13
Transport	12
Shopping/Medication	5
Signpost to SVP	3

Table 27: Calls to the National Support and Referral Line by Theme

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

Annexure B: Ongoing Engagements

ALONE maintained substantial support for a significant number of individuals during Q2 2024, many of whom had initiated engagement with its services before this quarter. In total, 11,462 older people who had been supported by ALONE prior to the beginning of Q2 2024 remained active in this quarter. Of this group, 9,639 (84.1%) were still actively supported with their interventions, while others were awaiting assessment, matching with an alternative Support and Befriending Service, or waiting to be matched or re-matched with an ALONE Support and Befriending volunteer. Of those for whom gender was reported (n=11,455), 62.9% were female (n=7,191) and 37.1% were male (n=4,249; Figure 25), which is similar to new engagements in Q2 2024.

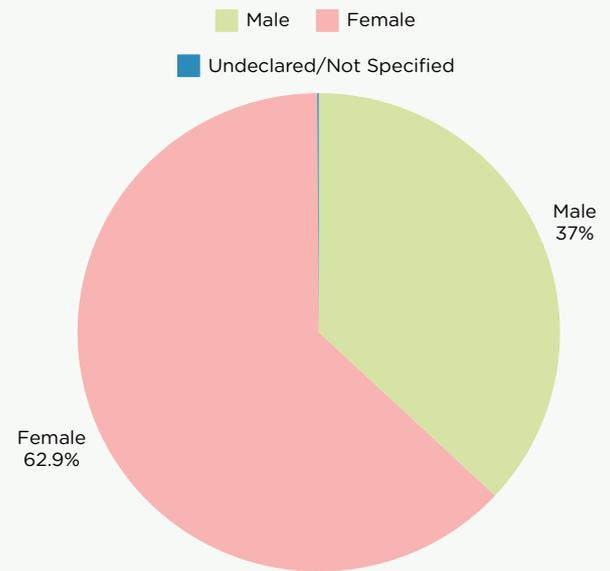


Figure 25: Ongoing Engagements by Gender, Q2 2024

For those whose age was recorded (n=11,462), the majority (69.7%, n = 7,990) were aged between 71 and 90 years old, while 163 people were younger than 50, and 230 were older than 95 (Figure 26).

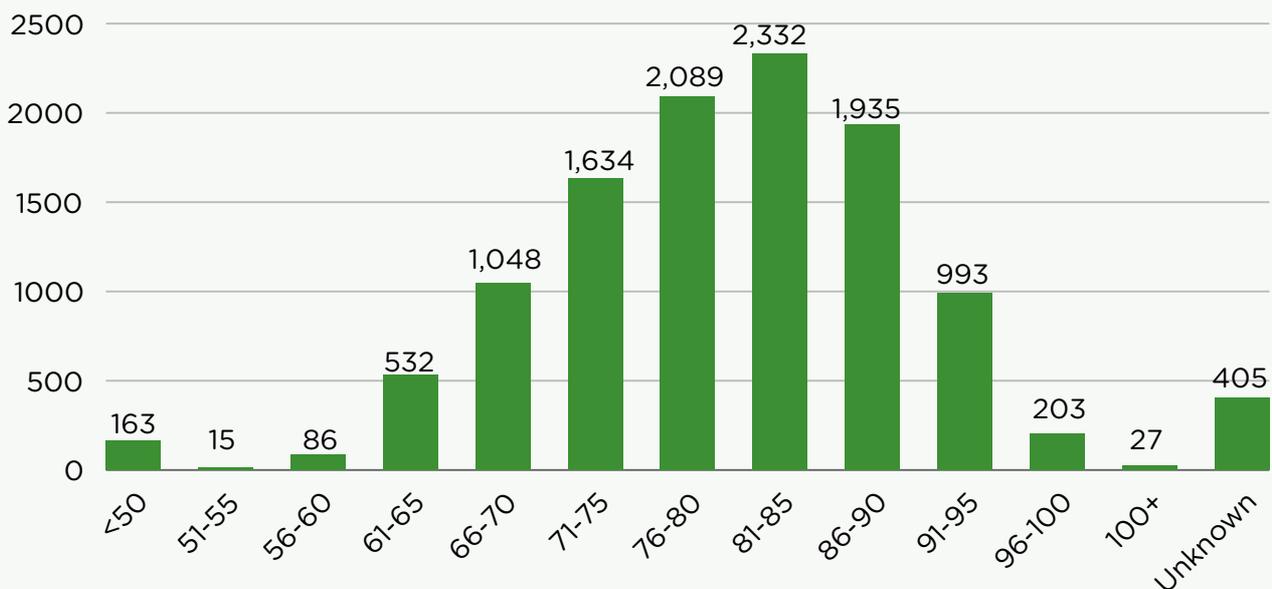


Figure 26: Ongoing Engagements by Age Range, Q2 2024

The distribution of these ongoing engagements, for which data was available (n=11,460), is presented in Table 28 according to their geographical spread. As this shows, HSE Dublin and North East and HSE West and North West have the highest proportion of ongoing engagements, with a lower level of engagement in HSE Midwest.

RHA	No. Ongoing Engagements	%
Dublin and Midlands	2,171	18.9
Dublin and North East	2,294	20.0
Dublin and South East	2,082	18.2
Midwest	729	6.4
South West	1,809	15.8
West and North West	2,375	20.7

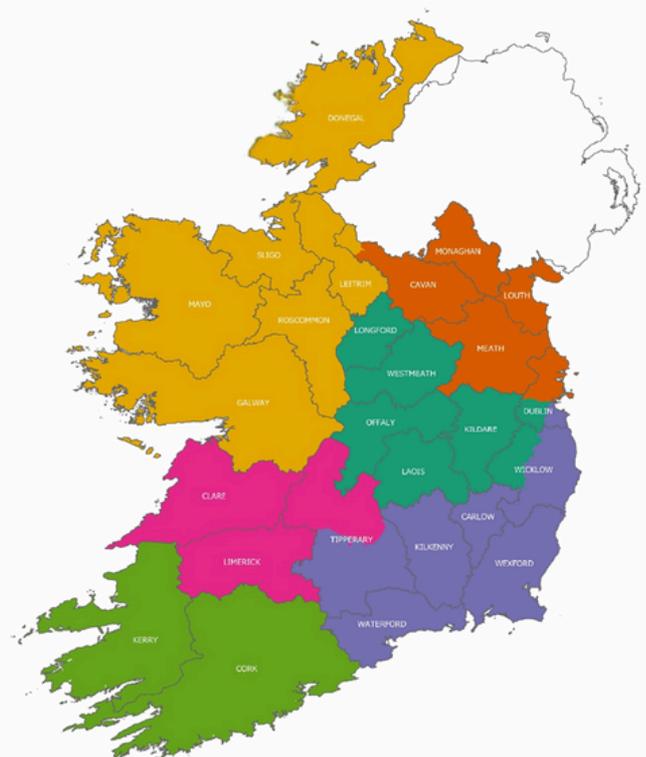
Table 28: Ongoing Engagements (commenced pre-Q2 2024), by RHA, Q2 2024

Of the 11,462 older people who were actively supported by ALONE prior to Q1 2024, and who remained active within ALONE, 24% (n=2,801) received a new intervention in Q2 2024.

Note: Figures for ongoing engagement data have been revised as of November 29, 2024, due to a correction in analysis.

Annexure C: RHA MAP

-   **FSS an Iarthair agus an Iarthuaiscirt**
HSE West and North West
-   **FSS Bhaile Átha Cliath agus an Oirthuaiscirt**
HSE Dublin and North East
-   **FSS Bhaile Átha Cliath agus Lár na Tíre**
HSE Dublin and Midlands
-   **FSS an Iarthar Láir**
HSE Midwest
-   **FSS Bhaile Átha Cliath agus an Oirdheiscirt**
HSE Dublin and South East
-   **FSS an Iardheiscirt**
HSE South West



¹ West county Wicklow continues to be aligned with Kildare for health services, and a small portion of west county Cavan continues to be aligned with Sligo/Leitrim for health services, in recognition of existing patient flow patterns.



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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