

# ECC REPORT



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**ALONE**

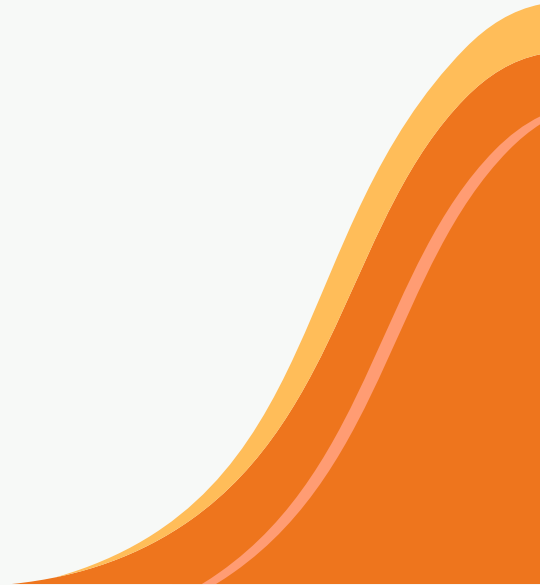
YOU'RE NOT ALONE

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## GLOSSARY OF TERMS

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



### **Assessment:**

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



### **BConnect Technology:**

ALONE uses BConnect technology such as tablets, apps, and security pendants to create connections between older people and requisite supports, while 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.



### **Health Regions<sup>1</sup>**

The Health Service Executive (HSE) is transitioning from nine Community Health Organisations (CHOs) to six Health Regions to achieve several key objectives aimed at improving the efficiency, quality, and equity of healthcare services in Ireland. The Health Regions 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 Health Regions 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<sup>2</sup> Sláintecare Report. 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 well-being of an individual. It forms part of the Irish Government's Sláintecare plan.

**Intervention:**

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



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

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

## EXECUTIVE SUMMARY

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.<sup>3</sup> This shift brings both challenges and opportunities, emphasising the need for effective strategies and collaborative efforts to support older adults in leading healthy, fulfilling lives while actively participating in their communities.

Healthy ageing relies on ensuring that older adults have access to quality healthcare, preventative services, and social support networks, alongside opportunities for physical and mental engagement. These resources enable individuals to maintain a good quality of life, continue contributing to society, and age confidently in their own homes.

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 Well-being Framework<sup>4</sup> 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 well-being for older people.

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

<sup>4</sup> 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 well-being of older people across Ireland. ALONE 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 well-being and will provide an older person with further support as and when required.



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



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

Social prescription<sup>5</sup> 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 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 this network, 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. 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.

<sup>5</sup> <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**

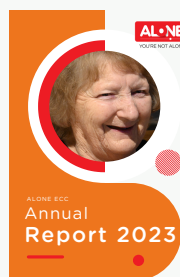
Focus on delivering services through a collective of healthcare providers, community services, local authorities, approved housing bodies, and social enterprises towards avoiding duplication and streamlining services for service users and local communities.

# PURPOSE OF THE REPORT

ECC REPORT  
Q3 2024

This quarterly report marks ALONE's third year within the ECC programme and highlights its ongoing commitment to supporting the HSE's vision of enhancing person-centered community health services to improve the health and well-being of older adults.

Building on insights from ten previous reports, this edition provides a comprehensive overview of ALONE's national support activities in Q3 2024. All data are anonymised to ensure privacy.





## KEY FINDINGS

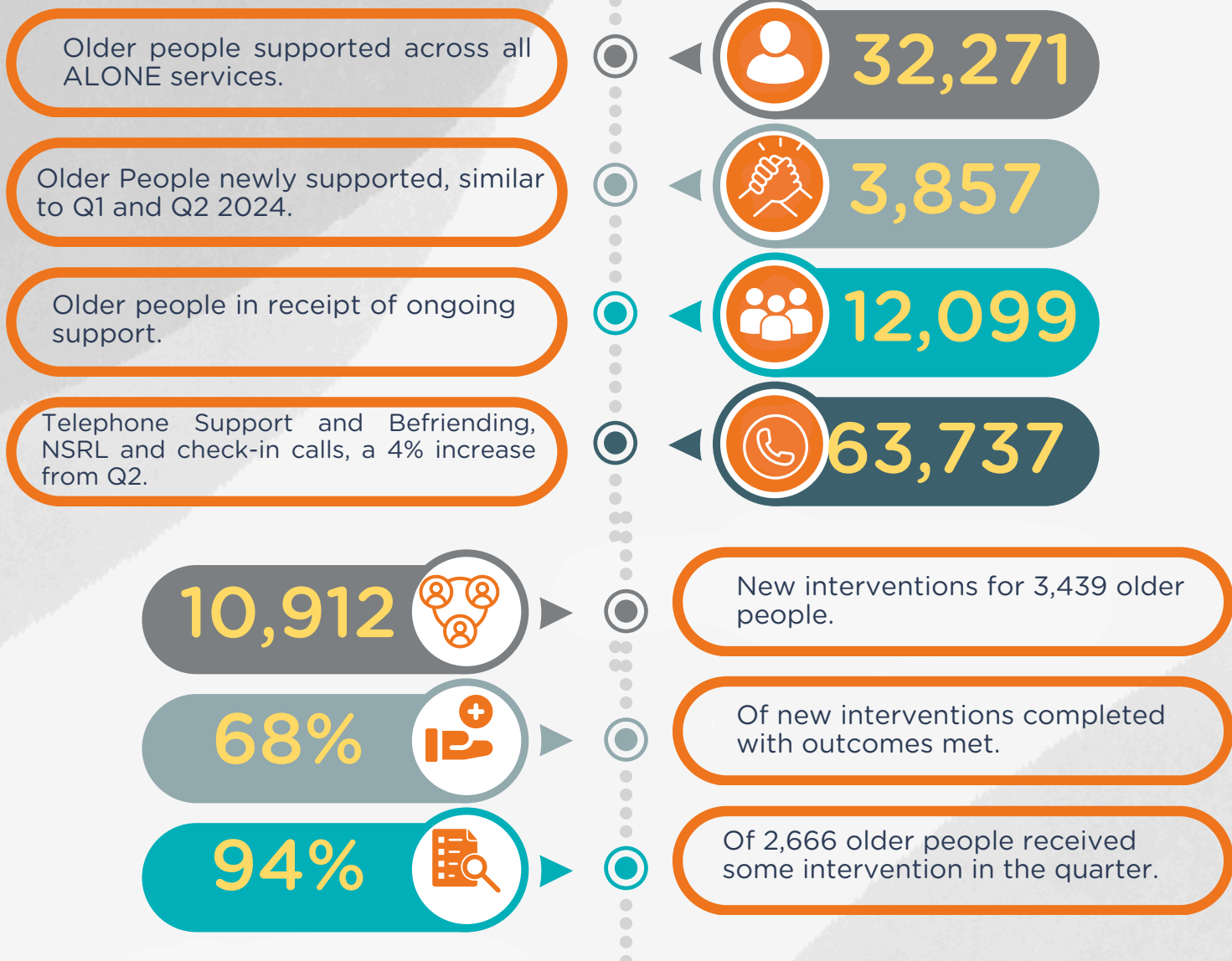
This report provides an analysis of ALONE's activities and achievements in Q3 2024, highlighting progress towards ECC Programme goals. Key findings indicate ALONE's continued impact in helping older people in Ireland to live independently and securely, focusing on health, mobility, social inclusion, and financial stability.

ALONE's approach—through partnerships with healthcare and community organisations, a strong volunteer network, and assistive technology—addresses the broad needs of older people. Data in this quarter shows stable service demand, with consistent support usage across six health regions. Core areas of support include physical health and mobility, financial and housing assistance, and initiatives to reduce loneliness.

Through the CIN and volunteers, ALONE has expanded its reach and capacity, enhancing well-being and enabling older people to live with dignity. Findings suggest that strategic growth in partnerships, volunteer engagement, service awareness, technological supports, and tailored responses to health and financial challenges will be critical to further enhancing the health, dignity, and well-being of older adults across Ireland.



## KEY ACHIEVEMENTS



## ALONE'S 2024 ANNUAL SURVEY FOUND:



## KEY ACHIEVEMENTS

8,288



Volunteers contributed 66,816 hours in Q3 2024, worth up to €2 million.

28,604



Volunteer visits and 55,209 Telephone Support and Befriending calls.

## ALONE'S ANNUAL VOLUNTEER SURVEY INDICATED:

94%



Of volunteers feel they benefit from being an ALONE volunteer.

92%



Of volunteers would recommend ALONE to an older person.

86%



Of volunteers are satisfied/very satisfied with ALONE.

88%



Of volunteers would recommend volunteering in ALONE.

80%



Of volunteers feel valued by ALONE.

30,409



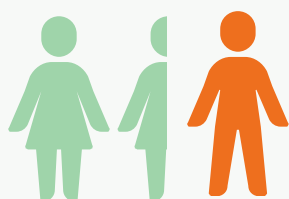
Practical supports carried out by volunteers.

6



New CIN member organisations bringing membership to 175.

## KEY INSIGHTS

Gender  
/Age

ALONE supported 1.4 females for every male, aligning with national trends and patterns from previous quarters.

40%

Of older people supported were between 76 and 85 years old.

67%

Of referrals were from external agencies, similar to Q1 and Q2. 88% of these referrals were from HSE Community Care Teams, hospitals, and ICPOP.

## Referrals

**Of the 2,666 people who received a personalised needs assessment from ALONE:**

53%

Physical health concerns remained consistent in Q3, indicating a growing need for health-related support.

36%

Experienced mobility challenges, with the number of individuals experiencing difficulties with mobility fixtures increasing by 24%.

Physical &  
Mental  
Health

25%

Experienced mental health issues, with Dementia/Alzheimer's a major concern.



## KEY INSIGHTS

Financial  
Difficulties

32%

Faced finance difficulties, a 3 percentage point increase from Q2 likely due to the increased expenses associated with colder weather.

94%

Among those with utility issues, 94% indicated issues related to energy credits.

Loneliness/  
Isolation

51%

Experienced loneliness, 2.5 percentage point decrease from Q2.

7%

Had not been out socially in over a year, a rate consistent from Q1 to Q3.

26%

Required some social prescribing support.

## KEY INSIGHTS

## Housing

33%

Experienced housing issues, with the majority requiring housing adaptations.

## Personal Care

27%

Experienced personal care concerns, especially Nutrition, GP/Primary Care access, and Hygiene supports.

## Assistive Technology

17%

Of interventions involved assistive technology a 4 percentage point increase from Q2, underscoring its essential role in enhancing independence, mobility, and communication for older adults.

## Partnerships

52%

Of interventions involved strategic partnerships for State, social, and physical health supports, consistent with previous quarters.

## CASE STUDIES



“

Margaret has now been approved for energy credits through ALONE, and Bord Gais has cleared her account... as I said above the bill was over 5000 euros, and she no longer has a huge bill which is such a relief.

I have never spoken to a more grateful individual, crying and shouting with happiness. Margaret said she felt the weight of the world had been taken from her and it had given her motivation to leave the house today and get out as she knows there is people who care about her.

”

“

I did a lovely befriending match in July, where the volunteer and older person drink tea and chat about their shared interests of hiking and travelling.

This older person is really enjoying being able to reminisce on her past adventures as she has mild dementia, and she said she looks forward to the visit every week which breaks up the long evenings alone.

It is the volunteer's first match also and after initially feeling nervous, she is feeling very reassured that the visits are going so well.

”





## 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 Q3 2024, ALONE showcased effective leadership in establishing and overseeing the CIN. By September, this network included 175 member organisations, collectively supporting 36,307 older people across the country. The network welcomed six new organisations in the quarter, providing indirect support to 760 older people. Additionally, in this time period, ALONE provided training to seven CIN member organisations, hosted 21 networking activities, and engaged 40 attendees.

This quarter also marked the launch of the CIN's first monthly Members in Action meeting, a themed online session featuring a guest speaker, member showcase, and discussion. The CIN team also introduced a tailor-made workshop on energy savings for older people. Additionally, the CIN and ALONE Services teams featured a stand at the Senior Times event in Cork, offering information on hobbies, rights and entitlements, financial aspects of retirement, and maintaining mental and physical well-being.

Moreover, 15 organisations received Digital Champions training, resulting in 256 digital champions potentially supporting 456 older people in their community. This training aims to enhance the digital skills of older adults, fostering greater independence and connectivity.

ALONE's CIN adopts a comprehensive approach to building a community support network. Through collaboration 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.**

During Q3 2024, ALONE continued to provide consistent support to older adults, assisting 3,857 new individuals. This steady engagement highlights the stabilisation of services as ALONE enters its third year as part of the ECC programme. In this time period, over 10,912 new support interventions were provided to 3,439 older people.

Physical Health and Mobility interventions accounted for the highest proportion of interventions made by ALONE, with more than one in five (21.2%) of all interventions relating to physical health and mobility. This was followed by Legal and Financial interventions (18%) reflecting both seasonal pressures and the broader cost-of-living pressures that impact essentials like heating, food, and healthcare, putting additional strain on older adults' finances during colder months. Housing interventions accounted for 17% of interventions.

Another central focus was enhancing social support, with 16% of interventions directed toward companionship services and addressing social isolation, and 10% were directed towards social prescribing—all bolstered by the essential efforts of volunteers. Combined interventions targeted towards social supports account for a quarter of all interventions in this period.



## 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. These partnerships have consistently supported ALONE's interventions each quarter, reflecting the organisation's dedication to collaborative, comprehensive care for older people. In Q3 2024, as in previous quarters, more than half of ALONE's interventions (52%) relied on partnerships, showing a consistent and impactful trend since Q1.

Of these partnerships, more than a quarter involved State supports, such as grants and allowances, that directly impact the health and well-being of older people. Additionally, a further 25% focused on physical health supports, including GP/PHN assessments, counselling services, and addiction support services, while 20% of the interventions that relied on partnerships focused on accessing social supports such as local events and community groups.

As observed in previous quarters, most referrals to ALONE came from external agencies, including Community Care Teams and hospitals, with a notable proportion from self-referrals and public recommendations, demonstrating a high level of trust in ALONE's services. Of the 2,666 individuals who were assessed and identified a specific need in the quarter, 94% received some intervention from ALONE in the same period, a figure that consistently demonstrates ALONE's responsiveness throughout the quarters. This timely, person-centered approach displays ALONE's ability to develop tailored support plans that address all aspects of an individual's needs, fostering holistic well-being and a higher quality of life.

Through timely access to community-based services, ALONE actively contributes to the prevention of unplanned hospital admissions among older adults, helping alleviate pressure on emergency care systems. This consistent approach, supported by ALONE's comprehensive and personalised assessments focusing on key indicators like frailty and resilience, showcases a proactive and dependable model of community care that remains sustainable over time. The continued strength of ALONE's partnerships and consistent delivery of services each quarter reflect the organisation's deep-rooted commitment to enhancing the lives of Ireland's older population.

## 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 Health Regions, ALONE ensures a responsive and comprehensive service delivery model.

At the start of the quarter, 12,099 older individuals who had previously received support from ALONE remained active, with 82% receiving continuous assistance. The remaining individuals were either awaiting assessment or matching with volunteers.

Physical Health and Loneliness remained the two most frequently reported concerns across all health regions in both quarters, underscoring a sustained need for support in these areas. Physical Health remained particularly prevalent in HSE Midwest, HSE South West, and HSE West and North West regions, while Loneliness remained the predominant issue in HSE Dublin and Midlands, HSE Dublin and North East, and HSE Dublin and South East.

Regional analysis reveals some variations in issues faced by older people. Overall, the data for Q3 2024 is largely consistent with Q2, highlighting stable patterns in older adults' needs across all health regions. Similar to the previous quarter, Social Prescribing needs were higher in the HSE Dublin and North West region, Financial difficulties were more pronounced in the Southwest, and Mental Health, Mobility and Housing issues had a high prevalence in the West and Northwest region.

## OBJECTIVE FIVE

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

In Q3 2024, ALONE's volunteer efforts were substantial, valued between €848,563 to €1.99 million, with volunteers delivering 28,604 visitation Support and Befriending visits and 55,209 Telephone Support and Befriending calls. Volunteers also facilitated 6,151 calls through the NSRL, supporting 4,668 individuals, and conducted 2,377 check-in calls, crucial for maintaining contact, and providing practical support for older people. Beyond financial benefits, volunteers contribute a wealth of skills, compassion, and a genuine connection to the communities they serve.

Findings from the 2024 Volunteer Programme Survey reflect the strong sense of commitment among volunteers and their positive experiences within ALONE's network - 86% of volunteers reported being satisfied or very satisfied with their experience at ALONE and 94% stated they benefit personally from volunteering, with the most common benefit being the fulfillment of doing rewarding work and enjoying social interactions. Further, 88% stated that they would recommend ALONE volunteer opportunities to others, while 92% would recommend ALONE's services to an older person they know, reflecting volunteers' belief in the program's positive impact.

The impact of volunteer support is further highlighted in the Older Person's Annual Feedback Survey 2024, which contains overwhelmingly positive feedback. According to the survey, 70% of older people indicated that ALONE's services met their needs, 84% would recommend ALONE to a friend, 51% felt ALONE positively impacted their lives, and 15% reported reduced reliance on hospitals or GPs due to the support provided by ALONE. Further, 91% felt their Visitation Support and Befriending volunteer impacted their life somewhat or to a great extent, and 89% of older people felt the Telephone Support and Befriending calls had a positive impact on their lives. Overall, 90% of those surveyed felt that the ALONE volunteer had made a difference to their lives.

Technological supports were a key component of 17% of ALONE's interventions in Q3 2024, comprising 1,832 interventions and benefiting 1,106 individuals. These included the provision of assistive technologies and digital tools aimed at improving physical health, housing safety, mental health, personal care, finance management, and reducing social isolation. Almost 68% of these technological supports were focused on physical health and mobility, with GPS emergency strap and pendant alarms being the most popular devices. 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 two-thirds (67%) of the total referrals which is similar to previous quarters, underlining ALONE's commitment to building strong alliances within the healthcare sector and broader community to promote health and well-being among older persons. Furthermore, among the individuals referred to by named External Agencies (n=2,076) in Q3 2024, almost half (47%) were referred to by HSE Community Care Teams consisting of primary health care centres, community intervention teams, and community nurses, consistent with Q2. More than one-third of these referrals were by hospitals, meanwhile, 9% referrals were by ICPOP teams and GPs.

Overall, the top four referral agencies—HSE Community Care Teams, hospitals, ICPOP and GPs have remained consistent with Q1 and Q2. This demonstrates how ALONE's model has become deeply embedded in the ECC programme and the strong relationship between ALONE and the healthcare sector at both primary and acute levels to deliver care and enhance the overall health and well-being of older people. The Annual Feedback Survey 2024 reflects positively on these coordinated efforts as detailed earlier.

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.

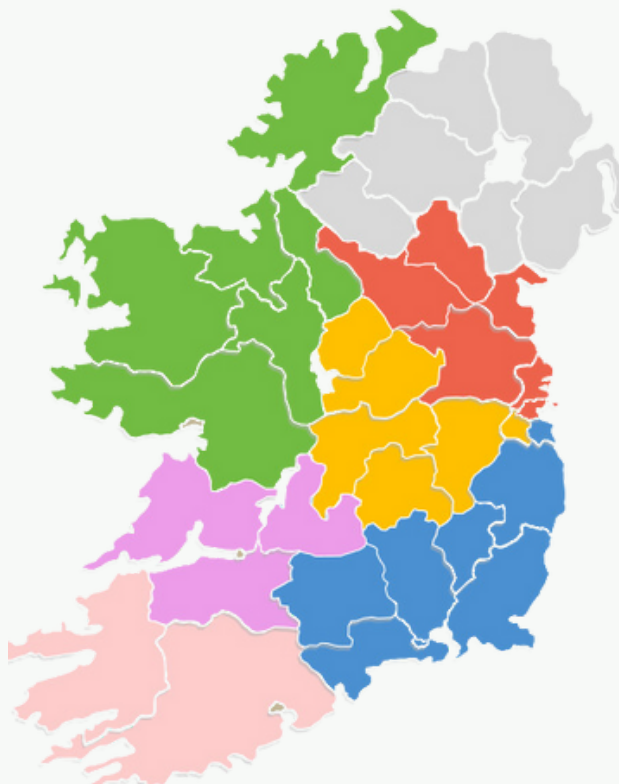
## CHAPTER 1: ALONE'S COLLABORATION WITH HSE

### 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.<sup>6</sup> 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.<sup>7</sup>

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 the 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.<sup>8</sup>

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 Health Region 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. 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 and Befriending, Social Prescribing, and Housing Supports driven by assistive technology. These services are focused on improving older people's quality of life, health, and well-being 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 and Befriending, 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 health regions 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 health regions. Information on the geographical distribution of these health regions 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><b>National Positive Ageing Strategy (NPAS)</b></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"> <li>• <b>Goal 1:</b> Remove barriers to participation - Enable active engagement in community life, promote independence and self-managed approach to health.</li> <li>• <b>Goal 2:</b> Health and Wellbeing Support - Provide comprehensive health assistance, including caregiver support</li> <li>• <b>Goal 3:</b> Dignified Ageing at Home - Ensure income security and safe housing for confident ageing in communities</li> <li>• <b>Goal 4:</b> Support and use research about people as they age to better inform policy responses to ageing in Ireland</li> </ul>
<p><b>Sláintecare Implementation Strategy and Action Plan 2021-2023</b></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"> <li>• <b>Programme 1:</b> 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.</li> <li>• <b>Programme 2:</b> 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.</li> </ul>
<p><b>Roadmap for Social Inclusion</b></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><b>Housing Options for our Ageing Population</b></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><b>Sharing the Vision</b></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><b>Housing for All – A New Housing Plan for Ireland</b></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><b>Integrated Care Programme for Older People</b></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><b>HSE National Service Plan 2024</b></p>	<p>Key objectives for supporting older people in the HSE National Service Plan 2024 include:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Maintain and keep operational over 300 day centres.</li> <li>• 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.</li> <li>• Support an average of 23,280 people through the Nursing Homes Support Scheme (NHSS).</li> <li>• 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.</li> <li>• Progress the procurement planning for an ICT system for home support services and the NHSS.</li> <li>• Continue to fund agencies to deliver over 2.7 million meals on wheels in the year to over 54,000 recipients each week.</li> <li>• Continue to work collaboratively with the DoH and other key stakeholders in progressing the recommendations of the Strategic Workforce Advisory Group.</li> </ul>



Policies/Frameworks	Key Objectives
<p><b>Healthy and Positive Ageing for All</b></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"> <li>• Health: Addressing inequities in healthcare access, improving social care for ageing at home, and researching better healthcare services and behaviours, including palliative care.</li> <li>• Participation: Researching civic engagement, providing autonomous transport options, and offering education and skill development opportunities.</li> <li>• Security: Developing home support systems for safe ageing, ensuring financial and social security for independence in communities.</li> <li>• Cross-cutting Themes: Tackling ageism, enhancing access to information and technology, and conducting cohort analyses, especially on the 80+ age group living in communities.</li> </ul>
<p><b>Healthy Ireland - A Framework for Improved Health and Wellbeing 2013-2025</b></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"> <li>• Embedding health and wellbeing in health service delivery.</li> <li>• Strengthening partnership and community working.</li> </ul> <p>Supporting healthy behaviours from childhood through to healthy ageing.</p>
<p><b>Understanding Life in Ireland: The Wellbeing Framework 2023</b></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"> <li>• Access to housing and quality of housing.</li> <li>• Physical health, mental health and access to health services.</li> <li>• Life satisfaction and emotional state.</li> <li>• Community and cultural participation.</li> </ul>



## CHAPTER 2

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

### Profile of Older People Supported in Q3 2024

Overall, in Q3 2024, ALONE provided support to 3,857 new individuals, reflecting a 2.2% increase from the 3,773 supported in Q2 and the 3,791 in Q1 2024 (Figure 1). This incremental rise suggests stabilisation in the rate of newly supported individuals in year three of the programme as it continues to grow.

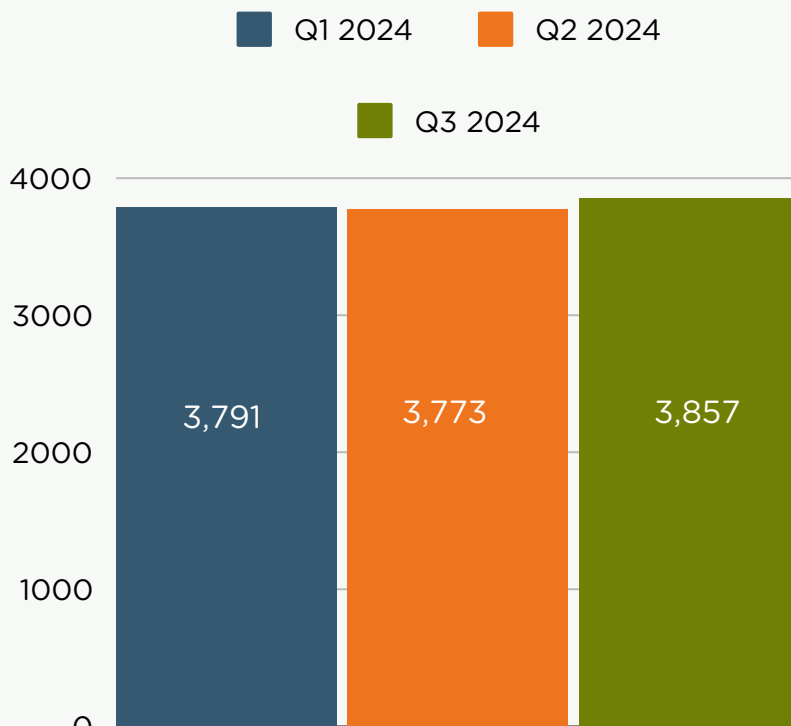


Figure 1: No. of Individuals Supported, Q1 2024 v Q2 2024 v Q3 2024

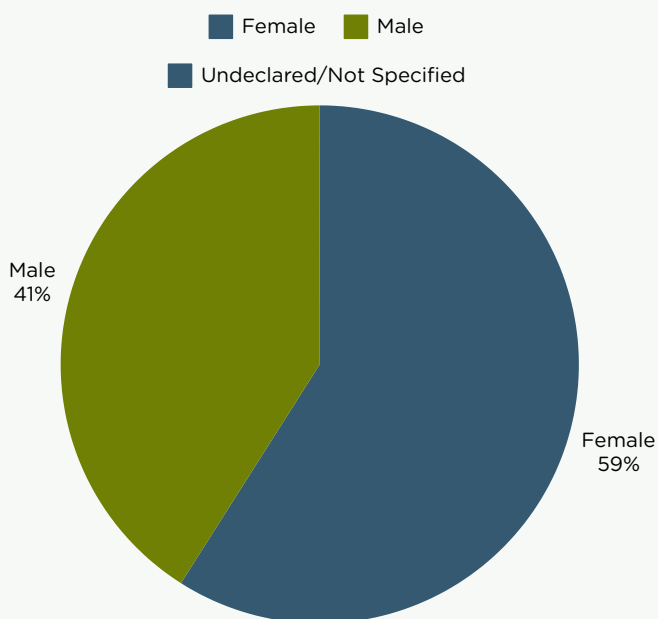


Figure 2: Older People Supported by Gender(%), Q3 2024

Of those for whom gender was reported in Q3 2024 (n=3,857), 59% of the individuals supported were female (n=2,275) and 41% were male (n=1,580; Figure 2)<sup>9</sup>. 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.<sup>10</sup>

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 (40%, n= 1,533) of older people supported by ALONE were aged between **76** and **85** years old (Figure 3), which aligns with previous quarters. Moreover, in Q3 2024, ALONE supported 124 individuals younger than 61, while 57 individuals were older than 95.

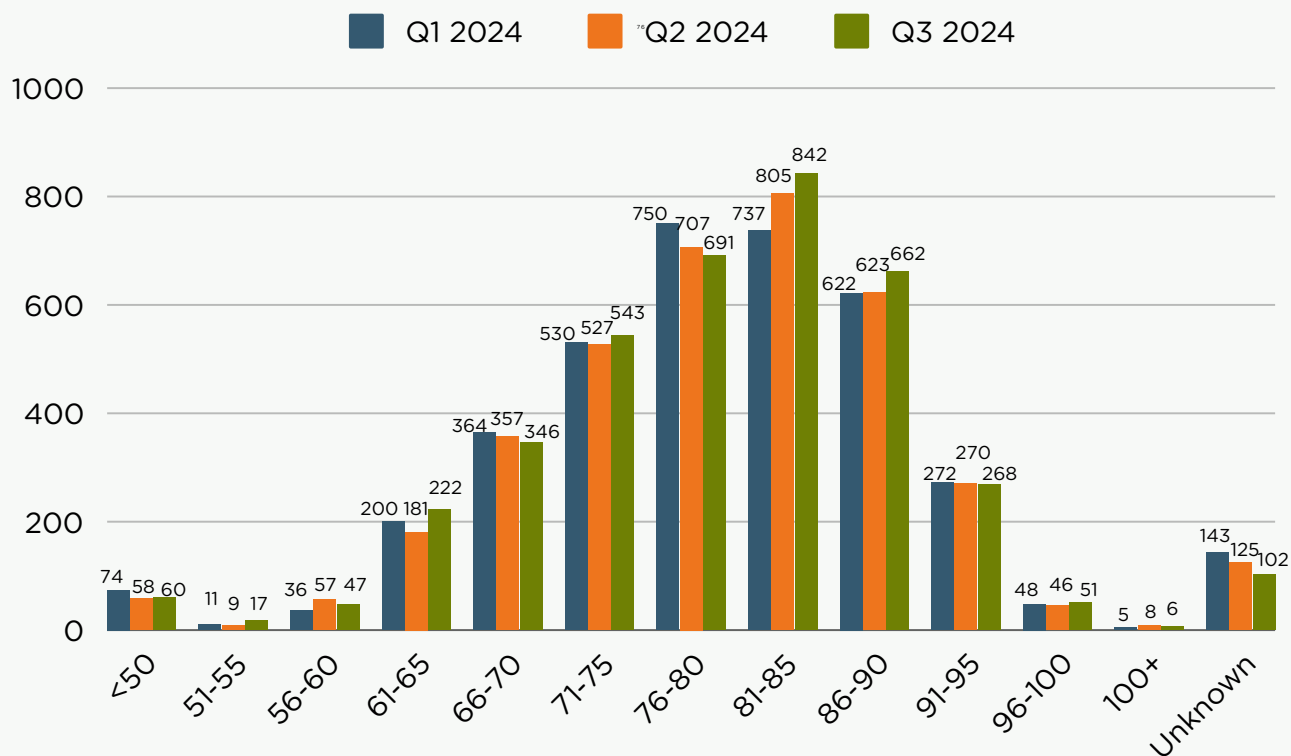


Figure 3: Individuals Supported by Age Range, Q1 2024 v Q2 2024 v Q3 2024

In Q3 2024, Health Region data were recorded for 3,857 newly supported individuals. The trend varies across regions, with some areas, such as HSE Dublin and North East, HSE Midwest and HSE West and North West, experiencing a consistent increase in newly supported individuals, while other areas such as HSE Dublin and South East and HSE Dublin and Midlands show consistent decline (Figure 4). This could reflect differences in demographic density, which may require targeted resource allocation or service adjustments to better meet the needs in high-demand areas.

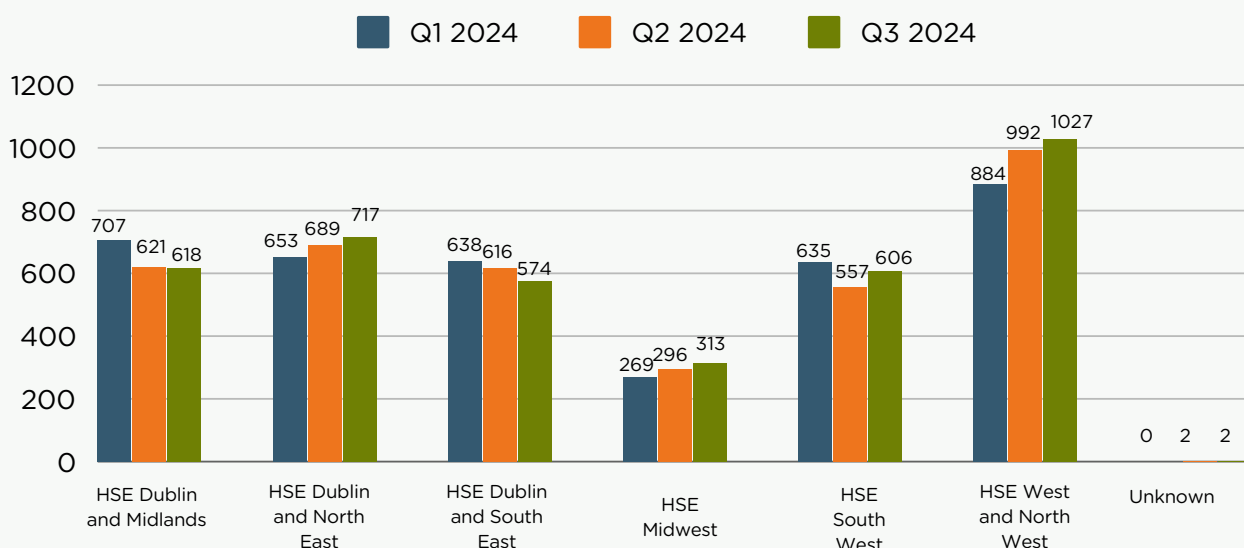


Figure 4: Unique individuals supported in each Health Region, Q1 2024 v Q2 2024 v Q3 2024

## HOME OWNERSHIP & LIVING ARRANGEMENTS

Of the 2,665 individuals who responded to the question of home ownership in Q3 2024, 76% indicated that they owned their own home, which mirrors trends from previous quarters (n= 2,038; Figure 5) and is lower than the national average.

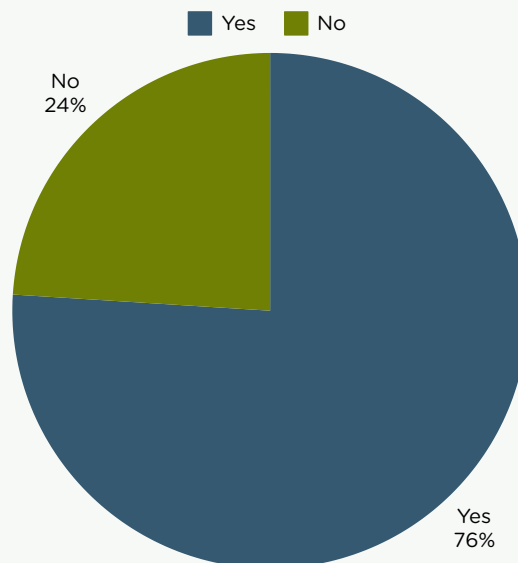


Figure 5: Home Ownership, %, Q3 2024

Around 627 people stated that they did not own their own home, of which 622 provided details about their current living arrangements. The majority (60.7%, n=378) were living in Local Authority or Approved Housing Body (AHB) rented accommodation, and 12.1% (n=75) were renting in the Private Rented Sector (Table 1) similar to previous quarters.

Type of occupancy (non-owner occupied)	Q1 2024		Q2 2024		Q3 2024	
	No.	%	No.	%	No.	%
Local Authority	365	56.0	329	50.3	335	53.9
Other	113	17.3	113	17.3	135	21.7
Private Rented	88	13.5	88	13.5	75	12.1
AHB	63	9.7	78	11.9	43	6.9
Nursing home/ Long-term Care	15	2.3	26	4.0	19	3.1
Homeless	8	1.2	9	1.4	16	2.6
<b>Total</b>	<b>652</b>		<b>654</b>		<b>622</b>	

Table 1: Types of Occupancy, non-owner occupiers, Q1 2024 v Q2 2024 v Q3 2024

Of the 2,666 individuals who provided details of their living arrangements in Q3 2024, 66.1% lived alone, which is a small increase from previous quarters. 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		Q3 2024	
	No.	%	No.	%	No.	%
Living Alone	1,588	64.8	1,657	65.2	1,761	66.1
With Spouse	514	21.0	501	19.7	526	19.7
With Son	111	4.5	123	4.8	127	4.8
With Other Family Member	94	3.8	105	4.1	99	3.7
With Daughter	94	3.8	100	3.9	90	3.4
With Partner	21	0.9	30	1.2	30	1.1
Lodger	19	0.8	19	0.7	19	0.7
Friend	10	0.4	10	0.4	16	0.6
<b>Total</b>	<b>2,449</b>		<b>2,541</b>		<b>2,666</b>	

Table 2: Living Arrangements, Q1 2024 v Q2 2024 v Q3 2024

## NEEDS OF OLDER PEOPLE IDENTIFIED BY ALONE

Conducting a personalised needs assessment<sup>11</sup> for a large group of older people offers valuable insights into their lives, enabling more targeted and effective support services. This also empowers ALONE and other organisations to strategically plan and adapt their services to better address the diverse needs of older people.

In Q3 2024, ALONE Support Coordinators assessed 2,666 older people, a slight decrease from Q2 2024 (n=2,767; Figure 6). This reduction could suggest a seasonal pattern in demand, as similarly in 2023, assessments saw a mid-year decrease, partly attributed to the summer period. Tracking this trend in Q4 will be essential to determine if it reflects a temporary fluctuation or a more sustained shift in service delivery.

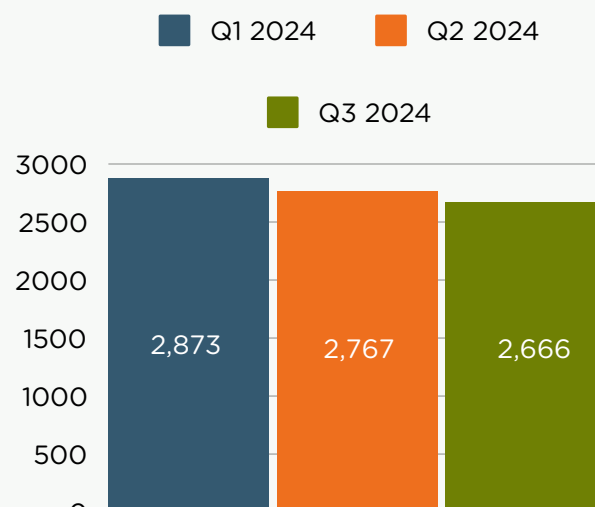


Figure 6: Number of Older People Assessed Q1 2024 v Q2 2024 v Q3 2024

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 support indicates that they are lonely.

As identified in Figure 7 and Table 3, notable differences are observed in the number and proportion of people in Q3 2024 who reported issues across the main assessment areas. Physical health concerns (52.6%) have shown a significant increase throughout the year surpassing Loneliness, showing a 6 percentage increase since Q1, indicating a growing need for health-related support. Mobility issues have also consistently risen, often correlating with physical health needs. Limited mobility can significantly impact daily living, affecting older adults' ability to perform essential tasks, access resources, and maintain social connections.

While there has been a slight decrease from previous quarters, Loneliness continues to be a major concern, with more than half (51.3%) of individuals assessed in Q3 2024 identifying it as an issue. The persistent high prevalence suggests that loneliness continues to be a profound and complex challenge within the older population. Housing concerns remained relatively stable at around 33%, indicating a consistent need in this area, while financial concerns have increased again from the previous quarter. This rise in financial issues may reflect the impact of seasonal changes, as the shift toward colder weather can lead to increased living costs for older people.

<sup>11</sup> In Q3 2024, ALONE implemented several updates to its assessment form to improve the quality and consistency of data collected including the "consent to research" question was moved to a more prominent position, and redundant permissions were removed for clarity and efficiency. These changes, which are further mentioned in relevant sections, are part of ALONE's ongoing commitment to enhancing its service delivery by refining data collection processes and ensuring the assessments align with evolving needs.

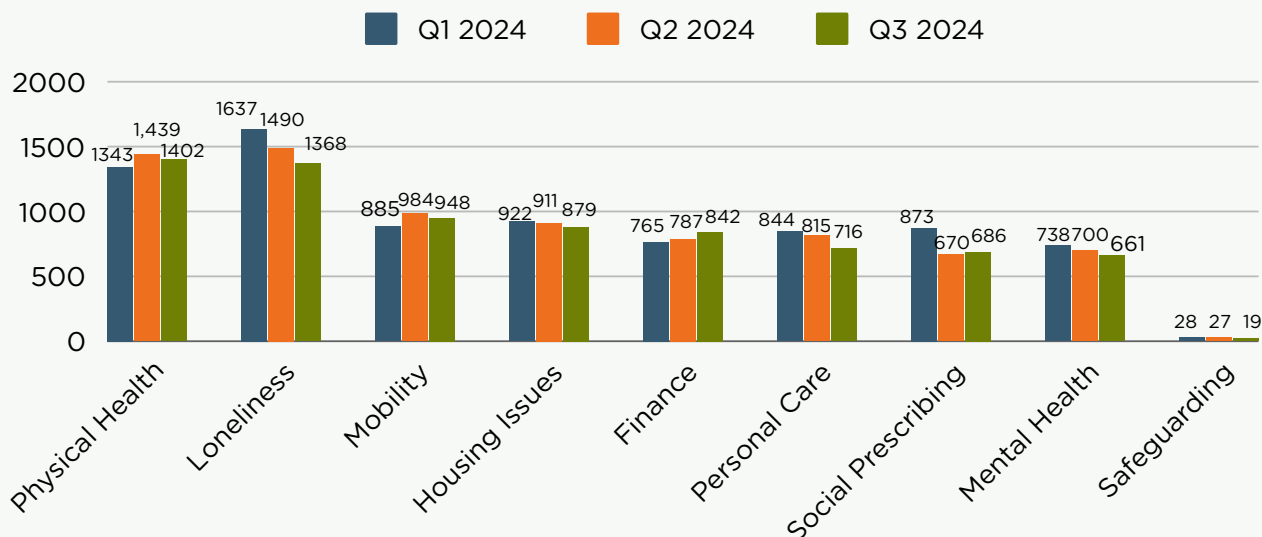


Figure 7: Issues Presenting in Assessments, number, Q1 2024 v Q2 2024 v Q3 2024

Category	Q1 2024		Q2 2024		Q3 2024	
	No.	%*	No.	%*	No.	%*
Physical Health	1,343	46.7	1,439	52.0	1,402	52.6
Loneliness	1,637	57.0	1,490	53.8	1,368	51.3
Mobility	885	30.8	984	35.6	948	35.6
Housing Issues	922	32.1	911	32.9	879	33.0
Finance	765	26.6	787	28.4	842	31.6
Personal Care	844	29.4	815	29.5	716	26.9
Social Prescribing	873	30.4	670	24.2	686	25.7
Mental Health	738	25.7	700	25.3	661	24.8
Safeguarding	28	1.0	27	1.0	19	0.7

Table 3: Issues Presenting in Assessments, Q1 2024 v Q2 2024 v Q3 2024

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



## PHYSICAL HEALTH

Among the 1,402 individuals who reported having an issue with their Physical Health and provided additional information in Q3 2024, 28.7% (n=402) had an issue with falls, while 12.2% (n=171) had an issue with memory. As illustrated in Figure 8, this pattern is consistent with the trend observed in previous quarters, suggesting that falls and memory issues remain two primary health challenges within the older population. This is a critical concern as they can lead to a cascade of other health complications for older adults and significantly affect mobility, independence, and confidence in performing daily activities.

Furthermore, there has been a steady increase in the number of older people experiencing eyesight issues over the past few quarters, which underscores the need for targeted interventions in this area. The increasing incidence of falls and eyesight issues suggests that preventive measures—such as fall-prevention programs, regular vision screenings, and home safety assessments—could be essential components of support services to help older adults maintain their quality of life and avoid injury.

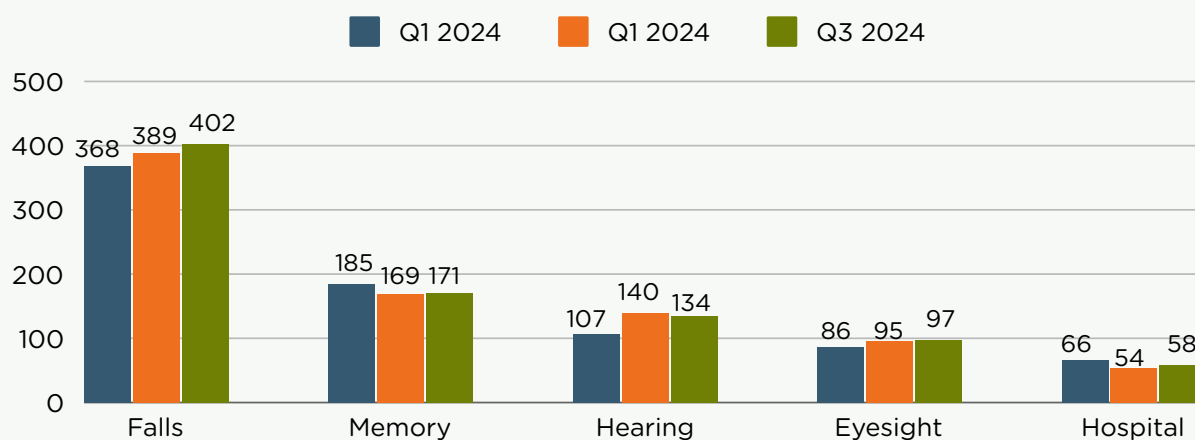


Figure 8: Physical Health Issues by Type, Q1 2024 v Q2 2024 v Q3 2024





## LONELINESS

Approximately 51% of older people (n=1,368) reported feeling lonely in Q3 2024, a slight decrease from previous quarters, yet loneliness remains a prominent and persistent issue. Within this group, 53.4% (n=730) said they had someone to visit them. Of the 651 people who responded to the question of who came to visit them, more than three-quarters (n=506, 77.7%) were visited by family, 12.3% by neighbours (n=80), and 10% by friends (n=65).

In terms of social outings, almost 42% (n=471) of the 1,132 respondents who answered the question in Q3 2024 reported having been out socially in the past week. Notably, 6.6% (n=75) had not been out socially in over a year, a proportion consistent across Q1 to Q3, as shown in Table 4. This long-term isolation indicates an ongoing barrier to social engagement for a subset of older people, highlighting a need for interventions to encourage safe and accessible outings.

Last time out socially	Q1 2024		Q2 2024		Q3 2024	
	No.	%	No.	%	No.	%
In the past week	469	41.7	451	39.6	471	41.6
In the past month	312	27.7	309	27.2	284	25.1
In the past 6 months	198	17.6	222	19.5	214	18.9
In the past year	74	6.6	84	7.4	92	8.1
More than a year ago	74	6.6	75	6.6	75	6.6

Table 4: Last Time Out Socially, Q1 2024 v Q2 2024 v Q3 2024

Of those who indicated that they felt lonely in Q3 2024, 40%, (n=548) stated that they had a hobby. These hobbies include gardening, reading, painting, walking, 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 individuals without hobbies, barriers included health limitations, restricted mobility, and a reluctance to leave the house, which further contributes to their isolation.

Of the 1,368 people assessed who felt lonely, ALONE identified 443 individuals who needed the ALONE Telephone Support and Befriending Service, 895 who needed the ALONE Visitation Support and Befriending Service, and 266 who needed both.



## MOBILITY

In Q3 2024, 948 older people specified Mobility issues during their assessments, a slight decrease from Q2. Among them, 16% reported issues with Mobility Aids, 14.6% with Mobility Fixtures, and 6.1% with Mobility Furniture. Notably, issues with Mobility Fixtures increased by 23.6% and Mobility Aids decreased by 13% from Q2 to Q3. (Figure 9).

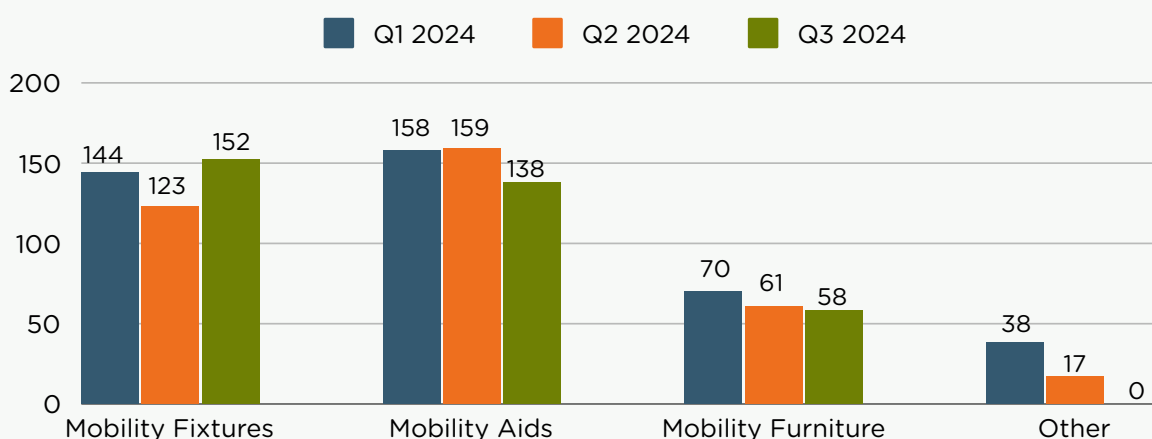


Figure 9: Mobility Issues by Type, Q1 2024 v Q2 2024 v Q3 2024

Among individuals experiencing difficulties with Mobility Fixtures, specific challenges were highlighted: 80.9% of respondents required Grab rails, particularly those installed in bathrooms, while 11.8% needed bannisters. Such issues, especially with safety fixtures like grab rails, have important safety implications, as inadequate fixtures can increase the risk of falls and injuries among older adults. Additionally, 11.2% of respondents required a toilet seat riser, and 7.2% experienced challenges with wheelchair ramps (Table 5).

Mobility Fixtures	Q1 2024		Q2 2024		Q3 2024	
	No.	%	No.	%	No.	%
Grab rails (and fitted)	75	52.1	59	48.0	76	50.0
Grab rails bathroom (shower or toilet)	50	34.7	44	35.8	47	30.9
Bannister (and fitted)	27	18.8	25	20.3	18	11.8
Toilet seat riser	20	13.9	14	11.4	17	11.2
Wheelchair ramp	9	6.3	19	15.4	11	7.2
Other	0	0	5	0	20	13.2

Table 5: Mobility Fixture Issues by Type, Q1 2024 v Q2 2024 v Q3 2024

Similarly, almost two-thirds of those who indicated that they had an issue with Mobility Aids required a new rollator or wheelchair, reflecting an increasing reliance on these aids for maintaining independence and mobility. Further, 23.9% required a walking stick (Table 6), which is a decrease from the previous quarter. In addition, new issues were identified in Q3, such as challenges with disabled parking cards, transport adaptations, and orthopaedic shoes, which indicate emerging needs as older people seek additional mobility solutions to support their independence and community engagement.

Mobility Aids	Q1 2024		Q2 2024		Q3 2024	
	No.	%	No.	%	No.	%
New Rollator	60	38.0	74	46.5	54	39.1
Wheelchair	31	19.6	23	14.5	34	24.6
Walking Stick	53	33.5	50	31.4	33	23.9
Mobility Scooter	26	16.5	21	13.2	20	14.5
Disabled Person's Parking Card	0	0	2	1.3	4	2.9
Transport Adaptation	0	0	0	0	3	2.2
Orthopaedic Shoes	0	0	0	0	1	0.7

Table 6: Mobility Aid Issues by Type, Q1 2024 v Q2 2024 v Q3 2024

## HOUSING<sup>12</sup>

In Q3 2024, 879 individuals reported housing-related issues, with Housing Adaptations continuing to be the most frequently mentioned need. Around one in three people (32.7%, n=287) reported needing Housing Adaptations. As Figure 10 shows, a decline was observed across categories such as housing adaptations, home repairs (both internal and external), and cleaning needs and appliance and furniture across 2024. This trend may indicate improvements in housing conditions or shifts in service demand and priorities over the year.

Nevertheless, the consistent demand for adaptations reflects a steady need for housing modifications to meet the specific needs of older adults (Figure 10). This trend aligns with broader concerns around physical health, particularly falls and mobility challenges, emphasising the importance of universally accessible home design for older populations.

Further, almost one in five (19.7%, n= 173) reported issues with internal repairs, and nearly one-third (30.7%, n=270) had issues with cleaning and external repairs (Figure 10).

<sup>12</sup> Assessment form update: Under Housing, new questions were added to address Safety/Security concerns.

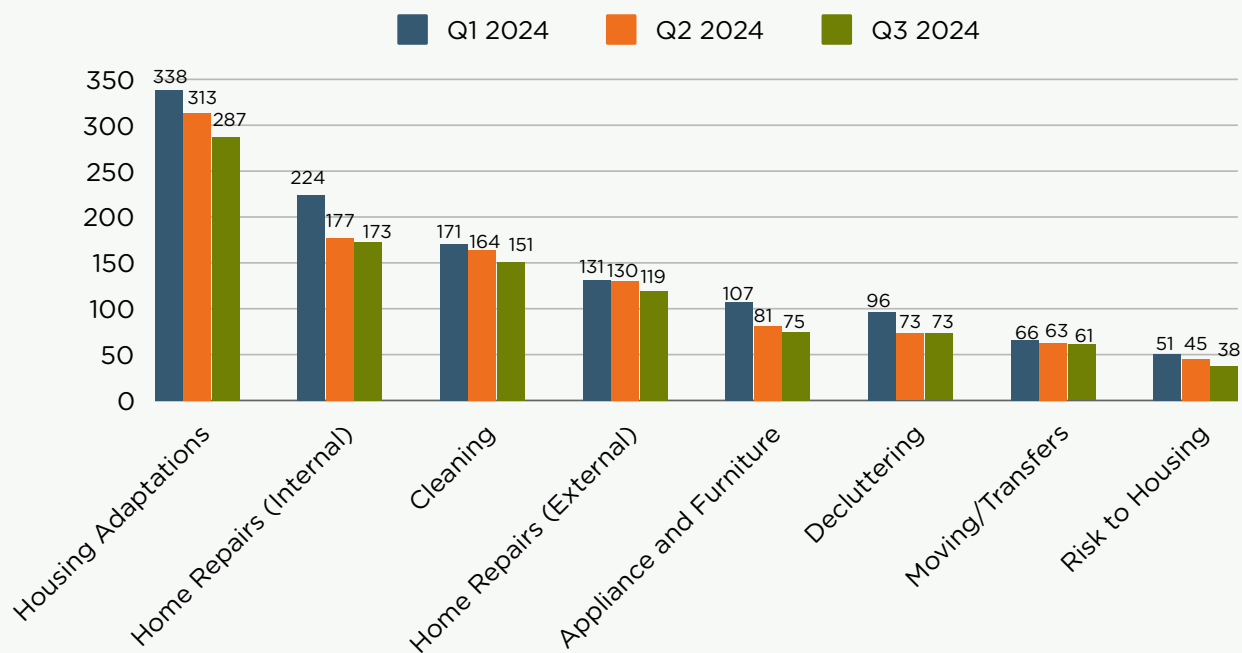


Figure 10: Housing Issues by Type, Q1 2024 v Q2 2024 v Q3 2024

Table 7 reveals some notable changes in specific housing adaptation issues between Q1 and Q3 2024, despite an overall decline in the total number of people reporting housing adaptation needs. As this table shows, bathroom modifications continue to be a high-priority need among older adults. The demand for access ramps increased from 20.1% in Q1 to 25.1% in Q3, reflecting a growing need for accessible entryways as mobility concerns remain prevalent. Central heating installation saw a significant rise, with numbers tripling from 8 cases (2.4%) in Q1 to 24 cases (8.4%) in Q3. This increase might be driven by heightened awareness of heating needs or seasonal shifts affecting older people's comfort and safety at home, while demand for level access showers also saw a notable increase, rising from 3.3% in Q1 to 7.7% in Q3, likely reflecting a growing emphasis on fall prevention and easier shower accessibility.



Housing Adaptation Issues	Q1 2024		Q2 2024		Q3 2024	
	No.	%*	No.	%*	No.	%*
Bathroom Adaptation	205	60.7	184	58.8	190	66.2
Access Ramps	68	20.1	74	23.6	72	25.1
Stair-lifts	52	15.4	54	17.3	50	17.4
Install Central Heating	8	2.4	10	3.2	24	8.4
Level Access Showers	11	3.3	25	8.0	22	7.7
Downstairs Toilet	24	7.1	17	5.4	20	7.0
Complete Application Form	14	4.1	23	7.3	19	6.6
Builders Quotations	12	3.6	21	6.7	14	4.9
Proof of Property Tax Compliance (OP)	8	2.4	15	4.8	13	4.5
Extensions	9	2.7	11	3.5	9	3.1
Wheelchair Access	7	2.1	5	1.6	8	2.8
GP Report	4	1.2	15	4.8	7	2.4
Replace Boiler	13	3.8	8	2.6	7	2.4
OT Report	6	1.8	5	1.6	7	2.4
Rewiring	4	1.2	4	1.3	6	2.1
Proof of Tax Compliance (O.P)	0	0	0	0	3	1.0
Certified Electricians Report	2	0.6	0	0.0	2	0.7
V.A.T Paid to Builder	0	0	0	0	1	0.3
Reclaim V.A.T	0	0	0	0	1	0.3
Oversee Building Works	2	0.6	1	0.3	0	0.0
<b>Total People with Housing Adaptation Issues</b>	<b>338</b>		<b>313</b>		<b>287</b>	

Table 7: Housing Adaptation Issue by Type, Q1 2024 v Q2 2024 v Q3 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, 19.1% faced challenges related to windows and doors in Q3 2024.

Home Repairs (Internal)	Q1 2024		Q2 2024		Q3 2024	
	No.	%	No.	%	No.	%
Plumbing	67	29.9	61	34.5	63	36.4
Electrical	42	18.8	40	22.6	41	23.7
Windows and Doors	56	25.0	28	15.8	33	19.1
Carpentry	24	10.7	22	12.4	28	16.2
Insulation Internal	39	17.4	29	16.4	27	15.6
Painting	26	11.6	29	16.4	23	13.3
Flooring	21	9.4	19	10.7	18	10.4

Table 8: Home Repairs (Internal) Issue by Type, Q1 2024 v Q2 2024 v Q3 2024

## FINANCE<sup>13</sup>

In Q3 2024, 842 people reported issues with their finances, reflecting a consistent increase across quarters. This pattern mirrors last year's trend, where financial concerns among older adults started to increase in Q3, likely due to the seasonal shift and increased expenses associated with colder weather and winter preparations. The onset of winter often leads to heightened utility costs and the need for adequate heating, which places additional financial strain on fixed incomes.

As Figure 11 shows, among those reporting financial issues, around 46% had issues with Utilities, 23% had issues with Benefits, and 18% had issues with Entitlements. Notably, concerns related to Utilities and Entitlements have risen compared to previous quarters.

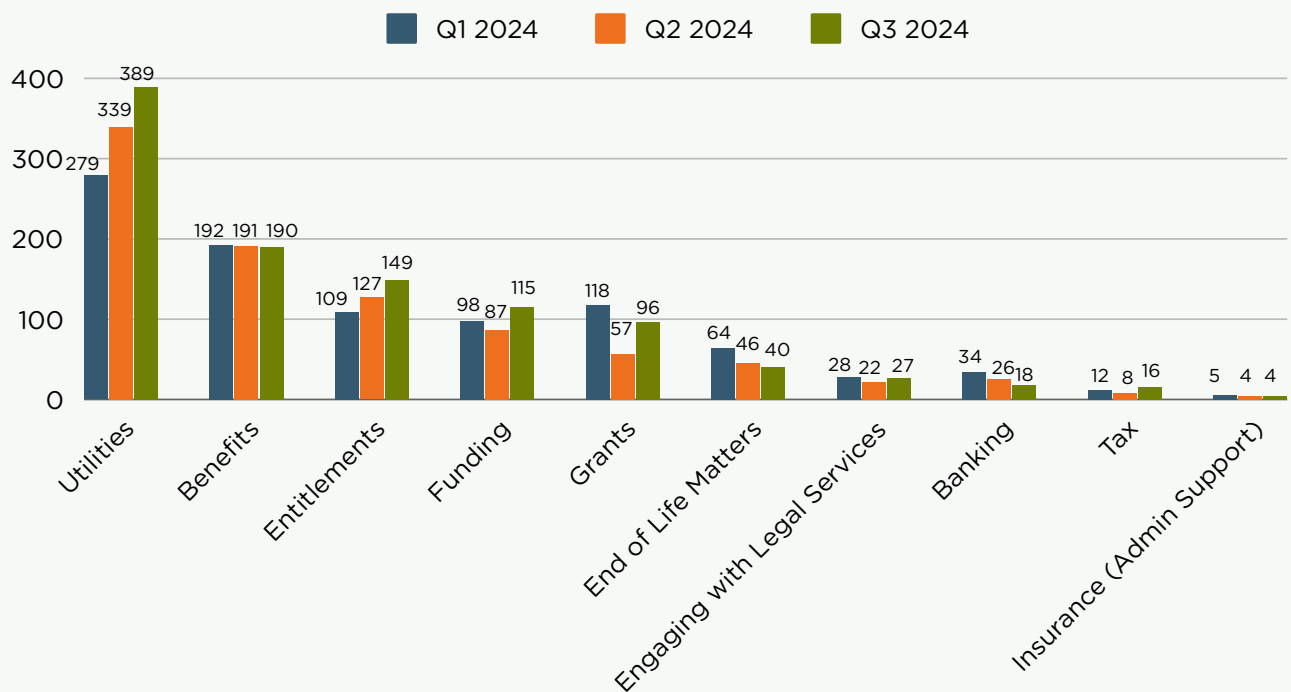


Figure 11: Finance Issues by Type, Q1 2024 v Q2 2024 v Q3 2024



<sup>13</sup>Assessment form update:

1. The Entitlements and Benefits sections were updated with new subcategories and some items which were Entitlements were moved to Benefits.
2. Utility support questions reflect additional energy credit options: E.g., Airtricity Energy Credit, Bord Gáis Energy Credit, Electric Ireland Energy Credit and Prepay Power.



For those with Utility issues, 93.8% (n=365) indicated issues specifically related to the energy credit, stressing the critical role of energy subsidies in supporting older people. Additionally, 21 individuals reported difficulties with payments, arrears, or establishing payment plans, 8 individuals required support to register as vulnerable customers with a supplier and 2 needed support to access solid fuel/gas cannisters.

Within the group experiencing issues with Benefits, Fuel Allowance was the most frequently cited concern (43.7%, n=83), highlighting the impact of change in weather on Financial needs. The Household Benefits Package was also a common issue, accounting for 30% (n=57) of benefit-related concerns. Access to a Medical Card (21.6%, n=41) and Exceptional Needs Payments (17.9%, n=34) were further mentioned, indicating a need for medical expense support among older adults, which is crucial as healthcare costs can add significant financial pressure. Additionally, 15.8% of benefits concerns related to carer benefits and support grants.

Among those with Entitlement issues, around 85% sought State supports such as the Living Alone Allowance, Carers Allowance, Disability Allowance, and Free Travel Pass. Around 29% of the Entitlement issues involved various pension supports, while a small number involved the need for a GP Medical Card.





## PERSONAL CARE<sup>14</sup>

Approximately, 716 people assessed by ALONE in Q3 2024 indicated that they had an issue with Personal Care. Of these, more than one in five had an issue with Nutrition (22.6%, n=162), while 18% (n=129) had issues with their GP / Primary Care and around 6% had issues with Hygiene (n=46) and Medication (n=45), respectively (Figure 12). The latest quarter reflects a continued decline in issues concerning GP and primary care engagement, likely influenced by improved communication strategies and increased awareness of available resources.

Although nutrition concerns have been declining each quarter, the overall proportion of individuals reporting these issues has increased, indicating a need for more effective support in this area.

Of the 162 older people who reported issues with Nutrition in Q3 2024, half (n=81) expressed a need for alternative food options, while a separate group of 81 individuals raised concerns about Meals on Wheels. Additionally, 19% of these required support getting information on the nearest food centre, improving cooking facilities, and obtaining age-appropriate nutritional information, emphasising the broader need for accessible nutritional resources. When asked about the need for nutritional support, the vast majority of older people (91.4%) who indicated that they had issues with Nutrition, wanted ALONE to support.

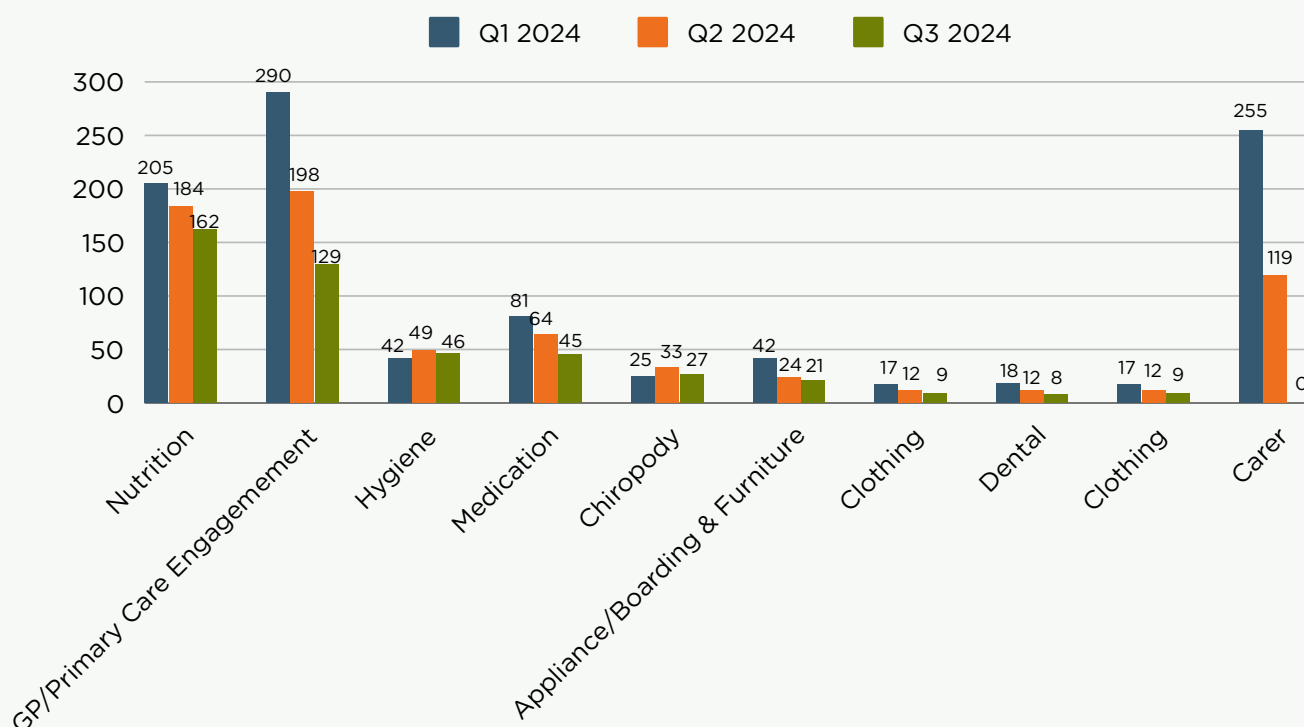


Figure 12: Personal Care Issue by Type, Q1 2024 v Q2 2024 v Q3 2024

Assessment form update:

1. Changes to "Issues with carers" now include respite-specific options.

2. Free-text responses for Home Help, Meals Delivered, and Carer Issues were replaced under Personal Care with picklists for how often they were delivered and the provider, improving data consistency.

Of the 129 older people experiencing GP/Primary Care Engagement issues in Q3 2024, nearly half required support to engage with a Public Health Nurse (46.5%), a service essential for ongoing health management in older populations. The second most prevalent issue was the need for GP advocacy support, which has seen a steady increase over the past quarters. This trend suggests that there is still a cohort of older people who may face difficulties in accessing or receiving adequate primary care, underscoring the need for assistance in navigating healthcare services and advocating for proper care. Furthermore, 17.8% required support accessing an occupational therapist in their area (Table 9).

GP / Primary Care Engagement Issues	Q1 2024		Q2 2024		Q3 2024	
	No.	%	No.	%	No.	%
Public Health Nurse	147	50.7	93	47.0	60	46.5
Advocate for GP to support	27	9.3	37	18.7	28	21.7
Access OT	73	25.2	48	24.2	23	17.8
Other	14	4.8	23	11.6	14	10.9
Access Physio	25	8.6	29	14.6	13	10.1
Meals on Wheels	57	19.7	23	11.6	8	6.2
Refer to ICPOP Team	0	0.0	0	0.0	8	6.2
Support with Changing GP	4	1.4	4	2.0	5	3.9
Provide age-appropriate nutritional information	10	3.4	4	2.0	2	1.6
Wound Dressing	2	0.7	2	1.0	0	0.0

Table 9: GP / Primary Care Engagement Issues by Type, Q1 2024 v Q2 2024 v Q3 2024

## SOCIAL PRESCRIBING

In Q3 2024, 686 older people expressed a need for Social Prescribing support, highlighting an ongoing demand for services that promote social engagement and connection within the community. As shown in Table 10, ongoing community involvement remains highly preferred with about 78% (n=534) of individuals expressing interest in joining a local community group, although willingness to engage in both local community groups and one-off events have shown a downward trend, signaling a potential area for improvement in social prescribing initiatives.

Social Prescribing Support	Q1 2024		Q2 2024		Q3 2024	
	No.	%	No.	%	No.	%
Local Community Group	766	87.7	555	82.8	534	77.8
One-off events	132	15.1	128	19.1	76	11.1

Table 10: Social Prescribing Support, Q1 2024 v Q2 2024 v Q3 2024

## MENTAL HEALTH

In Q3 2024, 661 people assessed by ALONE indicated that they had issues with their Mental Health. The most common issue was Dementia / Alzheimer's, affecting 26% of those assessed, which is similar to the previous quarter. This was followed by Depression (16.8%), Anxiety (16.5%), and Bereavement issues (12.1%).

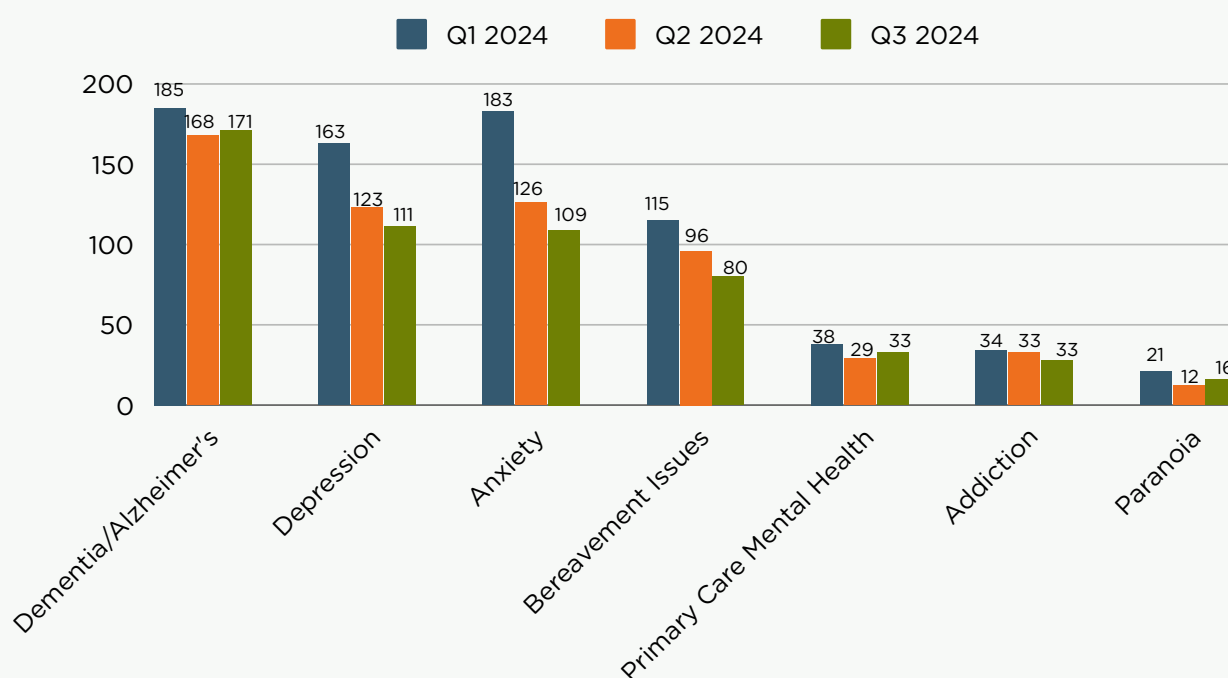


Figure 13: Mental Health Issues by Type, Q1 2024 v Q2 2024 v Q3 2024

Among the 661 people assessed in Q3 2024, just 42.2% (n=279) had visited a GP, nurse, or medical practitioner. Of those, 79.9% (n=223) were prescribed medication and 6.5% (n=18) said they forgot to take it, similar to last quarter.

For those with Dementia / Alzheimer's (n=171), more than half (53.8%, n=92) needed information about available supports. Additionally, 31.6% (n=54) faced issues accessing these supports, while only 14.6% (n=25) indicated that they had issues with both.

For the 111 people indicating issues with Depression, the majority (84.7%, n=94) faced challenges in accessing information and support for counselling services, including access to counselling services, while 15 people required a mental health assessment from their GP or Public Health Nurse, and only 6 people sought to be re-engaged with previous supports.

## SAFEGUARDING <sup>15</sup>

In total, 19 people assessed by ALONE in Q3 2024 indicated they were at risk of abuse. As Figure 14 shows, this has decreased across the quarters for Financial, Emotional and Physical Abuse but has increased for Multiple Concerns and Sexual Abuse. In this quarter, about 42% (n=8) felt at risk of Financial Abuse, while 37% (n=7) had Multiple concerns. In addition, 32% felt at risk of Emotional Abuse and 10.5% were at risk of Self-Neglect and Sexual Abuse (Figure 14).

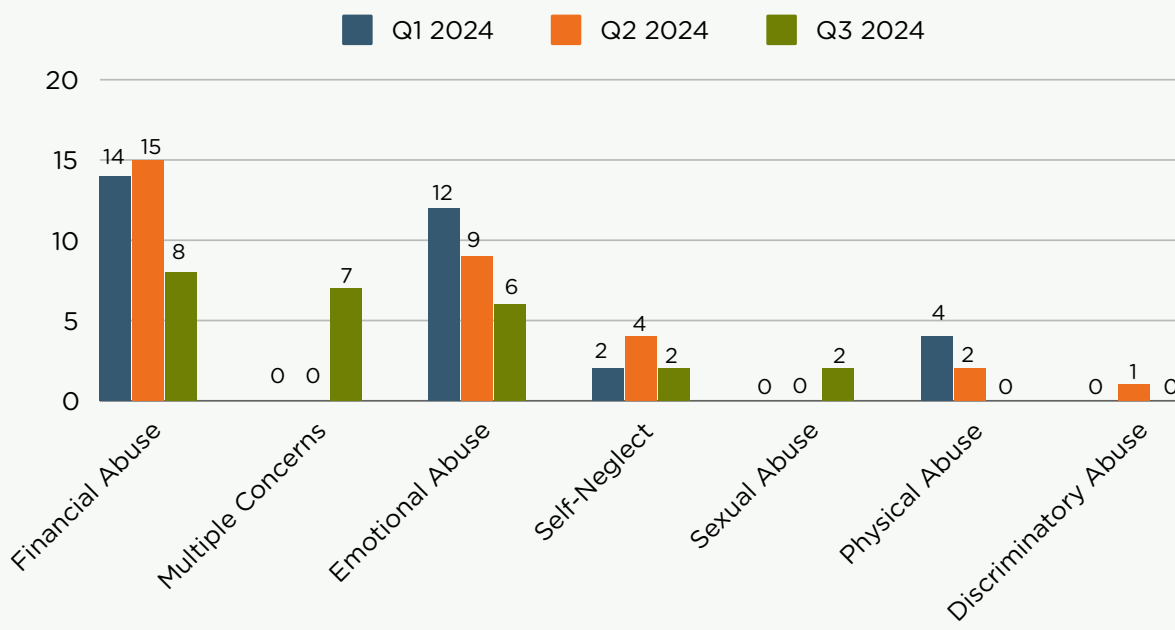


Figure 14: Safeguarding Issues by Type, Q1 2024 v Q2 2024

Note: Data on Multiple Concerns and Sexual Abuse for Q1 and Q2 2024, Physical Abuse for Q3 2024, and Discriminatory Abuse for Q1 and Q3 2024 are unavailable



<sup>15</sup> Assessment form update: Safeguarding concerns were expanded to include Multiple Concerns.

## Issues of Concern

ALONE's comprehensive assessment reveals the continuing challenges faced by older individuals in Ireland. Emerging areas of concern in Q3 are rising utility costs and nutrition. Ongoing primary concerns among older adults supported by ALONE are Physical Health, Loneliness, Mobility and Housing. This highlights the continued necessity for targeted interventions that promote social engagement and improve health outcomes. Key insights from this quarter are:



### RISING UTILITY COSTS AND CHALLENGES ACCESSING BENEFITS AND ENTITLEMENTS:

The seasonal impact of colder weather has led to 46% of those with financial issues reporting issues with utilities, particularly concerning rising energy costs, which highlights the financial strain caused by increased heating expenses. Additionally, many older individuals are facing challenges in accessing benefits and entitlements, such as Fuel Allowance, the Household Benefits Package, and the Living Alone Allowance. This indicates a pressing need for streamlined access to financial assistance and better guidance for navigating these programmes.

### NUTRITION CONCERNS:

Increasing Nutrition concerns including the need for alternative food options or issues with meal programs and a lack of access to age-appropriate nutritional information, emphasises a need for food security and dietary support.





### PHYSICAL HEALTH CONCERNS, MOBILITY CHALLENGES AND HOUSING NEEDS:

The growing prevalence of physical health challenges, including falls, and the heightened demand for mobility aids like grab rails among older adults highlight the urgent need for housing adaptations—such as bathroom modifications, ramps, and stair-lifts—to improve safety and accessibility. This underscores the importance of universal design in fostering safer, more inclusive living environments.



### PERSISTENT LONELINESS:

Loneliness and long-term social isolation have been consistently prevalent issues among older people supported by ALONE. Despite improvements in the proportion of older people experiencing loneliness, it remains a concern that 6.6% of older individuals continue to experience long-term loneliness since the beginning of the year. This is particularly worrying as loneliness is closely linked to deteriorating mental and physical health and can contribute to a lower quality of life. There is a need for sustained and targeted interventions to reduce loneliness, especially for those at risk of long-term disengagement. Government funding for a National Plan to Combat Loneliness could further support these vital activities and address the widespread issue of social isolation.





## 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 Q3 2024, ALONE provided a total of 10,912 new support interventions to 3,439 older people, averaging 3.2 interventions per person. Out of these, about 68% 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 included services no longer being required (39.6%), followed by disengagement of the older person (21.1%). Of note, gaps in service provision accounted for 8.7% 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, Physical Health, Support and Befriending, Mobility and Housing were the most common intervention types provided.

Furthermore, of the 2,666 individuals who were assessed and identified a specific need in Q3 2024, 2,508 older people (94%) received some intervention from ALONE in the same period. When analysed by support need, the proportion of older people who received an intervention ranged from 94% to 99% (Table 11). This indicates that ALONE is responsive to the needs of older people seeking support.

Area of Need	No. Assessed	No. Received Interventions	%
Physical Health	1,402	1,333	95.2
Loneliness	1,368	1,335	97.6
Mobility	948	902	95.1
Housing Issues	879	854	97.2
Finance	842	833	98.9
Personal Care	716	692	96.6
Social Prescribing	686	675	98.4
Mental Health	661	631	95.5
Safeguarding	19	18	94.7

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, Q3 2024

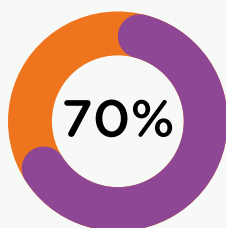
As highlighted in previous reports, individuals expressing a particular need are not confined to a single type of intervention. ALONE's model offers flexibility, recognising that an older person may benefit from a combination of interventions tailored to their unique circumstances. This approach demonstrates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

For example, as Table 11 and 12 show, out of the 1,402 individuals who were assessed in Q2 2024 as having a physical health need, 1,333 individuals received a total of 5,566 interventions in this period.

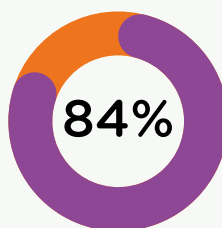
## Older Person's Annual Feedback Survey 2024

The survey highlights ALONE's dedication to person-centered support for older adults, with overwhelmingly positive feedback from service users. Below are the key findings:

### Satisfaction with Services

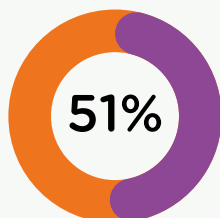


Of respondents reported that ALONE's services met their needs effectively.

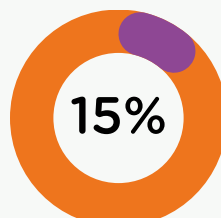


Would recommend ALONE to others, showing strong endorsement within the community.

### POSITIVE IMPACT ON WELL-BEING

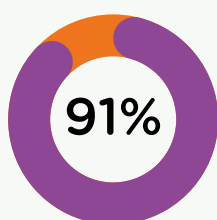


Of respondents experienced a positive impact on their overall quality of life due to ALONE's support.

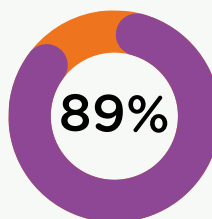


Reported a reduced need for GP or hospital visits, highlighting the preventative benefits of tailored support.

### VISITATION AND TELEPHONE SUPPORT AND BEFRIENDING SERVICES

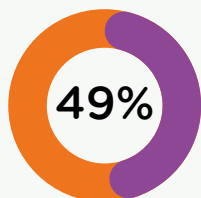


Felt their Visitation Support and Befriending volunteer had a meaningful impact on their life, underscoring the importance of personal connections.



Expressed that Telephone Support and Befriending calls had a positive effect on their daily lives.

## Emotional and Social Benefits



Of respondents felt less lonely after connecting with ALONE, and 48% reported feeling happier due to their interactions with ALONE volunteers and staff.

The most common feedback noted was a sense of not being alone and the genuine care they felt from ALONE staff/volunteers.

## CONSISTENT SATISFACTION AND ADAPTABILITY

Compared to 2023, the survey revealed sustained high levels of satisfaction and demonstrates ALONE's commitment to evolving and adapting services to meet the changing needs of older adults.

These survey insights reinforce ALONE's mission of delivering flexible, comprehensive support plans that address multiple aspects of well-being, contributing to the enhanced quality of life and independence of older people. By closely monitoring assessment outcomes, refining interventions, and integrating direct feedback, ALONE continues to drive a truly person-centered approach within the ECC Programme.

[Link to Report:](https://alone.ie/wp-content/uploads/2024/11/ALONE-Older-People-Survey-2024.-11.10.24.pdf) <https://alone.ie/wp-content/uploads/2024/11/ALONE-Older-People-Survey-2024.-11.10.24.pdf>



Need Identified → Intervention ↓	Physical Health	Loneliness	Mobility	Housing Issues	Finance	Personal Care	Social Prescribing	Mental Health	Safeguarding
<b>Physical Health and Mobility</b>	1,600	810	1,168	724	650	697	441	500	13
<b>Legal and Financial</b>	868	681	574	773	1,432	509	356	439	22
<b>Housing</b>	891	616	671	1,406	680	592	301	399	22
<b>Support and Befriending</b>	754	1,513	526	422	374	429	504	447	4
<b>Social Isolation / Prescribing</b>	425	624	274	244	244	243	781	272	4
<b>Personal Care</b>	610	488	429	412	339	772	289	306	8
<b>Emotional and Mental Health</b>	317	353	201	206	201	226	251	534	6
<b>Safety and Security</b>	79	63	70	125	60	62	41	46	8
<b>Safeguarding</b>	22	11	13	26	13	20	8	26	35
<b>Total No. of People*</b>	<b>1,333</b>	<b>1,335</b>	<b>902</b>	<b>854</b>	<b>833</b>	<b>692</b>	<b>675</b>	<b>631</b>	<b>18</b>
<b>Total No. of Interventions**</b>	<b>5,566</b>	<b>5,159</b>	<b>3,926</b>	<b>4,338</b>	<b>3,993</b>	<b>3,550</b>	<b>2,972</b>	<b>2,969</b>	<b>122</b>

Table 12: No. of Individuals Assessed by Need Identified and Intervention Provided, Q3 2024

Note: \*This Total refers to the number of people who were assessed in Q3 2024 and indicated a particular need.

\*\*This is the total of all interventions received by all people assessed in Q3 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. More than two-thirds of referrals in Q3 2024 were by external agency sources, consistent with the previous quarters.

Referral Type	Q1 2024		Q2 2024		Q3 2024	
	No.*	%*	No.*	%	No.*	%
External Agency	2,501	66.3	2,494	66.3	2,591	67.2
Internal Referral	358	9.5	268	7.1	229	5.9
Public (Friend/Family)	517	13.7	527	14.0	515	13.4
Secondary Sláintecare Referral	18	0.5	19	0.5	18	0.5
Self	721	19.1	765	20.3	806	20.9
<b>Total</b>	<b>3,774</b>		<b>3,760</b>		<b>3,856</b>	

Table 13: Referral Type, No., %, Q1 2024 v Q2 2024 v Q3 2024

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

Among the individuals referred to by named External Agencies (n=2,076) in Q3 2024, almost half were referred to by HSE Community Care Teams consisting of primary health care centres, community intervention teams, and community nurses, consistent with Q2. More than one-third were referred to by hospitals across the country, marking a slight increase compared to previous quarters. Meanwhile, referrals by ICPOP and the GP saw a slight decrease in comparison to Q2.

Overall, however, as Table 14 shows, the top four referral agencies—HSE Community Care Teams, hospitals, ICPOP and GPs—remain consistent with Q1 and Q2. 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	Q1 2024		Q2 2024		Q3 2024	
	No.	%	No.	%	No.	%
Community Care Team	956	49.6	908	46.0	968	46.6
Hospital	650	33.7	654	33.1	754	36.3
ICPOP	141	7.3	126	6.4	95	4.6
GP	108	5.6	138	7.0	92	4.4
Charitable Organisation	84	4.4	95	4.8	84	4.1
Local Authority	17	0.9	25	1.3	18	0.9
Home Care Provider	16	0.8	11	0.6	17	0.8
Local Development Company	9	0.5	18	0.9	17	0.8
Mental Health Team	38	2.0	68	3.4	15	0.7
Memory Clinic	3	0.2	10	0.5	13	0.6
Nursing Home	5	0.3	8	0.4	11	0.5
Family Resource Centre	10	0.5	13	0.7	9	0.4
Safeguarding Team	8	0.4	6	0.3	8	0.4
Day Care Centre	0	0	6	0.3	6	0.3
Social Prescriber	2	0.1	2	0.1	6	0.3
Telecare and Assistive Technology Provider	0	0	0	0	6	0.3
Physiotherapist	4	0.2	2	0.1	3	0.1
Homelessness Service	0	0	0	0	2	0.1
Respite Centre	0	0	0	0	2	0.1
Social Work Team / Social Worker	8	0.4	6	0.3	2	0.1
Children's Disability Network Team	0	0	0	0	1	0.1
Community Development Health Project	0	0	0	0	1	0.1
Community-based Resource Centre	0	0	0	0	1	0.1
Dental and Orthodontic Services	0	0	0	0	1	0.1
Health and Social care regulator	0	0	0	0	1	0.1
Hospice	6	0.3	3	0.2	1	0.1
Housing Association	3	0.2	0	0	1	0.1
MABS	0	0	0	0	1	0.1
Political Party	0	0	0	0	1	0.1
School	0	0	0	0	1	0.1
TD	1	0.1	0	0	1	0.1
Trade Union	0	0	1	0.1	1	0.1
Voluntary Organisation	7	0.4	3	0.2	1	0.1
Bus Transport Services	0	0	1	0.1	0	0
Respiratory Specialist	0	0	1	0.1	0	0
Community Centre	0	0	1	0.1	0	0
Cancer Support Centre	0	0	1	0.1	0	0
Occupational Therapist	3	0.2	0	0	0	0
Fire Brigade Headquarters	2	0.1	0	0	0	0
Garda	2	0.1	0	0	0	0
Addiction Treatment Centre	1	0.1	0	0	0	0
Area Partnership	1	0.1	0	0	0	0
National Counselling Service	1	0.1	0	0	0	0
State Agency	1	0.1	0	0	0	0
Transitional Care Unit	1	0.1	0	0	0	0
Unknown/Unnamed Agency	1,007		956		924	

Table 14: External Referral Agencies, Q3 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 924 people were referred to ALONE in Q3 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.

Consistent with previous quarters, in Q3 2024, 5,676 interventions relied on the partnerships developed by ALONE, accounting for 52% of the total interventions (Table 15). More than a quarter (n = 1,648, 29%) involved accessing State supports, reflecting an increase from the previous quarters. 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).

In total, 1 in 4 supports (25%, n=1,417) involved ALONE's healthcare partners, including occupational therapists, addiction services, consultants, GPs, and pharmacies, an increase from previous quarters reflecting a steady demand for these services. Additionally, 5% (n=281) 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.

Additionally, 19.8% were social supports, although this represents a decline of 5 percentage points from Q1. 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 facilitating contact with family and friends. This assistance aligns with the HSE Social Prescribing Framework<sup>16</sup> and the Integrated Model of Care for the Prevention and Management of Chronic Disease in older people.<sup>17</sup>

<sup>16</sup> [HSE Social Prescribing Framework](#)

<sup>17</sup> [215879\\_HSE\\_National framework Integrated Care.indd](#)

Partner Supports	Q1 2024		Q2 2024		Q3 2024	
	No.	%	No.	%	No.	%
Access State Supports	1,375	19.8	1,448	24.4	1,648	29.0
Access Physical Health Supports	1,586	22.9	1,356	22.9	1,417	25.0
Access Social Supports	1,709	24.7	1,371	23.1	1,122	19.8
Access Charitable Supports	427	6.2	331	5.6	338	6.0
Advocate re Physical Health	497	7.2	328	5.5	281	5.0
Access Financial Supports	553	8.0	397	6.7	272	4.8
Access Personal Care Supports	214	3.1	261	4.4	229	4.0
Access Housing	239	3.4	210	3.5	158	2.8
Access Transport	135	1.9	85	1.4	76	1.3
Access Mental Health Supports	91	1.3	65	1.1	69	1.2
Access Legal Support	84	1.2	72	1.2	66	1.2
Access Training	22	0.3	8	0.1		0.0

Table 15: Partner Supports, No. and % of Interventions, Q1 2024 v Q2 2024 v Q3 2024

## 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.

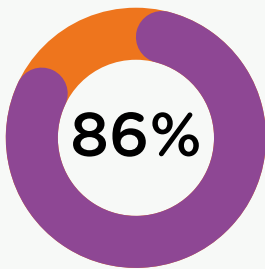
The financial value of volunteers within the ALONE model is infinite. They greatly expand the reach and impact of ALONE's services by dedicating countless hours of support to older individuals in need. This dedication results in significant cost savings, allowing resources to be allocated more effectively for those requiring assistance. Beyond financial benefits, volunteers contribute a wealth of skills, compassion, and a genuine connection to the communities they serve. Findings from the 2024 Volunteer Programme Survey indicated that the most common type of support provided by Visitation Support and Befriending Volunteers focuses on technology assistance, small jobs around the house and accessing information online. Their commitment not only enhances the effectiveness of ALONE's interventions but also fosters a sense of community and solidarity among older individuals, promoting overall well-being.



## Volunteer Programme Survey 2024

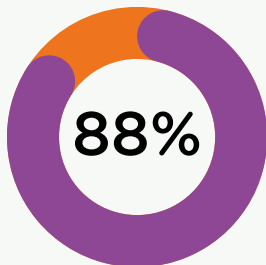
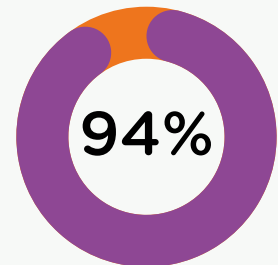
The survey resulted in a 32% response rate which marks a significant increase in survey engagement when compared to 2022 and 2023. This heightened engagement is encouraging, as it indicates a stronger connection between the volunteers and ALONE, reflecting their commitment to volunteering and their willingness to share their experiences and insights:

### EXPERIENCES AND INSIGHTS



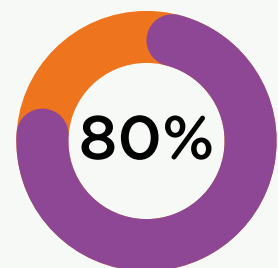
86% of volunteers reported being satisfied or very satisfied with their experience at ALONE.

94% stated they benefit personally from volunteering, with the most common benefit being the fulfilment of doing rewarding work and enjoying social interactions.



88% would recommend ALONE volunteer opportunities to others, while 92% would recommend ALONE's services to an older person they know, reflecting volunteers' belief in the program's positive impact.

80% of volunteers felt valued and recognised by ALONE, demonstrating the organisation's commitment to fostering a supportive and appreciative environment, which contributes to sustained volunteer engagement.



By the end of September 2024 there were 8,288 volunteers engaged with ALONE. As Table 16 shows, the number of volunteers increased steadily each month in Q3 2024 across all areas, except HSE Midwest, which saw an increase in August, although the engagement declined in September.

Volunteers - YTD ever engaged	July	August	September	% Change
HSE West and North West	797	821	1,454	82.4
HSE Dublin and North East	798	828	2,049	156.8
HSE Dublin and Midlands	636	654	1,614	153.8
HSE Midwest	822	852	656	-20.2
HSE Dublin and South East	753	764	1,632	116.7
HSE South West	817	848	883	8.1
<b>Total</b>	<b>4,623</b>	<b>4,767</b>	<b>8,288</b>	<b>79.3</b>

Table 16: Volunteers - YTD engaged (ever), by month, Q3 2024

Moreover, volunteers engaged in 28,604 Visitation Support and Befriending visits and 55,209 Telephone Support and Befriending calls across the quarter. Information on the number of active volunteers and visits provided by Health Region 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)	July		August		September	
	Volunteers	Visits	Volunteers	Visits	Volunteers	Visits
HSE West and North West	470	1,880	482	1,928	477	1,908
HSE Dublin and North East	576	2304	581	2,324	560	2,240
HSE Dublin and Midlands	448	1792	472	1,888	433	1,732
HSE Midwest	198	792	202	808	199	796
HSE Dublin and South East	420	1680	470	1,880	409	1,636
HSE South West	236	944	280	1,120	238	952
<b>Total</b>	<b>2,348</b>	<b>9,392</b>	<b>2,487</b>	<b>9,948</b>	<b>2,316</b>	<b>9,264</b>

Table 17: Visitation Support and Befriending, by Volunteers, No. of Visits, and Health Region, by month, Q3 2024

Telephone Support & Befriending Calls	July	August	September
HSE West and North West	4,636	3,990	4,144
HSE Dublin and North East	5,859	5,293	5,312
HSE Dublin and Midlands	3,158	2,832	2,993
HSE Midwest	962	871	884
HSE Dublin and South East	3,082	2,730	2,747
HSE South West	2,058	1,823	1,835
<b>Total</b>	<b>19,755</b>	<b>17,539</b>	<b>17,915</b>

Table 18: Telephone Support and Befriending Calls by Health Region, by month, Q3 2024

Additionally, Table 19 details the total hours contributed each month by ALONE volunteers across each Health Region in Q3 2024. In total, volunteers provided 66,816 hours of support in the quarter. These figures underscore the invaluable contribution of volunteers to ALONE's services, emphasizing their essential role in delivering consistent and impactful support to older adults.



Active Volunteers and Volunteer Hours	July		August		September	
	Volunteer	V. Hours	Volunteer	V. Hours	Volunteer	V. Hours
HSE West and North West	561	4,512	568	4,568	516	4,144
HSE Dublin and North East	651	5,296	657	5,360	620	5,008
HSE Dublin and Midlands	521	4,288	540	4,424	474	3,832
HSE Midwest	224	1,808	229	1,840	244	1,952
HSE Dublin and South East	488	4,008	540	4,416	476	3,848
HSE South West	276	2,240	328	2,648	326	2,624
<b>Total</b>	<b>2,721</b>	<b>22,152</b>	<b>2,862</b>	<b>23,256</b>	<b>2,656</b>	<b>21,408</b>

Table 19: No. of Volunteers, Volunteer Hours, by Health Region, by month, Q3 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<sup>18</sup>both the National Minimum Wage (NMW) and Average Hourly Earnings to achieve a range. Using this methodology, the total contribution of active ALONE volunteers in Q3 2024 ranged from €848,563 (NMW) to €1.99 million (Average Hourly Earnings).



<sup>18</sup> Registered Irish Charities - Social and Economic Impact Report 2018 ([charitiesregulator.ie](https://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 Q3 2024, ALONE continued to enhance its ICT infrastructure developments, aligning with strategic and regulatory changes.

Key initiatives include:

01



#### Transition to Health Regions

ALONE made substantial progress in adapting to the HSE-driven shift to Health Regions, updating reporting structures, improving data collection for older people and volunteers, and enhancing contact data quality in this quarter. Further updates, including mobile app enhancements, are planned to support this transition.

02



#### EU Web Accessibility Directive Compliance

ALONE ICT team is collaborating with the Communications team and a strategic partner to ensure compliance with the upcoming 2025 EU Web Accessibility Directive.

03



#### Enhanced Technology Support and Ticketing System

Enhancements to the internal technology support ticketing system to improve service quality and incident management were made, with the new system expected by late October.

04



#### Volunteer Recruitment Process

ALONE's ICT team worked closely with the Volunteer Programme team and their CRM partner to develop a new Volunteer Recruitment process. This initiative supports ALONE's strategic goal of expanding its nationwide service reach through volunteers, while also enhancing the efficiency and effectiveness of volunteer-related processes and applications.

05



#### AI Tool Trials for Reporting and Governance

ALONE's ICT team began reviewing and progressing a number of trials with some AI tools aimed at improving meeting reporting and governance.

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 continues to place a strong focus on evidence-based practices and the continuous evaluation of their services and programmes to ensure older people receive the highest quality of support. This commitment entails implementing evidence-based solutions, evaluating their impact, and ensuring the efficient and effective delivery of services.

Key milestones in Research and Evaluation for Q3 2024 include:

**01**

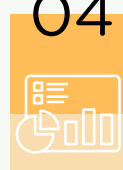
Completing data collection for Phase 1 of national service impact assessment with 287 older people supported by ALONE.

**02**

Completing data analysis of the 2024 annual older person's feedback survey and publishing a short report on key findings.

**03**

Supporting analysis of 2024 annual volunteer survey.

**04**

Continuing to improve ALONE reports and dashboards, to report by Health Region, and enhancing operational efficiency.

**05**

Publishing a 2024 briefing paper outlining housing and service policy asks with Social Justice Ireland in advance of budget. Although this project was not without its challenges, it notably includes a costed policy ask to support further expansion of ALONE services within the ECC programme to meet population projections.

# Campaigning & Advocacy

## Cully & Sully Launch



**Loneliness Taskforce urges Government to take “Last Chance” to live up to their commitment to tackle loneliness**

**ALONE and Social Justice Ireland call for Budget 2025 to fund an ageing Ireland**

## Launch Pre-Budget Submission



## Texts To Older People



ALONE sent 6,000 check in texts to older people in Q3

## ALONE media in Q3 2024

Regional Print: 147  
Regional Radio: 92  
Online: 49  
Broadcast: 106  
Print: 163



## Newsletter Readership



ALONE send newsletters every month to Partners, Staff and Volunteers

## Delivering on the ECC Objectives

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

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

ALONE continues to play a leadership role in the CIN to develop and manage this multi-faceted membership network. As of September 2024, ALONE's CIN membership had 175 member organisations, supporting 36,307 older people nationwide.

In Q3 2024, ALONE's CIN welcomed six new organisations into the network, providing indirect support to 760 older people. These new members included Shannon Family Resource Centre, Clare, Skibbereen Community and Family Resource Centre, Cork, Clare Age Friendly Programme, Clare Older Peoples Council, Glounthaune Active Retirement Group, Cork, and Senior Care Consultations.

The CIN collaborates with a broad range of organisations. Table 20 provides a snapshot of CIN engagement across Q3 2024. During the quarter, ALONE provided training to seven CIN Member Organisations with 56 attendees and supported three CIN Member Organisations with CIN resources. In August, the CIN also participated in a roundtable discussion on Transport, where members discussed community-driven initiatives like community bus and car schemes to improve local mobility and service cohesion.

CIN	July	August	September
CIN New Members	-3*	4	2
Older People Supported Indirectly	0	660	100
CIN Member Organisation Supported	12	17	9
<b>CIN Training</b>			
CIN Training Sessions	2	1	4
CIN Member Attendees	3	23	30
<b>CIN Networking</b>			
CIN Network Activities Hosted	10	10	1
CIN Member Attendees	17	23	0
<b>CIN Resources</b>			
CIN Organisations who received policy, procedure and practice documents	0	3	0

Table 20: CIN Engagement, by month, Q3 2024

\*3 organisations are no longer CIN member organisations updated July 2024. This is due to a clean-up/ service no longer in operation.



This quarter marked the launch of CIN's first monthly Members in Action meeting, a themed online session featuring a guest speaker, member showcase, and discussion.

The CIN team launched a specialised workshop on energy savings for older adults, covering energy-saving tips, bill navigation, provider options, and entitlements. The first session took place in Dublin, partnering with Northside Partnership and MABS at Cabra Library. Additionally, CIN and ALONE Services hosted a stand at the Senior Times event in Cork, providing resources on hobbies, rights and entitlements, retirement finances, and mental and physical well-being. In Q3 2024, 15 organisations received Digital Champion training, resulting in 256 Digital Champions who potentially supported 456 older people in their community. This training aims to enhance the digital skills of older adults, fostering greater independence and connectivity (see Table 21).

“

**This experience was really impactful for me to understand how people engage with technology. It was a really good learning experience. I am grateful for the opportunity to connect with the local community as I am an international student, this made my summer much more meaningful**

Hi-Digital Training	July	August	September
Digital Champion (DC) Training	70	35	151
No. of organisations who received D.C training	5	1	9
Potential Number of older people to receive HD support	113	93	250

Table 21: Digital Champion Training, by month, Q3 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, 3,857 individuals were newly supported by ALONE in Q3 2024, a figure consistent with previous quarters. This stabilisation in numbers reflects both the maturity of the project as it progresses through its third year and the trust placed in ALONE's commitment to offering tailored supports that enhance quality of life and foster independence among older adults.

In Q3 2024, ALONE provided 10,912 new support interventions to 3,439 older people. Physical Health and Mobility interventions accounted for the highest proportion of interventions made by ALONE with more than one in five (21.2%) of all interventions relating to Physical Health and Mobility. This reflects an ongoing demand for support in managing age-related physical challenges (Figure 15 and Table 22).

Type of Interventions	Q1 2024		Q2 2024		Q3 2024	
	No.	%	No.	%	No.	%
<b>Physical Health and Mobility</b>	2,000	15.7	1,895	16.8	2,314	21.2
<b>Legal and Financial</b>	1,891	14.8	1,778	15.8	1,941	17.8
<b>Housing</b>	2,246	17.6	2,091	18.5	1,892	17.3
<b>Support and Befriending</b>	2,127	16.6	2,083	18.5	1,768	16.2
<b>Social Isolation / Prescribing</b>	1,418	11.1	1,084	9.6	1,087	10.0
<b>Personal Care</b>	1,510	11.8	1,211	10.7	1,042	9.6
<b>Emotional and Mental Health</b>	850	6.7	652	5.8	635	5.8
<b>Safety and Security</b>	686	5.4	424	3.8	182	1.7
<b>Safeguarding</b>	48	0.4	56	0.5	48	0.4

Table 22: No. of Interventions by Type and %, Q1 2024 v Q2 2024 v Q3 2024

The second most common intervention area, Legal and Financial interventions, saw a steady increase in Q3 2024, comprising 17.8% of all interventions. This reflects both seasonal pressures and the broader cost-of-living pressures that impact essentials like heating, food, and healthcare, putting additional strain on older adults' finances during colder months.

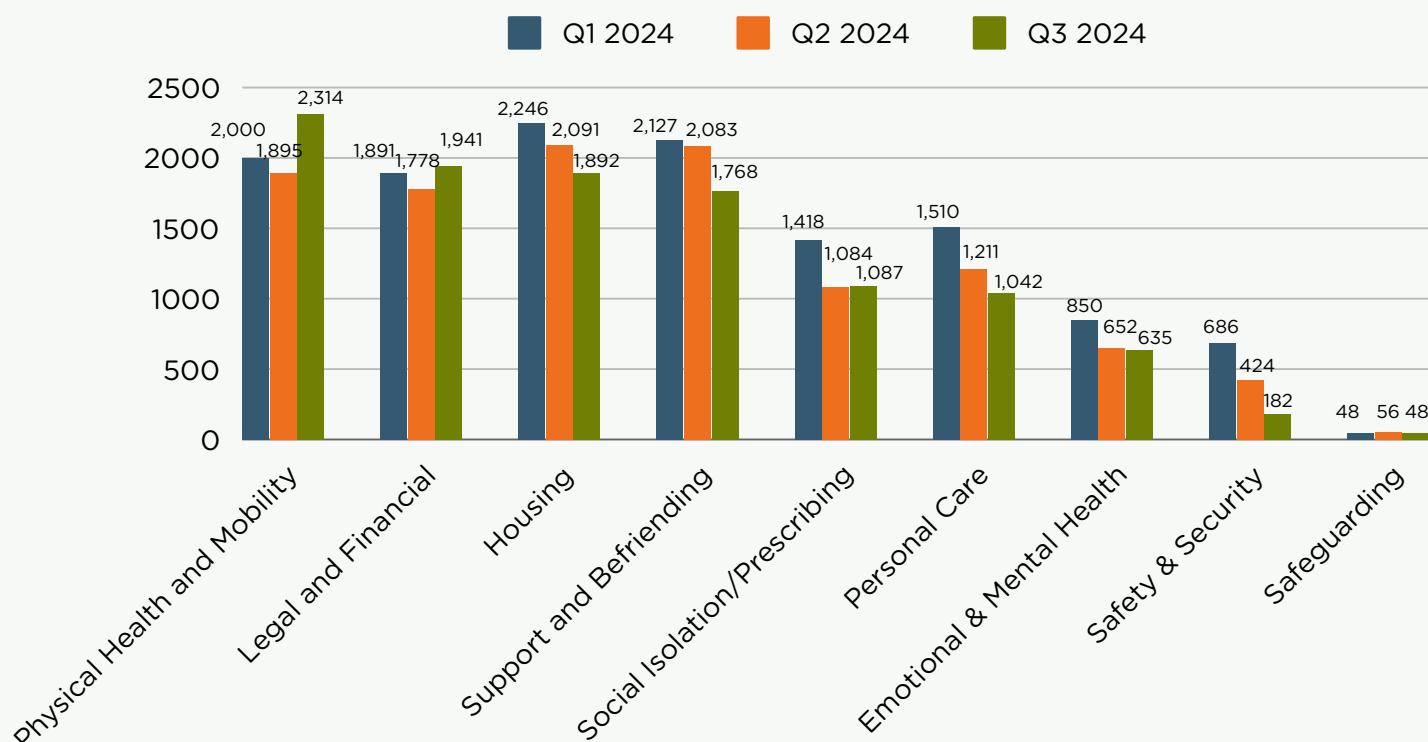


Figure 15: Interventions by Type, Q1 2024 v Q2 2024 v Q3 2024

This is followed by Housing, which continues to account for around 17% of the total interventions made by ALONE. The focus on housing adaptations, especially when linked with physical health and mobility needs and interventions, raises serious concerns about the health and well-being 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 well-being of older individuals, particularly in the context of the private rented sector.<sup>20</sup>

ALONE, in collaboration with Circle VHA, the HSE and Dublin City Council, is making strong progress on the Housing with Support Demonstrator Project at Richmond Place, Inchicore, Dublin. This project, supported by multiple government departments, provides a unique housing model with 24/7 onsite staff and tailored assistive technologies to help older adults live independently within their communities. Positioned between traditional home care and nursing homes, Housing with Support offers an alternative housing choice that promotes independent living while reducing nursing home dependency and offering significant value to the state.

ALONE and Circle VHA are proud to have been shortlisted for the Irish Council for Social Housing's Social Impact Challenge, with the Richmond Place project set to be featured at the ICSH Finance and Development Conference in October 2024.

<sup>20</sup> Explored in more detail in our research with Threshold - [Threshold Alone Report.indd](#)



Given the widespread concern of loneliness among older adults, another central focus was enhancing social support, with 16% of interventions directed toward companionship services and addressing social isolation, and 10% were directed towards social prescribing—all bolstered by the essential efforts of volunteers. Combined interventions targeted towards social supports account for a quarter of all interventions in this period. This support is further strengthened by the invaluable contributions of their volunteers who conducted 28,604 visits to older people and made 55,209 calls in the quarter.

ALONE remains dedicated to advancing aged care through innovative solutions, leading the way in using Assistive Technology to support ageing in place. In Q3 2024, technology played a role in 1,630 interventions, reaching 1,106 individuals. By integrating technology into a range of supports, ALONE has shown how these innovations can enhance care for older adults across multiple needs.



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.

Aligned with the Sláintecare Programme and the Healthy Ireland Action Plan (2021-2025), ALONE's role as a community connector underscores its commitment to strengthening healthcare sector consolidation. Through strategic partnerships and collaborations with healthcare providers and social support organisations, ALONE consolidates resources and expertise to deliver comprehensive support services for older adults. This collaborative model enhances both the efficiency and impact of service delivery, advancing the broader goal of integrated, patient-centered care across the healthcare system.

As this report illustrates, over half of the interventions (52%, n=5,676) provided in Q3 2024 relied on partnerships developed by ALONE (Table 15). More than a quarter of these interventions (29%, n = 1,648) involved accessing State supports, reflecting an increase from previous quarters. 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 well-being of older people, as financial stability and access to necessary resources contribute significantly to their overall quality of life.

Additionally, 45% of these interventions involved accessing physical health supports (25%, n= 1,417) and social supports (19.8%, n= 1,122). This involved collaboration with ALONE's partners to access physical health supports such as GP/PHN assessment, counselling supports, and addiction support services and social supports such as local events and community groups.

As in Q2 2024, nearly two-thirds of older people were referred to ALONE by external agencies in Q3 2024 (Table 13). Over one-third of these referrals came from Community Care Teams which include primary healthcare centres, community interventions team, and public health nurses. Hospitals were the next largest source of referrals with discharge teams connecting patients to ALONE's services to support the transition from hospital to living at home. ALONE also partners with ICPOP teams (5% of external referrals in Q3 2024) to provide a comprehensive and integrated range of supports to older people. While charitable organisations make up a small number of referrals they encompass a variety of groups including those supporting people who are homeless such as Simon Communities, organisations supporting people with brain injuries, Meals on Wheels, the Irish Wheelchair Association, the Alzheimer's Association, carers' organisations, and charities supporting people with sight loss (Table 14).



In Q3 2024, the second most common referral pathway was self-referral by older adults (21% of the total referrals), followed by referrals from family and friends. This trend highlights the public's trust in ALONE's reputation for delivering comprehensive support services. Through its assessment process, ALONE was able to identify the specific needs of older people referred to its services in Q3 2024. Of the 2,666 individuals who were assessed and identified a specific need in the quarter, 94% received some intervention from ALONE in the same period.

By enabling timely access to its community-based services, ALONE helps prevent unplanned hospital admissions among older adults. This proactive approach not only improves quality of life for older adults but also eases demand on emergency care resources. As previously noted, 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 and make a meaningful impact. This also demonstrates ALONE's progress in meeting its goals by addressing needs identified in comprehensive assessments and delivering customized support (see Annexure A: Key Themes in ALONE Interventions).

As detailed earlier in this report, ALONE actively monitors service-level data to identify trends that can improve its performance and further align with HSE objectives. By refining and enhancing organisational and service Key Performance Indicators (KPIs) and metrics, collating reports for the HSE, and conducting surveys to gather insights from both volunteers and the older adults ALONE supports, the organization makes continuous progress toward this goal.

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 Q3 2024, 12,099 older people who had been supported by ALONE prior to the beginning of the quarter remained active, with 82% (n=9,924) being actively supported with their interventions, while others were awaiting assessment, waiting to be matched with an alternative Support and Befriending Service, or waiting to be matched or re-matched with an ALONE Support and Befriending volunteer. Further details on the ongoing work have been provided in Annexure B: Ongoing Engagements. ALONE provided substantial support to older adults in Q3 2024, with 9,924 individuals continuing to receive care from previous quarters. This underscores the organisation's ongoing commitment to long-term support. Over time, ALONE has identified trends including an increased need for support among older women and those aged 71-90. Further, HSE West and North West and HSE Dublin and North East and have the highest proportion of ongoing engagements, with a lower level of engagement in HSE Midwest. 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 Health Regions for Q3 2024. Physical Health and Loneliness remained the two most frequently reported concerns across all Health Regions in both quarters, highlighting a sustained need for support in these areas. As highlighted in Table 23, Physical Health concerns continued to be especially prevalent in HSE West and North West, HSE South West, and HSE Dublin and North East regions, while Loneliness remained the predominant issue in HSE Dublin and Midlands, HSE Dublin and North East, and HSE Dublin and South East. Beyond this, significant regional differences were observed in the challenges faced by older people. Social Prescribing needs were higher in the HSE Dublin and North West region in both Q2 and Q3, suggesting consistent demand for social connection supports in this area. Financial difficulties were more pronounced in the South West across both quarters likely reflecting ongoing financial challenges among older adults in this region. Mental Health needs were prominent in HSE West and North West in both quarters. Mobility and Housing issues were also persistently high in the West and North West region, which is similar to what was observed in the last quarter, showing a continued need for housing adaptations and mobility aids.

	HSE Dublin and Midlands	HSE Dublin and North East	HSE Dublin and South East	HSE Midwest	HSE South West	HSE West and North West
<b>Physical Health</b>	203	212	191	136	257	403
<b>Loneliness</b>	252	281	215	122	211	287
<b>Mobility</b>	147	150	128	91	151	281
<b>Housing Issues</b>	144	143	126	71	142	253
<b>Finance</b>	129	149	89	105	190	180
<b>Personal Care</b>	119	120	110	80	104	183
<b>Social Prescribing</b>	108	170	112	48	118	130
<b>Mental Health</b>	121	95	114	52	93	186
<b>Safeguarding</b>	2	2	5	0	4	6

Table 23: Issues emerging during Assessment, No. of People, by Health Region, Q3 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 enable ALONE to detect shifts in service demand, identify areas of underutilized services, and guide the enhancement of services and partnerships to better address the changing needs of older adults across different regions. Given that the transition to Health Regions is still in its early stages, ALONE will continue to monitor and analyse regional trends closely throughout 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 Q3 2024, ALONE's volunteer contribution was substantial with an estimated value ranging from €848,563 to €1.99 million. The total number of volunteers engaged with ALONE at the end of Q3 2024 were 8,288. This resulted in 28,604 Visitation Support and Befriending visits and 55,209 Telephone Support and Befriending calls across the quarter. The volunteer network also enabled 6,151 calls to be taken by the NSRL supporting 4,668 individuals by the end of September 2024. Additionally, a total of 2,377 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.

As shared earlier, the impact of volunteer support is further highlighted in the Older Person's Annual Feedback Survey 2024, which received overwhelmingly positive feedback. According to the survey, 70% of older people indicated that ALONE's services met their needs, 84% would recommend ALONE to a friend, 51% felt ALONE positively impacted their lives, and 15% reported reduced reliance on hospitals or GPs due to the support provided by ALONE. These findings reflect the value of ALONE's integrated care model, which reduces isolation and improves health outcomes through a coordinated network of volunteers.

As previously noted, technological supports were a key component of 1,832 interventions in Q3 2024 (17%), in support of 1,106 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.

Almost 68% of these technological supports were focused on Physical Health and Mobility, with GPS emergency strap and pendant alarms being the most popular devices.



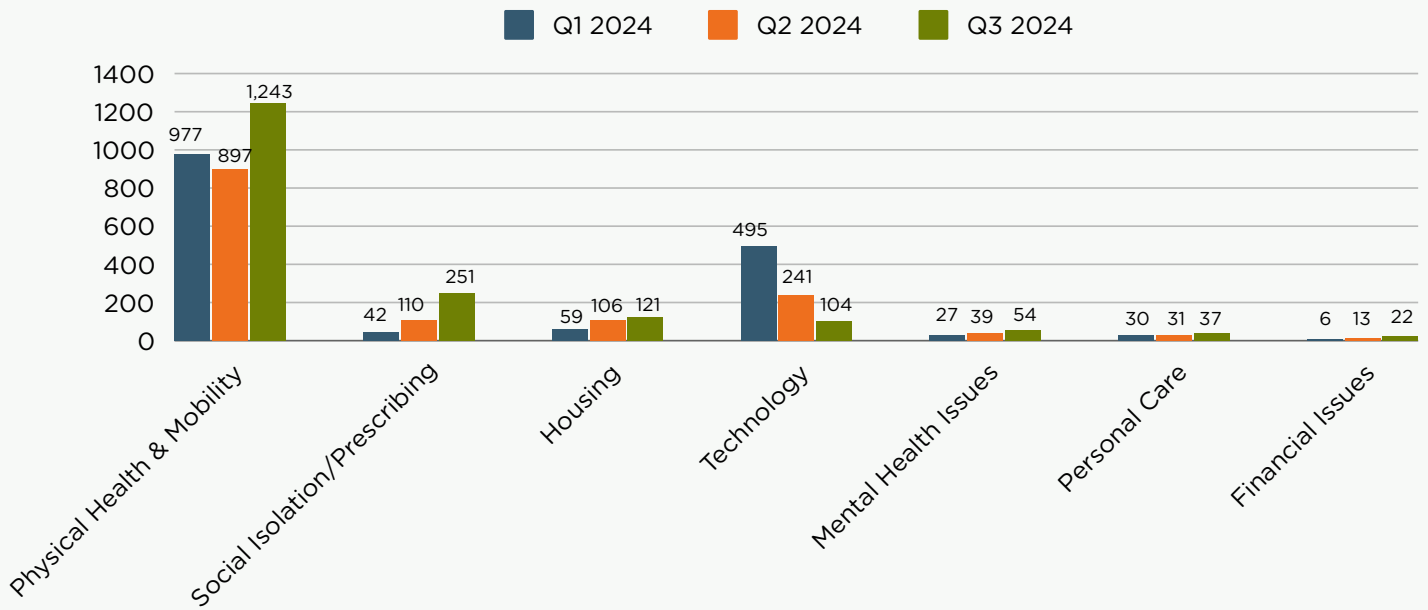


Figure 16: Technology Interventions by Intervention Area, Q1 2024 v Q2 2024 v Q3 2024

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

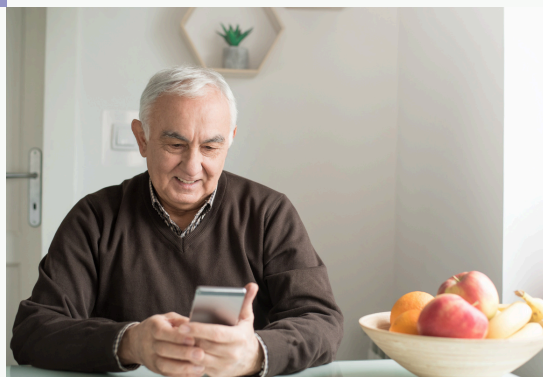
Mental Health, to support older adults with cognitive decline or dementia, depression or anxiety. Supports here may include facilitating reminder systems, medication management, and well-being supports.

## 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.

ALONE's commitment to delivering integrated, streamlined services for older people is reflected in its partnerships with healthcare providers, community organisations, local authorities, approved housing bodies, and social enterprises. These alliances help reduce duplication, improve service coordination, and enhance access to essential supports across Ireland.

As previously detailed in Table 13, external referrals accounted for two-thirds (67%) of total referrals consistent with previous quarters, underlining ALONE's commitment to building robust partnerships within the healthcare sector and broader community to support the health and well-being of older people. Furthermore, among the individuals referred to by named External Agencies (n=2,076) in Q3 2024, almost half (47%) were referred by HSE Community Care Teams consisting of primary health care centres, community intervention teams, and community nurses, consistent with Q2. More than one-third were referred by hospitals nationwide, marking a slight increase compared to previous quarters. Meanwhile, referrals by ICPOP and GP saw a slight decrease in comparison to Q2 (Table 14).

Overall, the top four referral agencies—HSE Community Care Teams, hospitals, ICPOP and GPs—remain consistent with Q1 and Q2. This demonstrates how ALONE's model has become deeply embedded in the ECC programme and the strong relationship between ALONE and the healthcare sector at both primary and acute levels to deliver care and enhance the overall health and well-being of older people. The Older Person's Annual Feedback Survey 2024 reflects positively on these coordinated efforts as detailed earlier, with 51% noting that ALONE's support had a positive impact on their lives and 15% indicating they used the hospital or GP less often because of receiving support from ALONE. These figures represent a consistent level of satisfaction from last year, though they indicate an opportunity for continued growth in awareness, as some older adults remain unaware of the full range of ALONE's services. Compared to the previous year, there was also a noted improvement in the perceived quality of support, likely reflecting ALONE's ongoing dedication to streamlining services and enhancing community-based care.

In addition, ALONE's collaboration with the 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

This report identifies several key priority areas that can better address the needs of older adults. These focus areas will be crucial for future initiatives to enhance the well-being and quality of life of older individuals in our communities, addressing the social, personal, physical, and mental health challenges they face.

01

### Strengthening Community and Healthcare Partnerships

Physical Health and Mobility were key concerns among older adults, often interlinked with other well-being challenges. ALONE has established strong partnerships with healthcare providers, including HSE Community Care Teams, hospitals, and community organisations, which together facilitated 67% of external referrals. Strengthening these partnerships, particularly in regions with high physical health and mobility needs, will support integrated care for older people across primary and acute settings. By leveraging insights from networks like CIN, ALONE can optimise service coordination and expand partnerships to address gaps in service delivery and reach underserved communities.

02

### Increasing Awareness of Available Services

The Older Person's Annual Feedback Survey 2024 highlighted numerous positive impacts for older adults, although some individuals were not fully aware of the range of services offered by ALONE and a small minority (12%) were unsure if ALONE services met their needs. Targeted outreach and communication can help inform them of supports like social prescribing, housing adaptations, and financial assistance, driving higher engagement and better access to resources.

03

### Expanding Volunteer Network and Addressing Regional Disparities

The transition to Health Regions has highlighted significant regional variations in service demand, with some areas experiencing higher needs due to population density or resource constraints such as HSE West and North West, which have constantly shown an increase in the number of people newly supported and assessed indicating substantial demand for services. Expanding volunteer recruitment can improve support availability and reduce wait times. ALONE should continue monitoring regional needs and adjust resource allocation to ensure equitable service levels, across high demand areas.

04

### Enhancing Financial and Housing Supports

Financial and housing interventions make up a significant proportion of ALONE's support efforts, particularly in areas of housing safety adaptations and guidance on accessing energy credits and essential entitlements. Given rising living costs and increased needs with seasonal changes, expanding financial literacy, housing stability support, and benefit navigation will greatly improve older adults' well-being.

05

### Combating Loneliness and Fostering Community Engagement

Similar to previous quarters, loneliness remains a significant issue, with 26% of interventions in Q3 2024 addressing social isolation. ALONE's volunteers are crucial in reducing loneliness through regular visits and calls, while community organisations help build social support networks. Expanding community engagement initiatives and promoting volunteer-led social events can strengthen connections and foster social inclusion among older adults.

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

This report highlights ALONE's continued progress in addressing the complex needs of older people across Ireland, illustrating how partnerships, community engagement, and innovation in service delivery are central to ALONE's mission. In alignment with the HSE's objectives and the ECC Programme, ALONE continues to play a pivotal role in enabling older individuals to live independently, safely, and with dignity in their own homes.

Through a comprehensive network of partnerships, ALONE supports a wide spectrum of needs, from physical health and mobility to mental well-being, housing, financial support, and social connectivity. The stabilisation in service demand and the continued growth of the CIN reflects the effectiveness of ALONE's approach in fostering trusted, reliable support within the community. Furthermore, ALONE's volunteer network has demonstrated significant value, both financially and socially, by providing companionship and essential care to thousands of older people. This report also underscores the increasing role of technology in ALONE's services, from digital literacy programs to assistive technologies, which enhance the independence and connectivity of older people in a rapidly evolving landscape.

However, as demand continues to grow, key areas for attention remain. Strengthening partnerships within healthcare and community networks, expanding volunteer recruitment and training, increasing awareness of available services, enhancing technological support, and addressing financial and housing challenges will be critical in ensuring that ALONE's model continues to adapt and respond to emerging needs. These areas of focus will allow ALONE to build upon its impact and refine its approach to meet the evolving expectations of older people and the communities they live in.

Looking ahead, ALONE's commitment to continuous improvement, informed by assessment data and direct feedback from both volunteers and older people, will guide its efforts to develop tailored, impactful solutions. By sustaining and growing its alliances across healthcare, social services, and community organisations, ALONE is well-positioned to continue delivering on its objectives and enhancing the well-being of Ireland's ageing population.

## Annexure A: Key Themes in ALONE Interventions

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



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



Housing to address concerns related to living conditions and housing needs



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



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



Social Isolation/Prescribing to promote community engagement and activities



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



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



Technology to enhance the quality of life for older people



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 Q3 2024.

### A1: Physical Health & Mobility

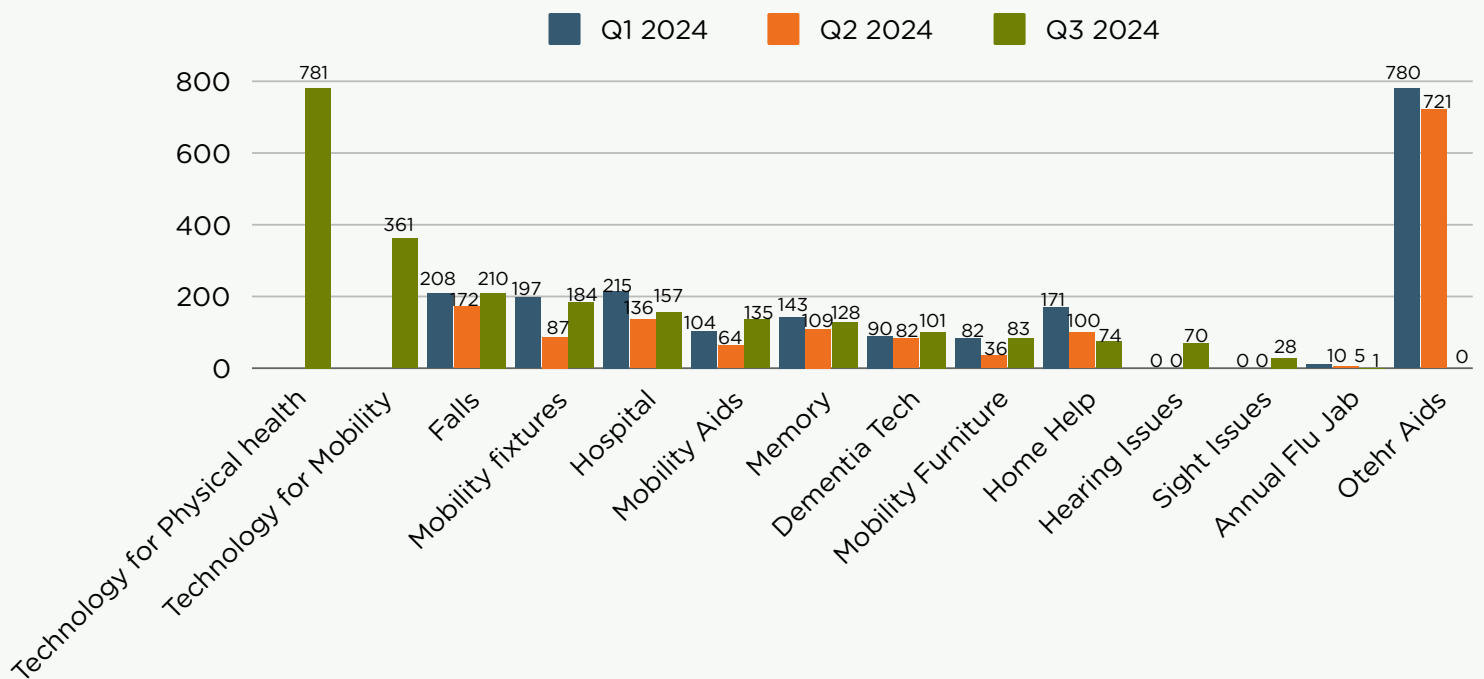


Figure 17: Physical Health and Mobility Interventions by Type, Q1 2024 v Q2 2024 v Q3 2024  
 Note: Data on Technology for Physical Health and Mobility, Hearing Issues and Sight Issues for Q1 and Q2 2024, and Other Aids for Q3 2024 are unavailable.

### A2: Legal and Financial

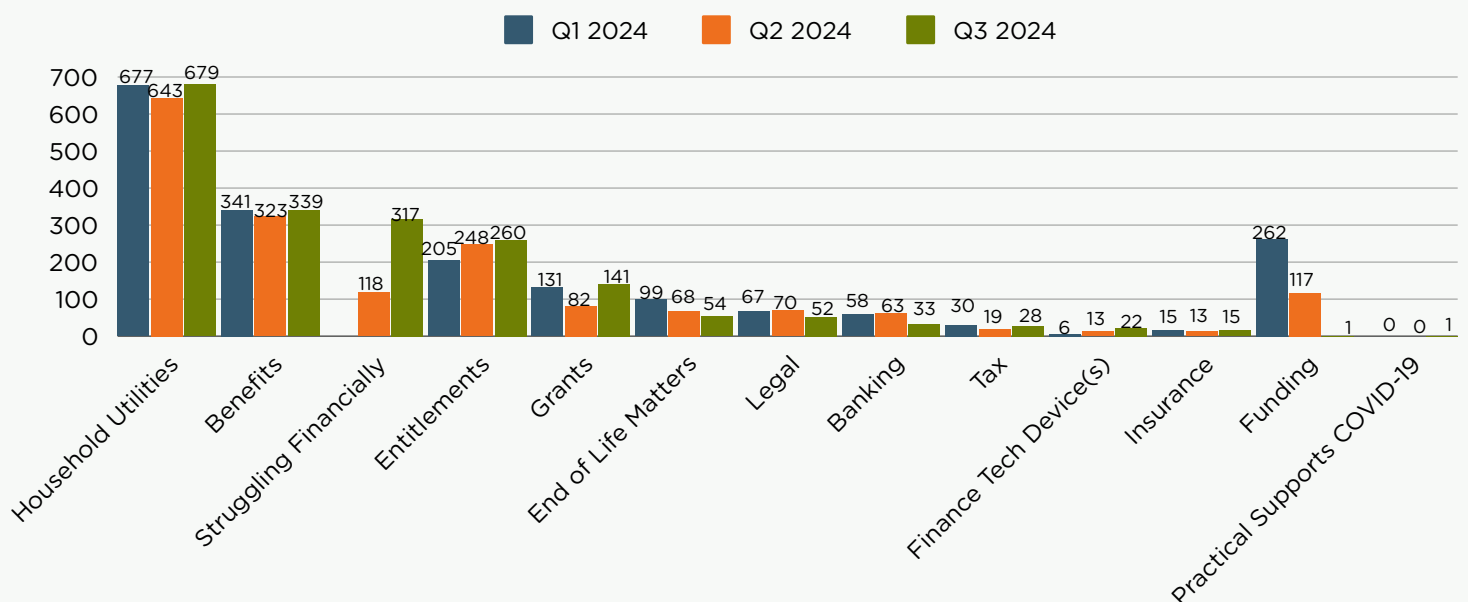


Figure 18: Legal and Financial Interventions by Type, Q1 2024 v Q2 2024 v Q3 2024  
 Note: Data on Struggling Financially for Q1 2024 and Practical Supports COVID-19 for Q1 and Q3 2024 are unavailable.



### A3: Housing

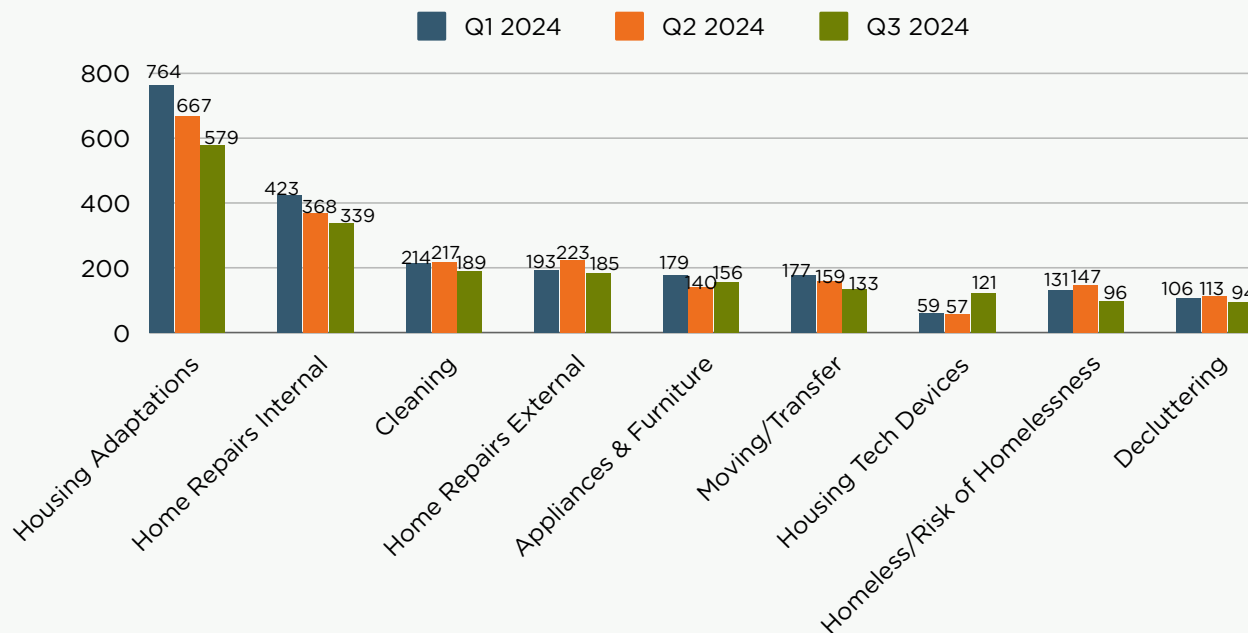


Figure 19: Housing Interventions by Type, Q1 2024 v Q2 2024 v Q3 2024

### A4: Support & Befriending

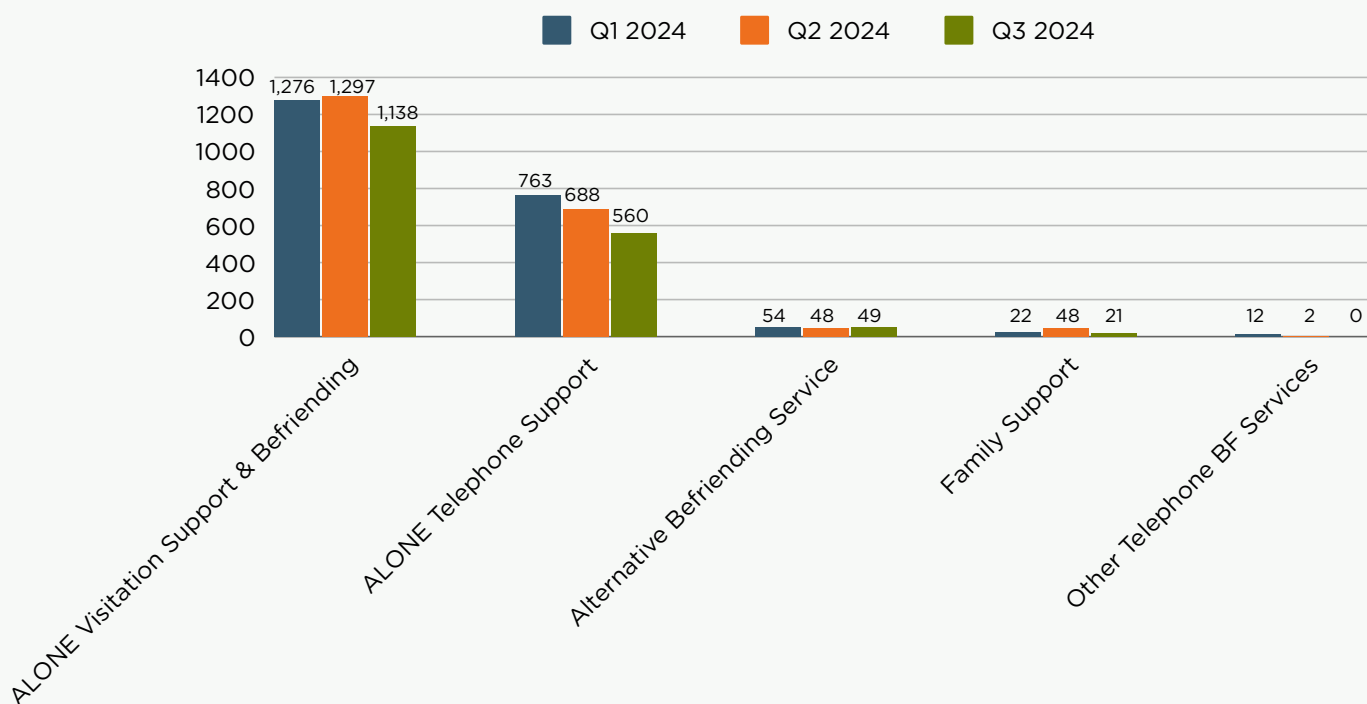


Figure 20: Support and Befriending Intervention Interventions by Type, Q1 2024 v Q2 2024 v Q3 2024  
Note: Data on Other telephone Support & BF services for Q3 2024 is unavailable.

## A5: Social Isolation/Prescribing

Social Isolation / Prescribing	Q1 2024		Q2 2024		Q3 2024	
	No.	%	No.	%	No.	%
Local Community Groups	1122	103.5	776	71.6	721	66.3
One-off Events	254	23.4	198	18.3	115	10.6
Isolation tech device	42	3.9	110	10.1	251	23.1

Table 24: Social Isolation Prescribing / Isolation Interventions by Type, No. and %, Q1 2024 v Q2 2024 v Q3 2024

## A6: Personal Care

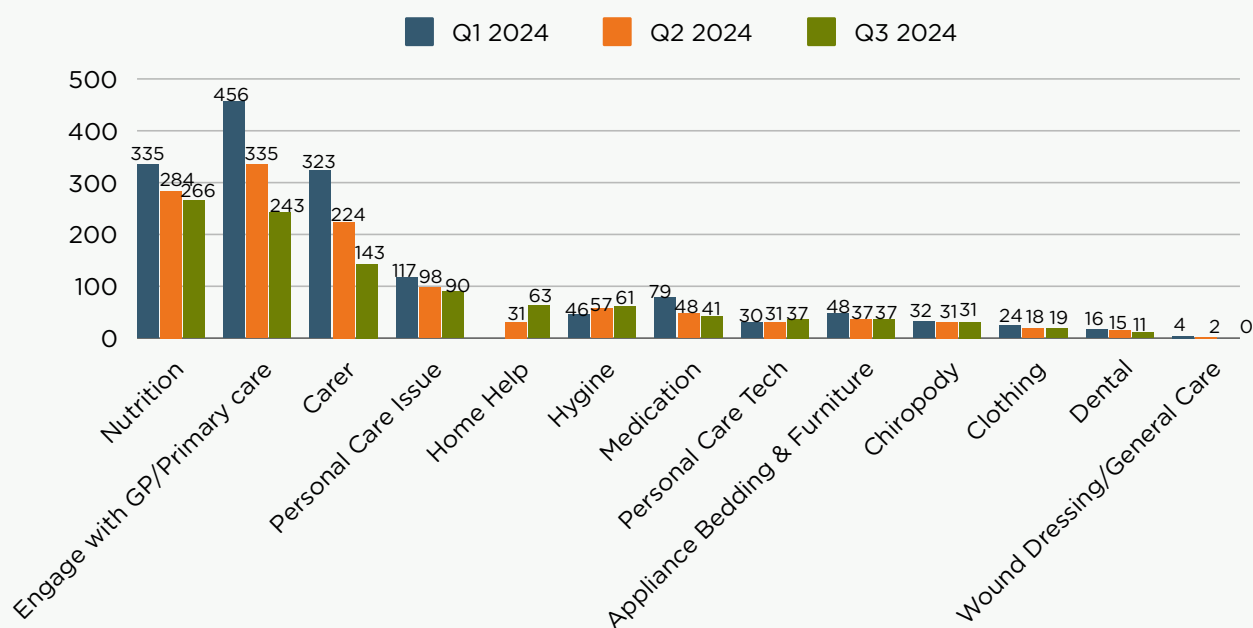


Figure 21: Personal Care Interventions by Type, Q1 2024 v Q2 2024 v Q3 2024

Note: Data on Home Help for Q1 2024 and Wound Dressing and General Care are unavailable.

### A7: Emotional and Mental Health

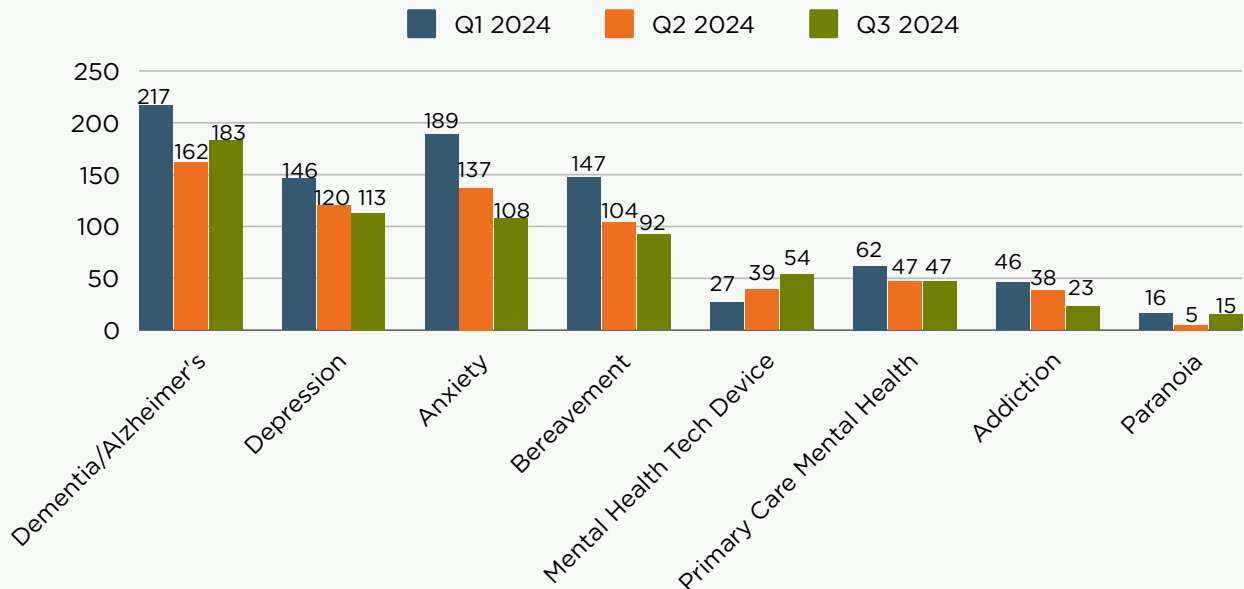


Figure 22: Emotional and Mental Health Interventions by Type, Q1 2024 v Q2 2024 v Q3 2024

### A8: Safety & Security

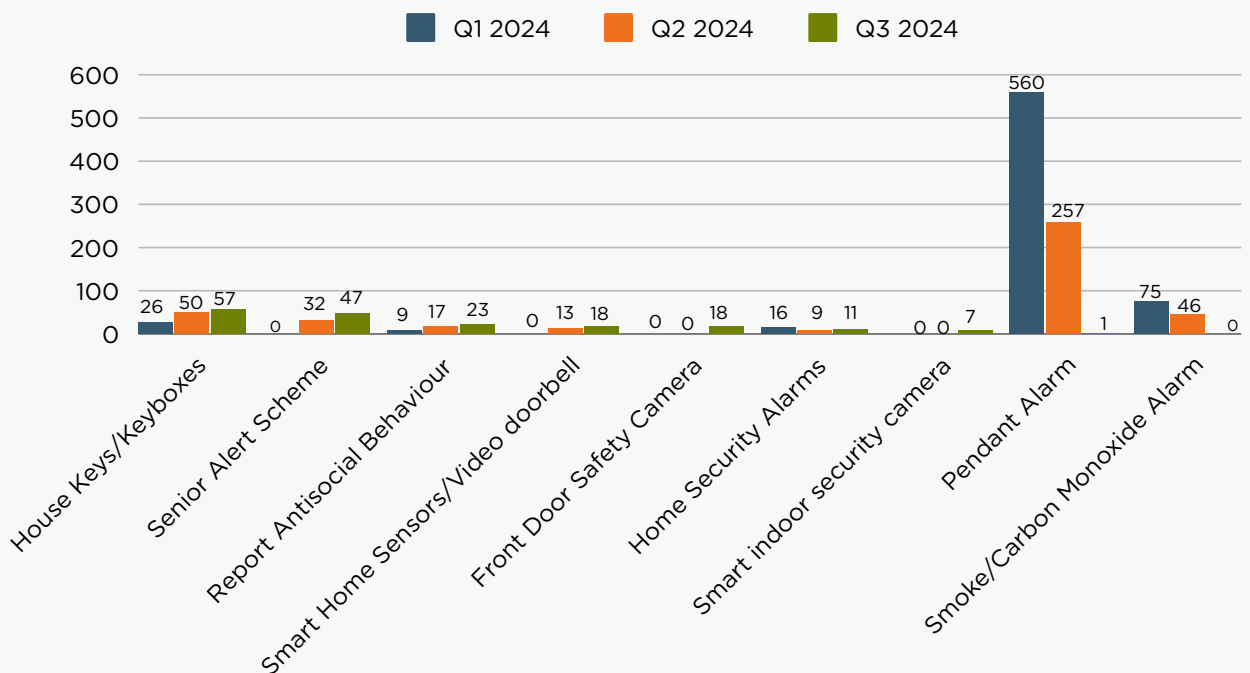


Figure 23: Safety and Security Interventions by Type, Q1 2024 Q2 2024 v Q3 2024

Note: Data on Smart Home Sensors/Video doorbell and Senior Alert Scheme for Q1 2024, Front Door Safety Camera and Smart indoor security camera for Q1 and Q2 2024, and Smoke/Carbon Monoxide Alarm for Q3 2024 are unavailable.

## A9: Safeguarding

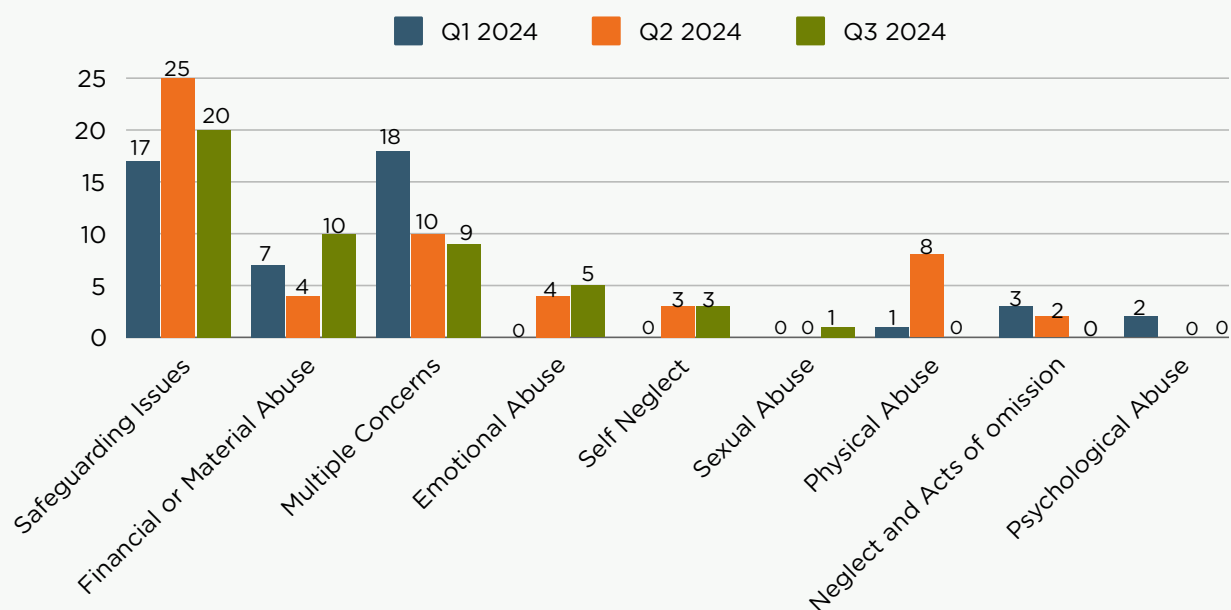


Figure 24: Safeguarding by Type, Q1 2024 v Q2 2024 v Q3 2024

Note: Data on Emotional Abuse and Self-neglect for Q1 2024, Sexual Abuse for Q1 and Q2 2024, Physical Abuse and Neglect and Acts of Omission for Q3 2024 and Psychological Abuse for Q2 and Q3 2024 are unavailable.

In Q3 2024, 2,377 check-in calls were made between older people and volunteers. Quarterly details are provided in Table 25.

Check-in calls (Older People and Volunteer)	July	August	September
Total Calls	748	697	932

Table 25: Check-in Calls (Older People and Volunteer), Q3 2024

Moreover, between July to September 2024 ALONE's NSRL managed 6,151 incoming support and referrals. The calls data is provided in Table 26.

NSRL calls	July	August	September
Total Calls	2,138	1,904	2,109
Cumulative Unique Individuals (first time callers)	3,857	4,260	4,668

Table 26: Calls to the National Support and Referral Line, Q3 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	703
Front Office	379
Info/Advice given to OP	304
Supportive Chat	302
Missed call from ALONE	181
Housing	157
Technology	106
Signposting	82
Mental health (suicidal caller etc.)	70
Finance	58
Energy Credit Requests	44
Home Care/Meals on Wheels	36
Referral to Girl Guides classes	21
Info about digital skills/Hi Digital	19
Transport	17
Shopping/Medication	16
Signpost to SVP	2
Signpost to MABs	1
Restriction/Vaccine (Covid)	1

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 Q3 2024, many of whom had initiated engagement with its services before this quarter. In total, 12,099 older people who had been supported by ALONE prior to the beginning of Q3 2024 remained active in this quarter. Of this group, 9,924 (82%) 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=12,095), 62.6% were female (n=7,566) and 37.3% were male (n=4,516; Figure 25), which is similar to new engagements in Q3 2024.

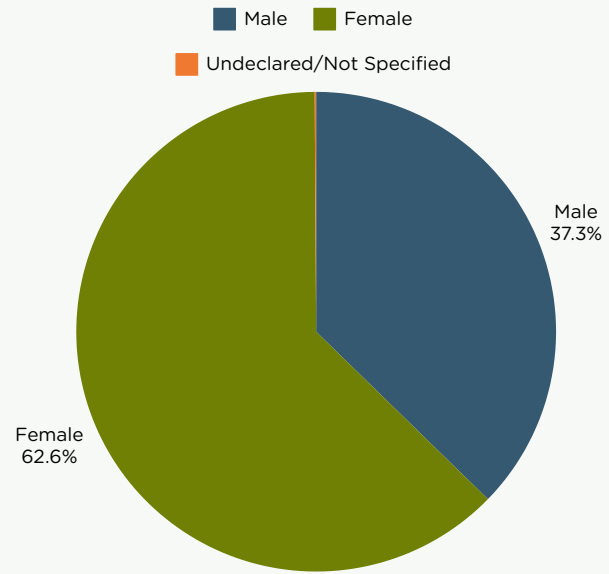


Figure 25: Ongoing Engagements by Gender, Q3 2024

For those whose age was recorded (n= 12,099), the majority (71%, n= 8,539) were aged between 71 and 90 years old, while 152 people were younger than 50, and 235 were older than 95 (Figure 26).

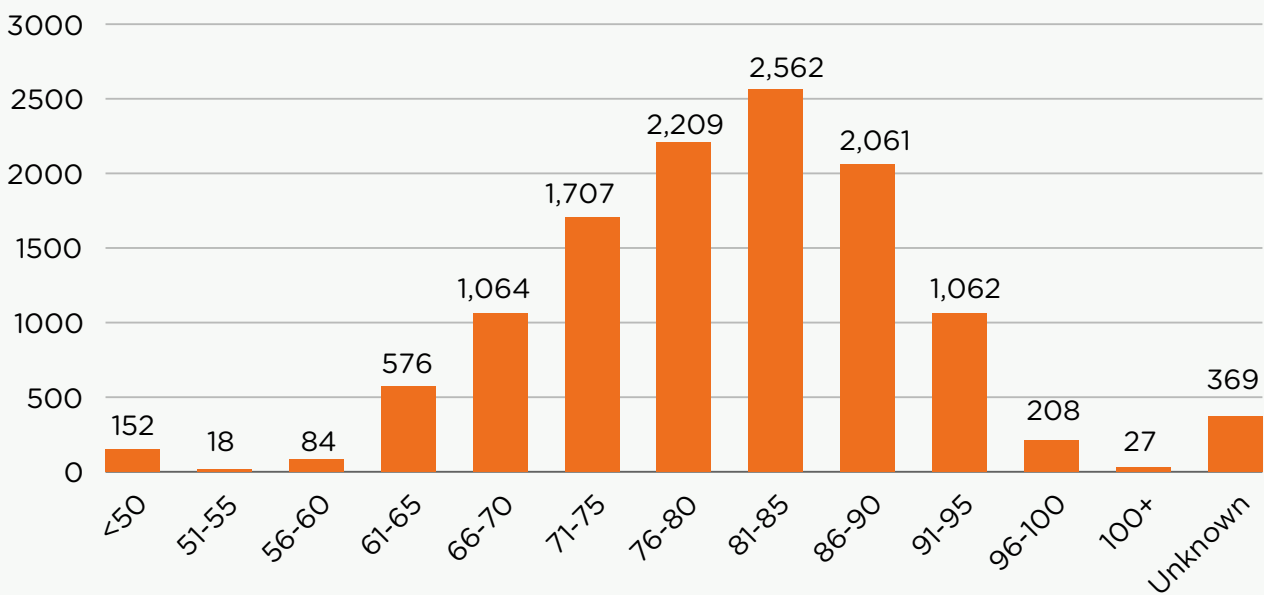


Figure 26: Ongoing Engagements by Age Range, Q3 2024

The distribution of these ongoing engagements, for which data was available (n=12,096), is presented in Table 28 according to their geographical spread. As this shows, HSE West and North West and HSE Dublin and North East and have the highest proportion of ongoing engagements, with a lower level of engagement in HSE Midwest. This observation aligns with the conclusions drawn in prior reports regarding the geographic distribution of engagements and is primarily a result of the initial establishment of ALONE's services in these areas, as evident in Table 1.

RHA	No. Ongoing Engagements	%
HSE Dublin and Midlands	2,195	18.1
HSE Dublin and North East	2,351	19.4
HSE Dublin and South East	2,110	17.4
HSE Midwest	810	6.7
HSE South West	1,983	16.4
HSE West and North West	2,647	21.9

Table 28: Ongoing Engagements (commenced pre-Q2 2024), by Health Region, Q3 2024

Of the 12,099 older people who were actively supported by ALONE prior to Q3 2024, and who remained active within ALONE, 23% (n=2,782) received a new intervention in Q3 2024.

## Annexure C: HEALTH REGION 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



<sup>1</sup> 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.

