



ALONE ECC REPORT

Q1 2025

RESPECT. HONESTY. COLLABORATIVE LEADERSHIP. INNOVATION

Supporting Older People
to Age at Home



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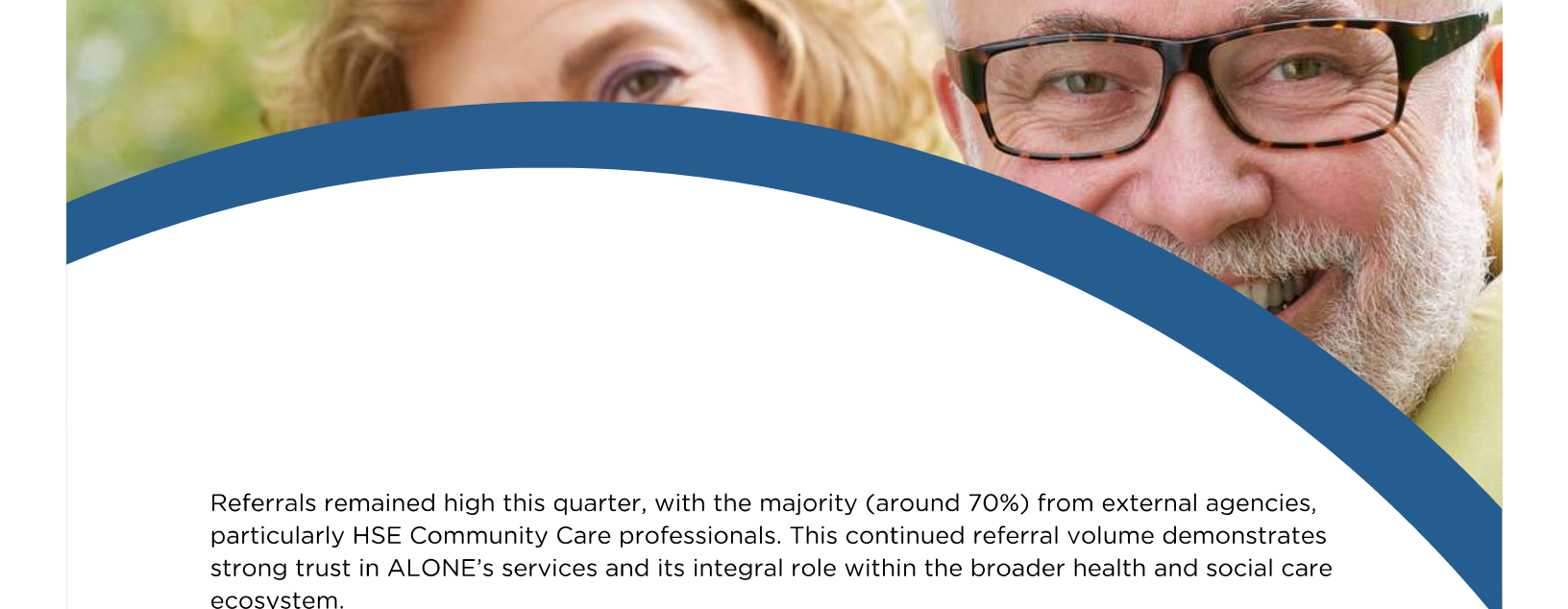


EXECUTIVE SUMMARY

This report presents a comprehensive analysis of ALONE's service delivery to older people across Ireland's Health Regions during Quarter 1 (Q1; January – March) 2025. It marks ALONE's fourth year within the Enhanced Community Care (ECC) programme. It also demonstrates ALONE's ongoing commitment to supporting the HSE in delivering enhanced community support to improve the health and wellbeing of older people. The report identifies key support needs, evaluates assessment and intervention outcomes, examines regional services, and demonstrates overall service impact.

In Q1 2025, ALONE supported 26,627 older people across all services, including 4,017 new individuals; on par with Q4 2024. Among those newly supported, 60% were female and 43% were aged 76-85. Around two-thirds lived alone, and just over 70% owned their home; this is below the national average (CSO, 2022). Physical health remained the most common presenting issue reported, with continued growth this quarter, followed by loneliness, mobility challenges, and housing needs.

ALONE's interventions were guided by comprehensive assessments that identified key support needs, with physical health, loneliness, mobility, and housing emerging as the most common. These findings reaffirm ALONE's frontline position in identifying and responding to the complex needs of older people. Notably, ALONE delivered over 12,000 new interventions during the quarter, representing a 14% increase from the last quarter of 2024. Of the interventions completed within the quarter, 93% were closed with outcomes met, highlighting ALONE's effectiveness in delivering timely and appropriate support.



Referrals remained high this quarter, with the majority (around 70%) from external agencies, particularly HSE Community Care professionals. This continued referral volume demonstrates strong trust in ALONE's services and its integral role within the broader health and social care ecosystem.

Regional analysis showed a strong national reach, with particularly high demand and effective delivery in the West and North West. There remains significant potential to expand and tailor services to address unmet needs and growing demand in these areas. For example, while physical health and loneliness challenges were common needs across regions, housing support needs featured prominently around the Dublin region, reflecting national housing challenges. ALONE is actively responding to these needs through targeted initiatives, including the Richmond Place Housing with Support project. These efforts demonstrate ALONE's adaptive service approach and ongoing work to tailor regional responses.

Furthermore, a growing volunteer network contributed significantly to service delivery, with volunteer contributions valued at €2 million in Q1 alone. This reflects ALONE's success in building community capacity, further strengthened by the launch of a new Volunteer Recruitment and Training System.

Strategically, ALONE advanced its system-level impact through expanded partnerships and national advocacy. The Community Impact Network (CIN) grew to 178 member organisations, while six formal policy submissions were made on issues including mental health, rural ageing, and housing. This advocacy work supports sustainable solutions and policy change aligned to the real-world needs ALONE identifies every day through its frontline engagement.

Overall, this report highlights ALONE's vital role in delivering integrated support for older people through the ECC programme, while also driving national progress in ageing policy, innovation, and community care.

VISION AND MISSION

VISION

An Ireland where older people can age happily and securely at home and are strongly connected to their local communities.

MISSION

ALONE is a national organisation, whose aim is to transform ageing at home in Ireland. We support and empower older people to age happily and securely at home.

We work with all older people, including those who are frail, lonely, homeless, living in poverty, or are facing other difficulties.

We support them through these challenges by providing our services free of charge and working closely with everyone in the community.



QUARTER AT A GLANCE

26,627

older people supported
across services

4,107

individuals newly
supported

10,838

provided with
ongoing support

Top issues identified in 2,903
older people assessed:

56 %

Physical health
(mainly falls)

47 %

Loneliness

38 %

Mobility (mainly a
need for mobility
aids/fixtures)

37 %

Housing, primarily
housing adaptations

29 %

Personal Care
(mainly nutrition
and engagement with
primary care)

12,042

new interventions provided to
3,699 older people, averaging 3.3
interventions per person,
representing a 14% increase
compared to Q4 2024

72%

of new interventions completed
withing the quarter with
outcomes met

6,191

calls
made to
NSRL

1,296

older people
contacted
NSRL

2,172

check-in
calls made
to older
people

93%

of older people assessed in Q1 received some
intervention within same quarter

45%

of interventions involved strategic
partnerships, down from 50% in Q4 2024



HSE West and North West recorded the highest activity this quarter:

30%

of all older people newly supported
were in this region

36%

of all interventions
were carried out here

5,445

volunteers contributed 67,736
hours, valued at €2 million

27,096

Visitation Support &
Befriending visits
conducted

49,800

Telephone Support &
Befriending calls
conducted

6

new organisations joined CIN,
bringing total membership to 178

6

CIN training sessions conducted by
ALONE, attended by 55 CIN Members



TESTIMONIALS

“

Many thanks for all your help with my Doro phone. I really appreciated the time you took to help me set it up. At 80, I find it rather daunting to be able to complete all the steps. Invariably I manage to tip wrong buttons and then don't know where I am. Each day I am learning one new thing about the phone. Organisations like ALONE are really offering an excellent service to us 'oldsters'. Thanks again and know that I am very grateful.

”

“

A lady rang the NSRL in January. She was in a panic as she had been stuck in her apartment for a couple of weeks; the lift was broken with no sign of it being fixed. She was afraid to contact the landlord, and there was no other way of hastening the repair. She has no family nearby and does not know her neighbours. Supermarket delivery services refused to bring the shopping upstairs, and she was unable to pay them as she has no online banking. The Support Coordinator was able to call in to see her, get her shopping, and organise a local newsagent who kindly brought her some goods. At that time, I had a volunteer waiting for a match, and I was able to match them within a couple of weeks. The lift was fixed a few weeks later. In the meantime, this lady had been set up with a smartphone from ALONE, which will be set up with banking apps, and it has been suggested that she engage with classes to learn how to use the technology.

”



ALONE AND ENHANCED COMMUNITY CARE

The purpose of this report is to provide a detailed overview of ALONE's service delivery to older people across Ireland in Q1 2025. It highlights key needs, outcomes, and regional impact - demonstrating ALONE's ongoing role in supporting the HSE through community care. The report aims to highlight how strategic partnerships and community-based approaches are transforming care for Ireland's rapidly ageing population.

ALONE'S MISSION AND ROLE IN THE ENHANCED COMMUNITY CARE (ECC) PROGRAMME

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

ALONE is also committed to building the capacity of community groups through digital platforms, training, knowledge sharing, and collaborative working. Across the country, ALONE supports a range of smaller groups and organisations through its Community Impact Network (CIN). This network fosters partnerships with statutory, community and voluntary bodies to enhance services for older people across Ireland.

In line with Sláintecare, the HSE's national ECC programme 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. This will support 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.¹ The success of the ECC programme is evident in its significant impact on reducing hospital admissions and waiting lists: 91% of patients with chronic diseases are now managed routinely close to home, reflecting the programme's focus on community care.² The ECC Programme comprises 96 Community Health Networks (CHNs), 30 Community Specialist Teams for Older People, 30 Community Specialist Teams for Chronic Disease, nationwide Community Intervention Teams, and the ALONE model.

ALONE provides an integrated system of care and practical supports and services to older people. Along with ALONE's strategic partnerships, Community Care Teams, hospitals, and the Integrated Care Programme for Older People (ICPOP), these are vital in supporting the ECC programme's home first approach. This collaboration ensures older adults receive the necessary support within their communities, promoting ageing and care in place.³

¹ Recent communications from the HSE highlight substantial role played by ECC programme in improving overall health outcomes by supporting older individuals and those with chronic diseases. See more - <https://about.hse.ie/news/community-care-improving-health-outcomes-experiences-patients-across-ireland/>

² <https://about.hse.ie/news/reduction-hospital-admissions-highlights-progress-transforming-healthcare/>

³ <https://www.gov.ie/en/press-release/1ca58-minister-for-health-stephen-donnely-publishes-the-slaintecare-progress-report-2021-2023/>



ALONE'S KEY OBJECTIVES AS PART OF THE ECC PROGRAMME



Help older individuals live independently and comfortably at home for as long as possible by coordinating support and facilitating access to a range of services. These include practical assistance, support and befriending, social prescribing, assistive technology, and connections to local community groups.

Embed ALONE services across all 96 CHNs by working in partnership with a collaborative network of healthcare providers, community organisations, local authorities, approved housing bodies, social services, and other key statutory and non-statutory partners.

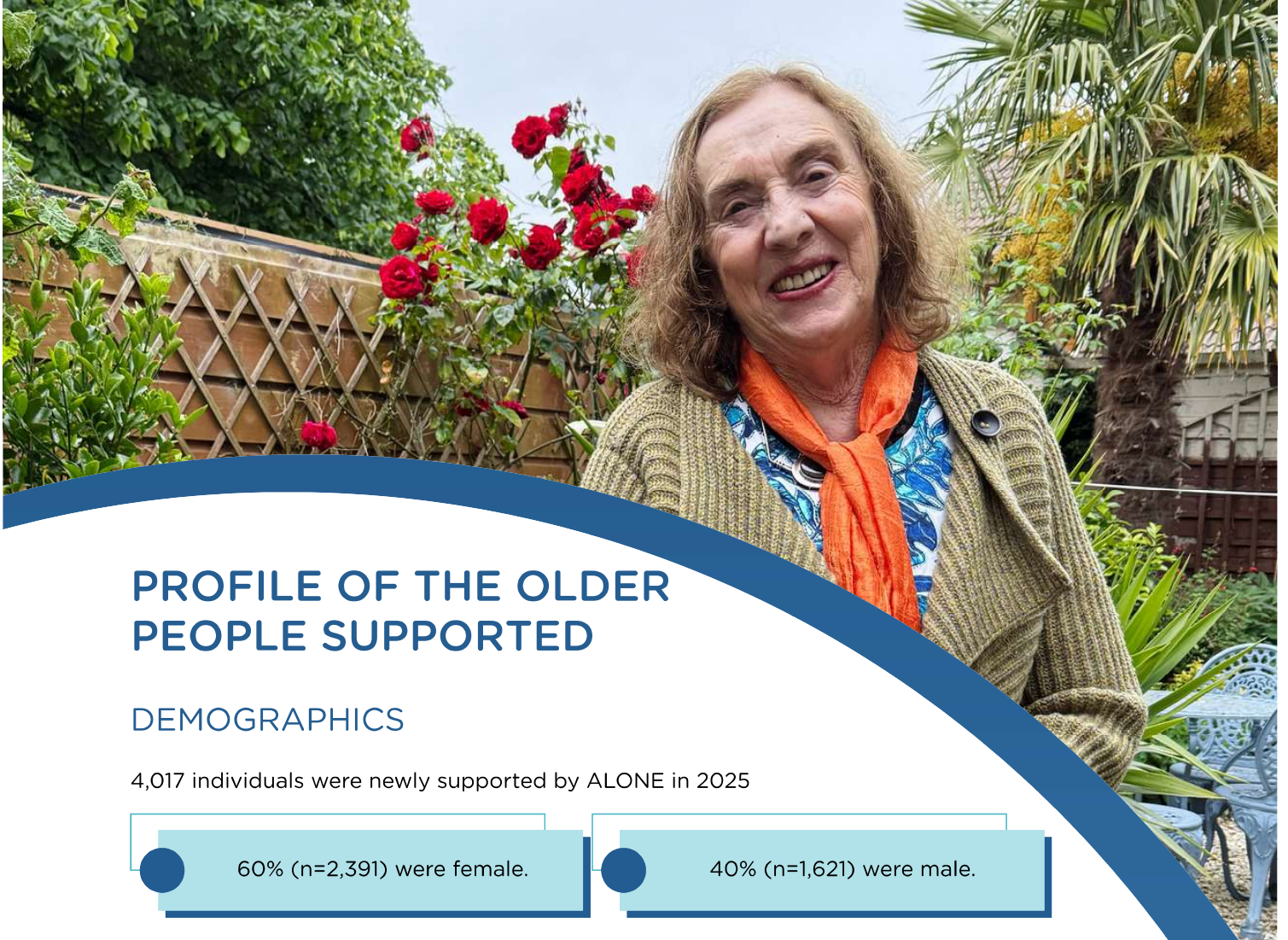


Coordinate the community and voluntary sector, supporting smaller organisations via networking, training, support, resources, and technology. Also, continue to collaborate to build a strong sectoral infrastructure and improve the nationwide delivery of community services.

Generate national data across all CHNs, Integrated Health Area (IHAs) and Health Regions using a management information system. This is used to track trends and identify emerging service needs for people throughout Ireland.



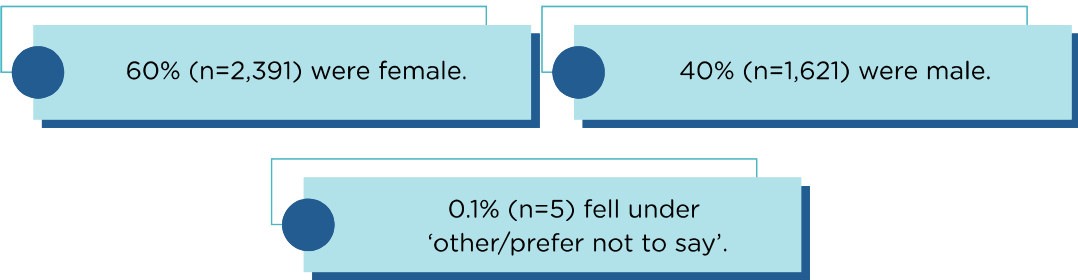
Support the broader objectives of the ECC programme by utilising impact measurement tools and ALONE's resources, ensuring alignment with key goals and enhancing effectiveness.



PROFILE OF THE OLDER PEOPLE SUPPORTED

DEMOGRAPHICS

4,017 individuals were newly supported by ALONE in 2025



Where age was recorded (n=3,935), 43% (n=1,721) of older people newly supported were aged between 76 and 85 years old (Figure 1).

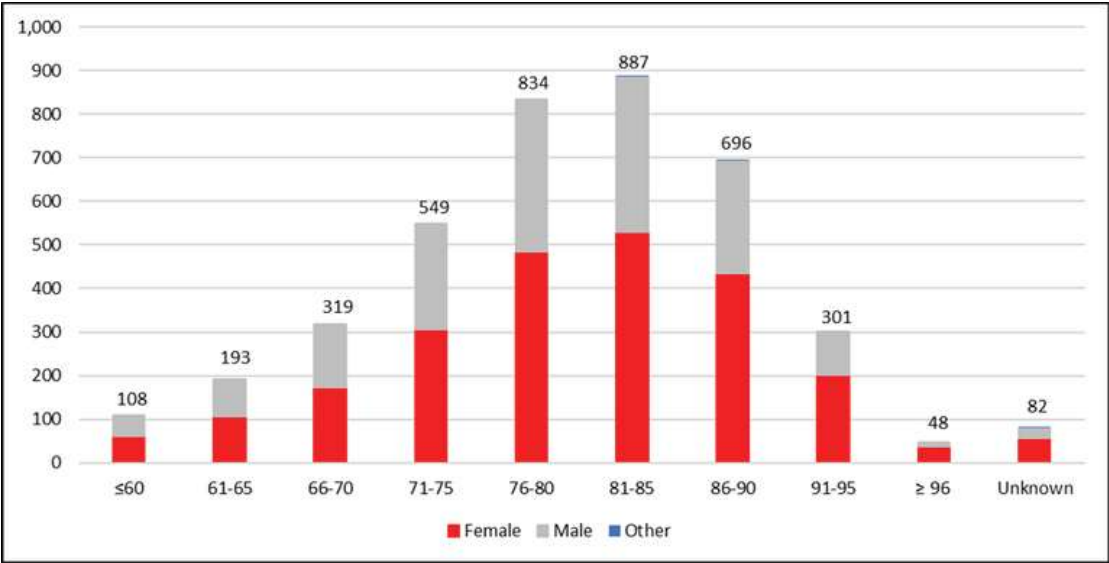


Figure 1: Individuals Supported by Age Range and Gender, Q1 2025

HOME OWNERSHIP AND LIVING ARRANGEMENTS

Of those who provided data on home ownership and living arrangements (n=2,902) in Q1 2025:

76% (n=2,219) own their own home.

24% (n=686) do not own their own home.

66% (n=1,903) live alone.

21% (n=617) live with their spouse.

13% (n=382) live with family, friends, or a lodger.

Of these individuals, more than half (n=394) were living in local authority or Approved Housing Body (AHB) rented accommodation.

A smaller number (n=97) were renting in the private rented sector.

PRESENTING ISSUES REPORTED BY OLDER PEOPLE

All older adults receiving ALONE Support Coordination Services undergo an assessment with a Support Coordinator. During this process, individuals are asked about challenges they may be experiencing across a variety of areas, as presented in Figure 2.

In Q1 2025, ALONE Support Coordinators assessed 2,903 older people.

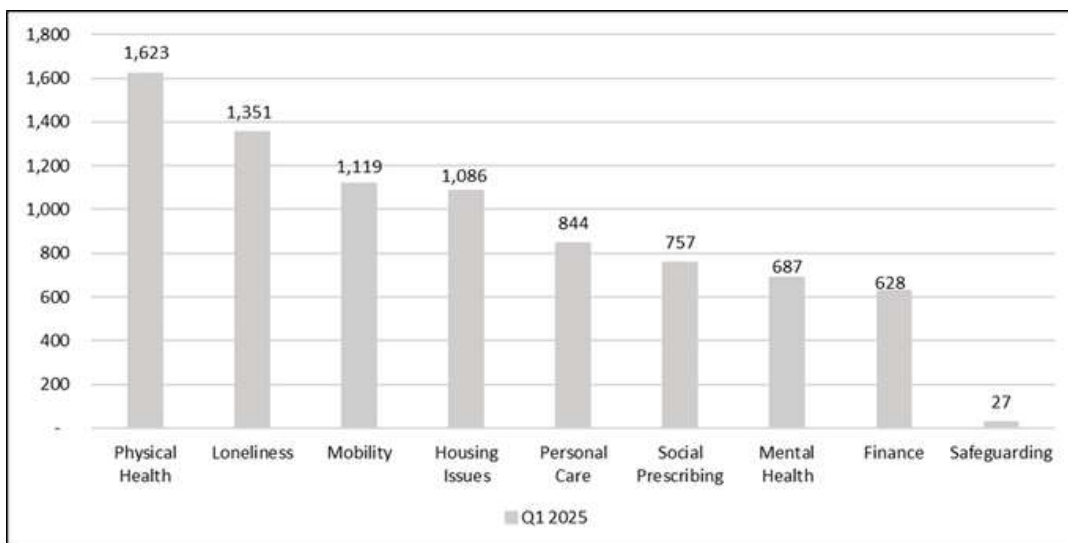
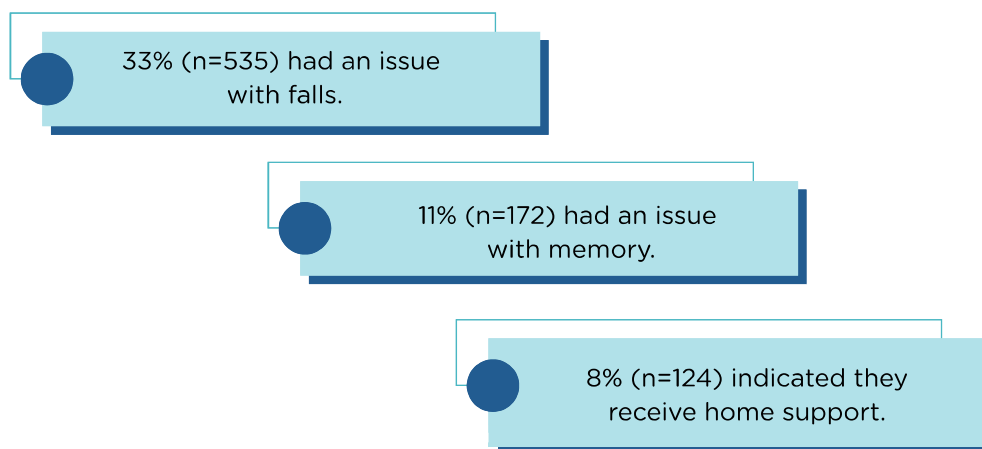


Figure 2: Issues Presenting in Assessments, Q1 2025



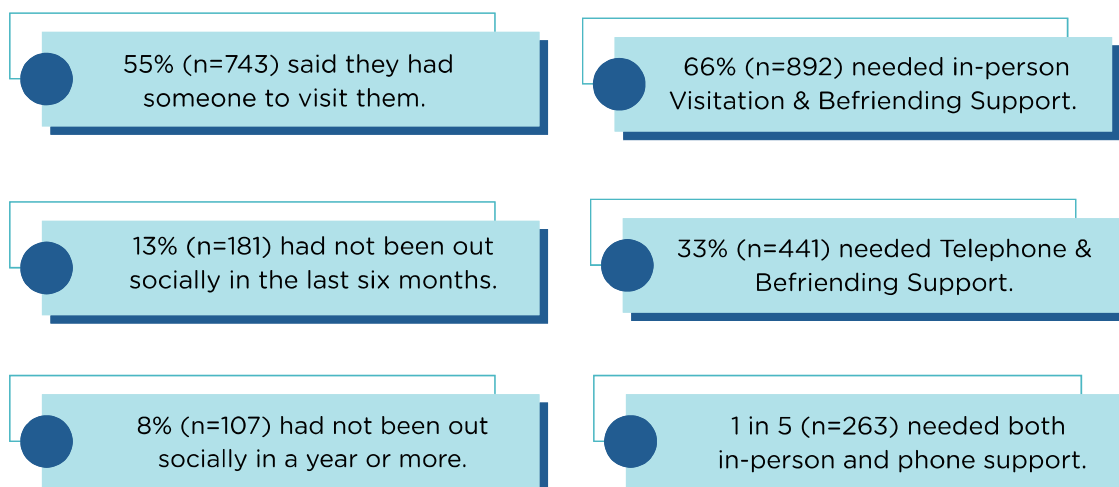
PHYSICAL HEALTH

56% (n=1,623) older people assessed reported physical health issues. Of these:



LONELINESS

47% (n=1,351) of older people reported feeling lonely. Of these:





MOBILITY

39% (n=1,119) of older people specified issues with mobility during their assessments.

Of these:

16% (n=176) reported a need for mobility aids such as a new rollator, wheelchair, etc.

14% (n=158) reported a need for mobility fixtures like a grab rail, wheelchair ramp, etc.

5% (n=55) reported needing mobility furniture like orthopedic chairs, shower seats, etc.

HOUSING

37% (n=1,086) of older people reported housing-related issues.

Of these:

36% (n=388) needed housing adaptations. The most common of these were bathroom adaptations (n=230) and access ramps (n=80).

21% (n=228) needed internal home repairs. The most common of these were plumbing problems (n=77) and electrical problems (n=52).

3% (n=32) reported risk to the stability of their housing situation.



PERSONAL CARE

29% (n=844) of older people assessed reported issues with personal care.
Of these:

27% (n=232) specified struggling with nutrition.

The most common issues within this category were a need for alternative food options (n=140), 'Meals on Wheels' related support (n=80) and age-appropriate nutritional information (n=23).

SOCIAL PRESCRIBING

26% (n=757) of older people assessed required some form of social prescribing support (see Appendix A for definition).
Of these:

73% (n=555) needed support engaging with local community groups.

14% (n=103) required support attending one-off events.

MENTAL HEALTH

24% (n=687) of older people assessed reported experiencing mental health challenges.
Of these:

27% (n=185) reported issues with dementia/Alzheimer's.

38% (n=259) indicated that they had visited a GP, nurse, or medical practitioner.

21% (n=143) reported depression and anxiety issues.

Of these, two-thirds (n=176) were prescribed medication, with a small proportion (n=7) reporting they forget to take it.

FINANCE

22% (n=628) of older people assessed indicated they had issues with their finances. Of these:

28% (n=177) had issues with benefits (e.g. Fuel Allowance, Household Benefits Package).

22% (n=139) had issues with entitlements (e.g. Living Alone Allowance, pension).

SAFEGUARDING

27 older people assessed indicated they were at risk of abuse. Figure 3 presents safeguarding issues by type:

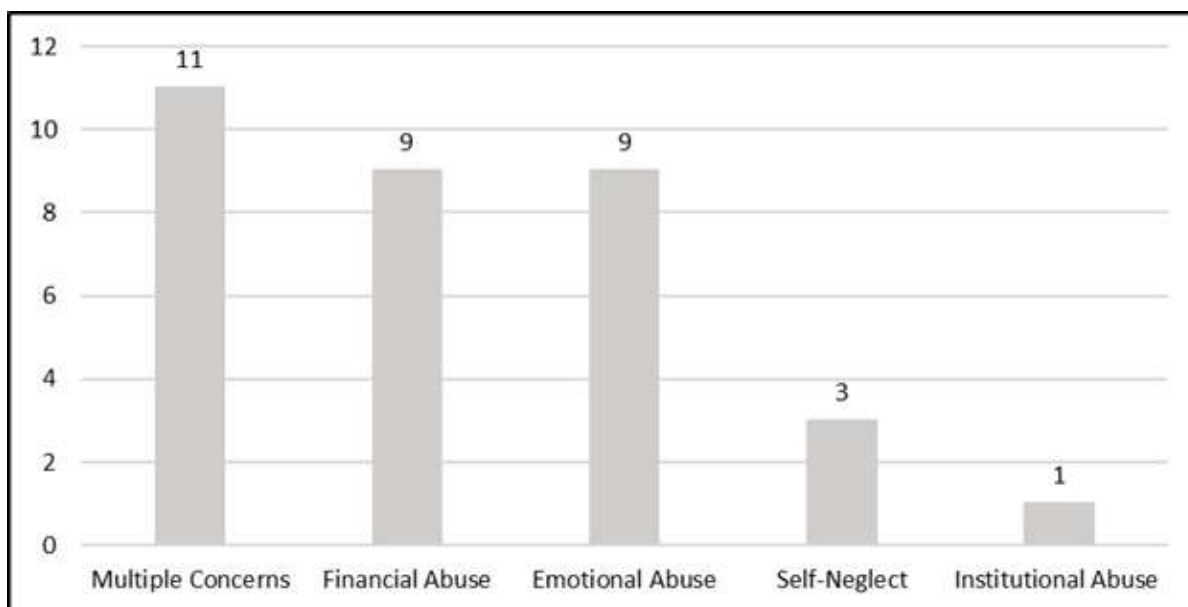


Figure 3: Safeguarding Issues by Type, Q1 2025

MONITORING DELIVERY

DRIVEN BY THE NEEDS OF OLDER PEOPLE

A key strength of the ALONE model is that it allows for a support plan to be put in place based on what matters to the older person, taking into account their overall needs. This comprehensive approach is underpinned by the diverse range of interventions offered, each designed to address the multifaceted needs of the older person.

In Q1 2025 ALONE provided a total of 12,042 new support interventions (Figure 4) to 3,699 older people, averaging 3.3 interventions per person.

72% of these interventions were completed within the quarter, with outcomes being met.

5% of these interventions were completed with the outcomes not met.

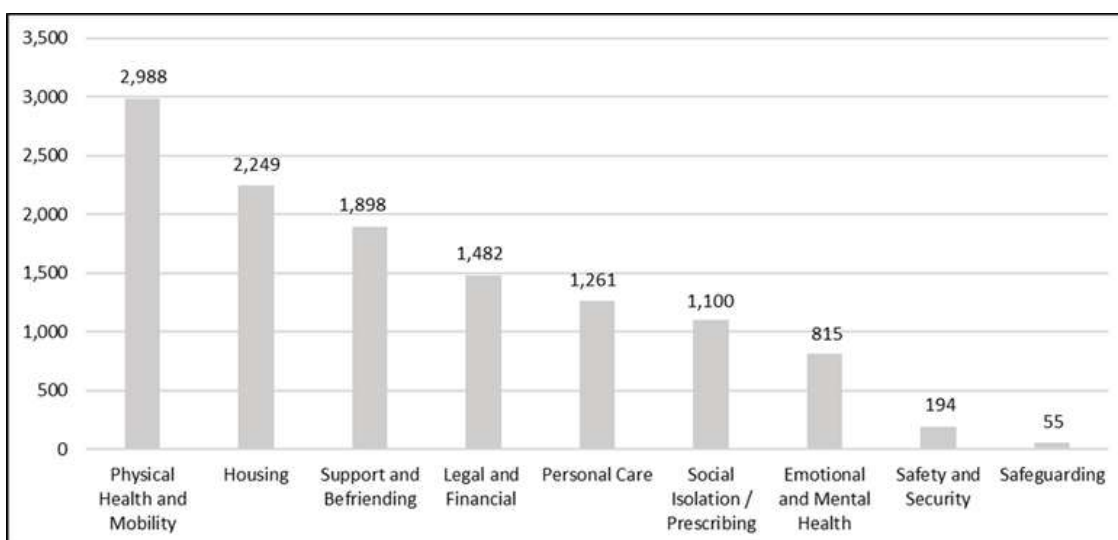
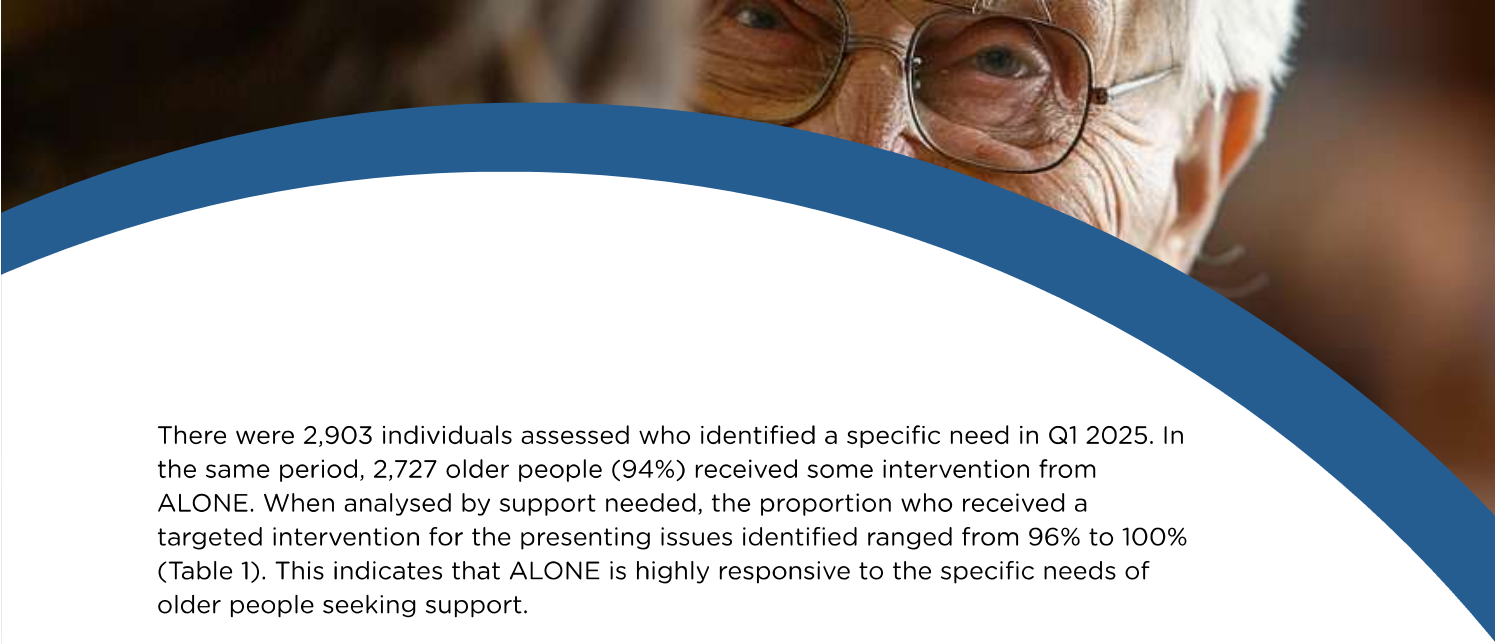


Figure 4: Interventions by type, Q1 2025




There were 2,903 individuals assessed who identified a specific need in Q1 2025. In the same period, 2,727 older people (94%) received some intervention from ALONE. When analysed by support needed, the proportion who received a targeted intervention for the presenting issues identified ranged from 96% to 100% (Table 1). This indicates that ALONE is highly responsive to the specific needs of older people seeking support.

Area of Need	No. Assessed	No. Received Interventions	%
Physical Health	1,623	1,565	96
Loneliness	1,351	1,322	98
Mobility	1,119	1,083	97
Housing Issues	1,086	1,063	98
Personal Care	844	817	97
Social Prescribing	757	746	99
Mental Health	687	660	96
Finance	628	617	98
Safeguarding	27	27	100

Table 1: 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, Q1 2025

ALONE's model offers flexibility, recognising that an older person may benefit from a combination of interventions tailored to their unique circumstances. This approach, as demonstrated in Table 2 on the following page, shows ALONE's dedication to crafting support plans that address all aspects of an individual's needs. As such, this promotes holistic wellbeing and an enhanced quality of life for older people.



Presenting Issue → Intervention ↓	Physical Health	Loneliness	Mobility	Housing Issues	Personal Care	Social Prescribing	Mental Health	Finance	Safeguarding
Physical Health and Mobility	2,179	1,010	1,613	1,034	954	607	605	528	41
Housing	1,057	747	789	1,739	711	461	453	702	16
Support and Befriending	888	1,579	614	560	495	584	489	266	11
Legal and Financial	657	463	478	712	426	300	324	990	45
Personal Care	744	554	503	561	957	321	368	282	22
Social Isolation / Prescribing	498	620	372	347	245	831	285	216	3
Emotional and Mental Health	399	464	242	230	281	307	643	157	16
Safety and Security	105	58	77	137	74	50	39	48	5
Safeguarding	28	25	26	23	23	11	24	26	42
Total No. of People*	1,565	1,322	1,083	1,063	817	746	660	617	27
Total No. of Interventions**	6,555	5,520	4,714	5,343	4,166	3,472	3,230	3,215	201

Table 2: No. of Individuals Assessed by Presenting Issue and Intervention Provided, Q1 2025

Note: *This Total refers to the number of people who were assessed in Q1 2025 and indicated a particular need.

**This is the total of all interventions received by all people assessed in Q1 2025 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 Q1 2025. Individuals may have multiple needs and receive multiple types of interventions, leading to overlaps across categories

CRITICAL LINK BETWEEN OLDER PEOPLE AND SERVICES

A central focus of ALONE's model is facilitating connection and collaboration with community and acute services to meet demand. ALONE services are strategically designed to bridge the gap between various agencies and services. This positions ALONE as a vital link in the continuum of care. As Table 3 shows, almost 70% of referrals to ALONE within the quarter were from external agencies.

Referral Type	Q1 2025	
	No. *	%
External Agency	2,744	69
Internal Referral	301	8
Public (Friend/Family)	568	14
Self	685	17
Total	3,994	

Table 3: Referral Type, No., %, Q1 2025

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

Internal referrals refer to when an ALONE staff member or service connects an older person with another ALONE affiliated service that can better support their needs.

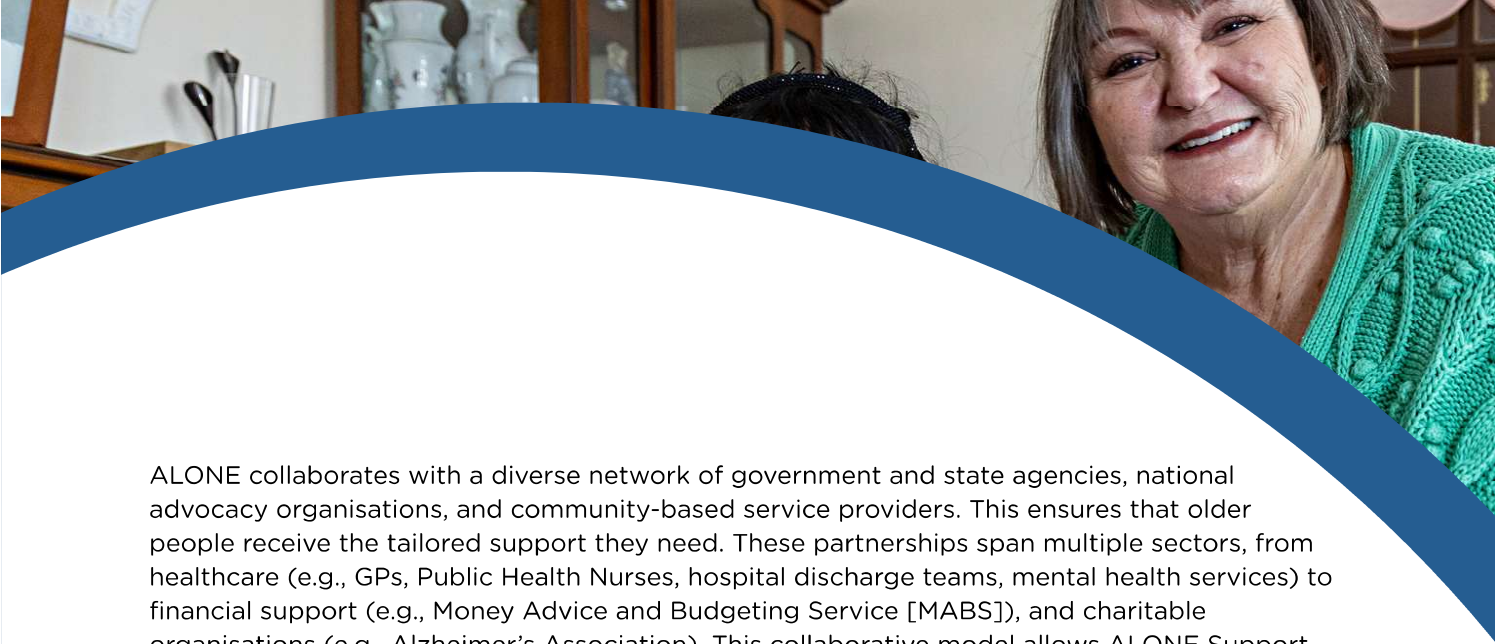
External Referral Agency	Q1 2025	
	No.	%
Community Care Professionals	839	35
Hospital	673	28
HSE (non-specified)	406	17
ICPOP	137	6
Charitable Organisations / NGO	111	5
Mental Health Service	47	2
Safeguarding	8	0.3
Other	165	7

Table 4: External Referral Agencies, Q1 2025

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.

'Community Care Professionals' include Social Workers, Social Prescriber, PHNs, GPs, Public Health Centres.

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



ALONE collaborates with a diverse network of government and state agencies, national advocacy organisations, and community-based service providers. This ensures that older people receive the tailored support they need. 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 assessed needs with the appropriate supports offered by ALONE and its partners.

In Q1 2025, 5,395 interventions relied on ALONE’s partnerships, accounting for 45% of all interventions (Table 5). These partnerships were instrumental in supporting older adults across a range of critical areas:

Partner Supports	Q1 2025	
	No.	%
Getting Help from Government Services	1,378	26
Getting Support for Physical Health	1,214	23
Staying connected with Social Supports	1,110	21
Accessing Financial Supports	375	7
Support from Charities and Nonprofits	332	6
Advocate for Physical Health Supports	268	5
Accessing Personal Care Supports	261	5
Housing Support	211	4
Transport Support	88	2
Support for Mental Health and Wellbeing	82	2
Getting Legal Advice or Support	76	1

Table 5: Partner Supports, No. and % of Interventions, Q1 2025



MAXIMISING THE IMPACT: THE FINANCIAL AND SOCIAL VALUE OF VOLUNTEERS

Volunteers are essential to the delivery of ALONE's services and supports, particularly ALONE's Visitation and Telephone Support & Befriending services. The financial value of volunteers within the ALONE model is immense. They greatly expand the reach and impact of ALONE's services by dedicating countless hours of support to older individuals in need. This dedication results in significant cost savings, allowing resources to be allocated more effectively for those requiring assistance.

Beyond financial benefits, volunteers contribute a wealth of skills and provide compassion and a genuine connection to the communities they serve. Their commitment not only enhances the effectiveness of ALONE's interventions but also fosters a sense of community and solidarity among older individuals, promoting overall wellbeing. In Q1 2025:

5,445 volunteers were engaged with ALONE by the end of March.

49,800 Telephone Support & Befriending calls were conducted.

6,191 calls were made to the NSRL overall.

27,096 Visitation Support & Befriending visits were conducted.

1,296 older people contacted the NSRL.

2,172 check-in calls were conducted with older people to ensure their wellbeing (loneliness was the most common theme discussed).

67,736 hours of support were contributed by volunteers valued between €914,436 (National Minimum Wage) and €2 million (Average Hourly Earnings).

HEALTH REGIONS⁴

Ireland is now organised into six health regions under the HSE's new regional healthcare structure, introduced to improve integration and community-based delivery of health and social care. Table 6 below shows the total population of each health region, the estimated number of people aged 65+, the number of older people newly supported by ALONE and those receiving ongoing support, across each region. These figures are benchmarked against the national average, where 15.1% of the population is aged 65 or older.

	Population (Census 2022)	Proportion of people aged 65+ years	Estd. Population aged 65+	Newly supported by ALONE	In receipt of ongoing ALONE support
National Average	5,149,139	15.1%	781,300	4,107 (0.5%)	10,838 (1.4%)
HSE West and North West	759,652	16.5%	125,343	1,217 (1.0%)	2,561 (2.0%)
HSE Dublin and North East	1,187,082	13.1%	155,508	724 (0.5%)	2,080 (1.3%)
HSE Dublin and Midlands	1,077,639	13.2%	142,248	601 (0.4%)	1,790 (1.3%)
HSE Midwest	413,059	16.5%	68,155	330 (0.5%)	695 (1.0%)
HSE Dublin and South East	971,093	16.4%	159,259	533 (0.3%)	1,890 (1.2%)
HSE South West	740,614	16.1%	119,239	600 (0.5%)	1,821 (1.5%)

Table 6: Regional population distribution, Census 2022.

A brief overview of the support provided within each health region is provided in the following section. Key observations include:

ALONE has a strong presence in the HSE West and North West region, where it is successfully reaching the highest proportion of older people and meeting complex regional needs.

Across all health regions, physical health challenges as well as loneliness, emerged as the two most common concerns identified during assessments. There is generally a strong alignment between these identified needs and the types of interventions provided.

Housing support needs are more prominent in the Dublin regions, reflecting broader national housing challenges.

Lower service uptake is evident in Dublin regions. Despite this, there is clear potential to expand service capacity in the area to meet the growing demand.

In five out of six health regions, the intervention completion rate with intended outcomes being achieved exceeded 60 percent.

⁴ <https://www.hse.ie/eng/about/who/healthwellbeing/knowledge-management/population-profiling-maps.html>

HSE WEST AND NORTH WEST

This region contributed to:

29% (n=851) of all older people assessed.

30% (n=1,217) of all older people newly supported with services.

24% (n=2,561) of all older people in receipt of ongoing support.

In this region:

44% of older people were aged between 76 and 90 years old, aligned to national trend.

56% were female and 44% were male, deviating from the national trend.

As the chart below shows, physical health, mobility challenges and loneliness were the top needs for older people in this region.

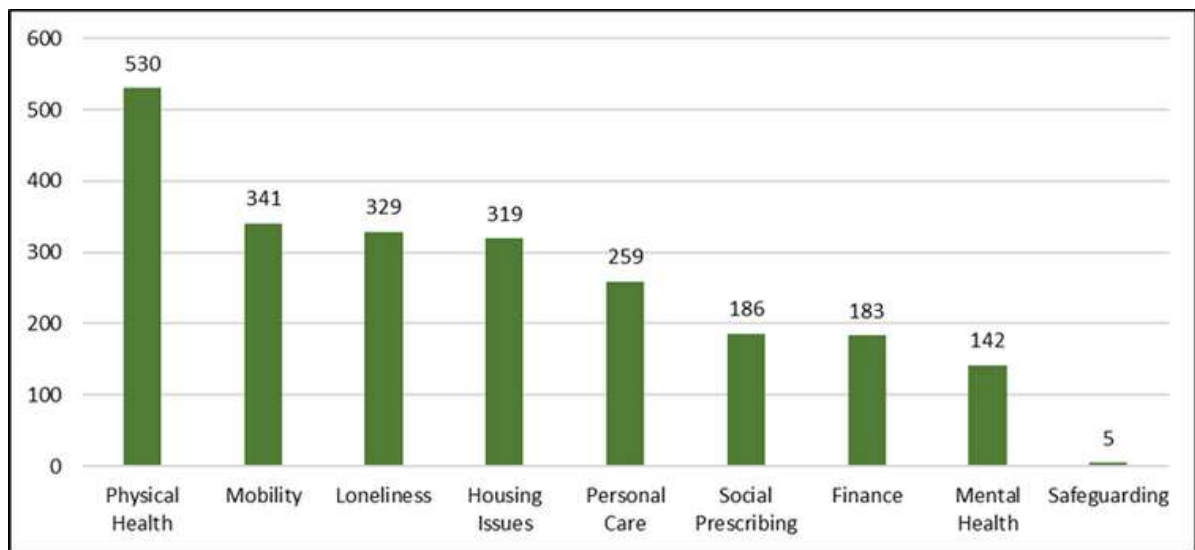


Figure 5: Issues Presenting in Assessments, HSE West and North West

In Q1 2025, the West and North West region accounted for 36% (n=4,290) of all interventions nationally. Of these, 82% were successfully completed with the intended outcomes achieved.

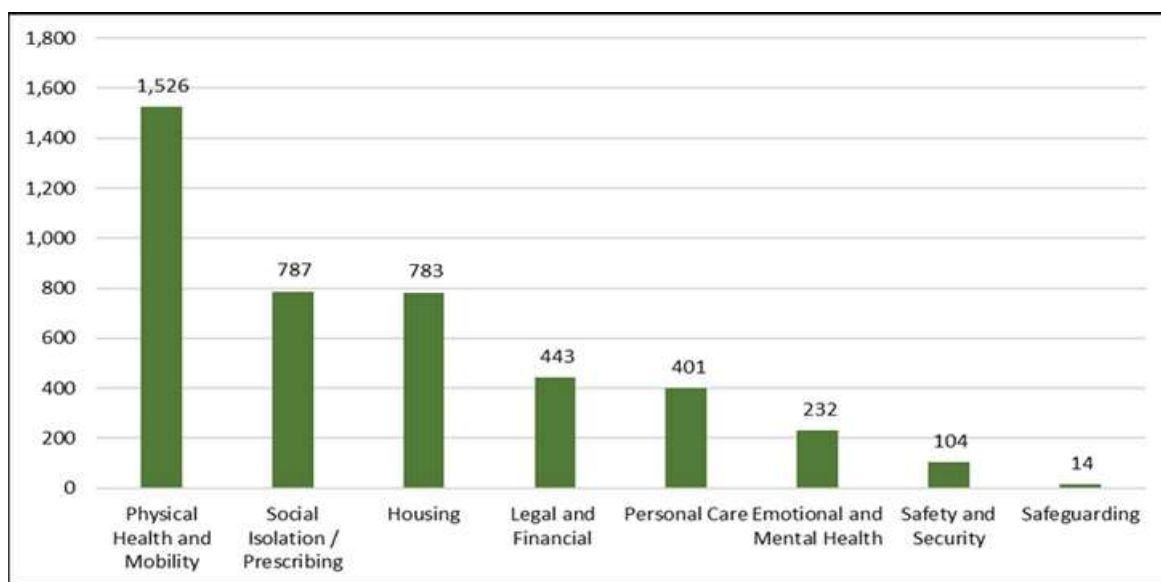


Figure 6: Interventions by Type, HSE West and North West

This region also accounted for:

18% (n=988) of all volunteers engaged with ALONE.

21% (n=5,648) of all Visitation & Befriending visits.

21% (n=14,288) of all hours' support contributed by ALONE volunteers.

23% (n=11,304) of all Telephone Support & Befriending calls.

HSE DUBLIN AND NORTH EAST

This region contributed to:

19% (n=555) of all older people assessed.

18% (n=724) of all older people newly supported with services.

19% (n=2,080) of all older people in receipt of ongoing support.

In this region:

43% of older people were aged between 76 and 85 years old, aligned to national trend.

61% were female and 39% were male, consistent with the national trend.

As the chart below shows, loneliness, housing issues, and physical health were the top needs for older people in this region.

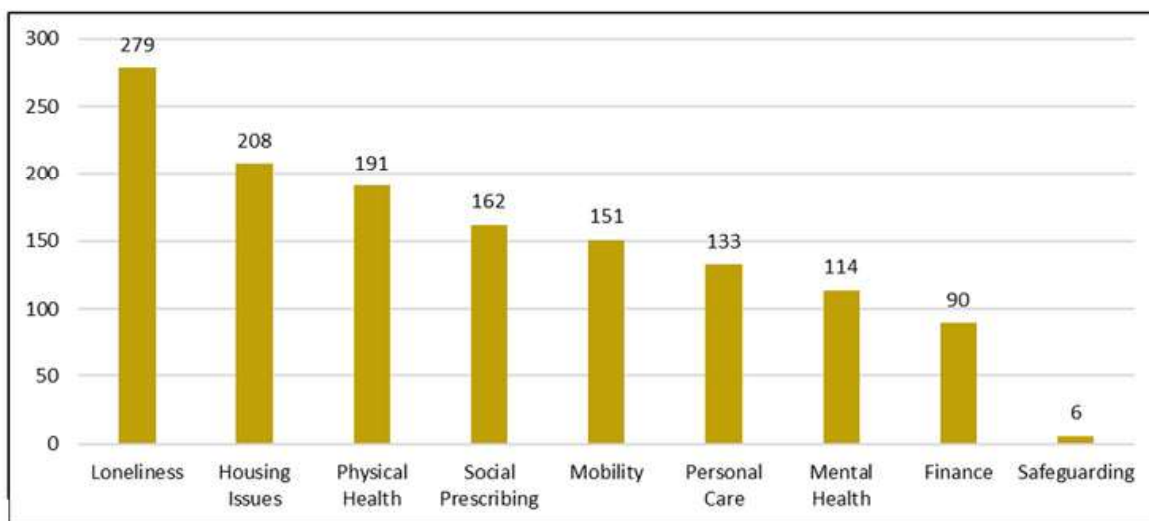


Figure 7: Issues Presenting in Assessments, HSE Dublin and North East

In Q1 2025, the Dublin and North East region accounted for 19% (n=2,291) of all interventions nationally. Of these, 66% were successfully completed with the intended outcomes achieved.

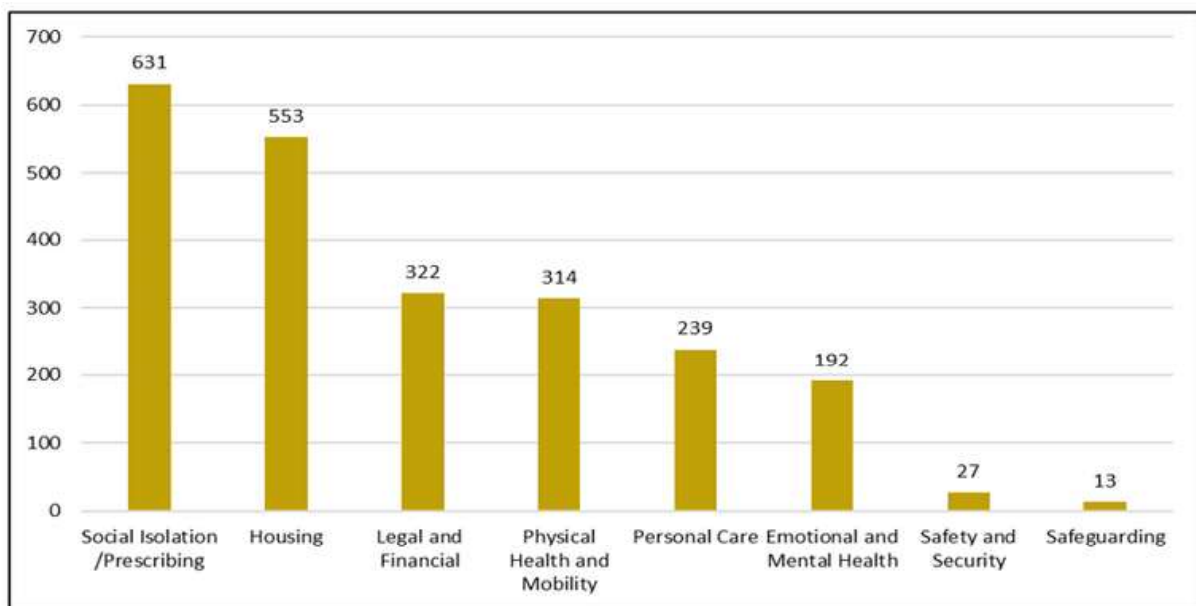


Figure 8: Interventions by Type, HSE Dublin and North East

This region also accounted for:

22% (n=1,195) of all volunteers engaged with ALONE.

23% (n=6,112) of all Visitation & Befriending visits.

22% (n=15,192) of all hours' support contributed by ALONE volunteers.

30% (n=14,695) of all Telephone Support & Befriending calls.

HSE DUBLIN AND MIDLANDS

This region contributed to:

17% (n=491) of all older people assessed in Q1 2025.

15% (n=601) of all older people newly supported with services.

17% (n=1,790) of all older people in receipt of ongoing support.

In this region:

43% of older people were aged between 76 and 85 years old, aligned to national trend.

61% were female and 39% were male, consistent with the national trend.

As the chart below shows, physical health, loneliness, and housing issues were the top needs for older people in this region.

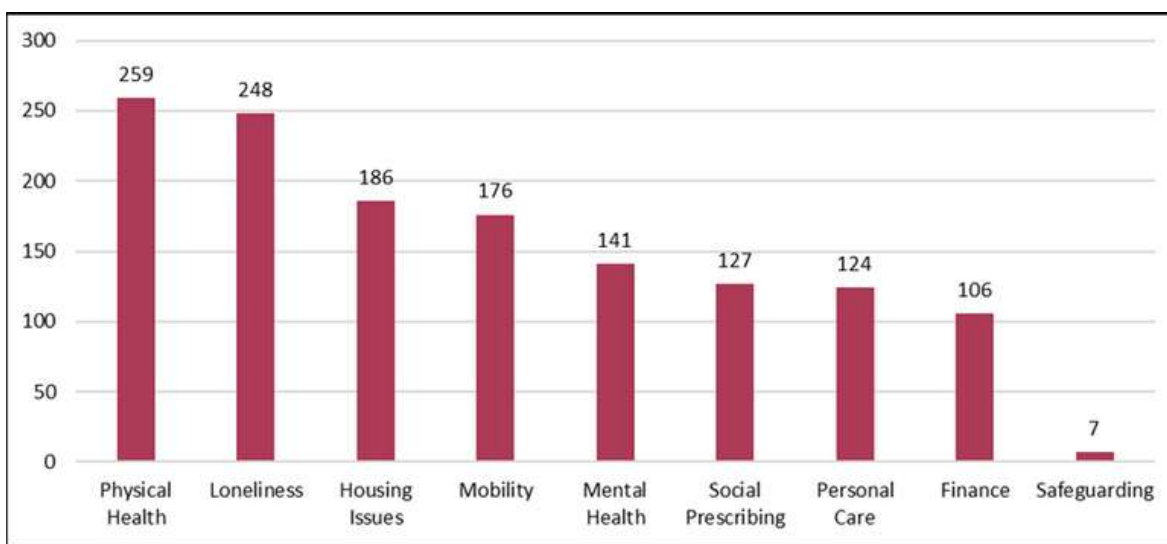


Figure 7: Issues Presenting in Assessments, HSE Dublin and North East

In Q1 2025, the Dublin and Midlands region accounted for 16% (n=1,955) of all interventions nationally. Of these, 66% were successfully completed with the intended outcomes achieved.

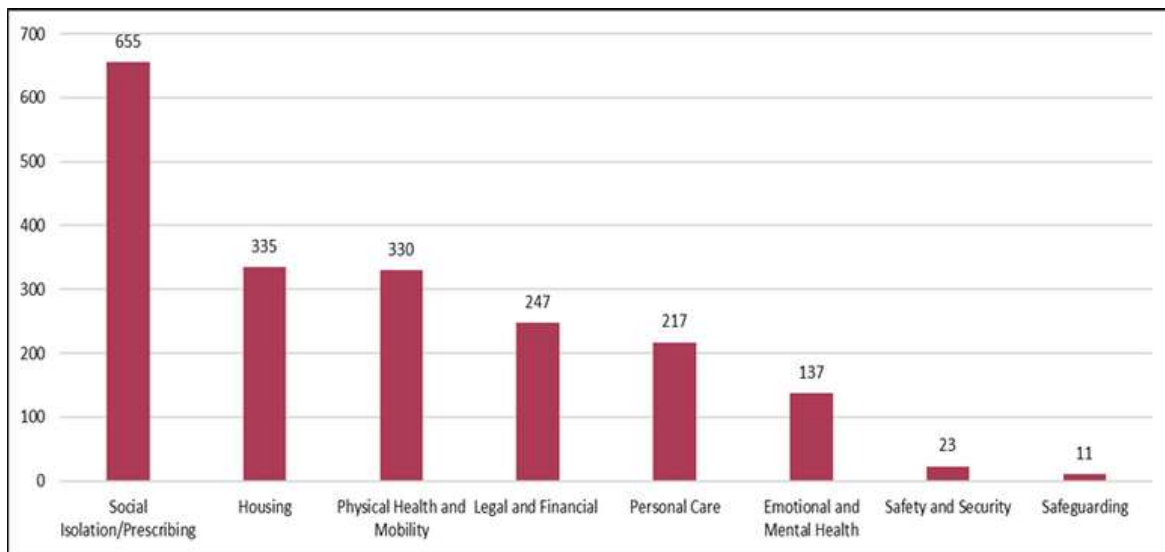


Figure 10: Interventions by Type, HSE Dublin and Midlands

This region also accounted for:

19% (n=1,059) of all volunteers engaged with ALONE.

19% (n=5,256) of all Visitation & Befriending visits.

17% (n=8,504) of all Telephone Support & Befriending calls.

20% (n=13,296) of all hours' support contributed by ALONE volunteers.

HSE DUBLIN AND SOUTH EAST

This region contributed to:

11% (n=329) of all older people assessed in Q1 2025.

13% (n=533) of all older people newly supported with services.

17% (n=1,890) of all older people in receipt of ongoing support.

In this region:

44% of older people were aged between 81 and 90 years old, not aligned to national trend.

59% were female and 41% were male, consistent with the national trend.

As the chart below shows, physical health, loneliness, and mobility challenges were the top needs for older people in this region.

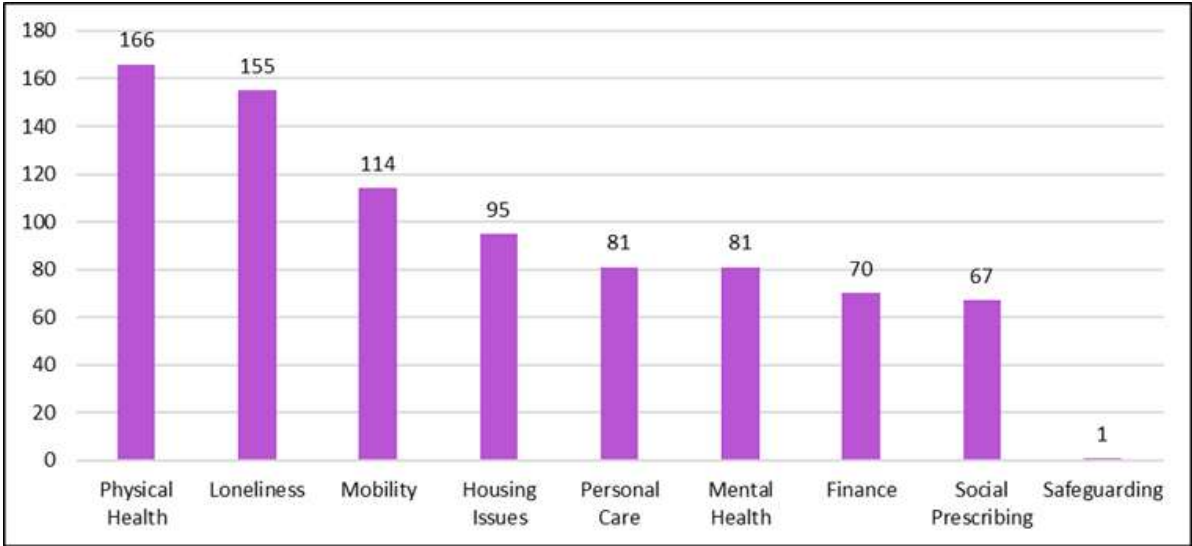


Figure 11: Issues Presenting in Assessments, HSE Dublin and South East

In Q1 2025, the Dublin and South East region accounted for 9% (n=1,041) of all interventions nationally. Of these, 67% were successfully completed with the intended outcomes achieved.

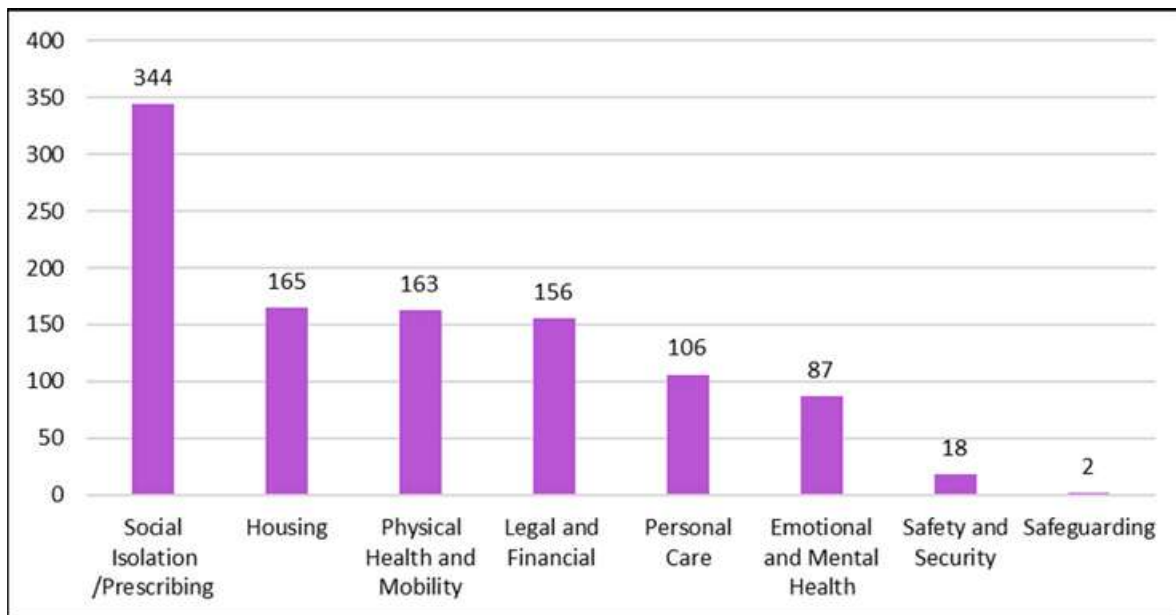


Figure 12: Interventions by Type, HSE Dublin and South East

This region also accounted for:

19% (n=1,042) of all volunteers engaged with ALONE.

18% (n=4,892) of all Visitation & Befriending visits.

16% (n=7,752) of all Telephone Support & Befriending calls.

18% (n=12,256) of all hours' support contributed by ALONE volunteers.

HSE MIDWEST

This region contributed to:

8% (n=230) of all older people assessed in Q1 2025.

8% (n=330) of all older people newly supported with services.

6% (n=695) of all older people in receipt of ongoing support.

In this region:

51% of older people were aged between 76 and 85 years old, more than the national trend

64% were female and 35% were male, deviating from the national trend

As the chart below shows, physical health, loneliness, and mobility challenges were the top needs for older people in this region.

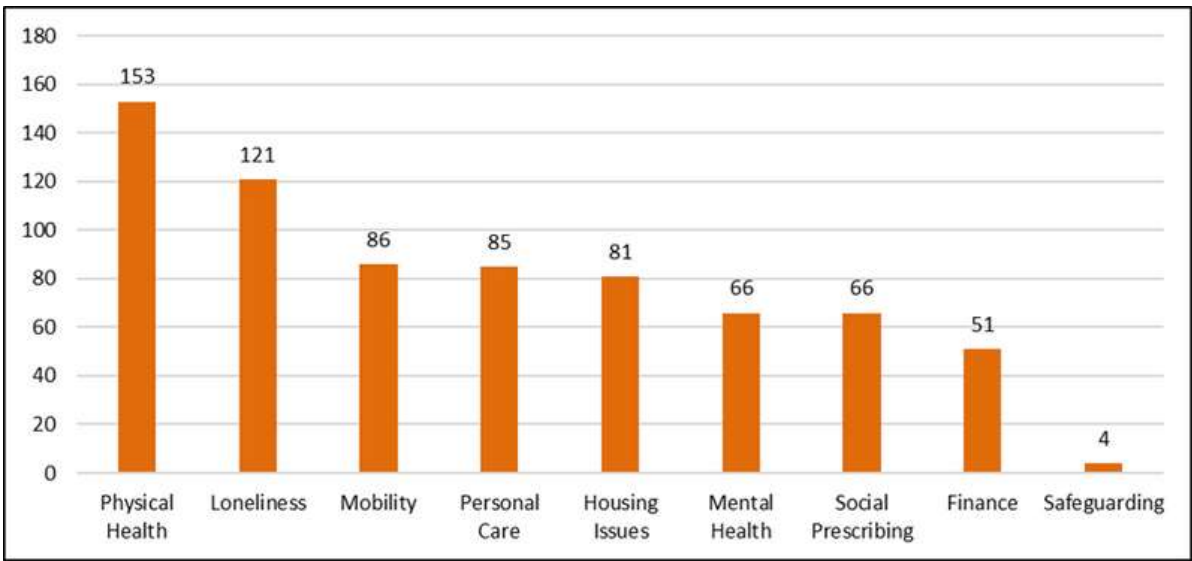
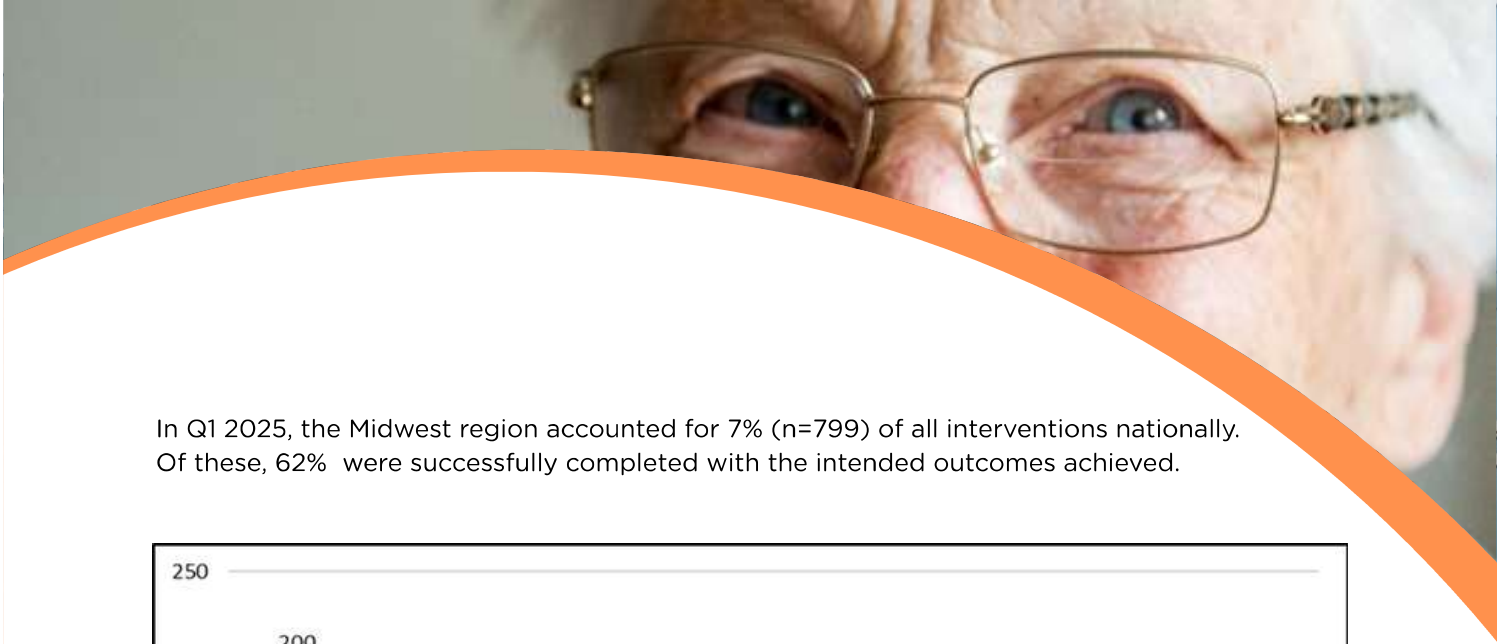


Figure 13: Issues Presenting in Assessments, HSE Midwest



In Q1 2025, the Midwest region accounted for 7% (n=799) of all interventions nationally. Of these, 62% were successfully completed with the intended outcomes achieved.

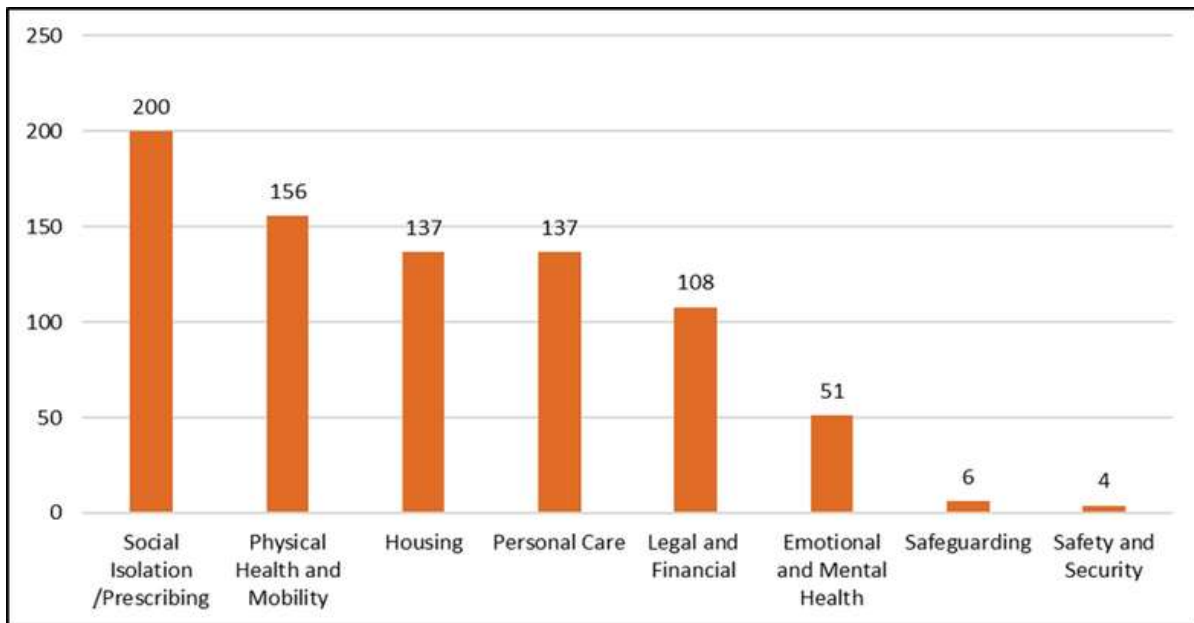


Figure 14: Interventions by Type, HSE Midwest

This region also accounted for:

8% (n=426) of all volunteers engaged with ALONE.

8% (n=2,252) of all Visitation & Befriending visits.

6% (n=2,748) of all Telephone Support & Befriending calls.

8% (n=5,536) of all hours' support contributed by ALONE volunteers.

HSE SOUTH WEST

This region contributed to:



11% (n=442) of all older people assessed in Q1 2025.



15% (n=600) of all older people newly supported with services.



17% (n=1,821) of all older people in receipt of ongoing support.

In this region:



42% of older people were aged between 76 and 85 years old, aligned to national trend.



63% were female and 37% were male, deviating from the national trend.

As the chart below shows, physical health, mobility challenges and loneliness were the top needs for older people in this region.

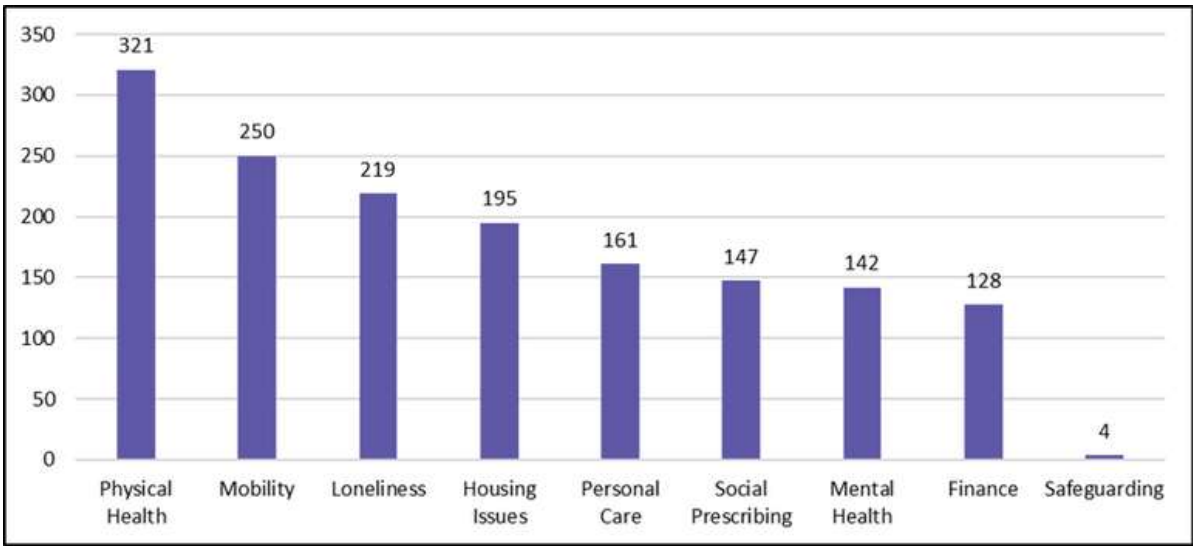


Figure 15: Issues Presenting in Assessments, HSE South West

In Q1 2025, the South West region accounted for 14% (n=1,651) of all interventions nationally. Of these, 56% were successfully completed with the intended outcomes achieved.

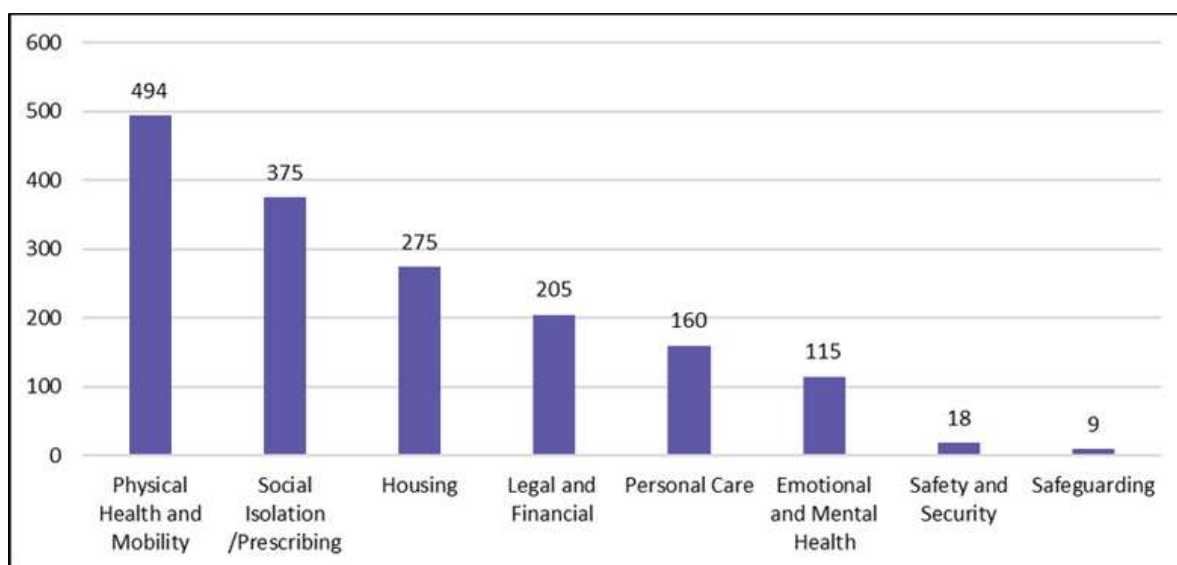


Figure 16: Interventions by Type, HSE South West

This region also accounted for:

13% (n=735) of all volunteers engaged with ALONE.

11% (n=2,936) of all Visitation & Befriending visits.

10% (n=4,797) of all Telephone Support & Befriending calls.

11% (n=7,168) of all hours' support contributed by ALONE volunteers.

ENHANCING ECC DELIVERY

COMMUNITY IMPACT NETWORK (CIN)

During Q1 2025, membership grew to 178 organisations, supporting 38,637 older people nationally.

Six new organisations joined in Q1, including:

- Cycling without Age Ireland
- The Adrigole Family Resource Centre, T/A Caha Centre
- Clann Housing
- Donegal Local Development
- Dundalk Meals & Wheels
- South Tipperary Development Company



- Key activities during the quarter included:
- Six training sessions on topics such as Boundaries in Support Work, Energy Awareness workshops, Grief and Bereavement and supporting older people with signs of cancer
- Six weekly drop-in digital support sessions were delivered for older people involved in intergenerational digital skills projects, in partnership with educational institutions like Dundalk IT and Waterford SETU.
- The CIN hosted a national webinar on Supporting Women's Wellbeing in the Workplace, which was attended by over 20 organisations.



RESEARCH, EVALUATION, AND POLICY

ALONE remains committed to evidence-based practice through regular evaluation of services, data-driven decision-making, and policy development. Key milestones across the quarter include:

- Presentation of preliminary findings from a national service impact assessment to ALONE's leadership and the HSE.
- Launch of a new volunteer recruitment, training, and induction system in collaboration with the Volunteer Programme Team.
- Hosting the second national Loneliness Taskforce Research Network webinar, with over 120 participants exploring international approaches to loneliness policy.
- Participation in the Department of Health's consultation on the development of a new national suicide reduction policy.
- Collaboration with the National Suicide Research Foundation (NSRF) on suicide prevention research focused on older adults.
- Submission of six formal policy papers on:
 - Ageing workforce challenges and opportunities
 - Mental health supports for older adults
 - Home support service regulation
 - Supports for older people in rural areas
 - Social protection measures
 - Housing needs
- Presentations on energy poverty to both the Department of Energy, Climate and Communications and the Central Bank Consumer Advisory Group.
- Continued representation by ALONE CEO Seán Moynihan on the national Commission on Care, reinforcing ALONE's influence on national policy affecting older people.



OPERATIONS, COMMUNITY, INNOVATION AND ENTERPRISE

During Q1, ALONE finalised preparations for the official launch of the Richmond Place Housing with Support Demonstrator project in Inchicore, Dublin 8. Delivered in partnership with Circle Voluntary Housing Association, the HSE, and Dublin City Council, the project represents a major advancement in providing 24/7 onsite support and innovative assistive technology for older residents.

A key milestone this quarter was the visit from Minister Kieran O'Donnell, who praised the initiative as 'groundbreaking' and highlighted its alignment with national housing and health strategies. The Richmond Place project showcases ALONE's pioneering approach in integrating housing, health, and technology to enhance independence and wellbeing for older people.

ICT DEVELOPMENTS

- Continued implementation of the EU Web Accessibility Directive compliance, with Phase 1 completed.
- Upgraded ALONE's Management Information System (MIS) to enhance volunteer management, significantly improving recruitment workflows and automation.
- Piloted a secure online Staff Expense Logging system with MFA integration.
- Supported projects including Housing with Support connectivity, referral process improvements, and collaboration with external partners.

PARTNERSHIPS AND COLLABORATIONS

- Expanded collaborations with local development companies, educational institutions (e.g., Dundalk IT, Beaufort College), and community groups to promote digital inclusion and support service development.
- Strengthened relationships with family resource centres and befriending services to enhance service capacity and digital literacy among older people.
- Initiated impactful intergenerational learning initiatives bringing students and older adults together.

COMMUNICATIONS

Communications Q1 2025



YOU'RE NOT ALONE

ALONE on Drivetime

Drivetime

sound on



Initial reaction to the
draft Programme for
Government on RTÉ
Drivetime



**ALONE urges parties to
prioritise our ageing
population in Programme for
Government.**

**ALONE: Spiralling arrears,
energy costs a serious health
threat to older people**

**ALONE's ECC data for 2024
shows increasing level of
need among older people
whose voice is less heard**

Texts To Older People



ALONE sent 6,000
check in texts to
older people in Q1

ALONE media in Q1 2025

Regional Print: 137
Regional Radio: 140
Online: 114
Press Releases: 6
Broadcast: 173
Print: 161
TV: 10



Newsletter Readership



ALONE send newsletters every month
to Partners, Staff and Volunteers



CONCLUSION

This report highlights the vital role ALONE services play within the HSE's Enhanced Community Care (ECC) programme in supporting thousands of older people across Ireland to age well at home.

The achievements during this quarter demonstrated the strength of ALONE's integrated service model, which combines practical support, emotional connection, and coordinated care through trusted partnerships. Volunteers remain at the heart of this work, providing meaningful social contact and support that greatly enhances the quality of life for many older people.

Beyond its frontline impact, ALONE continues to lead at a national level through innovation, advocacy, and collaboration. Developments in housing with support and digital inclusion highlight the organisation's commitment to building sustainable solutions for ageing well at home. ALONE's engagement with policy and research forums ensures that the needs and voices of older people are central to future planning and service design.

While challenges remain, particularly in ensuring more consistent outcomes across all regions, ALONE's continued focus on improvement and innovation positions it as a leader in community-based care. ALONE is not only meeting immediate needs on the ground — it is also driving systemic change by influencing national policy, advancing best practices, and fostering meaningful partnerships that strengthen the fabric of support for older people across the country. The progress made this quarter builds a strong foundation for shaping a future where every older person in Ireland can age with independence, safety and dignity.



APPENDIX 1. 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.

Assistive Technology: ALONE's Assistive Technologies mission is to create an infrastructure to empower older people to use technology, enabling the user to manage their social connection, health, safety and security. Technology Supports are being fully integrated throughout all ALONE service whereby staff and volunteers are trained to distribute, install and respond to technology as part of the service they provide to older people.

Community Impact Network (CIN): The CIN is a national network focused on building the collective leadership and capacity of organisations to meet the needs of older people in Ireland.

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

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

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

Health Regions: The Health Service Executive (HSE) transitioned from nine CHOs to six Health Regions to achieve several key objectives aimed at improving the efficiency, quality, and equity of healthcare services in Ireland. 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.

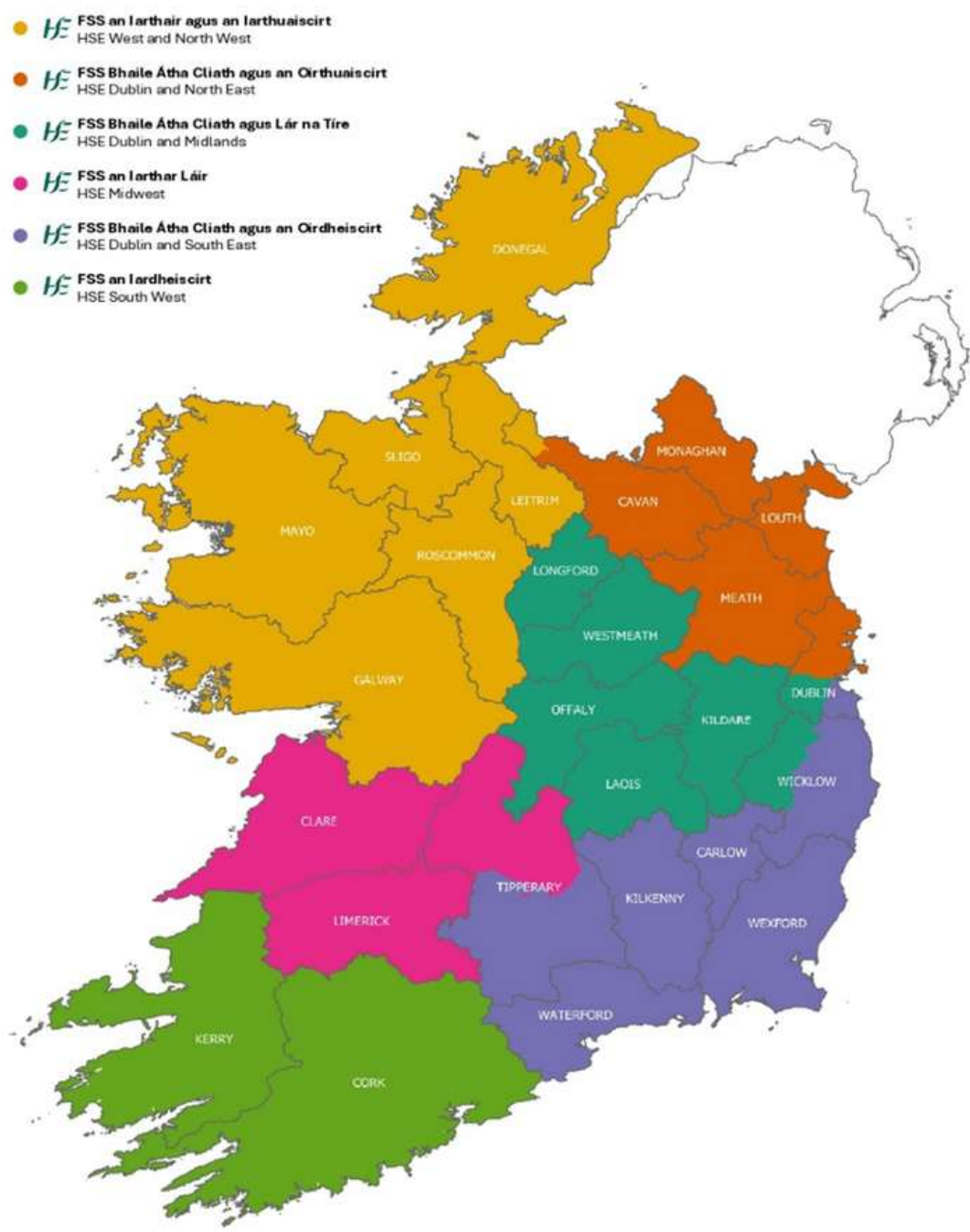
Older people supported: For the purpose of this report, this term refers to the number of services provided to older people. This figure also includes numbers of unique individuals calling NSRL during the reporting period.

Service: A service represents a specific type of assistance provided to an older person by ALONE, such as Telephone Support and Befriending, Visitation Support and Befriending, Support Coordination, Technology Support, or Housing/Tenancy assistance. An individual may receive multiple services concurrently.

Social Prescribing: Social prescribing involves providing practical support and encouragement to older people, helping them access non-medical resources and services available within their community.



APPENDIX 2. HEALTH REGIONS



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

Figure 17: Geographical distribution of Health Regions in Ireland



YOU'RE NOT ALONE

THANK YOU

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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