



YOU'RE NOT ALONE



# ALONE ECC REPORT 2024

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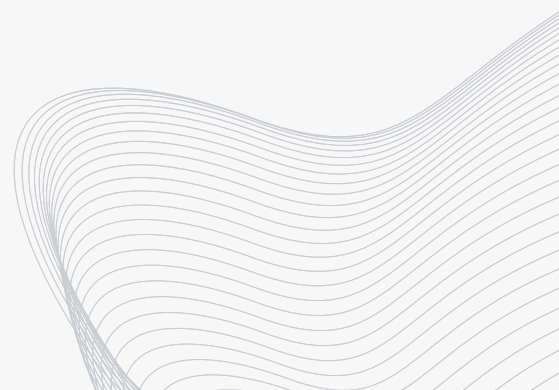
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## FOREWORD FROM OUR CEO

At ALONE, our goal is to enable older adults to age in place with the necessary support to maintain their independence, security, and overall quality of life. Over the past year, we have continued to drive this agenda forward as part of the HSE's Enhanced Community Care (ECC) programme.

We believe the ECC programme provides a once in a lifetime opportunity to change how we support and care for older people in the community. ALONE services have played a vital role in this, by bridging the gap between community and acute services and ensuring that no older person is left without the help they require. We welcome the Programme for Government committing to the expansion of the ECC programme, as it will enable us to campaign for equity of access for all to age at home (on their own terms).

This year, we are proud to celebrate a significant milestone, providing support to nearly 44,000 older people across all of our services. Demand for our services has grown considerably, with more older people requiring ongoing support, assessments, and interventions. Notably, we have seen a significant increase in support for those aged 86-90 years. At the same time, we have successfully expanded our reach, completing over 46,000 interventions, with 86% of those completed achieving positive outcomes.

This year we have observed more older people requiring support for their physical health and mobility, while levels of loneliness, mental health, housing and financial difficulties have remained high. Over half of our interventions were delivered in collaboration with our diverse network of partners across Government and State agencies, national advocacy organisations, and community-based service-providers, ensuring tailored support for older people.

These insights highlight the growing challenges faced by older people, particularly around health and well-being, and reinforce the importance of a coordinated, proactive approach to care. Our ability to respond effectively is a testament to the dedication of our staff, volunteers, and partners, whose unwavering commitment ensures that older people receive the support they deserve.

Underpinning all of our work is a robust, evidence-based research approach that both informs and is informed by the lived experiences of older people. As part of this, later this year we will be launching an exciting report quantifying the positive impact of our services and how the impact of our work has taken pressure off primary and acute HSE services and saved the state money - watch this space.

As we move forward, we remain focused on expanding our reach, strengthening our partnerships, and advocating for systemic improvements to meet the evolving needs of Ireland's ageing population. We extend our deepest gratitude to everyone who has contributed to this mission. Together, we will continue to drive meaningful change and build a society where ageing is embraced with respect, security, and support.



Seán Moynihan  
CEO of ALONE

## GLOSSARY OF TERMS

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

**Assessment:**

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

**BConnect 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.

**Contact:**

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

**Enhanced Community Care (ECC):**

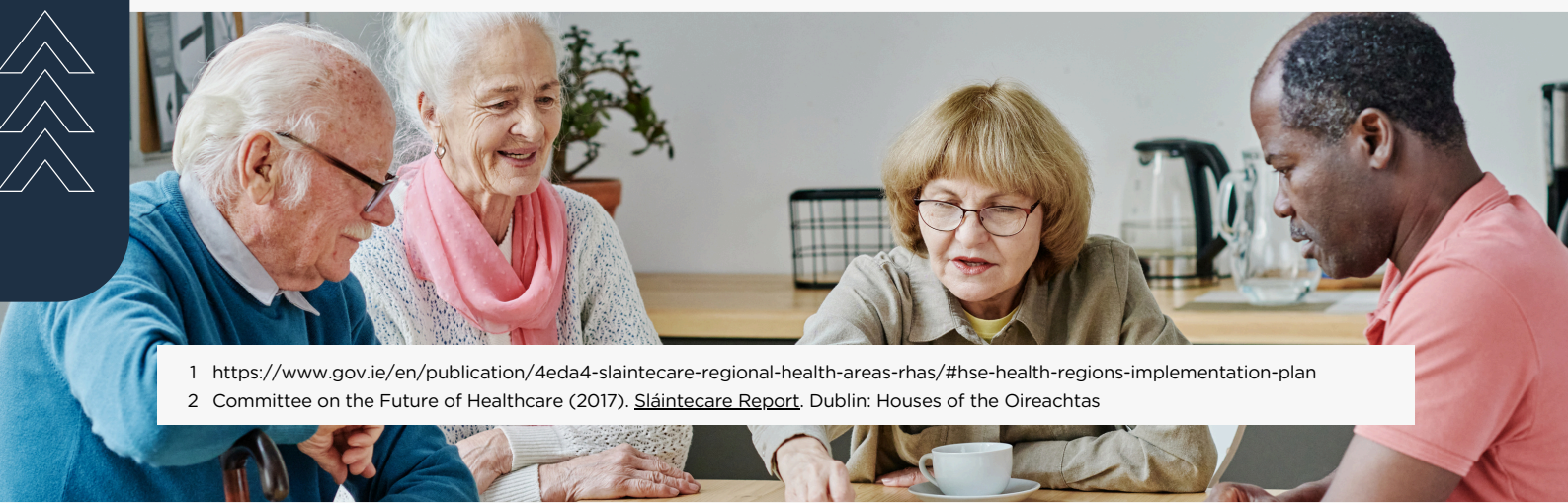
The ECC programme is a €240 million investment in community health services by the HSE. It aims to enhance community care services and reduce pressure on hospital services, all while catering for the all-round wellbeing of an individual. It forms part of the Irish Government's Sláintecare plan.

**Intervention:**

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

**Health Region:**

In 2024, the Health Service Executive (HSE) transitioned from nine CHOs to six Health Regions<sup>1</sup> 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 Sláintecare Report.<sup>2</sup> Further information is available in Annexure B.



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

The 2024 annual report marks ALONE's third year within the Enhanced Community Care (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. Through its integrated model, ALONE continues to provide holistic support that enables older people to age safely and independently at home.

Ireland's ageing population is growing rapidly, with Census 2022 reporting a 21.8% increase in people aged 65+ since 2016. Projections indicate this will rise to 1.9 million by 2057,<sup>3</sup> creating both challenges and opportunities. Healthy ageing requires accessible healthcare, social supports, and preventative services that empower older people to maintain well-being and stay engaged in their communities.

The Government's commitment in the Programme for Government<sup>4</sup> to expanding the HSE's Enhanced Community Care (ECC) Programme aligns with the Sláintecare healthcare reform agenda and prioritises ageing in place along with ensuring long-term care is timely, comprehensive, and affordable. The Well-being Framework<sup>5</sup> for Ireland further emphasises the need for suitable housing, access to care, and social inclusion for older people. ALONE remains at the forefront of these efforts, advocating for and delivering services that improve quality of life, foster independence, and create sustainable, community-driven solutions for Ireland's ageing population. By working with statutory bodies, healthcare providers, and volunteers, ALONE ensures timely, personalised support for older individuals nationwide. This integrated approach not only helps streamline coordination across services but also connects older people to the precise care they need, enabling every individual to obtain equitable and timely access to resources, regardless of their circumstances.

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

<sup>4</sup> <https://www.gov.ie/en/publication/078a1-programme-for-government-2025-securing-irelands-future/>

<sup>5</sup> [Understanding Life in Ireland: The Well-being Framework and Understanding Life in Ireland: The Well-being Framework Report 2024](#)

This year, ALONE's work was shaped by both persistent and emerging trends in ageing. While loneliness remained the most prevalent concern, affecting 52% of older people, 2024 also saw a notable rise in physical health and mobility challenges, illustrating that the challenges experienced by older people extend far beyond the experience of loneliness. Housing issues remained relatively high impacting 32% of individuals, underscoring the need for expanded healthcare support, structural adaptations, and improved accessibility to enhance the well-being of older adults. These trends align with a significant increase in the number of individuals aged 86-95 seeking support from ALONE, a cohort more likely to experience frailty, chronic illness, and reduced mobility. Rising financial pressures and the increasing cost-of-living also continued to impact many older people throughout the year, particularly those struggling with energy costs and access to benefits. ALONE's strong collaborations with healthcare providers, social services, and community organisations facilitated a coordinated response to these challenges, ensuring that older individuals received the resources, advocacy, and support needed to navigate an increasingly complex landscape.

Demand for ALONE's services reached a new milestone in 2024, with 15,516 individuals newly supported, marking a 28% increase from 2023 (12,108 individuals) and a remarkable 74% rise since 2022 (8,939 individuals). This substantial growth reflects Ireland's ageing population, which increasingly requires assistance to age with dignity and confidence, as well as ALONE's expanding reach and visibility in addressing the diverse needs of older adults. In 2024, ALONE expanded its volunteer network increasing its capacity to provide companionship and social connection to more older people. ALONE volunteers dedicated 264,430 hours of support in 2024, representing a 21% increase from 2023.



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## ALONE'S MISSION AND ROLE IN THE ECC PROGRAMME

ALONE is a national organisation that aims to transform ageing at home in Ireland. For 45 years, ALONE has been providing a range of services to support older people to age at home, driven by individual assessments and the specific needs of older people. With a focus on partnership working, ALONE seeks to tackle social isolation, loneliness, and improve the health and well-being of older people across Ireland. ALONE's services are focused on four main areas:

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



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



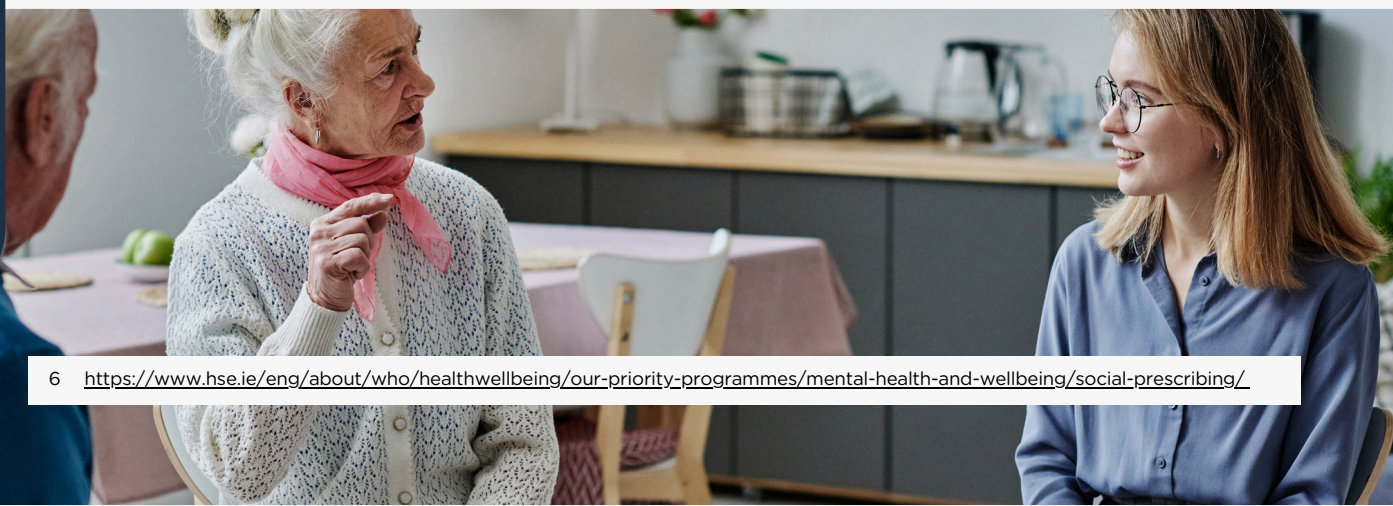
Housing, which includes the provision of homes and ongoing support for older people who have housing difficulties. It also includes Housing with Support which is a model of universal design that includes housing with 24/7 care and support staff providing on-site support. The aim is to create an alternative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



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

There is a focus on social prescription<sup>6</sup> within 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.



<sup>6</sup> <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/social-prescribing/>

## KEY OBJECTIVES

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1

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.

2

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.

3

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.

4

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

5

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.

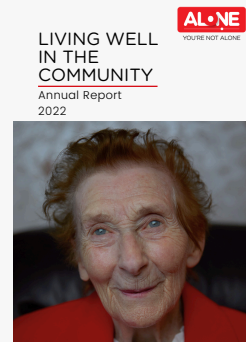
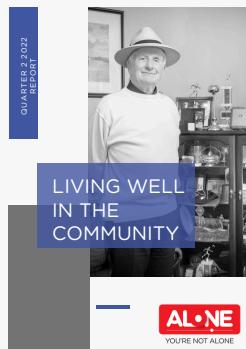
6

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

# PURPOSE OF THE REPORT

This end of year report presents a national overview of the support offered by ALONE through the ECC programme in 2024.

This is the twelfth report produced by ALONE. All data have been anonymised to ensure privacy.



## KEY ACHIEVEMENTS

43,982

Older People supported across all ALONE services in 2024



15,516

Older people were newly supported, an increase of 28% compared to 2023 and 74% since 2022.



In 2024, 25% of newly supported individuals were from HSE West and North West, while over 17% were from HSE Dublin and North East and HSE Dublin and Midlands, respectively.



10,183

Older people in receipt of ongoing support.



46,218

New interventions for 14,487 older people.



93%

Of 10,279 older people assessed received some intervention in the same period.



86%

Of closed interventions were successful, with 75% of those resolved within three weeks.



9,117

Volunteers contributed 264,430 hours in 2024, a 21% increase from 2023, worth up to €7.81 million



109,040

Visitation Support and Befriending visits (20% increase on 2023) and 213,506 Telephone Support and Befriending calls (13% increase on 2023).



25,227

Calls to the National Support and Referral line.



8,279

Check-in calls to support the well-being of older people.



19

New CIN member organisations, bringing membership to 174 by December.



17

CIN Training sessions, attended by 347 CIN Members.



## DURING CHRISTMAS

76% ↑

Volunteers collected and delivered 1,920 Christmas dinners (76% increase from 2023), 1,401 to the greater Dublin area and 519 Nationwide.



37% ↑

ALONE made 7,471 Christmas Check-in calls to older people, a 37% increase from 2023.





## KEY INSIGHTS



ALONE supported 1.5 females for every male, aligning with national trends and patterns from previous quarters.

60%

Of older people supported were between 76 and 90 years old.



56% ↑

Increase in the number of individuals aged 86-90 receiving support compared to 2023, and a 147% increase compared to 2022.



65%

Of referrals were from external agencies. Of these, 93% were from Community Care Teams, hospitals, ICPOP teams and GPs.



10,979

Received a personalised needs assessment from ALONE in the following areas:



- ▶ **LONELINESS/ISOLATION**
- ▶ **PHYSICAL HEALTH & MENTAL WELL-BEING**
- ▶ **HOUSING**
- ▶ **FINANCIAL DIFFICULTIES**
- ▶ **PERSONAL WELL-BEING**

## LONELINESS/ISOLATION

52%

Experienced Loneliness, representing a decline over the past 12-months and compared to 2023 (58%).



50%+

Reported having someone to visit them, a decrease from approximately 70% in 2023.



6%

Had not been out socially in over a year, a rate consistent from Q1 to Q4.



26%

Required some Social Prescribing support.



## PHYSICAL HEALTH & MENTAL WELL-BEING

51% ↑

Physical Health concerns (51%) steadily increased throughout the year, overtaking loneliness in Q4 2024, a 26% increase to 2023.



33%

Of older people reported falls in Q4 2024, marking a 5-percentage point increase from Q1 and making it the most reported physical health issue.



34%

Experienced Mobility issues which increased steadily throughout the year from 31% in Q1 to 36% in Q4, with Mobility Aids and Fixtures being the key concerns.



25%

Experienced Mental Health issues, with Dementia/Alzheimer's a major concern.



**HOUSING**

32%

Experienced Housing issues, with the majority requiring housing adaptations (35%), similar to 2023.

**FINANCIAL DIFFICULTIES**

30%

Experienced financial concerns, following a steady increase throughout the year from 27% in Q1 to 32% in Q4.



90%+

Indicated issues related to energy credits. The most common benefit sought was Fuel Allowance (over 40%).



x2

Accessing supports to manage end of life matters doubled in 2024.

**PERSONAL WELL-BEING**

28%

Experienced Personal Care concerns, similarly to 2023.



While most personal concerns (e.g., GP/Primary Care, Carer, and Hygiene) declined in comparison to 2023, Nutrition increased by 35%, indicating shifting needs.

15%

Of interventions involved assistive technology, a 3-percentage point increase from 2023. The majority focused on Physical Health and Mobility.

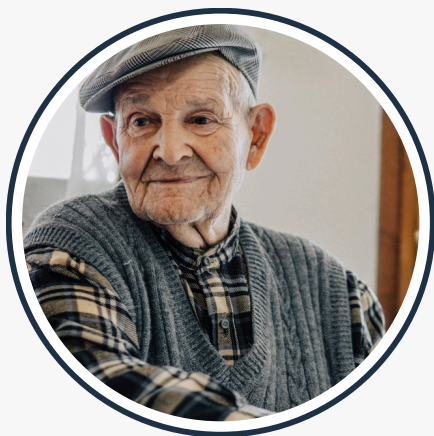


52%

Of interventions involved strategic partnerships for State, social, and physical health supports, ensuring continuity throughout 2024.



## IMPACT OF ALONE'S WORK



“

Archie wanted us to know that his volunteer was the best thing that has happened to him in the last five years. He loves the visits and the company that he brings.

He also wanted to let us know about a Telephone Support and Befriending Volunteer who calls on Fridays. He said "She lights up his Friday mornings" with her call and he is so grateful to ALONE and wanted to ensure that we know how grateful he is.

“

A Support Coordinator spoke of a husband and wife they supported. Damien is the main carer for his wife, Patricia and he struggles to have any time to himself. He told the staff member he was finding it hard to cope and asked was there anything ALONE could recommend.

They invited him to attend our 'Mind your well-being' course. After attending he stated he got a lot out of the course. The staff member also suggested a Befriending volunteer for his wife and that way he could leave the house and go for a walk for one hour per week. The case study shows that ALONE not only supported the older person but in the above situation they also supported the older persons spouse/carers.



## DELIVERY OF KEY OBJECTIVES

### OBJECTIVE ONE

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

ALONE continued to lead the CIN, expanding its membership to 174 organisations and supporting over 36,000 older people nationwide in 2024. By fostering collaboration between local groups and service providers, the CIN has strengthened community-driven support and enhanced service integration across Health Regions. Throughout the year, ALONE prioritised capacity-building, delivering 34 training sessions, hosting 91 networking activities, and supporting CIN member organisations with resources to improve service coordination. In response to key policy developments, ALONE facilitated discussions on Budget 2025 and the General Election, providing members with valuable insights around health, social care and housing to effectively advocate for the needs of older people.

Recognising the growing importance of digital inclusion, ALONE launched Digital Skills Drop-In Sessions in Cork, Dublin, Maynooth and Louth supporting over 100 older adults to engage in online activities and receive digital device support. Furthermore, Louth Local Development, in collaboration with ALONE, launched the Smart Cafés initiative, aimed at enhancing digital skills among older adults. Funded by Solas, the project delivered peer-led workshops in community spaces across Dundalk, Ardee, and Drogheda. In November, the CIN hosted eight themed sessions covering essential topics such as smartphone basics, online banking, and digital safety, with support from 17 Digital Champions who played a vital role in empowering 90 older adults, helping them build confidence in using technology.

Overall, in 2024, 70 organisations received Digital Champion training, resulting in 1,151 Digital Champions who supported over 2,000 older people. These efforts have bridged the digital divide, helping older adults stay connected and access essential online services.

Through its leadership, ALONE continues to empower community organisations, ensuring older people receive comprehensive, locally driven support.

## OBJECTIVE TWO

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

In 2024, ALONE continued its mission to support older people to live independently at home through personalised assessments, tailored interventions, and strong community connections. With 15,516 newly supported individuals, a 28% increase from 2023, ALONE's efforts reflect both the growing demand for services and its expanding capacity to meet the needs of Ireland's ageing population. The majority of older people newly supported by ALONE were aged between 76 and 90 years, with 56% increase in individuals aged 86-90 requiring assistance compared to 2023. This increase highlights the growing need in advanced age groups, who often experience frailty, chronic illness, and mobility challenges.

ALONE provided 46,218 new interventions to 14,487 older people, with Physical Health and Mobility interventions seeing the most significant increase (38% from 2023). Legal and Financial supports were the second-highest area of intervention, underscoring the financial strain many older people face amid the rising cost of living and energy costs.

Housing also remained a key concern, with over 17% of total interventions focused on housing-related issues, particularly among older people in the private rental sector. Additionally, social connection continued to be a priority, with over a quarter of interventions addressing loneliness and social prescribing, supported by ALONE's volunteer network, which conducted over 109,000 Visitation Support and Befriending visits and over 213,000 Telephone Support and Befriending calls throughout 2024. They also played a key role in responding to 25,227 calls to the NSRL and made 8,279 check-in calls to support the well-being of older people.



## OBJECTIVE THREE

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

ALONE plays a critical role in integrating older people with healthcare, social, and community services, ensuring they receive the highest level of support tailored to their needs. By embedding itself within healthcare networks and local community initiatives, ALONE has strengthened its ability to deliver compassionate, effective, and user-focused services, fully aligned with the Sláintecare Programme and the Healthy Ireland Action Plan (2021-2025).

In 2024, over half of ALONE's interventions relied on strategic partnerships, demonstrating a continued commitment to collaboration and excellence. Nearly two-thirds of referrals came from external agencies, with HSE Community Care Teams, Hospitals, and Integrated Care Programme for Older People (ICPOP) teams being the primary sources, reflecting the trust and confidence placed in ALONE's services by healthcare professionals. The consistently high volume of self-referrals and referrals from family and friends further underscores the deep trust the public has in ALONE as a reliable and essential support organisation. Additionally, strategic partnerships with community groups, local authorities, and charitable organisations have been instrumental in ensuring vulnerable older populations receive vital assistance, whether in housing, financial aid, healthcare, or social support, reinforcing ALONE's unwavering commitment to enhancing the well-being and satisfaction of those it serves.

ALONE's Annual Feedback Survey conducted in 2024 highlighted outstanding levels of user satisfaction, with more than two-thirds of respondents expressing positive ratings for ALONE's services and an impressive 84% stating they would wholeheartedly recommend ALONE to a friend. The impact of ALONE's Visitation and Telephone Support and Befriending services was particularly profound, with 88-95% of older people experiencing enhanced well-being. Additionally, 70% of respondents confirmed that ALONE effectively met their needs, while 15% reported a reduced reliance on hospitals or GPs, showcasing the tangible difference ALONE's support makes in improving quality of life.

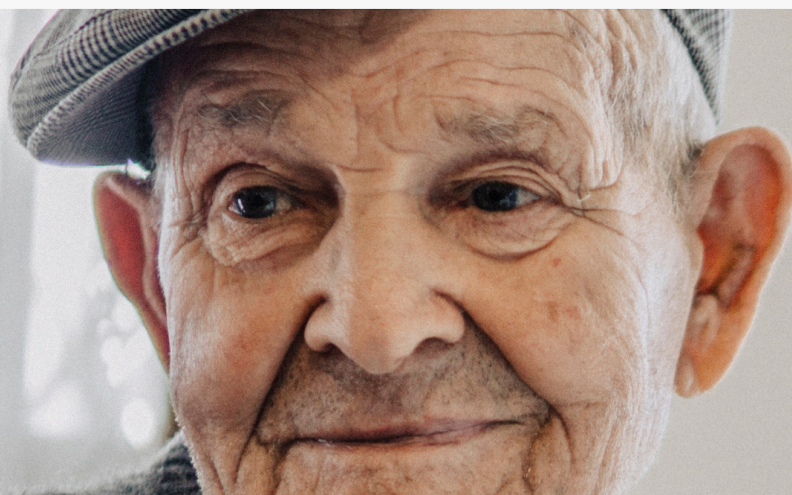
## OBJECTIVE FOUR

**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 national data collection and research efforts provide essential insights into the evolving challenges faced by older people in Ireland. By systematically tracking health, housing, financial, and social trends, ALONE ensures that its services remain responsive and aligned with the needs of older people.

In addition to new assessments and interventions, a significant number of older people continue to receive long-term support. In Q4 2024, 10,183 individuals who had previously engaged with ALONE remained active, with 85% receiving ongoing interventions. Monitoring these long-term engagements has enabled ALONE to identify persistent challenges. It is primarily women and individuals aged 76-90, who are observed to require support across various areas. This trend is evident both in ongoing engagements (63% of which are women and 57% aged 76-90) and among those newly supported over the past two years.

The transition from CHOs to Health Regions in early 2024 introduced structural changes, making direct regional comparisons with previous years challenging. Nevertheless, the data collected provides a detailed snapshot of emerging trends across Health Regions, shedding light on service needs and regional disparities. Physical Health and Loneliness emerged as the most frequently reported concerns in HSE West and North West, with high demand for mobility support and housing adaptations. Meanwhile, financial pressures were most pronounced in HSE South West, and social prescribing needs were highest in HSE Dublin and North West, underscoring the varying priorities across regions.





## OBJECTIVE FIVE

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

In 2024, ALONE's volunteer network expanded significantly, reaching 9,117 individuals, a 37% increase since January 2024. As outline above, volunteers conducted 109,040 Visitation and Befriending visits, made 213,506 Telephone Support and Befriending calls, and completed 8,279 check-in calls, demonstrating their essential role in reducing social isolation and supporting older people's well-being. Additionally, volunteers played a key role in responding to calls through the NSRL, supporting 6,033 older adults

The financial contribution of volunteers ranged from €3.36 million (NMW) to €7.81 million (Average Hourly Earnings), highlighting their value in expanding ALONE's capacity to deliver person-centered care. In addition, ALONE's Volunteer Survey (see Q3 2024 report) revealed overwhelmingly positive feedback, with 94% of volunteers stating they benefit from their role and 92% willing to recommend ALONE services to an older person they know.

Technological interventions were also central to ALONE's work in 2024, with 6,590 technology-related supports provided to 4,175 individuals. These interventions primarily focused on Physical Health and Mobility, with GPS emergency straps and pendant alarms being the most commonly used devices. Assistive technology also supported housing safety, mental health, personal care, financial management, and social connection, allowing older individuals to maintain independence and improve their quality of life.



## 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 continues to expand collaborations with healthcare providers, community services, local authorities, and housing bodies to improve service coordination and reduce duplication. In 2024, external referrals made up two-thirds of total referrals, with nearly half coming from HSE Community Care Teams and over one-third from hospitals. HSE Community Care Teams, hospitals, ICPOP, and GPs accounted for over 90% of referrals making them the top four referral sources in 2024. This highlights ALONE's commitment to building strong alliances with healthcare providers and community organisations and its key role in the continuum of care which enhances its effectiveness in delivering diverse and targeted support.

Community-based and charitable organisations also played a crucial role in referrals, further strengthening ALONE's leadership within the CIN, which now comprises 174 member organisations. These partnerships are instrumental in ensuring that older people receive timely, coordinated support. Moving forward, ALONE will continue leveraging these collaborations to expand services, enhance integration, and advocate more effectively for the needs of older people.



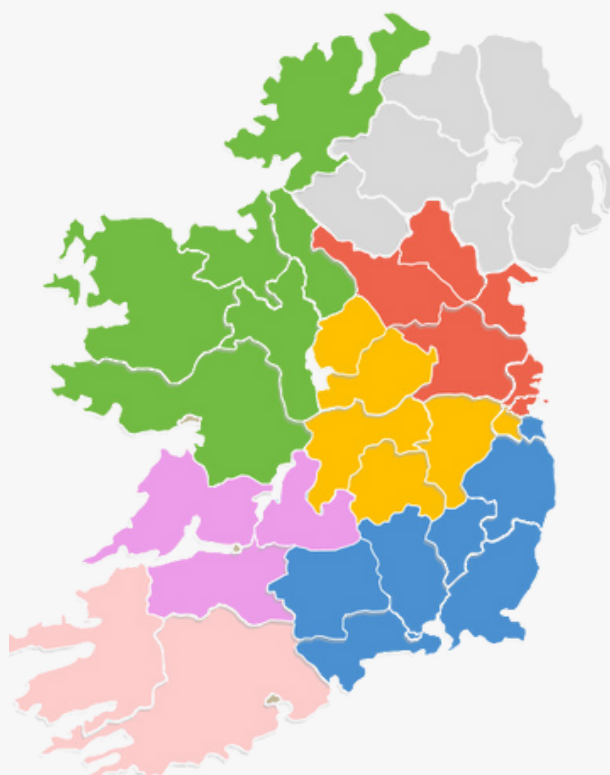
## CHAPTER 1: ALONE'S COLLABORATION WITH HSE

### 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>8</sup> The success of the ECC programme is evident in its significant impact on reducing hospital admissions and waiting lists. Approximately, 91% of patients with chronic diseases are now managed routinely close to home, reflecting the programme's focus on community care.<sup>9</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>10</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.



8 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 - [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](https://about.hse.ie/news/community-care-improving-health-outcomes-experiences-patients-across-ireland/). See more - <https://about.hse.ie/news/community-care-improving-health-outcomes-experiences-patients-across-ireland/>

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

10 <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 consists 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 ICPOP and Chronic Disease teams over recent years has shown that improved outcomes can be achieved through a model of care that allows specialist multidisciplinary teams engage and interact with services at CHN level, in their diagnosis and ongoing 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 service on average a population of 150,000 equating approximately to 3 CHNs each. Ideally, the teams are co-located together in 'hubs' located in or adjacent to Primary Care Centre's, 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

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 demographics and needs across Ireland, while contributing the planning to fill gaps and plan for future needs. ALONE's assistive technology allows medical professionals and families to remotely support the health needs of older people. ALONE is equipping its frontline staff with a range of technology while working with technology providers to adopt a preventative approach to reduce unnecessary hospital admissions, improve discharge times and help older people to remain in their homes.

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

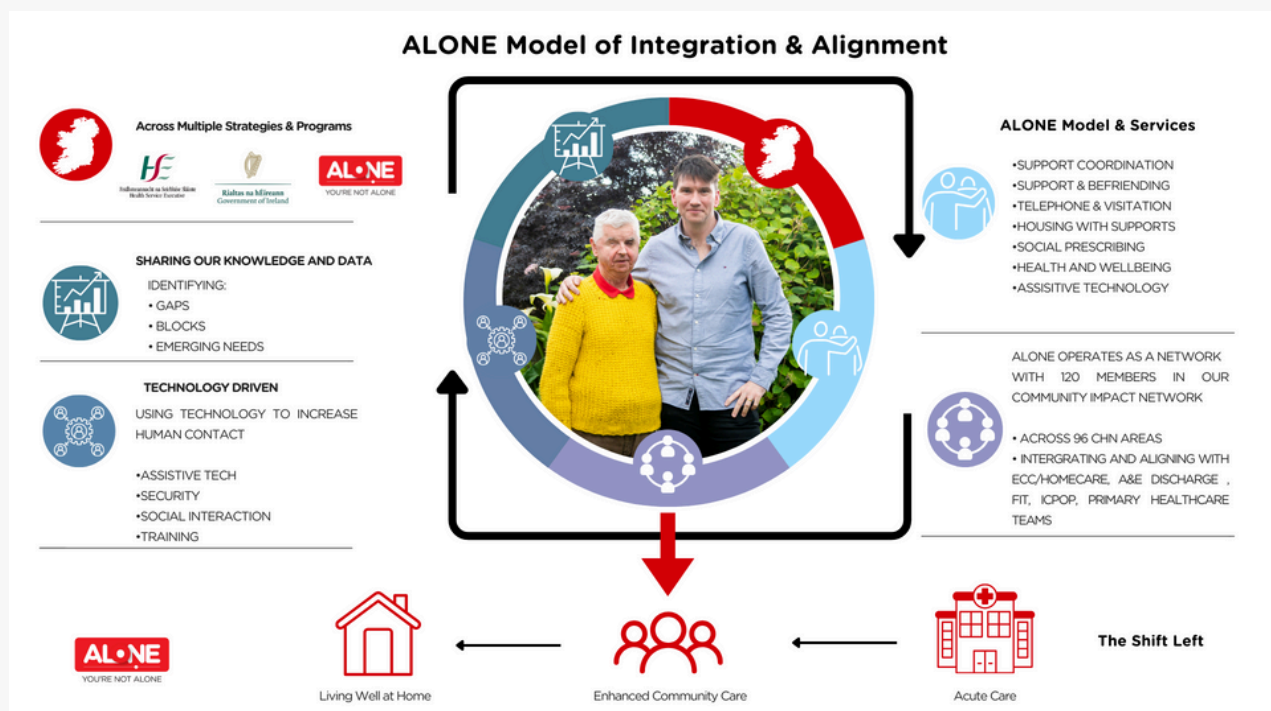
ALONE was awarded the overall winner of the HSE Excellence in Healthcare Award in 2017, while ALONE's support coordination model was also awarded the Think Tech Award and selected for Sláintecare funding to support the delivery of hospital discharges nationally starting in CHO Dublin North City and County (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.

## 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 and improve 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 B.

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.

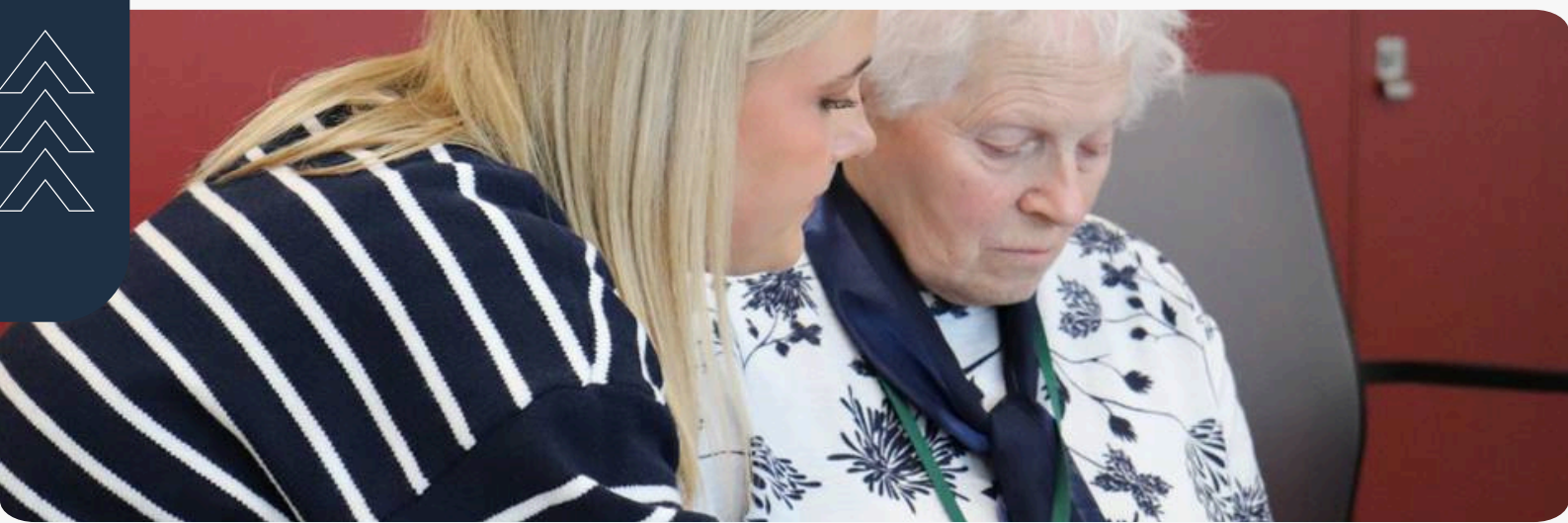


## KEY NATIONAL POLICIES/FRAMEWORKS BEING FURTHERED BY ALONE MODEL

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 Well-being 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 well-being - 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, focussing 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 style="text-align: center;"><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 fund agencies to deliver over 2.7 million meals on wheels in the year to over 54,000 recipients each week.</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 well-being. Key objectives relating to improved health and well-being for older people include:</p> <ul style="list-style-type: none"> <li>• Embedding health and well-being 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 Well-being 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 well-being 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 2024

In 2024, ALONE supported 43,982 older people across its Support Coordination, Visitation Support and Befriending, Telephone Support and Befriending and the National Support and Referral Line services. These include continued supports provided to 10,183 existing individuals already engaged with ALONE in addition to 15,516 newly engaged individuals in 2024, marking a significant milestone in ALONE's mission to support older people.

The number of newly supported individuals in 2024 figure represents a 28% increase from the 12,108 individuals newly supported in 2023, highlighting a year-on-year growth in demand for services. When compared to the 8,939 individuals newly supported in 2022, the 2024 figure represents a remarkable 73.6% increase over two years (Figure 1).

This substantial rise in the number of individuals supported highlights many key trends and challenges. Firstly, it reflects the ongoing demographic shift in Ireland, with an ageing population that increasingly requires assistance to age with dignity and confidence. Secondly, it reflects ALONE'S expanding reach and visibility, reinforcing its vital role in addressing the diverse needs of older adults, including those related to health and well-being, social isolation, and housing.

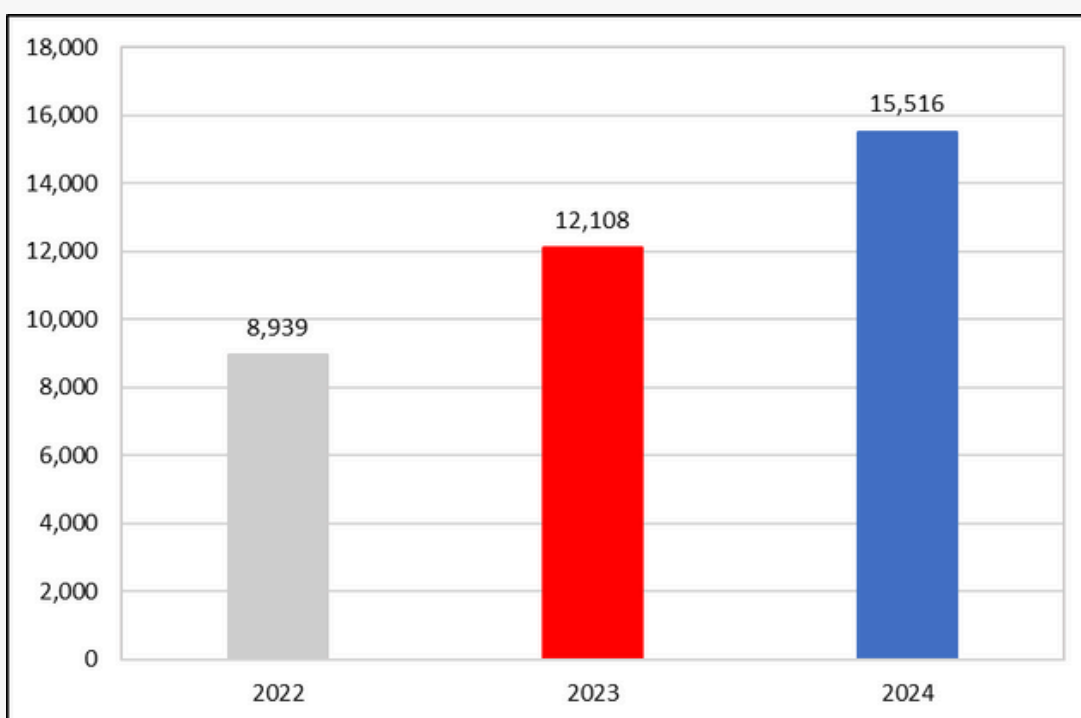


Figure 1: No. of Individuals Newly Supported, 2022 v 2023 v 2024

Of those for whom gender was reported in 2024 (n=15,507), 59.2% were female (n=9,179) and 40.7% were male (n=6,313; Figure 2)<sup>11</sup>, indicating that 1.45 females were supported in 2024 for every male, down from twice as many females that were supported for every male in 2023. This aligns with 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>12</sup> It also emphasises the relevance of recognising and addressing gender-specific needs in ageing populations to ensure equitable and effective support.

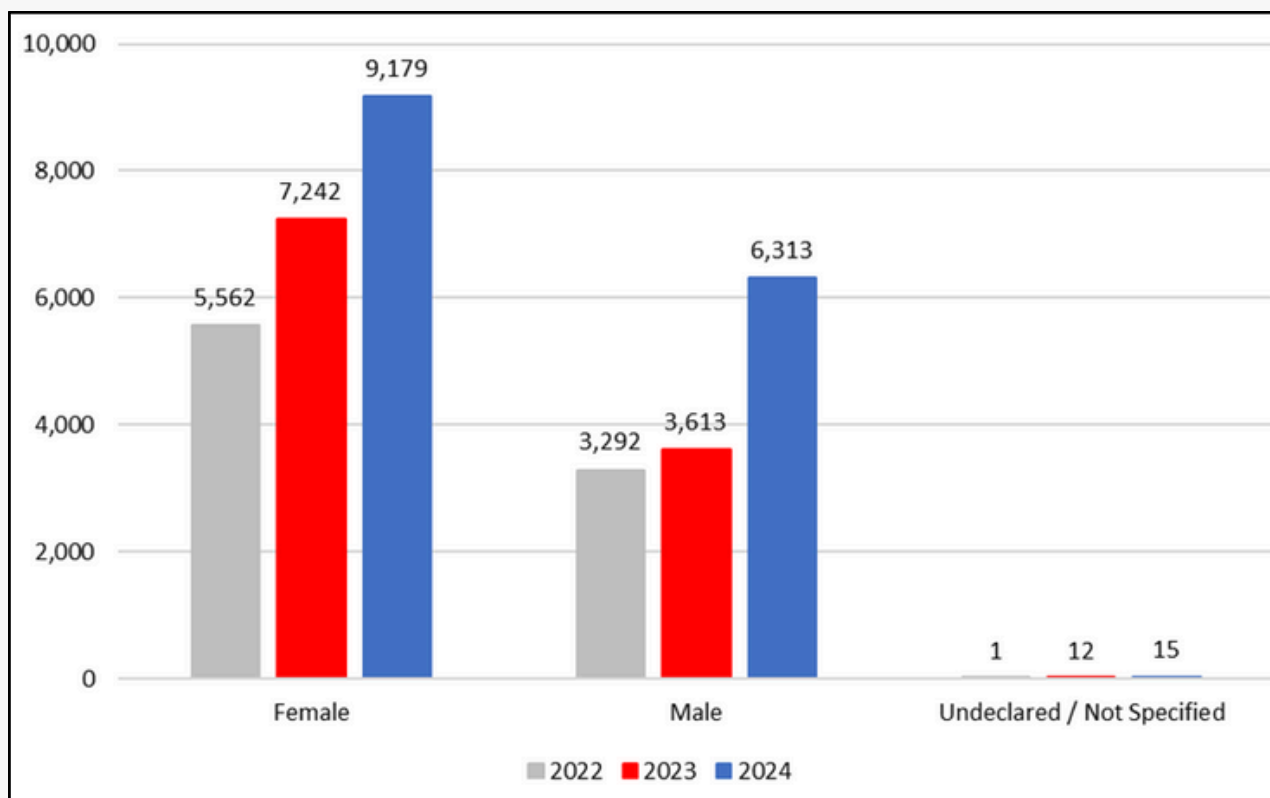


Figure 2: Individuals Supported by Gender (%), 2022 v 2023 v 2024

<sup>11</sup> A small proportion (n=15) were "Undeclared / Not specified".

<sup>12</sup> [Census of Population 2022 - Summary Results](#)

Where age was recorded (n=15,507), the majority (58.7%, n = 8,831) of older people supported by ALONE in 2024 were aged between 76 and 90 years old (Figure 3). This age group consistently represents the core demographic for support services. Notably, in 2024, there was a 56% increase in the number of individuals aged 86-95 receiving support from ALONE compared to 2023, and a 147% increase compared to 2022. This significant rise highlights the importance of tailored supports for advanced age groups, who often face challenges such as frailty, chronic illness, and reduced mobility.

Moreover, in 2024, ALONE supported 487 individuals younger than 61, while 229 individuals were older than 95.

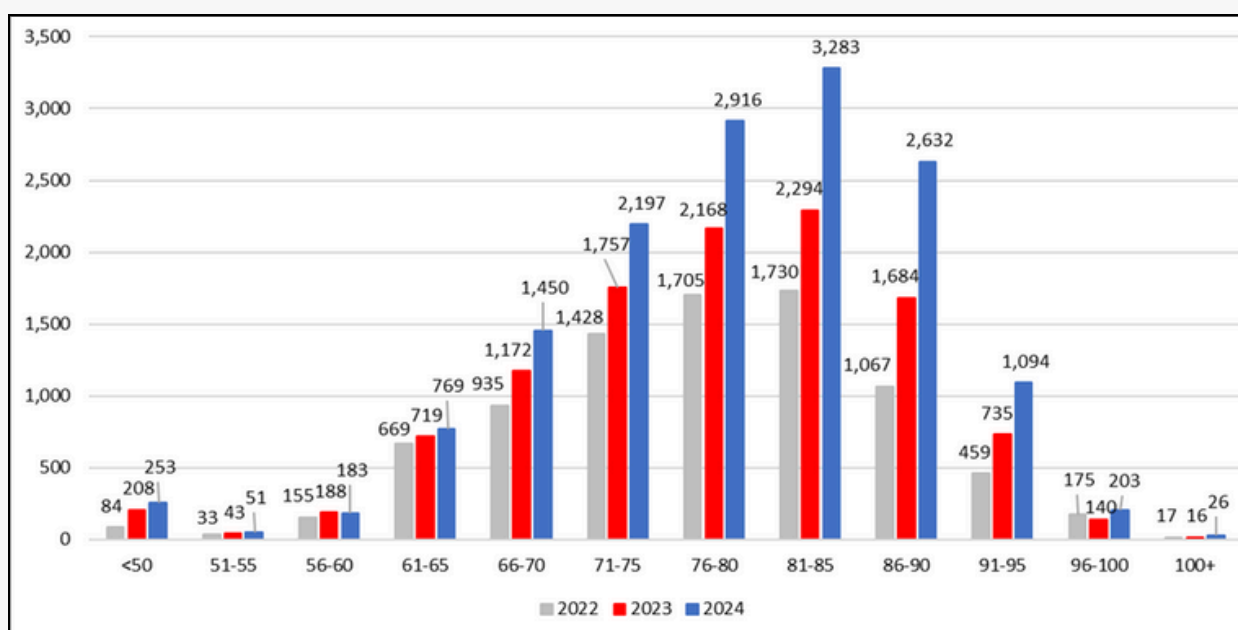


Figure 3: Individuals Supported by Age Range, 2022 v 2023 v 2024

As noted previously, in 2024, the HSE transitioned from Community Health Organisations (CHOs) to Health Regions marking a significant reform aimed at improving the efficiency, quality, and equity of healthcare services in Ireland. This restructuring however makes direct comparisons with previous years more challenging.

Notably, data from the Health Regions reveals a significant and steadily increasing demand in the HSE West and North West region across 2024 (Figure 4). This trend may be influenced by demographic factors, including a higher concentration of older adults in rural areas, as well as longstanding disparities in access to services. These dynamics highlight the importance of support services and resources in meeting the needs of older adults in the region.

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The growing demand in HSE West and North West underscores the need for strategic resource allocation. Enhancing healthcare services, bolstering community supports, and improving infrastructure in these areas are critical to addressing their unique needs. In contrast, the HSE Midwest region remains the lowest throughout 2024 suggesting either a lower demand or potential service limitations in the region. A geographical distribution of the Health Regions is provided in Annexure B for further context.

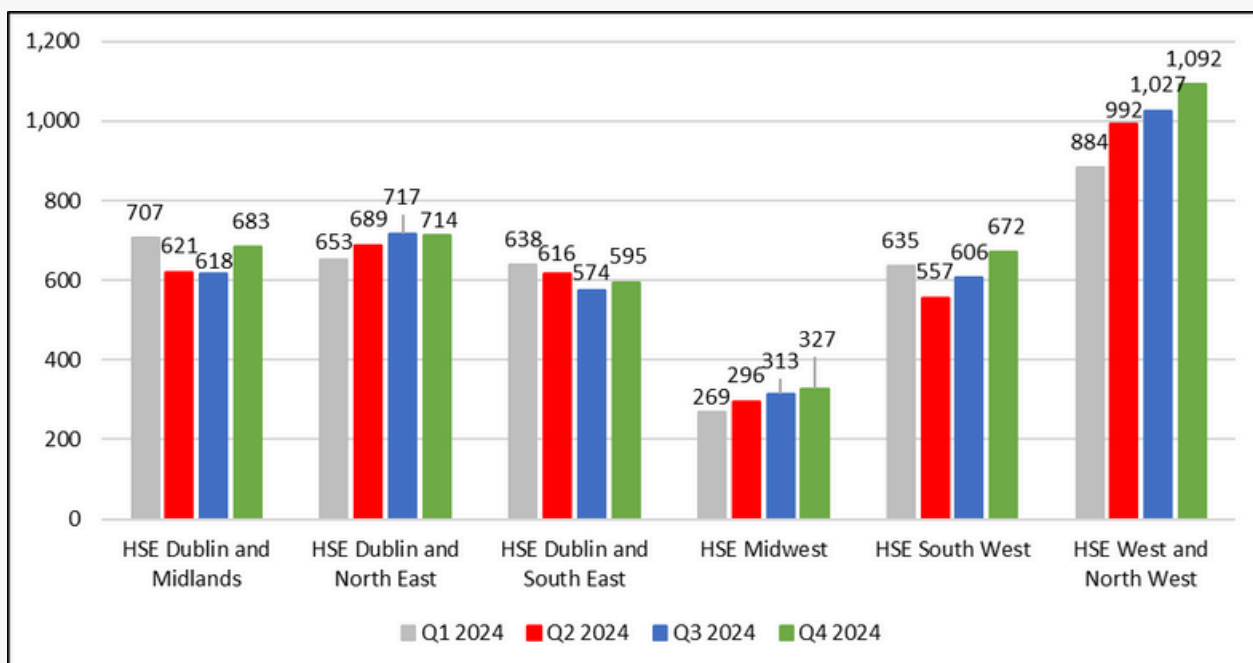


Figure 4: Unique individuals supported in each Health Region, quarterly, 2024

## HOME OWNERSHIP & LIVING ARRANGEMENTS

Of the 2,673 individuals who responded to the question of home ownership in Q4 2024, 79% indicated that they owned their own home, which mirrors trends across the year (n=2,127; Figure 5) and is lower than the national average.

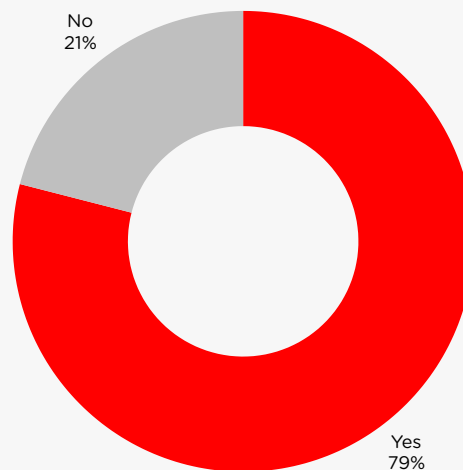


Figure 5: Home Ownership, %, Q4 2024

Around 549 people stated that they did not own their own home, of which 537 provided details about their current living arrangements. The majority (66.3%, n=356) were living in Local Authority or Approved Housing Body (AHB) rented accommodation, and 10.4% (n=56) 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		Q4 2024	
	No.	%	No.	%	No.	%	No.	%
Local Authority	365	56	329	50.3	335	53.9	326	60.7
Other	113	17.3	113	17.3	135	21.7	98	18.2
Private Rented	88	13.5	88	13.5	75	12.1	56	10.4
AHB	63	9.7	78	11.9	43	6.9	30	5.6
Nursing home/ Long-term Care	15	2.3	26	4	19	3.1	20	3.7
Homeless	8	1.2	9	1.4	16	2.6	7	1.3
<b>Total</b>	<b>652</b>		<b>654</b>		<b>622</b>		<b>537</b>	

Table 1: Types of Occupancy, non-owner occupiers, Q1 2024 v Q2 2024 v Q3 2024 v Q4 2024

Of the 2,673 individuals who provided details of their living arrangements in Q4 2024, 67.5% lived alone, which is a small increase from previous quarters. 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		Q4 2024	
	No.	%	No.	%	No.	%	No.	%
Living Alone	1,588	64.8	1,657	65.2	1,761	66.1	1,803	67.5
With Spouse	514	21	501	19.7	526	19.7	534	20.0
With Son	111	4.5	123	4.8	127	4.8	95	3.6
With Other Family Member	94	3.8	105	4.1	99	3.7	88	3.3
With Daughter	94	3.8	100	3.9	90	3.4	86	3.2
With Partner	21	0.9	30	1.2	30	1.1	33	1.2
Lodger	19	0.8	19	0.7	19	0.7	26	1.0
Friend	10	0.4	10	0.4	16	0.6	9	0.3
<b>Total</b>	<b>2,449</b>		<b>2,541</b>		<b>2,666</b>		<b>2,673</b>	

Table 2: Living Arrangements, Q1 2024 v Q2 2024 v Q3 2024 v Q4 2024

## NEEDS OF OLDER PEOPLE IDENTIFIED BY ALONE

The delivery of comprehensive, personalised needs assessments<sup>13</sup> to a large cohort enables ALONE to gain valuable insights into the lived experiences of older people in Ireland. These assessments are a cornerstone of ALONE's approach, allowing the organisation to proactively plan and adapt services based on real-time needs while fostering health and well-being among older individuals.

In 2024, ALONE Support Coordinators assessed 10,979 older people, representing a 20% increase compared to 2023 (9,148 assessments) and an impressive 129% rise since 2022 (4,795 assessments; Figure 6). This growth highlights the rising demand for ALONE's services while reinforcing the organisation's vital role in supporting the needs of Ireland's ageing population.

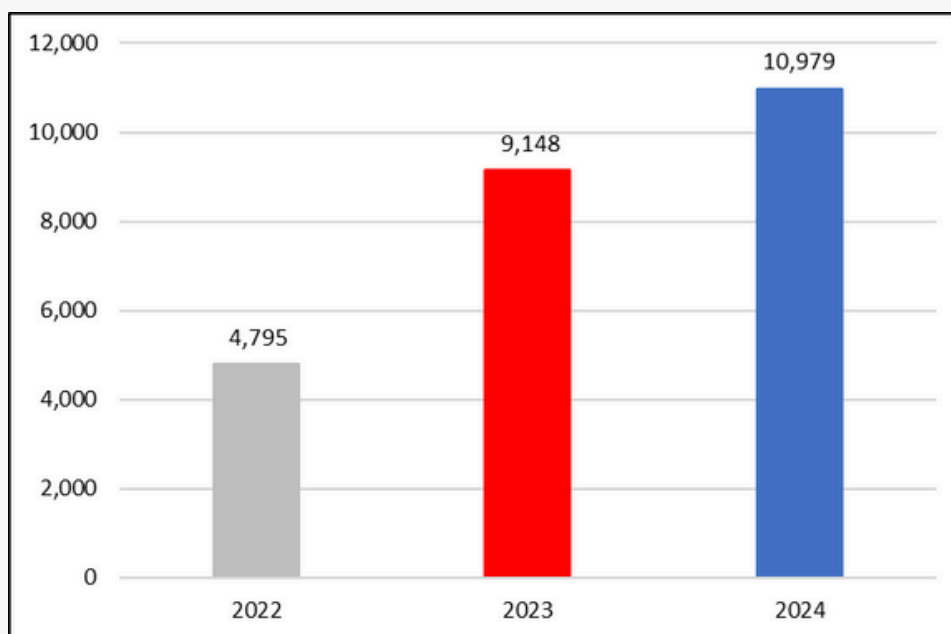


Figure 6: Number of Older People Assessed 2022 v 2023 v 2024

The 2024 assessment data (Figure 7 and Table 3) highlight the diverse and evolving challenges faced by older adults engaging with ALONE. During their assessment, an older person is asked if they are having issues in key areas such as Housing, Personal Care, Physical Health, Mobility, Emotional/Mental Health, Finance, Social Isolation/Prescribing, and Safeguarding. Loneliness, categorised under Social Isolation/Prescribing in the assessment, is addressed separately in this report. The distinction is necessary because not everyone who feels lonely requires social prescribing and not everyone who requires social prescribing support indicates that they are lonely.

<sup>13</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, which 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.



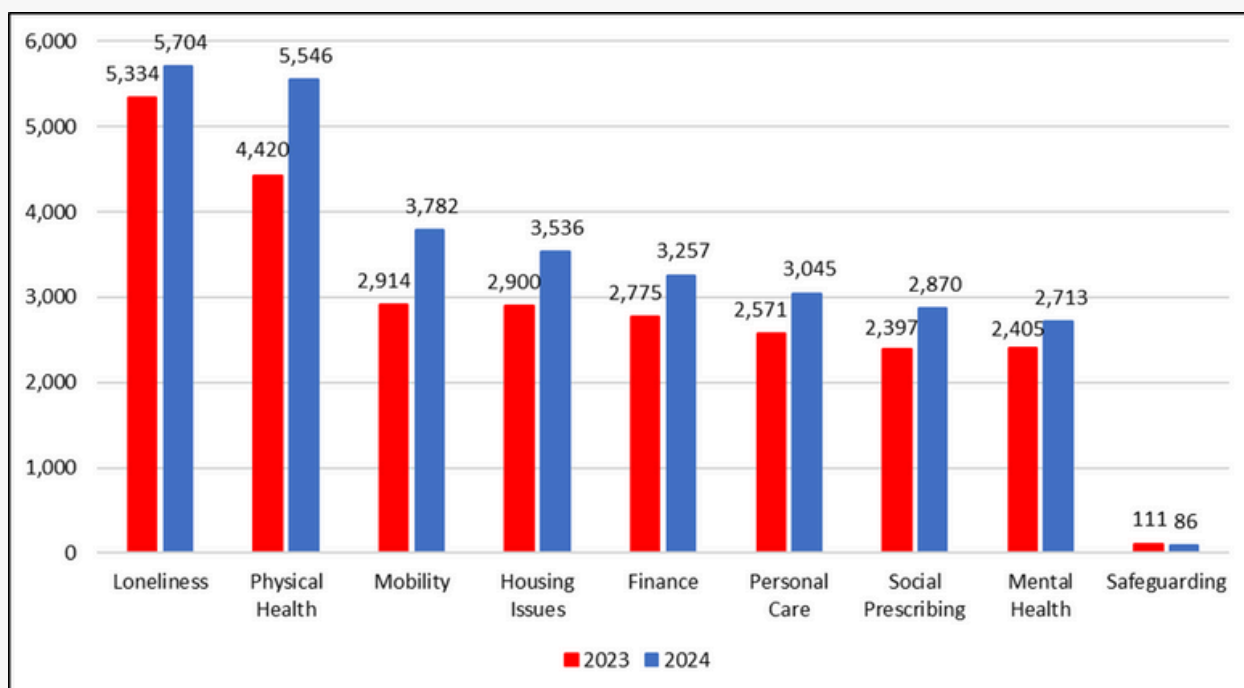


Figure 7: Issues Presenting in Assessments, number, 2023 v 2024<sup>14</sup>

As shown in Figure 7 and Table 3, Loneliness remains a prevalent issue among older people, with an average of 52% reporting it in 2024. However, as a proportion of the total sample, reports of loneliness decreased from 58.3% in 2023 to 52% in 2024, indicating the relative prevalence of loneliness declined.

In contrast, we see a rise in the prevalence of a range of other key issues, illustrating that the challenges experienced by older people extend far beyond merely experiencing loneliness. Physical Health concerns emerged as the second most reported issue in 2024, affecting 50.5% of older individuals, with a total of 5,546 reports. This marks a significant 25.5% increase from 2023, when 4,420 cases were recorded. Throughout the year, physical health concerns steadily increased, starting at 46.7% in Q1 and peaking at 52.6% in Q3. By Q4, they had surpassed loneliness as the most reported concern, highlighting a growing demand for health-related support services and interventions.

Mobility issues also increased incrementally throughout the year and compared to the previous year, with 34.4% of individuals identifying mobility as a challenge. This rise underscores the strong correlation between mobility and physical health, as limited mobility can exacerbate health concerns and hinder access to resources and social connections. Housing issues remained relatively stable throughout the year (declining slightly in Q4), affecting 32.2% of individuals. Consistent challenges in these areas highlight the need for increased structural supports and accessibility improvements.

Financial concerns steadily increased across the year, rising from 26.6% in Q1 to 32.3% in Q4. This increase may be driven by seasonal pressures, such as higher living costs during colder months compounded by the reduction in energy credit amounts. Meanwhile, challenges related to Personal Care (27.7%), Social Prescribing (26.1%), and Mental Health (24.7%), saw slight declines over the year, indicating areas that may still require ongoing attention.

<sup>14</sup> It is important to note that 2022 assessment data is not included in this analysis due to significant changes in the assessment forms, preventing direct comparisons with subsequent years.

Category	Q1 2024		Q2 2024		Q3 2024		Q4 2024		2024	
	No.	%*	No.	%*	No.	%*	No.	%*	No.	%*
<b>Loneliness</b>	1,637	57.0	1,490	53.8	1,368	51.3	1,209	45.2	<b>5,704</b>	<b>52.0</b>
<b>Physical Health</b>	1,343	46.7	1,439	52.0	1,402	52.6	1,362	51.0	<b>5,546</b>	<b>50.5</b>
<b>Mobility</b>	885	30.8	984	35.6	948	35.6	965	36.1	<b>3,782</b>	<b>34.4</b>
<b>Housing Issues</b>	922	32.1	911	32.9	879	33.0	824	30.8	<b>3,536</b>	<b>32.2</b>
<b>Finance</b>	765	26.6	787	28.4	842	31.6	863	32.3	<b>3,257</b>	<b>29.7</b>
<b>Personal Care</b>	844	29.4	815	29.5	716	26.9	670	25.1	<b>3,045</b>	<b>27.7</b>
<b>Social Prescribing</b>	873	30.4	670	24.2	686	25.7	641	24.0	<b>2,870</b>	<b>26.1</b>
<b>Mental Health</b>	738	25.7	700	25.3	661	24.8	614	23.0	<b>2,713</b>	<b>24.7</b>
<b>Safeguarding</b>	28	1.0	27	1.0	19	0.7	12	0.4	<b>86</b>	<b>0.8</b>

Table 3: Issues Presenting in Assessments, Q1 2024, Q2 2024, Q3 2024 and Q4 2024

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

## LONELINESS

As the previous subsection shows, 52% (n=5,704) of older people reported feeling lonely in 2024. This concern has shown a downward trend throughout 2024, with 57% reporting Loneliness in Q1 (n=1,637), decreasing to 45.2% in Q4. This steady reduction may suggest the effectiveness of interventions ALONE offers like visitation and telephone support and befriending or changes in social engagement patterns over the year.

While loneliness remained a significant issue, over 50% of older adults experiencing loneliness in 2024 reported having someone visit them, a decrease from approximately 70% in 2023. In both years, family members were the primary source of companionship, accounting for more than three-quarters of visits. Neighbours and friends also provided support with around 10% of individuals reporting visits from these groups. This decrease may indicate that further attention is required to improve the effectiveness of interventions and support systems.

In terms of social outings, around 40% of respondents who answered the question in 2024 reported having been out socially in the past week. Notably, more than 6% consistently indicated that they had not been out socially for over a year, a pattern observed in 2023 (Table 4). This points to persistent long-term isolation among a small group of older people, emphasising the need for targeted outreach and support.

Last time out socially	Q1 2024		Q2 2024		Q3 2024		Q4 2024	
	No.	%	No.	%	No.	%	No.	%
In the past week	469	41.7	451	39.6	471	41.6	416	40.8
In the past month	312	27.7	309	27.2	284	25.1	303	29.7
In the past 6 months	198	17.6	222	19.5	214	18.9	168	16.5
In the past year	74	6.6	84	7.4	92	8.1	70	6.9
More than a year ago	74	6.6	75	6.6	75	6.6	63	6.2

Table 4: Last Time Out Socially, Q1 2024 v Q2 2024 v Q3 2024 v Q4 2024

A consistent finding across 2023 and 2024 is the role of hobbies in mitigating loneliness. In Q4 2024, of those who indicated that they felt lonely, around one-third (36.6%, n=442) indicated that they had a hobby. These hobbies include reading, gardening, knitting, walking, baking, playing bingo /cards and farming. The frequency of these hobbies ranged from “most days” to “whenever possible”, with some depending on the availability of family or other supports. For those who did not have hobbies, reasons included poor health and mobility, and a dislike of leaving the house.

Of the 1,209 people assessed who felt lonely in Q4 2024, ALONE identified 776 who needed the ALONE Visitation and Befriending Service, 389 individuals who needed the ALONE Telephone and Befriending Service, and 231 who needed both. This pattern of support needs was consistent not only throughout 2024 but also reflected trends observed in 2023.



## PHYSICAL HEALTH

Of the 5,546 individuals who reported a Physical Health issue and shared additional details in 2024, the most frequently reported concerns were falls (29%, n=1,602) and memory issues (12%, n=668; Figure 8). These trends reflect a steady increase over quarters and years, with falls and hearing issues experiencing the most notable growth.

Falls continued to be the most reported physical health issue in 2024, rising from 1,391 in 2023 to 1,602 in 2024, marking a 15.2% increase. In Q4 2024, 32.5% (443 out of 1,362) of older people reported falls, marking a 5-percentage point increase from Q1 2024. This trend highlights the critical need for targeted fall-prevention programs, including home safety assessments, mobility support, and housing adaptations, as falls are closely linked to mobility and housing related challenges.

The data also indicates steady increases in hearing and eyesight problems (Figure 8), highlighting the importance of addressing sensory health as a crucial component of overall well-being for older adults. Untreated sensory impairments can lead to greater risks of isolation, accidents, and cognitive decline, emphasizing the need for expanded access to sensory health services, such as hearing aids and vision support.

These trends point to an ageing population experiencing greater complexity in health needs, particularly in areas such as falls, memory and hearing, which often require ongoing support.

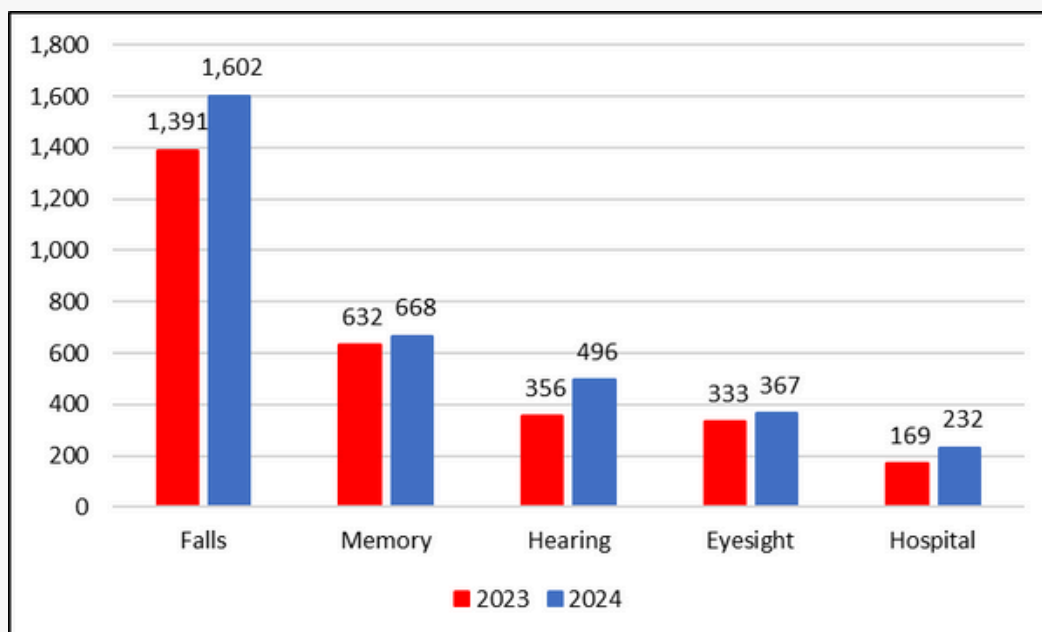


Figure 8: Physical Health Issues by Type, 2023 v 2024

## MOBILITY

In 2024, 34.3% (n=3,782) of older people assessed reported mobility issues, compared to 31.9% in 2023, reflecting a growing demand for mobility-related supports. The data shows a consistent pattern in the types of challenges reported throughout 2024 and compared to 2023. Key concerns included Mobility Aids (15.3%) and Mobility Fixtures (14.2%), followed by Mobility Furniture (Figure 9).

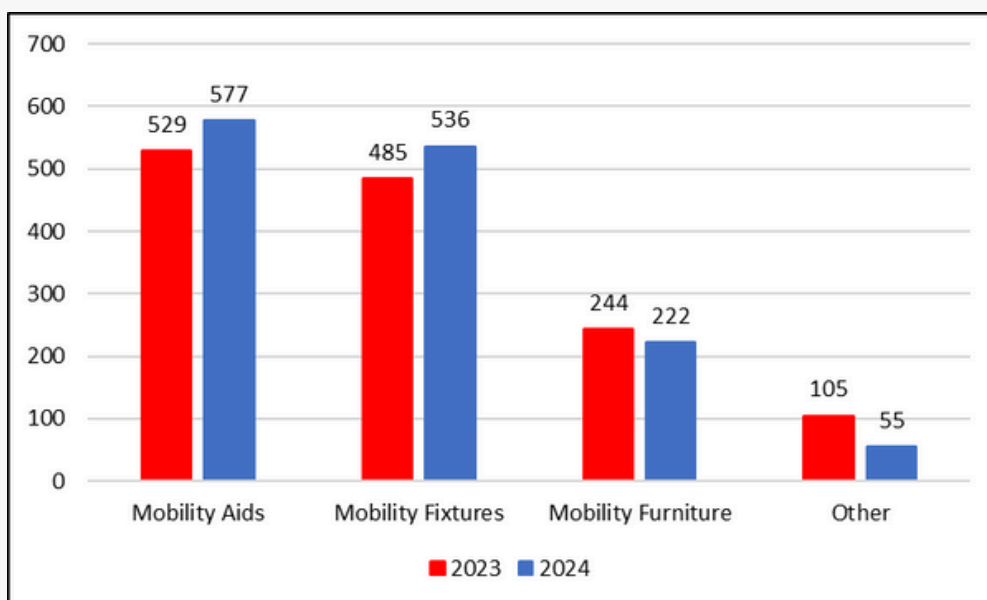


Figure 9: Mobility Issues by Type, 2023 v 2024

Note: Data on Other mobility issues for Q3 and Q4 2024 is unavailable

Among the 577 individuals who reported issues with Mobility Aids in 2024, most concerns were related to difficulties with assistive devices, including rollators, walking sticks, mobility scooters, and wheelchairs. As can be observed from Table 5, rollator-related issues were the most frequently reported concern across the year, while around one-third of the respondents reported issues with their walking stick and over 13% had issues with their wheelchair. New issues such as disabled person's parking cards, orthopaedic shoes, and transport adaptations were also reported in small numbers in Q3 and Q4 of 2024. These trends highlight the growing mobility needs among older adults and the importance of addressing these challenges through maintenance, training, and improved access to replacements or upgrades.

Mobility Aids	Q1 2024		Q2 2024		Q3 2024		Q4 2024	
	No.	%	No.	%	No.	%	No.	%
New Rollator	60	38.0	74	46.5	54	39.1	43	35.2
Walking Stick	53	33.5	50	31.4	33	23.9	41	33.6
Mobility Scooter	26	16.5	21	13.2	20	14.5	19	15.6
Wheelchair	31	19.6	23	14.5	34	24.6	18	14.8
Disabled Person's Parking Card	0	0.0	2	1.3	4	2.9	6	4.9
Orthopaedic shoes	-	-	-	-	1	0.7	4	3.3
Transport adaptation	-	-	-	-	3	2.2	2	1.6

Table 5: Mobility Aids Issues by Type, Q1 2024 v Q2 2024 v Q3 2024 v Q4 2024

In 2024, 536 individuals reported challenges with mobility fixtures. Most reported issues were related to grab rails, including both general and bathroom-specific grab rails and bannisters, pointing to a need for greater supportive infrastructure at home. Additionally, toilet seat risers, wheelchair ramps and other issues consistently accounted for almost one-fifth of the reported issues in each quarter (Table 6). These patterns emphasize the critical role of home modifications and infrastructure improvements to enhance mobility and safety for older adults.

Mobility Fixtures	Q1 2024		Q2 2024		Q3 2024		Q4 2024	
	No.	%	No.	%	No.	%	No.	%
Grab rails (and fitted)	75	52.1	59	48.0	76	50.0	54	46.2
Grab rails bathroom (shower or toilet)	50	34.7	44	35.8	47	30.9	34	29.1
Bannister (and fitted)	27	18.8	25	20.3	18	11.8	28	23.9
Toilet seat riser	20	13.9	14	11.4	17	11.2	14	12.0
Wheelchair ramp	9	6.3	19	15.4	11	7.2	8	6.8
Other	-	-	5	4.1	20	13.2	5	4.3

Table 6: Mobility Fixtures Issues by Type, Q1 2024 v Q2 2024 v Q3 2024 v Q4 2024

The overall increase in reported mobility issues reflects the growing demand for mobility-related supports as the population ages. Mobility issues are closely tied to physical health concerns, housing adaptations, and inclusive infrastructure. These findings highlight the importance of adopting a life-cycle approach in designing infrastructure to support older people's needs throughout their lifespan.

## HOUSING<sup>15</sup>

In 2024, 3,536 individuals assessed by ALONE indicated that they had housing-related issues, accounting for approximately 32.2% of those assessed, a proportion similar to 2023 (31.9%) (Figure 10). This consistency highlights the ongoing demand for safe, accessible, and well-maintained housing for older adults. The persistent nature of these issues is closely tied to broader physical health concerns, particularly those related to falls and mobility, highlighting the importance of universal home design for older populations.

Housing adaptations (34.7%) emerged as the most prevalent need in both 2023 and 2024. Further, one in five (21%, n=741) had issues with internal repairs, and almost 30% (n=1,055) had issues with cleaning and external repairs (Figure 10). This pattern is consistent with 2023, underscoring the persistent nature of housing challenges among the older population that ALONE continues to address and the ongoing need for targeted support in maintaining safe and liveable home environments for older adults.

<sup>15</sup> Assessment form update: Under Housing, new questions were added to address Safety/Security concerns.

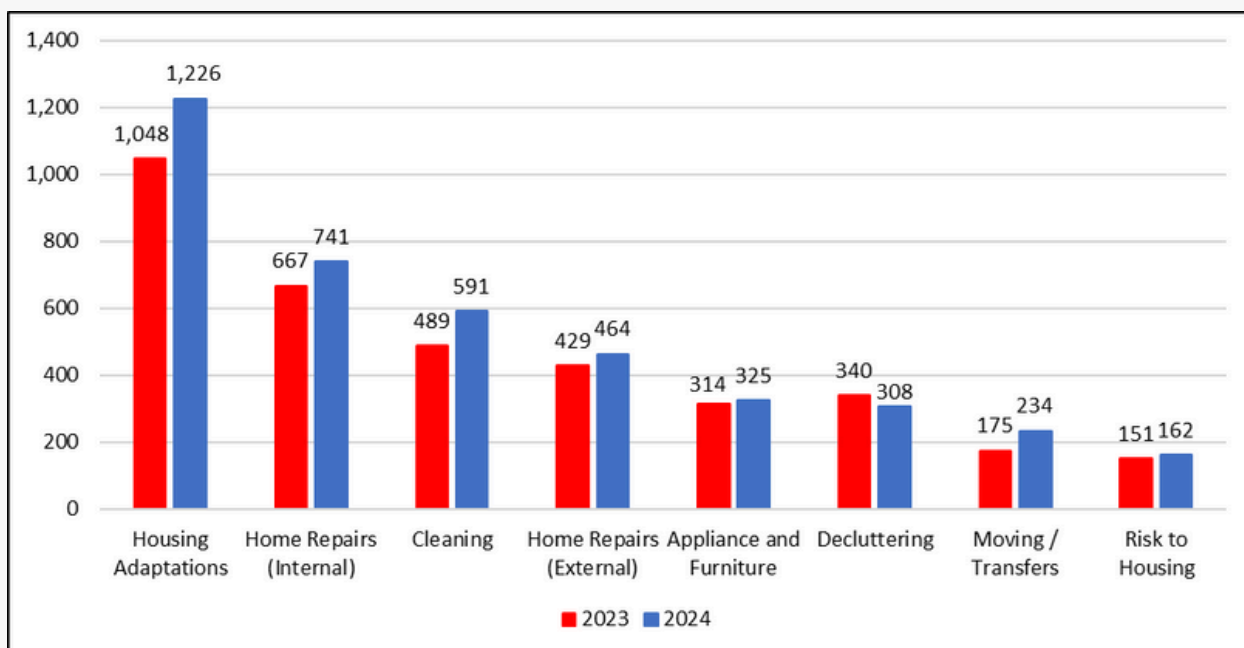


Figure 10: Housing Issues by Type, 2023 v 2024

Housing Adaptation Issues	Q1 2024		Q2 2024		Q3 2024		Q4 2024	
	No.	%*	No.	%*	No.	%*	No.	%*
Bathroom Adaptations	205	60.7	184	58.8	190	66.2	170	59.0
Access Ramps	68	20.1	74	23.6	72	25.1	70	24.3
Stair-lifts	52	15.4	54	17.3	50	17.4	39	13.5
Downstairs Toilet	24	7.1	17	5.4	20	7.0	17	5.9
Level Access Showers	11	3.3	25	8.0	22	7.7	18	6.3
Install Central Heating	8	2.4	10	3.2	24	8.4	13	4.5
Complete Application Form	14	4.1	23	7.3	19	6.6	22	7.6
Builders Quotations	12	3.6	21	6.7	14	4.9	9	3.1
Proof of Property Tax Compliance (OP)	8	2.4	15	4.8	13	4.5	11	3.8
Extensions	9	2.7	11	3.5	9	3.1	6	2.1
Wheelchair Access	7	2.1	5	1.6	8	2.8	2	0.7
GP Report	4	1.2	15	4.8	7	2.4	7	2.4
Replace Boiler	13	3.8	8	2.6	7	2.4	11	3.8
OT Report	6	1.8	5	1.6	7	2.4	4	1.4
Rewiring	4	1.2	4	1.3	6	2.1	3	1.0
Proof of Tax Compliance (O.P)	0	0	0	0	3	1.0	1	0.3
Certified Electricians Report	2	0.6	0	0	2	0.7	0	0
V.A.T Paid to Builder	0	0	0	0	1	0.3	1	0.3
Reclaim V.A.T	0	0	0	0	1	0.3	0	0
Oversee Building Works	2	0.6	1	0.3	0	0	0	0
Funding Shortfall	0	0	0	0	0	0	1	0.3
	0	0	0	0	0	0	0	0
<b>Total People with Housing Adaptation Issues</b>	<b>338</b>		<b>313</b>		<b>287</b>		<b>288</b>	

Table 7: Housing Adaptation Issue by Type, Q1 2024 v Q2 2024 v Q3 2024 v Q4 2024

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

With regards to Housing Adaptations, as Table 7 shows, bathroom adaptations continued to be the most frequently reported issue across 2024, reflecting its critical role in preventing falls and ensuring mobility for older adults, especially those with physical health concerns. Access ramps were the second most reported housing adaptation, followed by stair-lifts, reinforcing the trend observed in 2023.

As shown in Table 8, over half of the older people reporting issues with Internal Home Repairs had identified problems with plumbing, windows and doors. This pattern persisted throughout the year and mirrored the trends observed in 2023. Additionally, electrical problems, carpentry and painting were recurring challenges for older people in 2024, indicating the ongoing difficulties in maintaining the safety and functionality of older housing stock.

Home Repairs (Internal)	Q1 2024		Q2 2024		Q3 2024		Q4 2024	
	No.	%	No.	%	No.	%	No.	%*
Plumbing	67	29.9	61	34.5	63	36.4	55	32.9
Windows and Doors	56	25.0	28	15.8	33	19.1	35	21.0
Electrical	42	18.8	40	22.6	41	23.7	29	17.4
Carpentry	24	10.7	22	12.4	28	16.2	36	21.6
Painting	26	11.6	29	16.4	23	13.3	25	15.0
Insulation Internal	39	17.4	29	16.4	27	15.6	19	11.4
Flooring	21	9.4	19	10.7	18	10.4	13	7.8

Table 8: Home Repairs (Internal) Issue by Type, Q1 2024 v Q2 2024 v Q3 2024 v Q4 2024

## FINANCE<sup>16</sup>

Financial challenges in 2024 followed a steady upward trend across quarters, contrasting with the fluctuations observed in 2023. This consistent rise may reflect the cumulative impact of reduced government financial support, colder-than-expected weather during summer months, and the ongoing cost-of-living pressures, particularly rising energy credits and housing costs.

In 2024, 3,257 individuals assessed by ALONE reported financial challenges. Among these individuals, the most frequently reported concerns were related to utilities (n=1,472, 45%), benefits (n=745, 23%), and entitlements (n=538, 16.5%; Figure 11). While utility-related concerns saw a substantial increase in prevalence in 2024, the overall proportion of different financial concerns remained consistent with 2023. Despite fluctuations in the number of reports for individual issues, the ranking and relative distribution of concerns such as utilities being the most common issue, followed by benefits and entitlements remained largely consistent between the two years. However, notable shifts did occur, with reports related to benefits and grants declining, whereas concerns with end of life matters support such as accessing solicitors, engaging family and managing end of life matters doubled.

<sup>16</sup> Assessment form update:

(i) The Entitlements and Benefits sections were updated with new subcategories and some items which were Entitlements were moved to Benefits.

(ii) Utility support questions reflect additional energy credit options: E.g., Airtricity Energy Credit, Bord Gáis Energy Credit, Electric Ireland Energy Credit and Prepay Power.



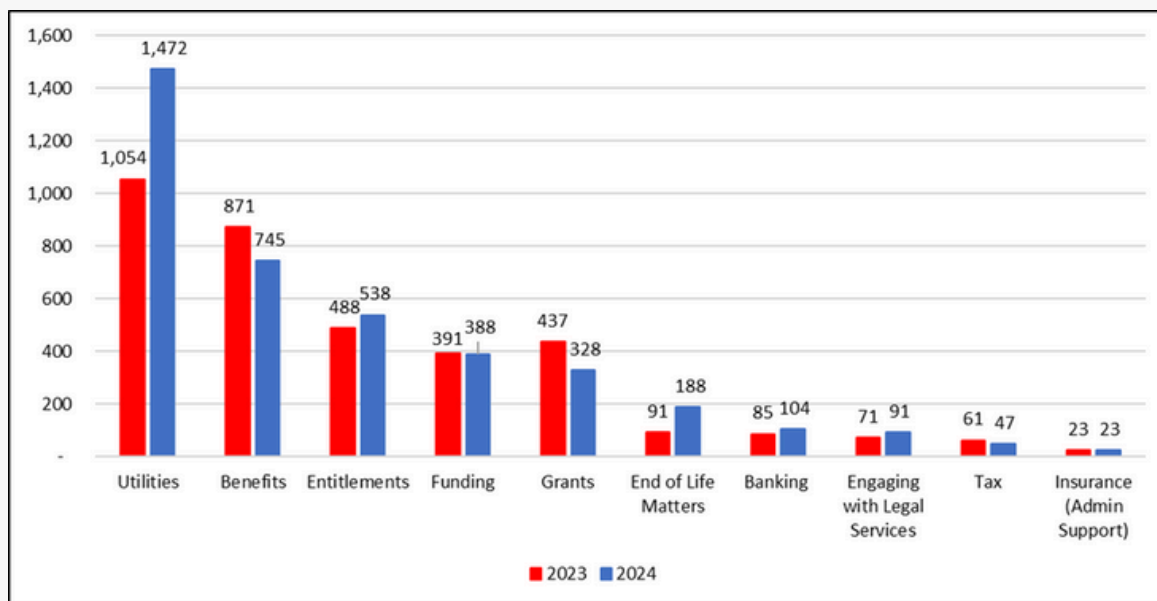


Figure 11: Finance Issues by Type, 2023 v 2024

Among those reporting utility-related concerns, a majority faced challenges related to energy credits, emphasising the critical role of subsidies in alleviating financial strain for older adults. Additionally, some older people struggled with payment difficulties, arrears, or establishing payment plans, while others required assistance to register as vulnerable customers with energy suppliers. A small number sought support to access solid fuel or gas canisters, further reflecting the burden of rising energy costs.

Access to benefits remained significant, with fuel allowance being the most frequently cited concern (over 40%). This was followed by challenges related to the Household Benefits Package (over 30%) and Exceptional Needs Payments (averaging 16%), which again highlighted the growing impact of increased energy prices, housing costs and cost-of-living pressures on older adults. Access to a Medical Card (averaging 14%) also increased throughout the year, reflecting the growing need for financial support to cover healthcare expenses, which can be a significant burden for older individuals. Some individuals also needed assistance accessing rent relief or the Housing Assistance Payment (HAP) scheme, highlighting the financial vulnerability of those in rented accommodation. Other benefit-related concerns involved carer benefits and support grants, pointing to gaps in caregiving financial assistance.

Entitlement-related concerns predominantly involved State supports, with over 80% of individuals seeking help with the Living Alone Allowance, Carers Allowance, Disability Allowance, and the Free Travel Pass. Pension-related issues also featured prominently, while a smaller subset of concerns involved access to a GP Medical Card.

## PERSONAL CARE<sup>17</sup>

In 2024, a total of 3,045 older people assessed by ALONE reported issues with Personal Care. Of these, approximately 28% (n=845) had an issue with GP / Primary Care engagement, making it the most frequently reported concern, although it did decline compared to the previous year. Despite the overall decline, some areas such as nutrition (24%) and medication (8%) saw notable increases in reporting, indicating shifting needs within the older population. By contrast, areas like carer support, hygiene, and GP/Primary Care engagement experienced declines (Figure 12).

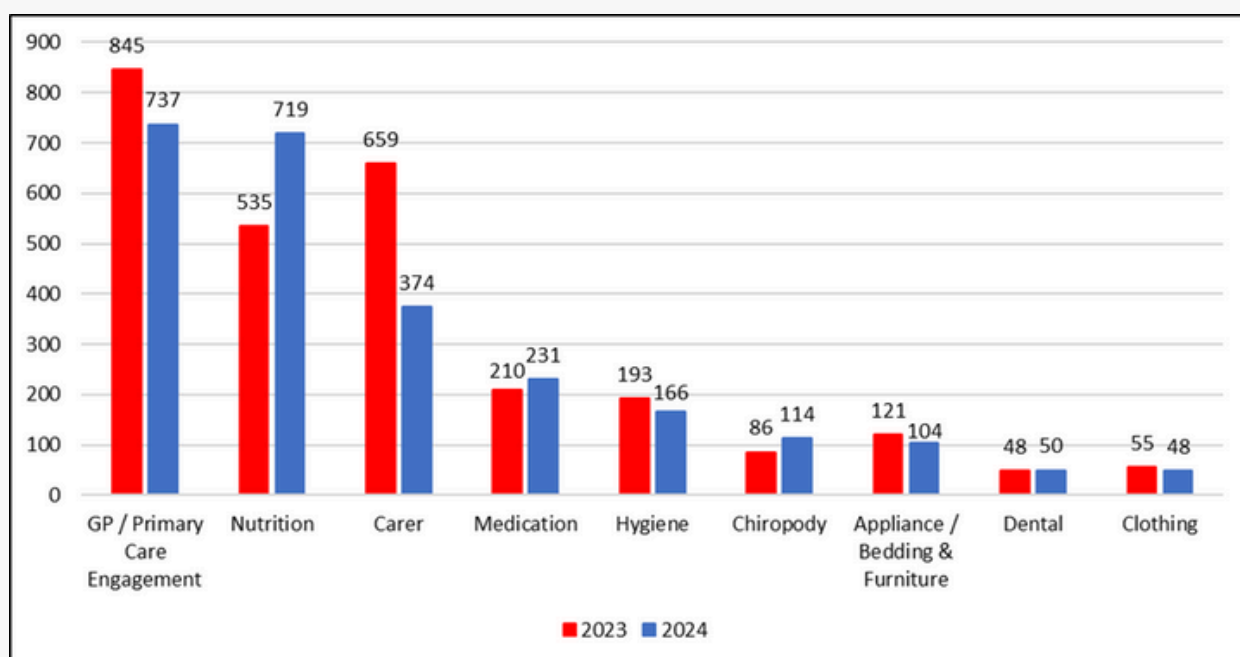


Figure 12: Personal Care Issue by Type, 2023 v 2024

17 Assessment form update:

- (i) Changes to "Issues with carers" now include respite-specific options.
- (ii) 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 older people experiencing GP/Primary Care engagement issues, the majority required support engaging with the public health nurse, while the second most prevalent issue was support in accessing occupational therapy (OT), a trend also observed in 2023 (Table 9). Other concerns included advocating for GP support, meals on wheels, and access to physiotherapy, although these areas showed fluctuating patterns throughout the year.

GP / Primary Care Engagement Issues	Q1 2024		Q2 2024		Q3 2024		Q4 2024	
	No.	%	No.	%	No.	%	No.	%
Public Health Nurse	147	50.7	93	47.0	60	46.5	64	53.3
Access OT	73	25.2	48	24.2	23	17.8	23	19.2
Advocate for GP to support	27	9.3	37	18.7	28	21.7	20	16.7
Meals on Wheels	57	19.7	23	11.6	8	6.2	14	11.7
Access Physio	25	8.6	29	14.6	13	10.1	14	11.7
Other	14	4.8	23	11.6	14	10.9	12	10.0
Provide age-appropriate nutritional information	10	3.4	4	2.0	2	1.6	1	0.8
Support with Changing GP	4	1.4	4	2.0	5	3.9	2	1.7
Refer to ICPOP Team	0	0	0	0	8	6.2	6	5.0
Wound Dressing	2	0.7	2	1.0	0	0	0	0

Table 9: GP / Primary Care Engagement Issues by Type, Q1 2024 v Q2 2024 v Q3 2024 v Q4 2024

Nutrition related issues saw the most significant increase in reports, rising from 535 individuals in 2023 to 719 in 2024. This reflects a growing awareness and need for better dietary support among older people. Of those reporting Nutrition-related concerns, the most common need was for alternative food options, followed by Meals on Wheels. Smaller but notable needs included support to access a nutritionist, improvements in cooking facilities, age-appropriate nutritional information, and food bank access. When asked about the need for nutritional support, more than 90% of older people who reported nutrition issues wanted ALONE to support.

## SOCIAL PRESCRIBING

In 2024, 2,870 older people assessed by ALONE indicated that they required some form of social prescribing support. Among these individuals, the majority were matched with local community groups, a trend that remained consistent with 2023. However, there was a noticeable decline over the year in the proportion of individuals linked to local community groups, falling from 87.7% in Q1 to 76.4% in Q4. A similar decline was observed in one-off events (Table 10).

This declining trend may be indicative of broader shifts, potentially linked to the decreasing number of older people reporting loneliness in 2024. As loneliness remains a key driver for social prescribing, fewer reports of loneliness may correspond to a reduced demand for these types of supports. Additionally, the drop may indicate barriers such as limited access to local activities, transportation challenges, or difficulties in sustaining participation or variations in how support coordinators are implementing social prescribing interventions.

Social Prescribing Support	Q1 2024		Q2 2024		Q3 2024		Q4 2024	
	No.	%	No.	%	No.	%	No.	%
Local Community Group	766	87.7	555	82.8	534	77.8	490	76.4
One-off events	132	15.1	128	19.1	76	11.1	68	10.6

Table 10: Social Prescribing Support, Q1 2024 v Q2 2024 v Q3 2024 v Q4 2024

## MENTAL HEALTH

In 2024, 2,713 older people assessed by ALONE reported experiencing mental health challenges, reflecting an increase from 2,405 individuals in 2023. The pattern of reporting remains relatively consistent between the two years, with Dementia/Alzheimer's (25%) consistently being the most reported mental health issue, indicating ongoing challenges in managing cognitive health in an ageing population. This was followed by Anxiety (18.4%), Depression (18.2%), and Bereavement issues (14.3%). Additionally, 5% of individuals reported issues related to addiction and primary care mental health services, respectively (Figure 13).

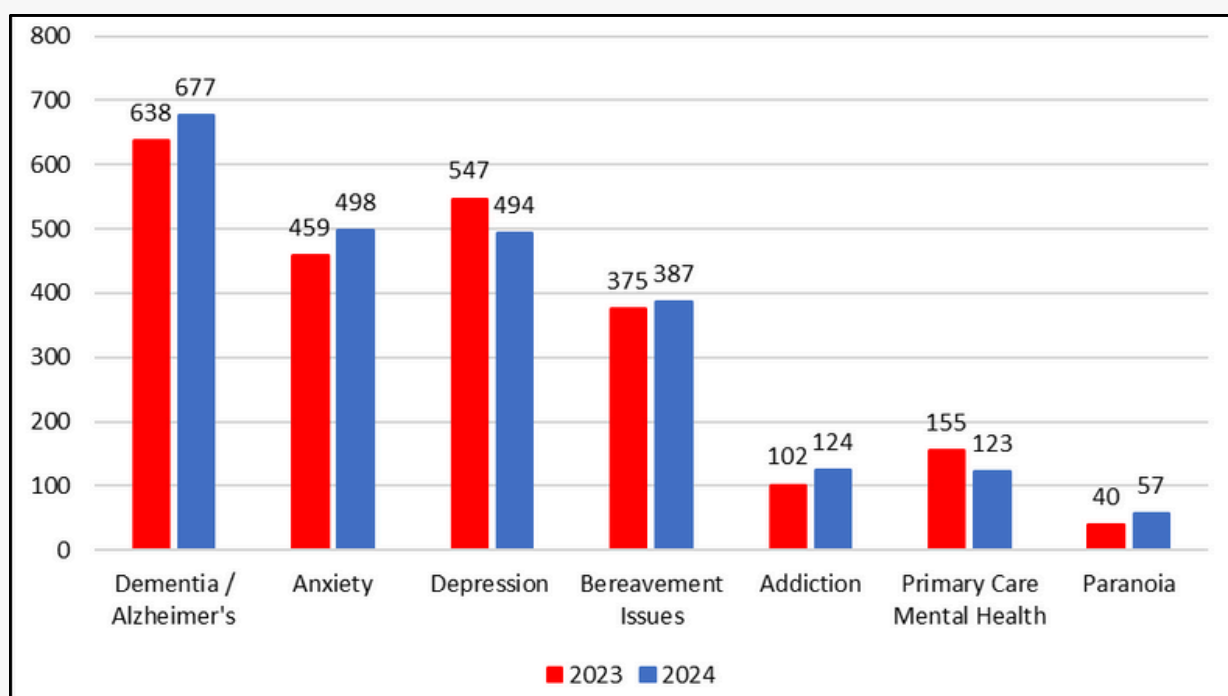


Figure 13: Mental Health Issues by Type, 2023 v 2024

## SAFEGUARDING<sup>18</sup>

In total, 86 people assessed by ALONE in 2024 indicated they were at risk of abuse. The most reported concern was Financial Abuse, accounting for 52% (n=45) of the reports. This marks a shift from 2023, where Emotional Abuse was the most frequently reported concern, followed by Financial Abuse. In 2024, 33.7% (n=29) of individuals indicated they were at risk of Emotional Abuse, making it the second most frequently reported issue. Additionally, 14% (n=20) of older people identified Self-Neglect as a concern, while 11.6% (n=10) reported multiple concerns (Figure 14). Although safeguarding issues remain relatively low in number, they are deeply concerning. ALONE will remain vigilant in tracking these trends and implementing measures to protect the safety and well-being of older people at risk.

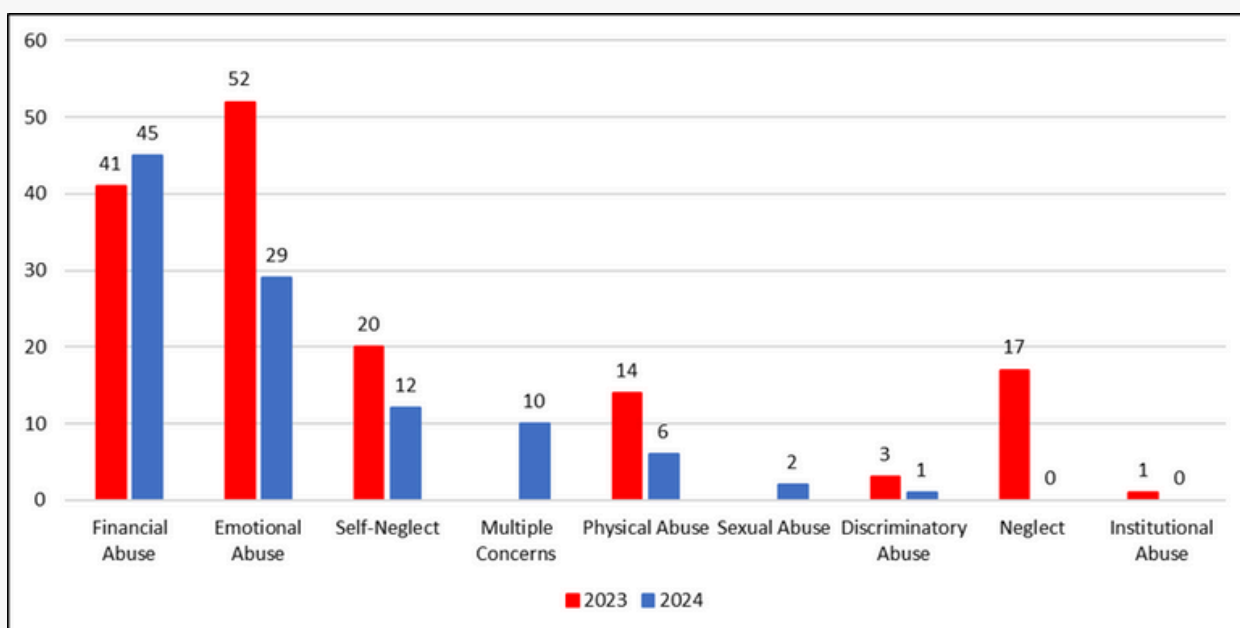


Figure 14: Safeguarding Issues by Type, 2023 v 2024

Note: Data on Multiple Concerns and Sexual Abuse for 2023 and Institutional Abuse and Neglect for 2024 are unavailable.

## Issues of Concern

The 2024 assessment data from ALONE reveals several critical areas of concern, that require focused attention to improve support older people. These challenges highlight the evolving needs of Ireland's ageing population and the necessity for targeted interventions. ALONE will continue to monitor trends and adapt services as needed to ensure older people receive the most effective support. The key issues are as follows:

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

In Q4 2024, physical health concerns overtook loneliness as the most frequently reported issue, showing a 25.5% increase compared to 2023. Mobility issues also increased incrementally throughout the year reflecting an ongoing trend from the previous year. This highlights the persistent impact of falls, sensory impairments, and mobility limitations on overall well-being and independence. Additionally, this trend correlates with a notable increase in the number of individuals aged 86-95 seeking support from ALONE, who often face challenges such as frailty, chronic illness, and reduced mobility.



### LONELINESS AND CHANGING SOCIAL CONNECTION PATTERNS

While loneliness remains a major issue, its reported prevalence declined from 58.3% in 2023 to 52% in 2024. Despite this, over 50% of older adults experiencing loneliness in 2024 reported having someone visit them, a decrease from approximately 70% in 2023. Additionally, more than 6% of older people had not had a social outing in over a year, highlighting persistent isolation among some individuals. A decline in social prescribing engagement further suggests that alternative approaches may be needed, particularly for those facing mobility or transport barriers.



## HOUSING

Housing-related issues remain a persistent challenge, impacting one in three older people. Housing interventions make up 17% of all interventions in 2024, with many needing bathroom adaptations, stair-lifts and access ramps. However, delays in grant applications and increased challenges, particularly for those in the private rental sector, are hindering progress and preventing timely support. The data highlights the importance of universal home design and a life-cycle approach to housing, ensuring older individuals can live safely and comfortably in their homes for as long as possible.

## RISING FINANCIAL PRESSURES AND ENERGY COSTS

Financial concerns have steadily increased in 2024, in contrast to the fluctuations observed in 2023, particularly in relation to utility costs, entitlements, and benefits. Older individuals are facing growing challenges with energy bills, housing costs, and navigating financial supports, exacerbated by the phasing out of energy credits and ongoing cost-of-living pressures. Many require guidance on managing end of life matters, accessing pensions, allowances, and financial aid, stressing the importance of improving financial literacy and expanding economic supports tailored to older adults.





### **NUTRITION AND FOOD SECURITY**

Nutrition issues saw the most significant increase among personal care concerns in 2024, highlighting a growing need for dietary support and food security measures. The most frequently reported concerns included difficulty accessing meals, reliance on Meals on Wheels, and lack of age-appropriate nutritional guidance. Additionally, a small but significant number of older people reported issues with cooking facilities, food affordability, and accessing nutritional advice.

### **MENTAL HEALTH CHALLENGES**

The consistency in the 2024 data suggests that mental health challenges among older people remain persistent, with certain issues such as Dementia/Alzheimer's, anxiety, and addiction becoming more pronounced and points towards the need for specialised cognitive health supports and carer assistance.



### **SAFEGUARDING AND EMERGING FINANCIAL ABUSE RISKS**

Reports of financial abuse overtook emotional abuse as the most frequently reported safeguarding issue in 2024, marking a shift from 2023. This trend indicates a heightened vulnerability among older individuals and the need for proactive safeguarding measures.



## Chapter 3: Delivering the ECC Objectives: ALONE Interventions

### Strategic Added Value of the ALONE Model

#### Driving a Person-Centred Approach in the ECC Programme

In 2024, ALONE provided a total of 46,218 new support interventions to 14,487 older people, averaging 3.2 interventions per person. These figures are consistent with 2023, where an average of 3.3 interventions per person were delivered. The stabilisation of intervention numbers reflects a maturing project in its third year and demonstrates ALONE's capacity to meet consistent demand despite evolving systemic changes. Moreover, 78.5% of these interventions were completed in the same quarter, with 86% of these interventions completed with outcomes being met. The distribution of interventions and the number of older people who received them are broken down quarterly in Table 11.

	No. Received Interventions	Interventions	Interventions per person
Q1 2024	3,916	13,271	3.4
Q2 2024	3,510	11,515	3.3
Q3 2024	3,439	10,912	3.2
Q4 2024	3,622	10,520	2.9
<b>Total</b>	<b>14,487</b>	<b>46,218</b>	<b>3.2</b>

Table 11: Quarterly Distribution of Interventions Provided by ALONE to Older People in 2024

The scope of support provided is demonstrated in Table 12 and Table 13, which sets out the number of people assessed within each specific category and the interventions they received. As shown in Table 13, the high number of interventions in physical health and mobility, legal and financial, housing, and social supports align with the most commonly reported challenges, demonstrating a targeted and responsive approach to service provision.

Of the 10,279 individuals assessed and identified with specific needs in 2024, 9,604 older people (93.4%) received some intervention from ALONE during the same period. The proportion of those receiving support ranged between 95% and 99% (Table 12).<sup>19</sup> This trend remained consistent throughout each quarter of 2024 and aligns with data from the previous year, highlighting ALONE's strong responsiveness to the needs of older individuals seeking support.

<sup>19</sup> An Assessment may identify one or more category of need for the same person and overlap between categories is common. The proportion of people within each category of need who received an intervention in 2024 is therefore different to the overall proportion of all people who were assessed, which counts each individual once.

Area of Need	No. Assessed	No. Received Interventions	%
Loneliness	5,704	5,526	96.9
Physical Health	5,546	5,280	95.2
Mobility	3,782	3,605	95.3
Housing Issues	3,536	3,437	97.2
Finance	3,257	3,217	98.8
Personal Care	3,045	2,969	97.5
Social Prescribing	2,870	2,827	98.5
Mental Health	2,713	2,580	95.1
Safeguarding	86	84	97.7

Table 12: No. of Individuals Assessed within each category of need, No. of people who received an intervention within each category of need, % of those assessed who received an intervention, 2024

Importantly, individuals indicating a specific need are not confined to a singular type of intervention. ALONE's model allows for flexibility, recognising that an older person may benefit from a combination of interventions tailored to their unique circumstances. This approach reflects ALONE's commitment to developing comprehensive support plans that address the entirety of an individual's needs, fostering holistic well-being and an improved quality of life.

For example, as Table 12 and 13 show, 5,704 people were identified as experiencing loneliness during their assessment, and 5,526 of them received an intervention during the same period. In total, 22,043 interventions were provided to those 5,526 individuals. The interventions required by individuals who reported that they felt lonely related to all aspects of ALONE's work, from Housing to Personal Care, while 9,213 (41.80%) specifically related to Support and Befriending and Social Prescribing, which are loneliness-specific interventions.

Similarly, 5,546 individuals were assessed in 2024 as having a Physical Health need, receiving a total of 22,503 interventions in this period. Of these interventions, 5,871 (26.1%) directly addressed Physical Health and Mobility, while the remaining interventions were related to Support and Befriending, Housing Issues, Legal and Financial Issues, Personal Care, and other areas. These figures highlight ALONE's person-centered approach, ensuring that older individuals receive integrated and tailored support that meets their diverse and evolving needs.

The Older Person's Annual Feedback Survey 2024 further highlights ALONE's dedication to person-centered support for older adults (see Q3 2024 report). The survey insights reinforce ALONE's mission to provide flexible, comprehensive support plans that address multiple aspects of well-being, ultimately enhancing the quality of life and independence of older individuals. By closely monitoring assessment outcomes, refining interventions, and integrating direct feedback, ALONE remains dedicated to fostering a truly person-centered approach within the ECC Programme.

Need Identified → Intervention ↓	Loneliness	Physical Health	Mobility	Housing Issues	Finance	Personal Care	Social Prescribing	Mental Health	Safeguarding
Physical Health and Mobility	3,207	5,871	4,332	2,849	2,281	2,854	1,836	1,929	52
Legal and Financial	2,543	3,245	2,214	2,767	5,335	1,981	1,452	1,590	76
Housing	2,612	3,551	2,608	5,604	2,511	2,526	1,475	1,671	110
Support and Befriending	6,434	3,225	2,210	1,815	1,462	1,901	2,352	1,876	37
Personal Care	2,340	2,787	1,904	1,909	1,449	3,616	1,386	1,488	51
Social Isolation / Prescribing	2,779	1,875	1,246	1,132	976	1,091	3,474	1,225	25
Emotional and Mental Health	1,558	1,340	805	869	827	957	1,083	2,257	25
Safety and Security	383	407	321	458	226	270	169	193	14
Technology	136	127	83	75	60	65	81	39	1
Safeguarding	51	75	51	84	46	65	47	87	120
<b>Total No. of People*</b>	<b>5,526</b>	<b>5,280</b>	<b>3,605</b>	<b>3,437</b>	<b>3,217</b>	<b>2,969</b>	<b>2,827</b>	<b>2,580</b>	<b>84</b>
<b>Total No. of Interventions**</b>	<b>22,043</b>	<b>22,503</b>	<b>15,774</b>	<b>17,562</b>	<b>15,173</b>	<b>15,326</b>	<b>13,355</b>	<b>12,355</b>	<b>511</b>

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

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

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

The total no. of people and total no. of interventions figures are not unique counts and do not sum to the total number of people supported or total interventions provided in 2024. Individuals may have multiple needs and receive multiple types of interventions, leading to overlaps across categories.



## ALONE: The Critical Link between Older People and Services

A core focus of ALONE's model is orchestrating community and acute services, ensuring all groups collaborate effectively to meet demand. It is strategically designed to unify various agencies and services, positioning ALONE as a critical force in the continuum of care.

As evident in Table 14 external agencies played a predominant role in referrals throughout the year, underlining ALONE's pivotal position in integrating older adults with essential services. Approximately two-thirds of referrals in 2024 came from external agencies, maintaining the trend seen in 2023 and marking an increase from 2022, when external agencies accounted for around half of all referrals.

Referral Type	Q1 2024		Q2 2024		Q3 2024		Q4 2024	
	No.*	%	No.*	%	No.*	%	No.*	%
External Agency	2,501	66.3	2,494	66.3	2,591	67.2	2,809	64.6
Internal Referral	358	9.5	268	7.1	229	5.9	179	4.1
Public (Friend/Family)	517	13.7	527	14	515	13.4	584	13.4
Secondary Sláintecare Referral	18	0.5	19	0.5	18	0.5	12	0.3
Self	721	19.1	765	20.3	806	20.9	767	17.6
<b>Total</b>	<b>3,774</b>		<b>3,760</b>		<b>3,856</b>		<b>4,351</b>	

Table 14: Referral Type, No., Q1 2024 v Q2 2024 v Q3 2024 v Q4 2024

Among the individuals referred to ALONE by named External Agencies in 2024, almost half were referred by Community Care Teams consisting of primary health care centres, community intervention teams, and community nurses. Around one-third were referred to by hospitals across the country. Meanwhile, ICPOP and GP referrals collectively accounted for over 10% of all named External Agency referrals. This trend has remained steady throughout the year mirroring patterns observed in 2023. As shown in Table 15, the four referral sources remained the most common, highlighting ALONE's strong partnerships within the ECC programme and its role as a key provider of coordinated, person-centered care for older adults.



External Referral Agency	Q1 2024		Q2 2024		Q3 2024		Q4 2024	
	No.	%	No.	%	No.	%	No.	%
Community Care Team	956	49.6	908	46	968	46.6	1,071	46.3
Hospital	650	33.7	654	33.1	754	36.3	737	31.8
ICPOP	141	7.3	126	6.4	95	4.6	194	8.4
GP	108	5.6	138	7	92	4.4	147	6.3
Charitable Organisation	84	4.4	95	4.8	84	4.1	120	5.2
Mental Health Team	38	2	68	3.4	15	0.7	59	2.5
Home Care Provider	16	0.8	11	0.6	17	0.8	20	0.9
Family Resource Centre	10	0.5	13	0.7	9	0.4	19	0.8
Nursing Home	5	0.3	8	0.4	11	0.5	14	0.6
Housing Association	3	0.2	0	0	1	0.1	13	0.6
Hospice	6	0.3	3	0.2	1	0.1	9	0.4
Memory Clinic	3	0.2	10	0.5	13	0.6	8	0.3
Safeguarding Team	8	0.4	6	0.3	8	0.4	8	0.3
Local Authority	17	0.9	25	1.3	18	0.9	7	0.3
Physiotherapist	4	0.2	2	0.1	3	0.1	7	0.3
Local Development Company	9	0.5	18	0.9	17	0.8	5	0.2
Tele healthcare	0	0	0	0	0	0	5	0.2
MABS	0	0	0	0	1	0.1	4	0.2
Social Prescriber	2	0.1	2	0.1	6	0.3	3	0.1
Religious Organisation	0	0	0	0	0	0	3	0.1
Social Work Team / Social Worker	8	0.4	6	0.3	2	0.1	2	0.1
TD	1	0.1	0	0	1	0.1	2	0.1
Refuge	0	0	0	0	0	0	2	0.1
Psychotherapist	0	0	0	0	0	0	2	0.1
Pharmacy	0	0	0	0	0	0	2	0.1
Occupational Therapist	3	0.2	0	0	0	0	1	0.04
Ambulance Service	0	0	0	0	0	0	1	0.04
Oireachtas	0	0	0	0	0	0	1	0.04
Prison Officers Association	0	0	0	0	0	0	1	0.04
Day Care Centre	0	0	6	0.3	6	0.3	0	0
Telecare and Assistive Technology Provider	0	0	0	0	6	0.3	0	0
Homelessness Service	0	0	0	0	2	0.1	0	0
Respite Centre	0	0	0	0	2	0.1	0	0
Children's Disability Network Team	0	0	0	0	1	0.1	0	0
Community Development Health Project	0	0	0	0	1	0.1	0	0
Community-based Resource Centre	0	0	0	0	1	0.1	0	0
Dental and Orthodontic Services	0	0	0	0	1	0.1	0	0
Health and Social care regulator	0	0	0	0	1	0.1	0	0
Political Party	0	0	0	0	1	0.1	0	0
School	0	0	0	0	1	0.1	0	0
Trade Union	0	0	1	0.1	1	0.1	0	0
Voluntary Organisation	7	0.4	3	0.2	1	0.1	0	0
Bus Transport Services	0	0	1	0.1	0	0	0	0
Respiratory Specialist	0	0	1	0.1	0	0	0	0
Community Centre	0	0	1	0.1	0	0	0	0
Cancer Support Centre	0	0	1	0.1	0	0	0	0
Fire Brigade Headquarters	2	0.1	0	0	0	0	0	0
Garda	2	0.1	0	0	0	0	0	0
Addiction Treatment Centre	1	0.1	0	0	0	0	0	0
Area Partnership	1	0.1	0	0	0	0	0	0
National Counselling Service	1	0.1	0	0	0	0	0	0
State Agency	1	0.1	0	0	0	0	0	0
Transitional Care Unit	1	0.1	0	0	0	0	0	0
Unknown/Unnamed Agency	1,007		956		924		925	

Table 15 (On Previous Page): External Referral Agencies, Q1 2024 v Q2 2024 v Q3 2024 v Q4 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 925 people were referred to ALONE in Q4 2024 however data is currently unavailable as to referral source

ALONE collaborates with a diverse network of Government and State agencies, national advocacy organisations, and community-based service providers to ensure that older people receive tailored support. These partnerships span multiple sectors, from healthcare (e.g., GPs, Public Health Nurses, hospital discharge teams, mental health services) to financial support (e.g., Money Advice and Budgeting Service; MABS), and charitable organisations (e.g., Alzheimer's Association). This collaborative model allows ALONE Support Coordinators to match an older person's specific needs identified through their assessment with the appropriate support offered by ALONE and its partners. This integrated approach not only helps streamline coordination across services but also connects older people to the precise care they need, enabling every individual to obtain equitable and timely access to resources, regardless of their circumstances.

In 2024, 23,782 interventions relied on ALONE's partnerships, accounting for around 52% of all interventions: a trend consistent with 2023 and observed across all quarters of 2024 (Table 16).

Consistent with trends observed in 2023, access to State Supports accounted for 25.5% (n=6,066) of all partnership interventions, with demand increasing each quarter. This included energy credits, social housing applications, rent relief, housing adaptation grants, and financial assistance such as carer support grants, mobility aid grants, pensions, medical cards, and fuel allowances. The sustained demand for these supports reflects the ongoing financial strain on older people due to cost-of-living pressures.

Partner Supports	Q1 2024		Q2 2024		Q3 2024		Q4 2024		2024	
	No.	%	No.	%	No.	%	No.	%	No.	%
Access State Supports	1,375	19.8	1,448	24.4	1,648	29.0	1595	30.4	6,066	25.5
Access Physical Health Supports	1,586	22.9	1,356	22.9	1,417	25.0	1089	20.8	5,448	22.9
Access Social Supports	1,709	24.7	1,371	23.1	1,122	19.8	1116	21.3	5,318	22.4
Access Financial Supports	553	8.0	397	6.7	272	4.8	371	7.1	1,593	6.7
Access Charitable Supports	427	6.2	331	5.6	338	6.0	324	6.2	1,420	6.0
Advocate re Physical Health	497	7.2	328	5.5	281	5.0	231	4.4	1,337	5.6
Access Personal Care Supports	214	3.1	261	4.4	229	4.0	197	3.8	901	3.8
Access Housing	239	3.4	210	3.5	158	2.8	114	2.2	721	3.0
Access Transport	135	1.9	85	1.4	76	1.3	76	1.4	372	1.6
Access Mental Health Supports	91	1.3	65	1.1	69	1.2	63	1.2	288	1.2
Access Legal Support	84	1.2	72	1.2	66	1.2	66	1.3	288	1.2
Access Training	22	0.3	8	0.1		0.0			30	0.1

Table 16: Partner Supports, No. and % of Interventions, Q1 2024 v Q2 2024 v Q3 2024 v Q4 2024

Similarly, access to Physical Health Supports accounted for 22.9% (n=5,448) of partnership interventions, involving referrals to occupational therapists, addiction services, consultants, GPs, and pharmacies. There was a steady demand for access to physical health services throughout the year, highlighting the continued and consistent need for medical support among older individuals. Additionally, around 6% (n=1,337) of interventions involved ALONE advocating on behalf of older people for additional GP support, home help, or hospital discharge considerations.

ALONE also collaborates with local social and community groups to help older people become less isolated. Access to Social Supports accounted for 22.4% (n=5,318) of interventions, reflecting ALONE's role in connecting older people with local community groups to combat isolation. While demand fluctuated throughout the year, particularly declining in Q3, social supports remained a core component of ALONE's partnerships. These initiatives are also aligned with the HSE Social Prescribing Framework<sup>20</sup> and the Integrated Model of Care for the Prevention and Management of Chronic Disease in older people.<sup>21</sup>

Moreover, fluctuation was observed in accessing Financial Support<sup>22</sup> throughout the year, with demand dropping in Q3 before rising again in Q4. This coupled with the decrease in accessing Housing Supports, reflects a shift in the priorities and challenges faced by older people (Table 16). ALONE will continue to closely track these trends to adjust its partnership strategies and ensure older people receive timely, relevant, and holistic support.

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

Volunteers play a critical role in the delivery of ALONE's services and supports, particularly ALONE's Visitation and Telephone Support and Befriending services. Their contributions extend far beyond their time and effort, they significantly enhance ALONE's reach and impact, fostering meaningful connections with older people while creating substantial cost savings that allow resources to be allocated more efficiently to directly benefit those requiring assistance.

Beyond financial value, volunteers bring a wealth of invaluable skills, compassion, and community engagement, strengthening the social fabric around older people. Their presence not only enhances ALONE's interventions but also fosters a sense of belonging, dignity, and well-being among older people they engage with. Findings from the 2024 Volunteer Programme Survey reveal the vital role volunteers play in supporting older adults (see Q3 2024 report for details).

<sup>20</sup> [HSE Social Prescribing Framework](#)

<sup>21</sup> [215879\\_HSE\\_National framework Integrated Care.indd](#)

<sup>22</sup> Please note that Financial Support here refers to assistance with tasks such as accessing financial statements, bank cards, banking apps, cancelling utility payments, changing plans, and support with private pensions. In contrast, financial interventions requiring access to State-provided supports—such as energy credits, disability allowance, carer's allowance, and adaptation grants—are categorised under State supports.

In 2024, ALONE saw a 36.5% increase in volunteer engagement, with the number of volunteers rising from 6,679 in January to 9,117 by December. As Table 17 shows, this increase was observed across all Health Regions demonstrating the growing importance of volunteer-driven services.

Volunteers - YTD ever engaged	January 2024	December 2024	% Change
HSE West and North West	1,170	1,585	35.5
HSE Dublin and North East	1,655	2,234	35.0
HSE Dublin and Midlands	1,293	1,731	33.9
HSE Midwest	522	723	38.5
HSE Dublin and South East	1,340	1,804	34.6
HSE South West	699	981	40.3
<b>Total</b>	<b>6,679</b>	<b>9,117</b>	<b>36.5</b>

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

Moreover, volunteers provided 109,040 Visitation and Befriending visits, with engagement remaining steady across all quarters (Table 18).

Visitation Support & Befriending Visits	Q1 2024	Q2 2024	Q3 2024	Q4 2024
<b>Total Visits</b>	<b>25,6525</b>	<b>27,704</b>	<b>28,656</b>	<b>27,028</b>

Table 18: Visitation Support and Befriending, by Total No. of Visits, by quarter, 2024

Note: It is not possible to provide the number of active volunteers engaged in visitation and befriending visits in Q1 by health regions, as these regions were not yet established during that period, and volunteer status data was categorised accordingly as a result.

Volunteers made 213,506 calls supporting 5,614 individuals in 2024, highlighting the continued demand for social connection among older people (Table 19). These services provide consistent emotional and social support, helping reduce loneliness while ensuring older people remain engaged with their communities.

Telephone Support & Befriending Calls	Q1 2024	Q2 2024	Q3 2024	Q4 2024
<b>Total Calls</b>	<b>53,474</b>	<b>53,026</b>	<b>55,128</b>	<b>51,878</b>

Table 19: Telephone Support and Befriending Calls, by quarter, 2024

Note: It is not possible to provide the number of active volunteers engaged in telephone support and befriending calls in Q1 by health regions, as these regions were not yet established during that period, and volunteer status data was categorised accordingly as a result.



Table 20 presents the total number of hours contributed by ALONE volunteers each quarter in 2024. In total, ALONE volunteers dedicated 264,430 hours of Support in 2024, representing a 21% increase from 2023. This growth reflects the expanding role of volunteers in enhancing ALONE's capacity to reach and support older people nationwide.

Volunteer Hours	Q1	Q2	Q3	Q4
2023	51,121	53,632	56,688	57,056
2024	61,000	71,830	66,816	64,784

Table 20: No. of Volunteer Hours, by quarter, 2023 v 2024

Note: It is not possible to provide the number of active volunteers in Q1 by health regions, as these regions were not yet established during that period, and volunteer status data was categorised accordingly as a result

While 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.<sup>23</sup> In calculating the estimated value of volunteering in charitable organisations, Indecon used both the National Minimum Wage (NMW) and Average Hourly Earnings to achieve a range. Using this methodology, the total contribution of active ALONE volunteers in 2024 ranged from €3.36 million (NMW) to €7.81 million (Average Hourly Earnings; see Table 21).

2024	V. Hours	National Minimum Wage	Average Hourly Earnings
January to March (Q1)	61,000	€774,700	€1.78 million
April to June (Q2)	71,830	€912,241	€2.14 million
July to September (Q3)	66,816	€848,563	€1.99 million
October to December (Q4)	64,784	€822,757	€1.90 million

Table 21: Financial contribution of active volunteers, by quarter, 2024

These figures highlight the immense economic and social value of volunteering within ALONE's model, reinforcing its cost-effectiveness and sustainability.

Volunteers are central to ALONE's mission, significantly enhancing the reach, quality, and sustainability of its services. Their contributions, whether through direct engagement in befriending services, providing technology assistance, or advocating for older people play a pivotal role in reducing isolation and improving quality of life, and overall health and well-being.

Looking ahead, ALONE will continue to support and grow its volunteer programme, ensuring that volunteers feel valued, engaged, and empowered to make lasting, meaningful impacts in the lives of older people across Ireland

<sup>23</sup> Registered Irish Charities - Social and Economic Impact Report 2018 (charitiesregulator.ie)

## Building Capacity for Delivery Q4 2024

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

ALONE continued to enhance its ICT infrastructure developments, aligning with strategic and regulatory changes. Key initiatives include:

01

#### Transition to Health Regions



Successfully completing the HSE-driven transition from CHOs to Health Regions. The project team continues to monitor Integrated Healthcare Authority (IHA) developments.

02

#### EU Web Accessibility Directive Compliance



Implementing Phase 1 of website improvements for EU compliance, due for completion by Feb 2025.

03

#### Enhanced Technology Support and Ticketing System



Preparing to launch a new ICT incident and tech support ticketing system in 2025 to improve service quality and incident management.

04

#### Volunteer Recruitment Process



Working with the Volunteer Programme team to develop a new Volunteer Recruitment process which will be live in February 2025, improving efficiency

05

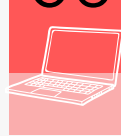
#### Finance Initiatives



Completing development of a number of Finance related initiatives including a new online Expense logging system for staff with MFA security which will be launched in February 2025.

06

#### CRM Optimisation



Leveraging Salesforce CRM to optimise the Christmas Dinner Programme, ensuring efficient volunteer matching and food distribution

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 remains committed to evidence-based practice, continuously evaluating services to ensure high-quality support for older people. This involves implementing data-driven solutions, assessing impact, and improving service efficiency.

In December 2024, ALONE merged its research, evaluation, and policy functions under one leadership team to strengthen policy recommendations informed by data and expertise. This restructuring enhances ALONE's ability to engage stakeholders across government, political parties, and services effectively.

Key milestones in Research and Evaluation include:

01



### Data Collection

Completing Phase 2 data collection for the national service impact assessment with 287 older people.

02



### Knowledge Hub

Launching the ALONE Knowledge Hub, a public repository of ageing-related resources.

03



### Energy Poverty

Delivering a presentation on energy poverty among older adults at the national ESRI Energy Poverty seminar.

04



### Willie Bermingham Award

Presenting the Willie Bermingham Medal at the Irish Gerontological Society (IGS) conference to Dr Sarah Donnelly.

05



### Loneliness Taskforce

Hosting a national Loneliness Taskforce Research Network webinar in partnership with CIN and Prof. Joanna McHugh Power.

06



### Assistive Technology

Making submissions to HIQA's review on home care standards, the WHO public consultation on Assistive Technology, and the Department of Health public consultation on social inclusion in health.

07



### Enhanced Reporting

Enhancing reporting efficiency by centralising report permissions and deploying new suite of reports to support reporting by CHN

# Campaigning & Advocacy

## Communications Q4 2024



### Christmas Campaign 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**

### Annual Report Launch



### Texts To Older People



ALONE sent 4,000 check in texts to older people in Q4

### ALONE media in Q4 2024

Regional Print: 93  
 Regional Radio: 25  
 Online: 13  
 Press Releases: 4  
 Broadcast: 31  
 Print: 97



### Newsletter Readership



ALONE send newsletters every month to Partners, Staff and Volunteers

## Delivering on the ECC Objectives

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

This report demonstrates ALONE's ongoing commitment to achieving its agreed objectives with the HSE under the ECC Programme as follows:

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

ALONE continues to play a leadership role in the Community Impact Network (CIN)<sup>24</sup> to develop and manage this multi-faceted membership network. By the end of 2024, ALONE's CIN membership had 174 member organisations, supporting 36,467 older people nationwide.

Table 22 provides a breakdown of CIN membership across Health Regions, showing the geographical distribution of community support networks. This widespread presence ensures localised, community-driven collaboration, strengthening the integration of services at all levels.

CIN Members by Area	2024
HSE West and North West	44
HSE Mid-West	20
HSE South West	21
HSE Dublin and South East	21
HSE Dublin and Midlands	33
HSE Dublin and North East	35

Table 22: CIN Members by Area, 2024

<sup>24</sup> The CIN is a national network of community organisations providing supports to the older person living at home. The CIN provides an increased range of services from a more diverse network, which has the older person at the heart of the service, with a broad membership base and a focus on increased community engagement.

In 2024, ALONE's CIN welcomed 19 new organisations into the network, providing indirect support to 16,265 older people. The network expanded its training and engagement activities, strengthening the capacity of local community groups to work together effectively. Table 23 provides a snapshot of CIN engagement across 2024. During the year, ALONE provided 34 training sessions with 347 attendees and supported 10 CIN member organisations with CIN resources. The CIN Team also hosted 91 networking activities with 282 attendees and supported 205 member organisations. This continuous engagement ensures that local organisations are equipped to provide coordinated, effective support, promoting better outcomes for older people nationwide.

CIN	Q1 2024	Q2 2024	Q3 2024	Q4 2024	2024
CIN New Members	11	6	3	-1*	19
Older People Supported Indirectly	3,943	690	760	10,872	16,265
CIN Member Organisation Supported	44	91	38	32	205
<b>CIN Training</b>					
CIN Training Sessions	16	6	6	6	34
CIN Member Attendees	143	101	56	47	347
<b>CIN Networking</b>					
CIN Network Activities Hosted	26	23	21	21	91
CIN Member Attendees	13	189	40	40	282
<b>CIN Resources</b>					
CIN Organisations who received policy, procedure and practice documents	0	3	3	4	10

Table 23: CIN Engagement, by quarter and total in 2024

\*1 organisation is no longer a CIN member organisation, updated Dec 2024. This is due to a clean-up/ service no longer in operation.

Q4 2024 was a pivotal period for ALONE, marked by significant events such as the last budget before the General Election and preparations for the General Election on November 29th, 2024. In October, ALONE hosted a session on Budget 2025's impact on CIN organisations and older people, covering healthcare, social care, and housing. Further, ALONE hosted a webinar on Guidelines for Evaluation of Social Isolation and Loneliness Interventions, which was attended by over 120 participants from Ireland and abroad, provided practical frameworks for assessing and improving interventions aimed at reducing loneliness among older people. Moreover, ahead of the General Election on November 29, ALONE shared their Election Manifesto with CIN members, outlining seven key priorities for supporting older people in areas such as housing, healthcare, finance, and loneliness reduction. The manifesto served as a critical tool for engaging with political candidates and advocating for policy changes to improve the lives of older people across Ireland.

Recognising the increasing need for digital literacy among older people, ALONE launched several initiatives in 2024 to bridge the digital divide and enhance connectivity. Digital Skills Drop-In Sessions were introduced nationwide offering informal support to older people in using digital devices and engaging in online activities. In partnership with Louth Local Development, ALONE also launched the Smart Cafés initiative, delivering peer-led digital workshops across Dundalk, Ardee, and Drogheda. Approximately, 90 older people attended eight themed sessions covering smartphone use, online banking, and digital safety, supported by 17 trained Digital Champions.

Overall, in 2024, 70 organisations received Digital Champion training, resulting in 1,151 Digital Champions who potentially supported 2,086 older people in their community. This ongoing training ensures sustained digital empowerment for older adults, allowing them to engage more actively in their communities (Table 24).

Mary Carpenter, Digital Champion, on her experience of being a Digital Champion:

“

When I started the course, I did not think I would be any good at it. I think I'm a good communicator but didn't think I had the skills, but I thoroughly enjoyed the experience. The idea of gathering round the table was great and more social and would encourage anyone else to do it. You know more that you think!

Hi-Digital Champion Training	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Total
Digital Champion (DC) Trained	251	103	256	541	1,151
No. of organisations who received DC training	33	9	15	13	70
Potential Number of older people to receive HD support	412	188	456	1,030	2,086

Table 24: Digital Champion Training, by quarter, 2024

ALONE's collaboration with the CIN embodies a holistic strategy for strengthening community support networks. Through engagement with member organisations, extensive training, networking events, outreach efforts, and digital empowerment initiatives, ALONE enhances 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.

ALONE's assessment process is designed to identify and address the full range of needs among older people, ensuring they receive appropriate support to continue living independently at home. In 2024, ALONE newly supported 15,516 older adults, marking a 28% increase from 2023 (12,108 individuals) and a 73.6% rise from 2022 (8,939 individuals). This significant growth highlights the increasing demand for services, driven by Ireland's ageing population, evolving healthcare needs, and the growing visibility of ALONE's work.

A large proportion of older people aged 76-90 years old continued to receive support in 2024, approximately 10,183 in Q4 which indicates that the support provided is both necessary and effective in helping people to age in place over an extended period. Notably, there was a marked increase in individuals aged 86-95 requiring assistance, reflecting the growing need for tailored supports for those experiencing frailty, chronic illness, and mobility challenges.

In 2024, ALONE provided a total of 46,218 new support interventions to 14,487 older people, averaging 3.2 interventions per person. These figures are consistent with 2023. The stabilisation of intervention numbers indicates a maturing project in its third year, showcasing ALONE's ability to sustain consistent demand despite evolving systemic changes, including the transition to health regions in early 2024. Further, the volume of calls to the NSRL (25,227 in 2024), and the range of themes emerging from those calls, with loneliness being the main theme for the majority, is also indicative of ALONE's capacity to respond to the diverse needs of older people (Table 30 in Annexure A: Key Themes in ALONE Interventions).

As can be seen in Figure 15, there has been a notable increase in interventions across all areas from 2022 to 2024. In particular, Physical Health and Mobility interventions rose by 38% in 2024 compared to 2023, reflecting the increasing number of older people reporting physical health and mobility challenges during assessments. Legal and Financial supports ranked as the second-highest intervention area, highlighting the impact of rising cost-of-living pressures, the phasing out of energy credits, and ongoing price increases, all of which have disproportionate effects on older individuals' quality of life and overall well-being.

Housing interventions remained a critical need, accounting for the third-highest proportion of supports. Housing-related interventions made up over 17% of the total interventions. This is especially concerning given that many older people supported by ALONE are less likely to be homeowners, increasing their vulnerability in the private rental sector.<sup>25</sup> A detailed breakdown of all ALONE's interventions is provided in Annexure A: Key Themes in ALONE Interventions. In response to these challenges, ALONE continues to drive innovative housing solutions through the Housing with Support Demonstrator Project. Developed in collaboration with Circle VHA, the HSE, and Dublin City Council (DCC), this project provides 24/7 onsite support, offering an alternative to nursing home care while promoting independent living. This project received the Social Impact Award 2024 at the Irish Council for Social Housing Finance and Development Conference. This recognition highlights ALONE's role in integrating housing, care, and community support, ensuring older people can age in place with dignity.

<sup>25</sup> Explored in more detail in our research with Threshold - [Threshold Alone Report.indd](#)



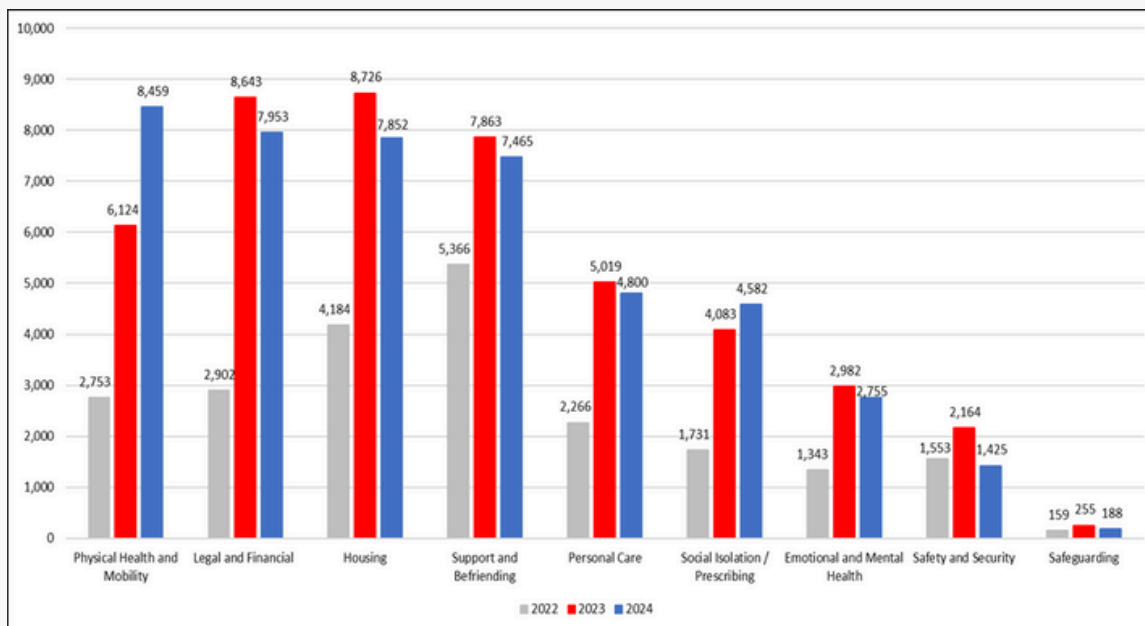


Figure 15: Interventions by Type, 2022 v 2023 v 2024

Given the widespread concern of loneliness among older adults, another central focus was enhancing social support, with 16.4% of interventions directed toward companionship services and addressing social isolation, and 10.1% were directed towards social prescribing, bolstered by the essential efforts of volunteers. Combined interventions targeted towards social supports account for more than a quarter of all interventions in 2024. This support is further strengthened by the invaluable contributions of volunteers who conducted 109,040 visitation support and befriending visits and made 213,506 telephone support and befriending calls to older people in 2024.

ALONE remains committed to advancing aged care through innovative solutions, leading the way in using Assistive Technology to support ageing in place. In 2024, technology was part of 6,590 interventions supporting 4,175 people. Integrating technology across intervention types has allowed ALONE to demonstrate the ways in which this type of innovation can support older people at various levels.

ALONE's expanding reach, stabilising intervention numbers, and evolving service model demonstrate a growing demand for tailored, community-based support that enables older people to live independently at home. Through strategic adaptation to regional healthcare structures, financial pressures, and housing challenges, ALONE continues to address the diverse and interconnected needs of Ireland's ageing population.



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

ALONE's work is closely aligned to the Sláintecare Programme and Healthy Ireland Action Plan (2021-2025) ensuring that older people receive preventive and targeted supports. ALONE's assessment focuses on key areas such as housing, physical health, mental and emotional, health, personal care, financial and legal issues, technology, and social prescribing, helping to identify older individuals' unique needs and ensure they receive the tailored interventions they require.

As this report illustrated, over half of the interventions provided in 2024 relied on partnerships developed by ALONE, consistent with the trend observed in 2023 (Table 16). The reliance on partnerships for over half of interventions in both 2023 and 2024 highlights ALONE's successful integration within the healthcare system, social services, and community networks reinforcing its role as a key collaborator in supporting older people. These collaborations included ALONE's healthcare partners, community groups, and State supports such as benefits and grants.

In 2024, nearly two-thirds of older people were referred to ALONE by external agencies, consistent with the pattern observed in 2023 and an increase from 2022 where around half of the referrals were from external agencies (Table 14). In each quarter, Community Care Teams remained the most frequent referral source, consistently accounting for around half of referrals and included primary health care centres, community intervention teams, and community nurses. This was followed by hospitals, including discharge teams who link in with ALONE's services to support the transition from hospital to living at home. ALONE also partners with ICPOP teams and GPs (more than 10% of external referrals in 2024) to provide a comprehensive and integrated suite of supports to older people. Although referrals from charitable organisations represent a smaller proportion of external referrals, they remain essential in reaching vulnerable older populations, including those experiencing homelessness, domestic violence, mobility impairments, dementia, or vision loss (Table 15). These partnerships help bridge service gaps, ensuring that older adults receive comprehensive and holistic support.

In 2024, the second most common referral source was family and friends, followed by self-referrals from older people, maintaining the same trend as in 2023. The sustained high rate of self-referrals highlights the public's trust in ALONE, demonstrating its reputation as a reliable and accessible support organisation. The CIN further develops ALONE's impact and reach, both in providing supports to the older person living at home and increasing community engagement with older people (Table 23).

Through its comprehensive assessments, ALONE effectively identifies and responds to the changing needs of older people. As mentioned earlier, in 2024, Physical Health and Mobility interventions increased significantly, while Legal and Financial and Housing supports remained stable. These shifts point to evolving priorities among older people, particularly the rising importance of universal home design, age-friendly infrastructure, and financial pressures related to cost-of-living increases.

As detailed earlier in this report, ALONE will continue to monitor service-level data to identify trends and enhance its impact. This includes refining and improving organisational and service Key Performance Indicators, collating reports for the HSE, and undertaking surveys to gain insight into the experience of both volunteers and older people supported by ALONE, all contributing to this objective. By leveraging data-driven insights, ALONE will continue to improve service delivery, tailor interventions, and strengthen collaboration with healthcare and community partners, ensuring older people receive holistic, preventive, and impactful support.

**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 its assessment process provides valuable insights into the evolving needs of older people, highlighting challenges such as cost-of-living, housing issues, and shifts in health and social support trends. By systematically tracking these concerns, ALONE aims to proactively identify emerging patterns and advocate for necessary service enhancements.

Beyond new assessments and interventions, a significant number of older people continue to receive ongoing support. In Q4 2024, 10,183 older people who had been supported by ALONE prior to the quarter remained active, with 85% (n=8,664) actively engaged in interventions. The remaining individuals were awaiting assessments, waiting for a match with an alternative Support and Befriending Service, or awaiting a volunteer match.

Monitoring the medium- and long-term engagement of older people enables ALONE to map service trends and identify emerging support gaps. Over time, ALONE has observed a higher demand for support among older women and those aged 76-90, suggesting that this demographic may face increased vulnerabilities in across various areas. This trend is reflected in both newly supported individuals and ongoing engagements. Additionally, HSE West and North West continue to have the highest proportion of ongoing engagements, pointing to a greater need for services in the region. This data-driven approach allows ALONE to promptly address any challenges, ensuring that interventions are timely and tailored to the specific needs of these groups.

Due to the transition from CHOs to Health Regions in early 2024, a direct year-on-year comparison of regional data is not possible. However, the 2024 data provides a comprehensive overview of emerging trends across the Health Regions, offering valuable insights into regional disparities in service needs. As shown in Table 25, the most frequently reported concerns across all six Health Regions were Physical Health and Loneliness, emphasising the continued need for interventions in these areas. However, notable regional differences emerged. Physical Health concerns were most prevalent in HSE West and North West and HSE South West, reflecting a persistent demand for health and mobility-related supports in these regions. Loneliness remained the top issue in HSE West and North West, HSE Dublin and Midlands, and HSE Dublin and North East, indicating a continued need for social prescribing interventions and befriending services. Mobility and Housing issues were also persistently high in HSE West and North West, reinforcing the demand for housing adaptations and mobility aids, which aligns with broader physical health challenges. Financial difficulties were more pronounced in HSE South West, while Social Prescribing needs were highest in HSE Dublin and North West.

Regional Health Area	HSE Dublin and Midlands	HSE Dublin and North East	HSE Dublin and South East	HSE Midwest	HSE South West	HSE West and North West
Physical Health	870	766	809	570	1,020	1,513
Loneliness	1,008	1,042	970	500	938	1,249
Mobility	602	541	586	344	666	1,046
Housing Issues	589	543	531	301	596	977
Finance	582	587	368	364	769	590
Personal Care	575	438	473	360	473	724
Social Prescribing	475	701	474	224	458	540
Mental Health	549	382	475	248	401	659
Safeguarding	11	16	16	10	16	17

Table 25: Issues emerging during Assessment, No. of People, by Health Region, 2024

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



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

ALONE continues to advance integrated care practices by combining volunteer support and technological solutions to enhance coordination between hospitals, primary care, community, and voluntary services. In 2024, volunteer engagement grew to 9,117 individuals, reflecting a 36.5% increase since January 2024. Volunteers provided 109,040 Visitation and Befriending visits and made 213,506 Telephone Support and Befriending calls, highlighting their critical role in reducing isolation and improving well-being among older people (Table 18 and Table 19). Additionally, a total of 8,279 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.

Volunteers not only expand ALONE's reach but also provide substantial financial value. The estimated volunteer contribution in 2024 ranged from €3.36 million (NMW) to €7.81 million (Average Hourly Earnings) (Table 21). Further, the NSRL supported 6,033 older individuals by enabling 25,227 calls, with volunteers playing a key role in handling calls.

Additionally, ALONE conducted its Volunteer Survey (see Q3 2024 report). Overall, feedback from volunteers was overwhelmingly positive, with many expressing satisfaction with their experiences, feeling well-supported by ALONE staff, and adequately trained to fulfil their roles. Notably, 94% of volunteers surveyed reported that they benefit from being an ALONE volunteer, and 92% would recommend ALONE services to an older person they know.

As mentioned earlier, technological support formed part of 6,590 interventions in 2024, in support of 4,175 people across seven distinct 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 67% of these technological supports were focused on Physical Health and Mobility, with GPS emergency strap and pendant alarms being the most popular devices.

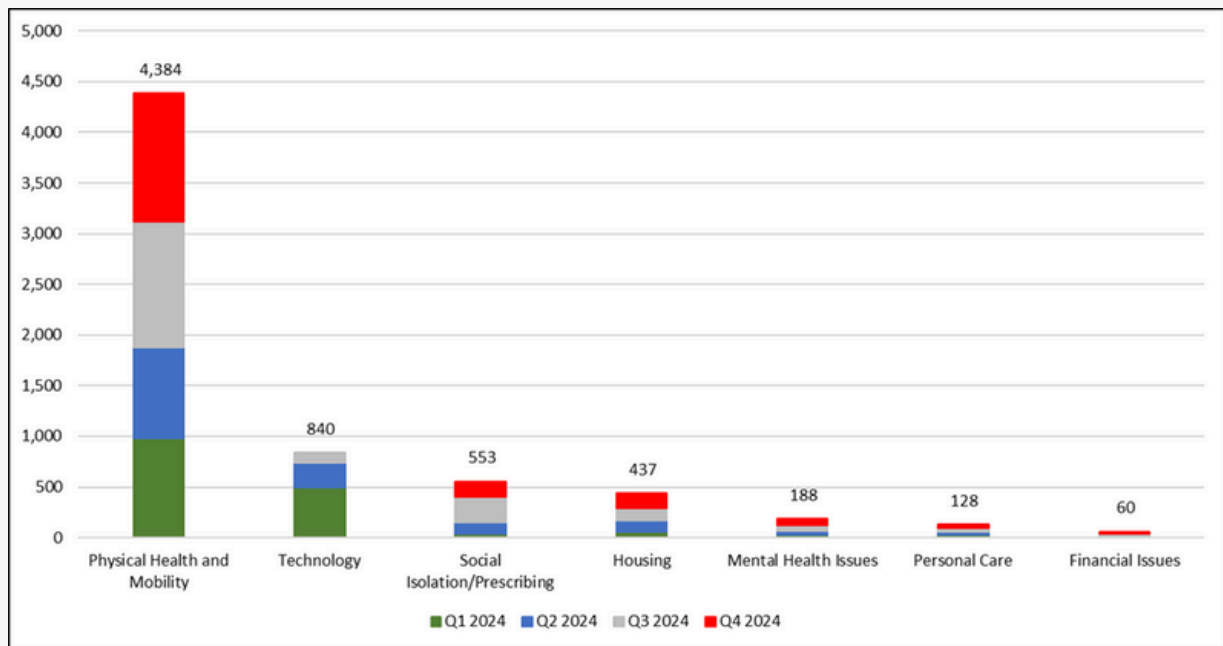


Figure 16: Technology Interventions by Intervention Area, 2024

Assistive technology was an integral part (14.5%) of all interventions in 2024, a 3-percentage point increase from 2023, supporting 4,175 people across a diverse range of areas:

## PHYSICAL HEALTH

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

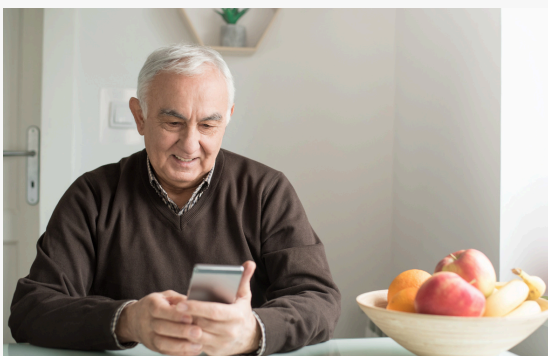
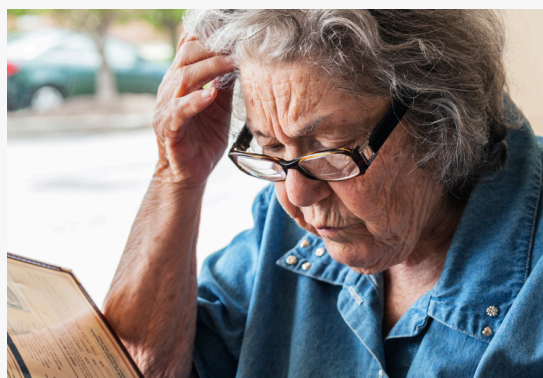


## HOUSING

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

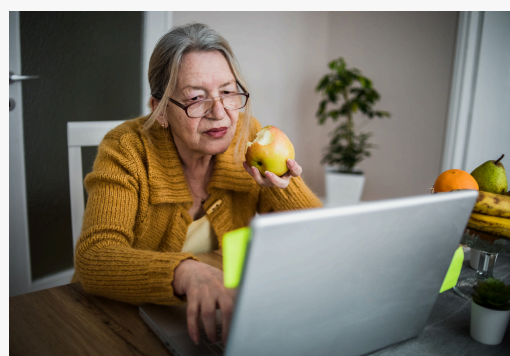
## MENTAL HEALTH

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



## 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 supports 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 continues to strengthen its network of healthcare providers, community services, local authorities, approved housing bodies, and social enterprises to streamline services, reduce duplication, and enhance access to supports for older people. These partnerships ensure a coordinated approach to care, underlining ALONE's role in delivering integrated, person-centered services at both primary and acute healthcare levels.

As detailed previously in Table 14, external referrals accounted for two-thirds of the total referrals in 2024, highlighting stronger connections between ALONE and both healthcare and community sectors. Over 90% these referrals came from Community Care Teams, hospitals, ICPOP, GPs highlighting ALONE's integral role in supporting older people's transition from hospital to home. This also demonstrating a well-established referral network that reduces duplication and ensures older people receive the right supports from the most appropriate service. Beyond the healthcare sector, a broad range of community-based and charitable organisations such as the Alzheimer's Association of Ireland, Simon Communities of Ireland, and Vision Ireland, played a key role in identifying and referring older people with complex needs, including those experiencing homelessness, cognitive decline, or social isolation. These partnerships enhance service coordination, ensuring a tailored and holistic response to each individual's needs.

A key driver of ALONE's success in integrating services at the community level is its leadership in the CIN, which has grown to 174 member organisations. By actively engaging with CIN and other strategic partners, ALONE not only contributes to a more integrated community support framework but also gains critical insights to enhance and innovate its service delivery model. Moving forward, ALONE will continue to leverage these partnerships to drive efficiency, expand services, and advocate for the needs of older people nationwide.

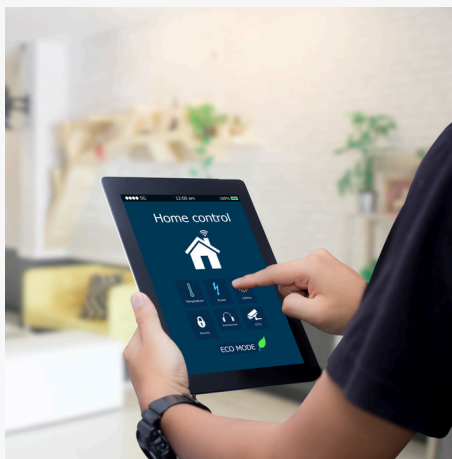




## Areas for Attention

Several areas have been identified that require focused attention to better address the needs of older individuals. These areas serve as crucial focal points for future interventions and initiatives aimed at enhancing the well-being, independence, and quality of life of older people in our communities.

### Strengthening Physical Health and Mobility Supports



In line with older people's needs, Physical Health and Mobility interventions saw the highest increase in 2024, highlighting growing concerns around falls, sensory impairments, and mobility challenges. The increasing number of older people requiring assistive technology, home safety and housing adaptation support accentuates the need for proactive, preventative care. ALONE's partnership with Community Care Teams, hospitals and rehabilitation services have been essential in addressing these concerns. Expanding regional collaborations and targeted interventions will be key to ensuring older people receive holistic, coordinated care, particularly in areas with high demand for physical health supports such as HSE West and Northwest and HSE South West.

As mobility challenges increase, the demand for accessible, safe, and adaptable housing remains a priority. Many older people require bathroom modifications, stair-lifts, and access ramps, yet delays in grant applications, barriers for non-homeowners, and funding constraints continue to pose challenges. Enhancing access to timely housing adaptations through policy and advocacy efforts will be crucial in enabling older people to age safely in the comfort of their own homes. Additionally, this emphasises the importance of adopting a universal home design and life-cycle infrastructure approach, to ensure that housing is accessible across all stages of life.

### Improving Housing Adaptations and Home Safety



### Enhancing Financial Supports and Stability



Rising cost-of-living pressures, increasing energy costs, and seasonal financial strains had a direct impact on older people in 2024. While accessing benefits, pensions, and entitlements remained a common challenge, there was also a notable rise in concerns related to financial planning and security, particularly around end-of-life matters, which doubled compared to 2023. This may also correlate with the growing concern of financial abuse which was the most frequently reported safeguarding issue in 2024. This increased demand, combined with financial vulnerability and healthcare needs, underscores the importance of comprehensive financial assistance programmes to ensure financial security for older populations.

## Addressing Loneliness and Promoting Social Connection



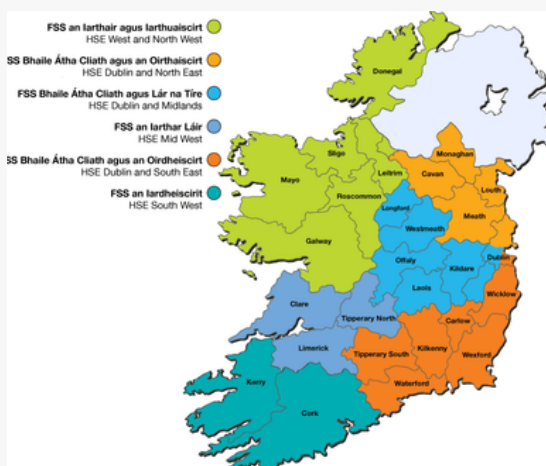
Loneliness remains a persistent challenge, with increased demand for visitation and telephone support and befriending services and community engagement opportunities. Enhancing awareness of community-based engagement initiatives, expanding volunteer-led social activities, and utilising technology to facilitate social interaction can help older people maintain meaningful connections and alleviate isolation.

Technology is increasingly playing a critical role in supporting older people, particularly in areas such as physical health and mobility, home safety, mental health, financial management and maintaining social connections. Many older adults benefit from fall alarms, mobility aids, and digital supports that help them stay connected to services and loved ones. Ensuring that older people understand and can access appropriate assistive technologies, while also addressing challenges such as digital literacy and affordability, will be key in enhancing independence, well-being, social connection and long-term self-sufficiency.

## Leveraging Assistive Technology to Enhance Independent Living



## Expanding Volunteer Network and Monitoring Regional Needs



The transition to Health Regions has highlighted significant regional variations in service demand, particularly in HSE West and North West, where the number of newly supported has consistently risen. This trend indicates a substantial and growing need for services in these areas. Expanding volunteer recruitment and engagement in high-demand regions will be key to improving support availability. To ensure equitable service delivery nationwide, ALONE will continue to assess regional needs, allocate resources strategically, and strengthen volunteer networks in areas experiencing the greatest demand.

## Conclusion

The findings of this report emphasise the growing and evolving needs of Ireland's ageing population and the critical role of ALONE's interventions in addressing these challenges as the third year of the project concludes. While demand for services has increased and begun to stabilise, the number of interventions provided has remained steady, reflecting ALONE's ability to meet the needs of older people despite evolving challenges. This underscores the importance of a coordinated, data-driven, and community-focused approach to supporting older people.

The 2024 data highlights both persistent and emerging challenges faced by older people. Physical health and mobility concerns have overtaken loneliness as the most commonly reported issue, with significant increases in falls, sensory impairments, and assistive technology needs. This shift points towards the critical role of proactive, preventative healthcare measures and housing adaptations in supporting ageing in place. Meanwhile, financial pressures, particularly energy costs and entitlement issues, have placed further strain on older individuals, while end of life concerns have doubled this year, highlighting the need for enhanced financial assistance programmes and advocacy efforts. Although reports of loneliness have decreased, changes in social prescribing engagement suggest that alternative models of social connection are needed especially for those in remote areas facing mobility and transport barriers.

As ALONE moves forward, its focus will remain on strengthening collaborations with healthcare providers, government agencies, and community organisations to deliver integrated, person-centred supports. Expanding access to physical and mobility supports, advocating for universal home design, addressing financial vulnerabilities, and leveraging assistive technology will be central to ensuring older people can age safely and with dignity.

Additionally, ALONE will continue to monitor emerging trends, refine its services, and advocate for policy changes that respond to the evolving landscape of ageing in Ireland. By focusing on the overall health and well-being of older people, ALONE will work to enhance health outcomes, promote independence, and foster stronger community connections amongst Ireland's ageing population. Through data-driven interventions, volunteer-led supports, and strategic partnerships, ALONE remains committed to ensuring every older person has the resources, security, and social engagement needed to thrive.



## 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



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 2024.

Type of Interventions	2022	2023	2024	% change from 2023
Physical Health and Mobility	2,753	6,124	8,459	0.38
Legal and Financial	2,902	8,643	7,953	-0.08
Housing	4,184	8,726	7,852	-0.10
Support and Befriending	5,366	7,863	7,465	-0.05
Personal Care	2,266	5,019	4,800	-0.04
Social Isolation / Prescribing	1,731	4,083	4,582	0.12
Emotional and Mental Health	1,343	2,982	2,755	-0.08
Safety and Security	1,553	2,164	1,425	-0.34
Safeguarding	159	255	188	-0.26

Table 26: No. of Interventions by Type, 2022 v 2023 v 2024

### A1: Physical Health & Mobility

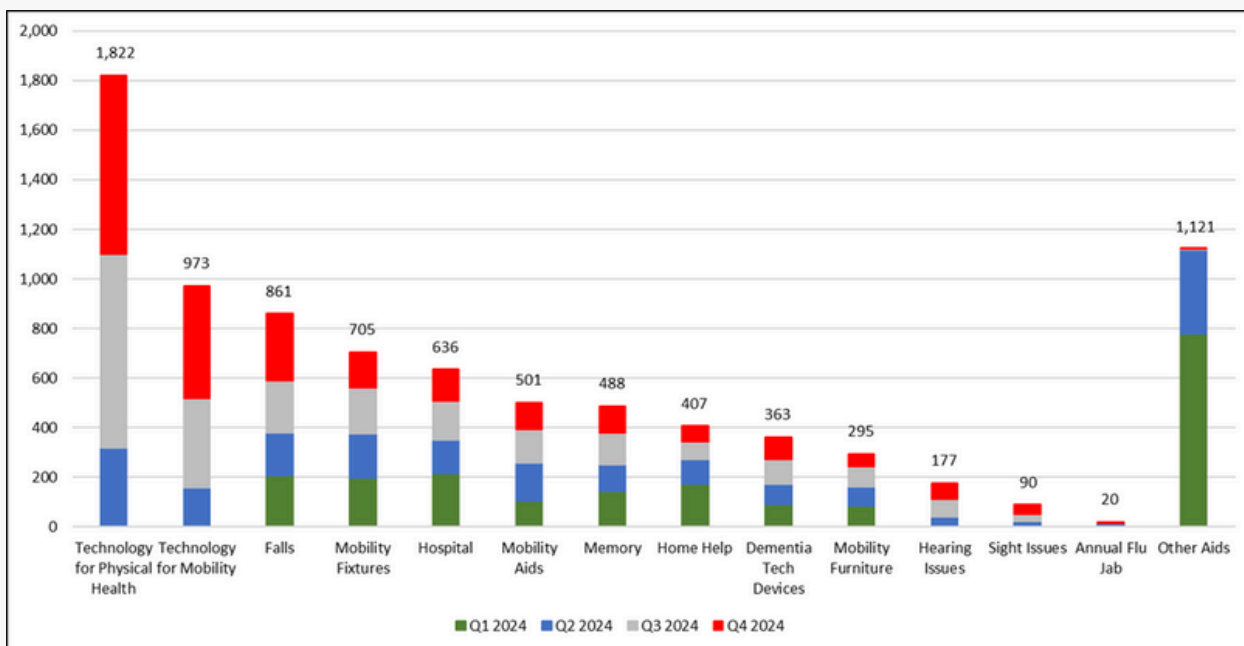


Figure 17: Physical Health and Mobility Interventions by Type, 2024

Note: Data on Technology for Physical Health and Mobility, Hearing Issues and Sigh Issues is unavailable Q1 2024.



## A2: Legal and Financial

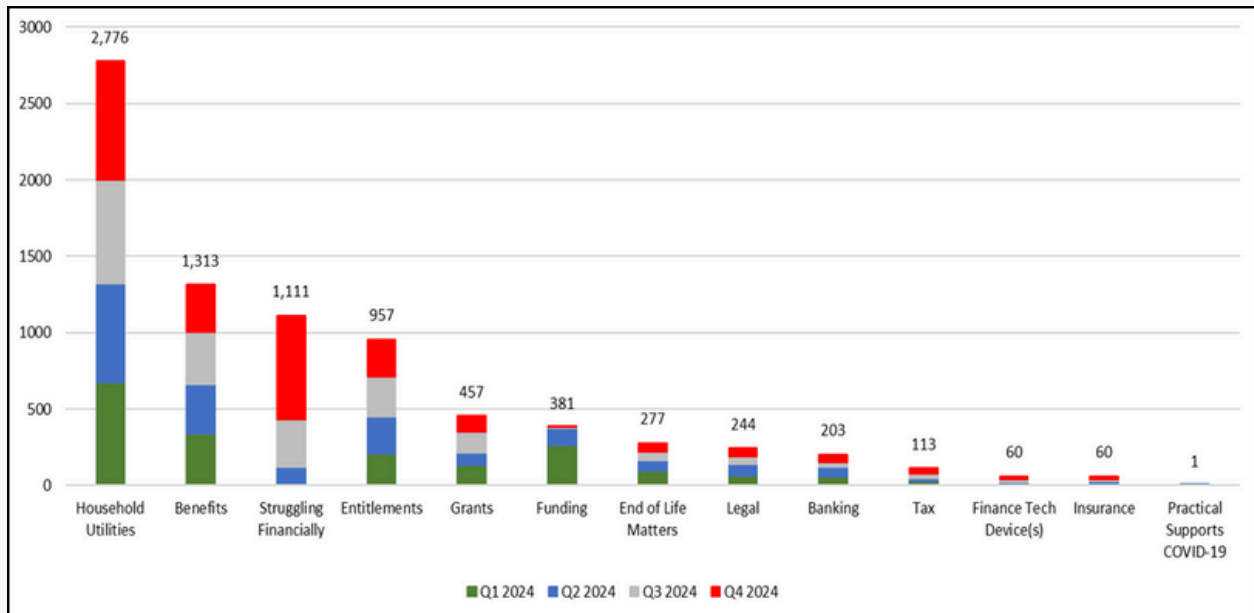


Figure 18: Legal and Financial Interventions by Type, Q1 2024 v Q2 2024 v Q3 2024

Note: Data on Struggling Financially for Q1 2024 and Practical Supports COVID-19 for Q1 and Q3 2024 are unavailable.

## A3: Housing

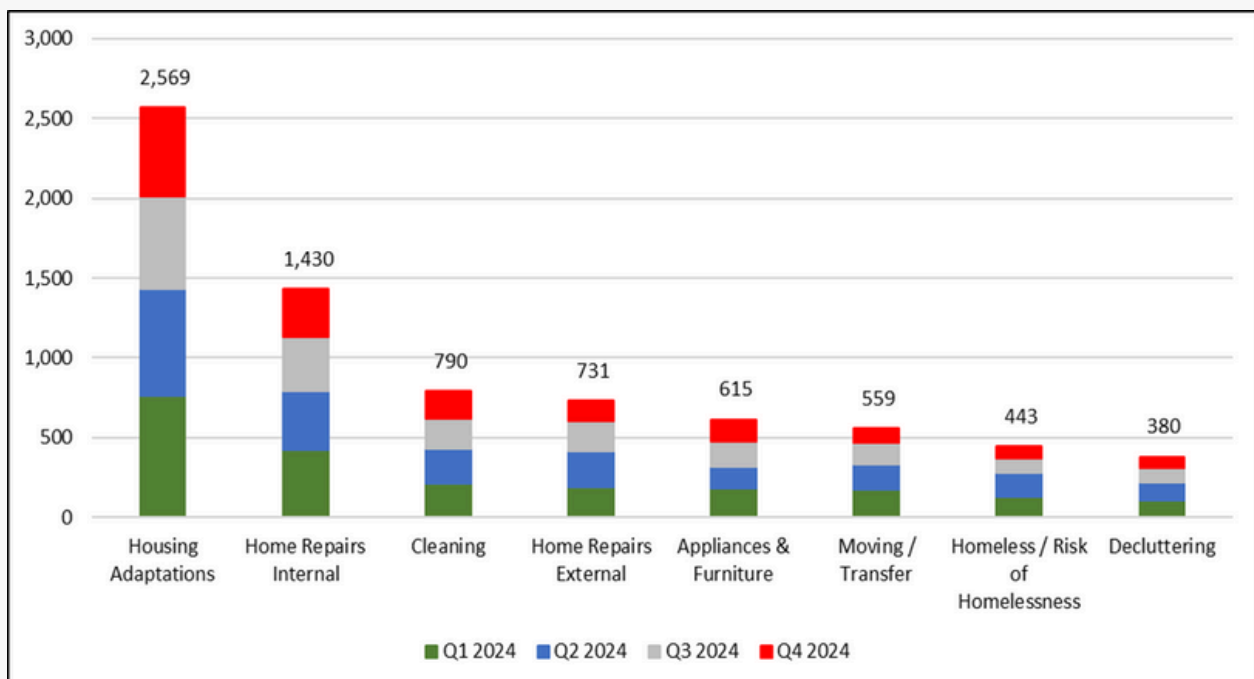


Figure 19: Housing Intervention by Type, 2024

### A4: Support & Befriending

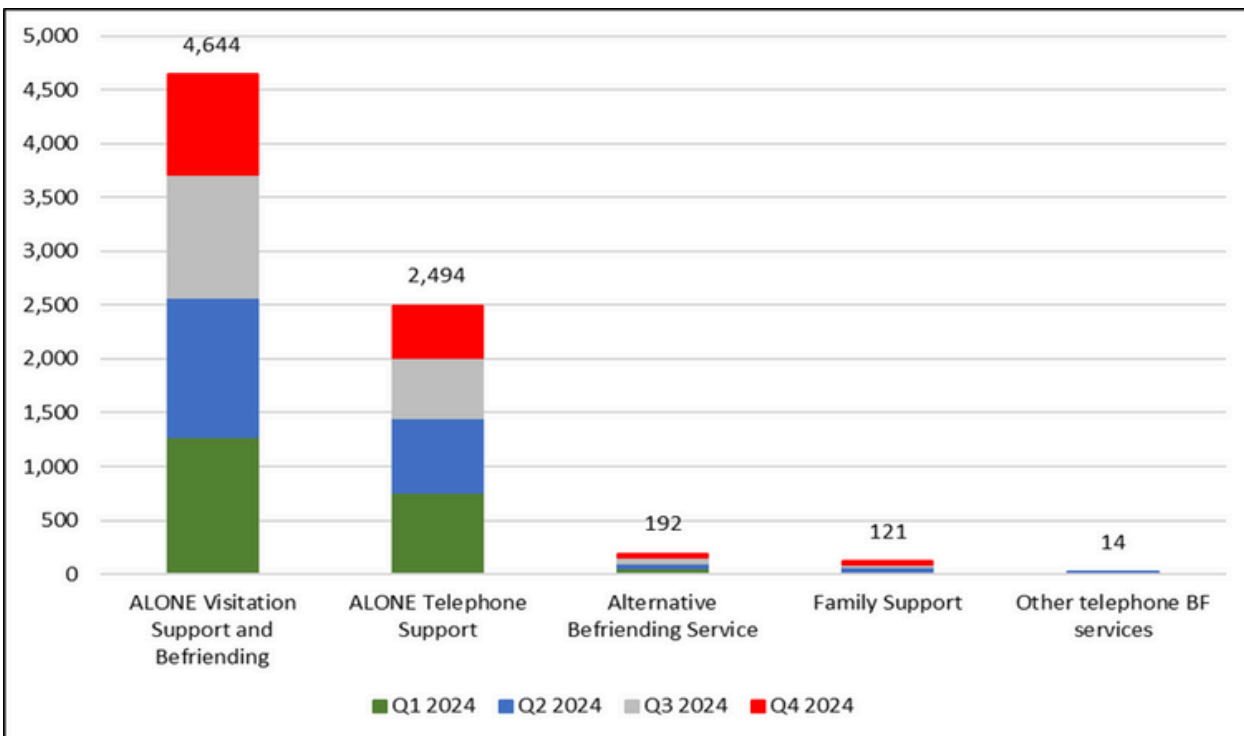


Figure 20: Support and Befriending Interventions by Type, 2024

### A5: Personal Care

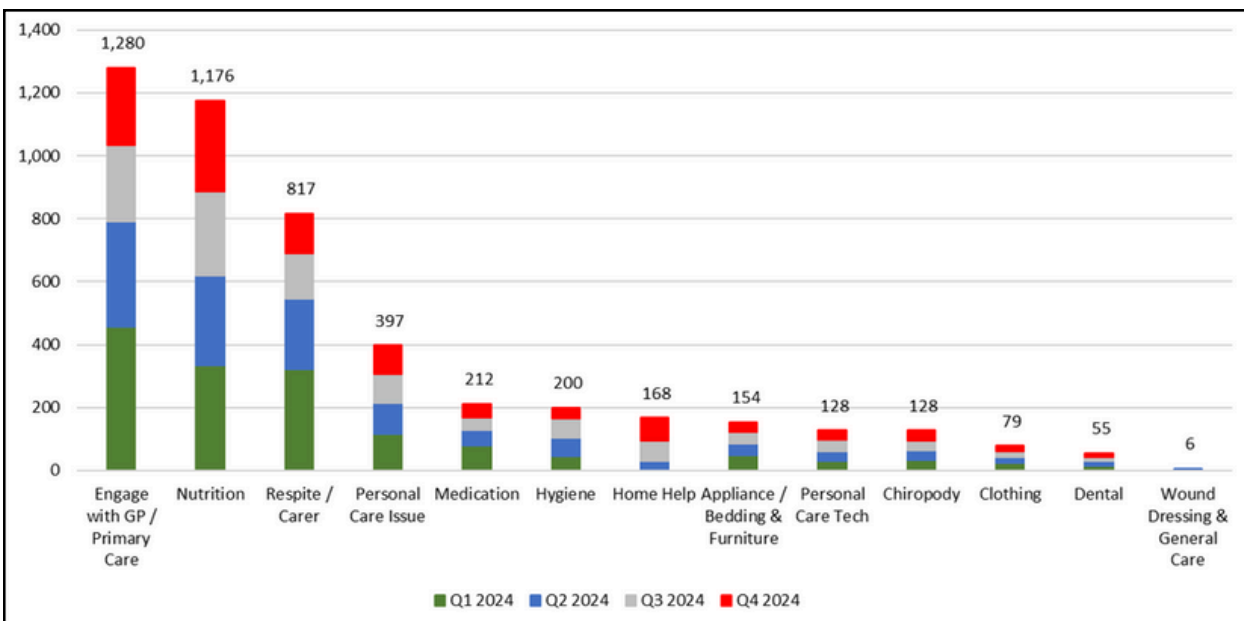


Figure 21: Personal Care Interventions by Type, 2024

Note: Data on Home Help for Q1 and Wound Dressing for Q4 2024 is unavailable.

### A6: Social Isolation/Prescribing

Social Isolation / Prescribing	Q1 2024		Q2 2024		Q3 2024		Q4 2024	
	No.	%	No.	%	No.	%	No.	%
Local Community Groups	1,122	79.1	776	71.6	721	66.3	664	66.9
One-off Events	254	17.9	198	18.3	115	10.6	179	18.0
Isolation tech device	42	3.0	110	10.1	251	23.1	150	15.1

Table 27: Social Isolation Prescribing / Isolation Interventions by Type, No. and %, Q1 2024 v Q2 2024 v Q3 2024 v Q4 2024

### A7: Emotional and Mental Health

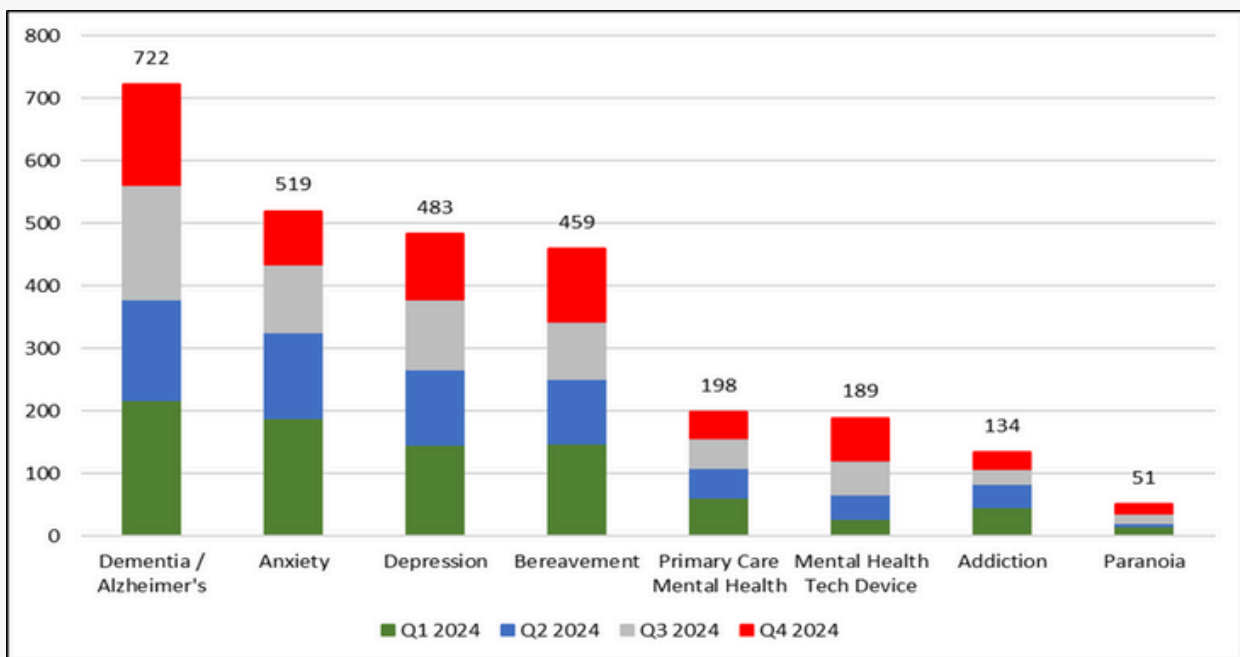


Figure 22: Emotional and Mental Health Interventions by Type, 2024





### A8: Safety and Security

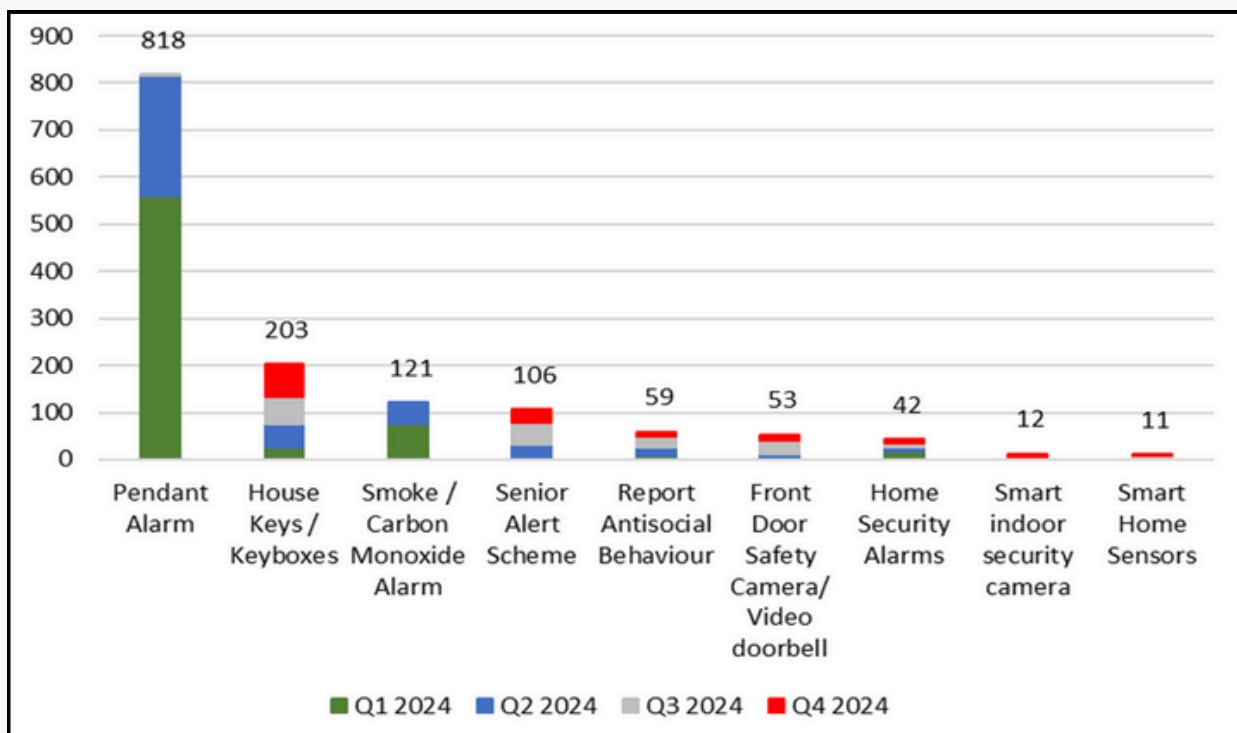


Figure 23: Safety and Security Interventions by Type, 2024

Note: Data on Senior Alert Scheme, Front Door Safety Camera, Smart Home Sensors for Q1, Smart indoor Security camera for Q1 and Q2 and Pendant Alarm and Smoke / Carbon Monoxide Alarm for Q4 2024 is unavailable.

### A9: Safeguarding

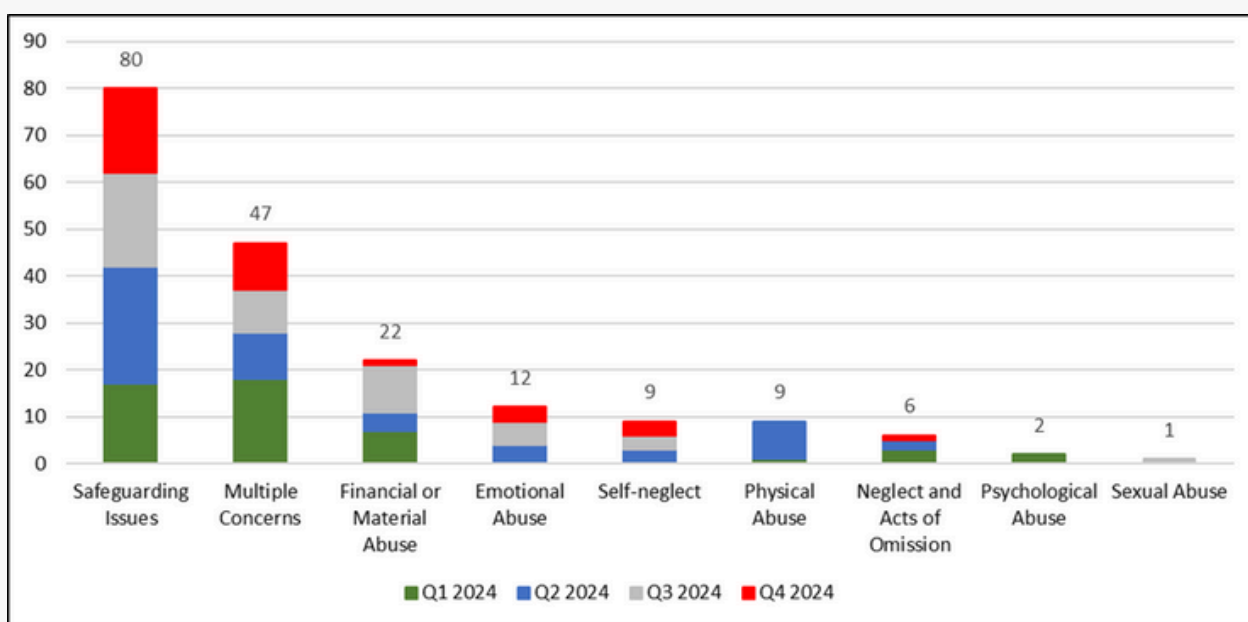


Figure 24: Safeguarding by Type, 2024

In 2024, 8,279 check-in calls were made between older people and volunteer. Quarterly details are provided in Table 28.

Check-in calls (Older People and Volunteer)	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Total
Total Calls	1,775	1,958	2,377	2,169	8,279

Table 28: Check-in Calls (Older People and Volunteer), 2024

Moreover, between October to December 2024 ALONE's NSRL managed 25,227 incoming support and referrals. The calls data is provided in Table 29.

NSRL calls	October	November	December	YTD
Total Calls	2,280	2,219	2,298	25,227
Cumulative Unique Individuals	5,144	5,597	6,033	

Table 29: Calls to the National Support and Referral Line, Q4 2024 and YTD

Calls to the NSRL in this period cover a variety of themes, as set out in Table 30, 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	852
Front Office	507
Info/Advice given to OP	305
Supportive Chat	297
Housing	175
Missed call from ALONE	145
Energy Credit Requests	113
Home Care/Meals on Wheels	109
Technology	98
Finance	86
Signposting	52
Mental health (suicidal caller etc.)	50
Referral to Girl Guides classes	20
Transport	19
Shopping/Medication	17
Info about digital skills/Hi Digital	13
Signpost to SVP	1
Total	2,859

Table 30: 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: HEALTH REGION MAP

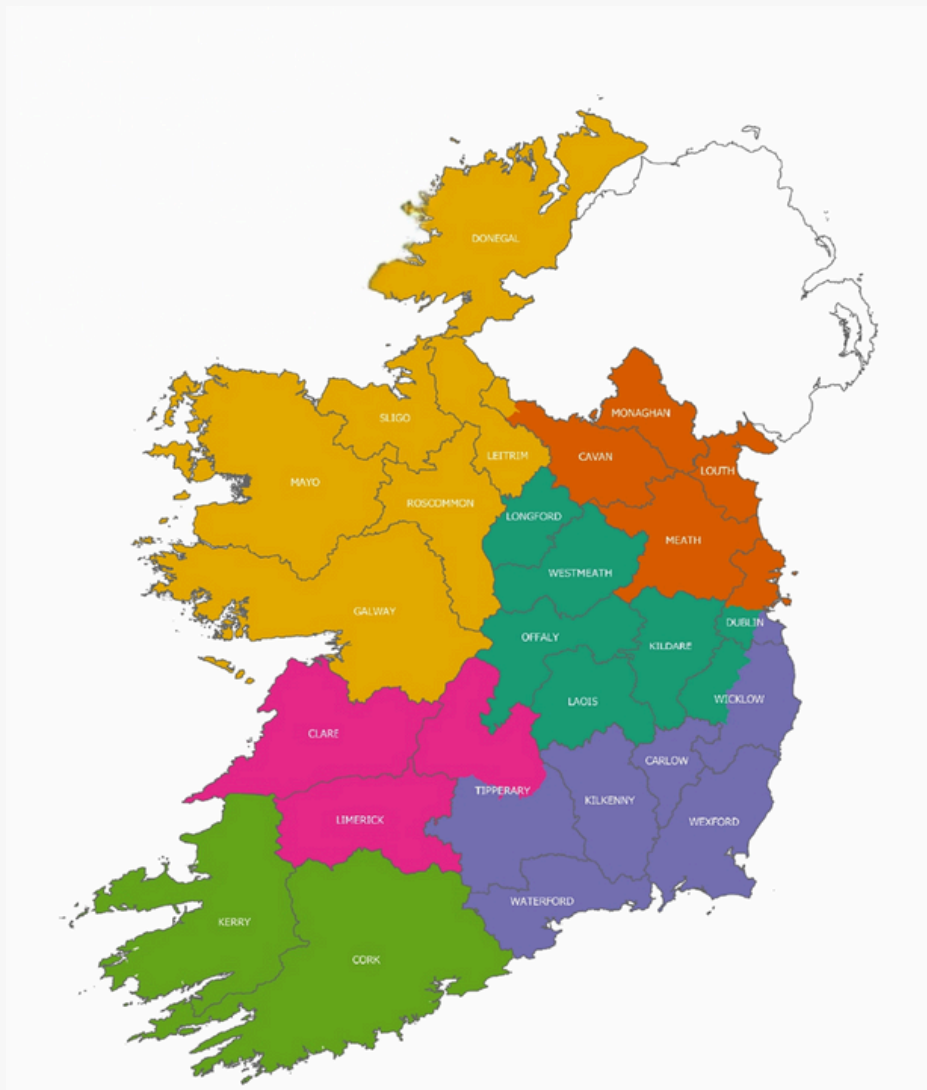


Figure 25: Geographical distribution of Health Regions in Ireland

- **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



YOU'RE NOT ALONE



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

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[www.alone.ie](http://www.alone.ie)