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This report presents ALONE's key activities and outcomes for Q2 2025, marking its fourth year within the HSE's Enhanced Community Care (ECC) programme.

In Q2 2025, ALONE continued to deliver impactful support driven by the needs of older people across Ireland, expanding its reach, strengthening partnerships, and advancing innovative models of care. ALONE newly supported 4,222 older people, a 5% increase from the previous quarter and delivered 13,596 new interventions, averaging 3.5 interventions per individual. Consistent with previous trends, the majority of those newly supported were female (62%), with 38% male, and most were aged between 76 and 85. Around two-thirds lived alone, while more than three-quarters owned their home.

ALONE's model once again demonstrated high responsiveness and effectiveness. Of the 3,085 older people assessed this quarter, 95% received timely interventions. This quarter also marked the publication of the report Transforming Ageing at Home: Evaluating ALONE's Impact Through Enhanced Community Care. Conducted in partnership with The London School of Economics and Political Science this evaluation demonstrated how ALONE's needs-based approach results in measurable improvements for older people engaging with their services including reduced loneliness, improved quality of life, and increased personal capability.

Assessments in Q2 2025 highlighted a continuing trend of rising physical health needs among older people, with a particularly sharp increase this quarter - a five-percentage-point rise compared to Q1. While loneliness has long been one of the most frequently reported concerns, physical health challenges are now being identified at higher levels, reflecting a shift that has been evident since last year but has become more pronounced in recent months.

This quarter also saw housing challenges feature more prominently in the HSE West and North West and Dublin and North East regions. Most housing-related issues were related to adaptations needed to support safe, independent living such as bathroom modifications and access ramps. Together, these two regions accounted for 45% of all older people newly supported by ALONE. These findings emphasise ALONE's critical role in enabling ageing in place, while its flexible, needs-led model continued to ensure consistently high-quality service delivery across all health regions.

Volunteers remained integral to ALONE's impact, with 7,760 individuals contributing support valued up to €2.3 million. Their efforts included facilitating in-person visits, support and befriending phone calls, and check-in calls providing vital social connection and emotional support. As the Transforming Ageing at Home report shows, older people availing of this support yielded the strongest improvements in quality of life and reduced loneliness.

Strategic partnerships continued to play a vital role in ALONE's ability to deliver coordinated, impactful care. In Q2 2025, 71% of all referrals came from external agencies, including community care professionals, hospitals, and other HSE services. Additionally, almost half of the interventions were delivered in partnership with state agencies, charitable organisations, and community services. These collaborations enabled older people to access a wide range of supports, from physical and mental health care to housing advocacy and financial assistance. According to the Transforming Ageing at Home report, 78% of external referrers observed a positive impact on older people resulting from ALONE services and 83% reported they would recommend ALONE. Such a productive outcome is further enhanced with findings revealing that around 70% of the older people felt their needs being met, with 51% experiencing a positive impact on their lives through ALONE's interventions

At the community level, the Community Impact Network (CIN) further amplified ALONE's reach and influence. By the end of Q2 2025, CIN membership had grown to 181 organisations. ALONE continued to build capacity within this network through training, ongoing engagement, and digital inclusion efforts such as the Hi-Digital programme. Through the CIN, ALONE continues to foster a sustainable, community-driven approach to enhanced care delivery.

ALONE also demonstrated national leadership in policy, research, and innovation throughout the quarter. In addition to the measurable, system-wide benefits highlighted in the Transforming Ageing at Home report, other key milestones included the rollout of the Richmond Place Housing with Support demonstrator project, the pilot of a Wellbeing Service in collaboration with partners, and the contribution of eight policy submissions to national consultations, including strategies for Department of the Environment, Climate and Communications, The National Development Plan and The New Roadmap for Social Inclusion. These activities reinforce ALONE's commitment in shaping Ireland's future models of care through data, innovation, and strategic collaboration.

Q2 2025 highlights ALONE's continued growth, resilience, and impact in supporting older people to age at home with dignity, independence, and choice. Through its holistic support model, strong volunteer network, community partnerships, and strategic collaborations, ALONE continues to deliver high-value, supports that meets the evolving needs of Ireland's ageing population.

# 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, with proven supports, that enables older people to age at home. Our work is for all older people and aims to improve physical, emotional and mental wellbeing. We have a national network of staff and volunteers who provide an integrated system of Support Coordination, Practical Supports, Support & Befriending, a variety of Phone Services, Social Prescribing, Housing with Support and Assistive Technology.

We use individualised support plans, to address health, financial benefits and supports, social care, housing, transport and other arising needs using technology and through harnessing other services.

ALONE's services reduce demand on health services while bringing meaningful improvements to older people where it matters most to them.

We work to empower the whole sector of community support for older people through our Community Impact Network that provides Training, IT support and resources to other organisations.

# QUARTER AT A GLANCE

33,911

Older people supported across services by end of Q2

4,222

individuals newly supported

11,355

Older people provided with ongoing support

71% of referrals from external agencies

36%

From Community Care Professionals

29%

From Hospitals

Top issues identified in 3,085 older people assessed:

61%

Physical health (mainly falls)

46%

Loneliness

40%

Mobility (mainly a need for mobility aids/fixtures)

**37**%

Housing, primarily housing adaptations

32%

Personal Care (mainly nutrition and engagement with primary care) 13,596

new interventions provided to 3,936 older people, averaging 3.5 interventions per person

74%

of new interventions completed within the quarter with outcomes met

5,230

calls made to NSRL 2,183

check-in calls made to older people 95%

Of older people assessed received some intervention within the same quarter

45%

Of interventions involved strategic partnerships

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

28%

Of all older people newly supported were in this region

38%

Of all interventions were carried out in this region

7,670

Volunteers contributed 72,424 hours, valued at €2.3 million.

29,436

Visitation Support & Befriending visits conducted 49,472

Telephone Support & Befriending calls conducted

3

New organisations joined CIN, bringing total membership to 181

# STORIES PROVIDED BY ALONE SUPPORT COORDINATORS

66

I received an email from a telephone support member stating an older person was very distressed. He'd been cut off from his landline and had no fall alarm as a result. I visited him and contacted Vodafone to restore the line, as it had been cut due to non-payment while the older person was in hospital. They would not reconnect it unless he installed broadband. After several hours on the phone with no result, I phoned the social welfare office in Tullamore, and they supported me to arrange a new falls alarm for installation the following day. I returned to the older person the next day with the technician, and his new SIM falls alarm was installed. He was so relieved and grateful for such a quick turnaround and felt safe again with alarm in place.

"

66

One older person supported by ALONE has mental health and mobility issues. ALONE assisted with decluttering, in collaboration with Serve the City. This decluttering effort has created essential space for a rollator in the older person's residence. This significantly lowers the risk of falls, and improves mobility outdoors increasing confidence, all of which contribute positively to the older person's mental well-being.

"



The purpose of this report is to provide a detailed overview of ALONE's service delivery to older people across Ireland in Q2 2025, highlighting key needs, outcomes, and regional impact. 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 and 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. ALONE 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.

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. 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.<sup>4</sup>

The success of the ECC programme is evident in its significant impact on reducing hospital admissions and waiting lists: 91% of patients with chronic diseases are now managed routinely close to home, reflecting the programme's focus on community care. This is further supported by ALONE's Transforming Ageing at Home: Evaluating ALONE's Impact Through Enhanced Community Care report, which highlights how this integrated approach leads to meaningful system-level outcomes. These include reduced pressure on health services in the form of reduced Emergency Department visits and calls, as well as reduced use of community healthcare services. ALONE provides an integrated system of care and practical supports and services to older people. These, along with ALONE's strategic partnerships, community care teams, hospitals, and Integrated Care Programme for Older People (ICPOP), are 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>7</sup>

<sup>4</sup> 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 - <a href="https://about.hse.ie/news/community-care-improving-health-outcomes-experiences-patients-across-ireland/">https://about.hse.ie/news/community-care-improving-health-outcomes-experiences-patients-across-ireland/</a>

 $<sup>5\,\</sup>underline{\text{https://about.hse.ie/news/reduction-hospital-admissions-highlights-progress-transforming-healthcare/}\\$ 

 $<sup>6\ \</sup>underline{\text{https://alone.ie/wp-content/uploads/2025/06/ALONE-IMPACT-ASSESSMENT-REPORT\ FINAL.pdf}$ 

<sup>7</sup> https://www.gov.ie/en/press-release/1ca58-minister-for-health-stephen-donnelly-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.



Where age was recorded (n=4,222), 41% (n=1,739) of older people newly supported with services by ALONE were aged between 76 and 85 years old, similar to Q1 (Figure 1).

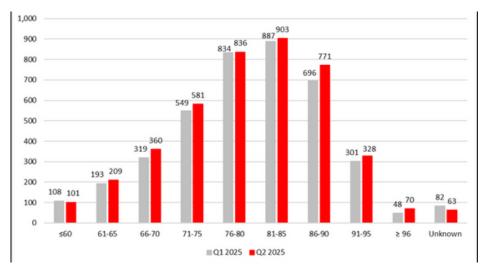


Figure 1: Individuals Supported by Age Range, Q1 2025 v Q2 2025

# HOME OWNERSHIP AND LIVING ARRANGEMENTS Of those who provided data on home ownership and living arrangements (n=3,085), findings in Q2 2025 were similar to last quarter: 76% (n=2,356) owned their 24% (n=732) did not own home. own their own home. 64% (n=1,988) lived alone. Of these individuals, just over twothirds (n=481) were living in Local Authority or Approved Housing 23% (n=709) lived with their Body (AHB) rented spouse/partner. accommodation. A small number (n=85) were renting in the private rented sector. 13% (n=387) lived with family, friends, or a lodger.

### 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 Q2 2025, ALONE Support Coordinators assessed 3,085 older people, 6% increase compared to the previous quarter.

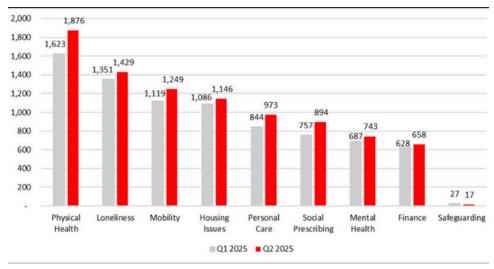
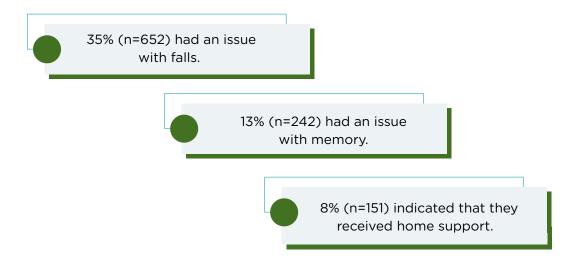


Figure 2: Issues Presenting in Assessments, Q1 2025 v Q2 2025

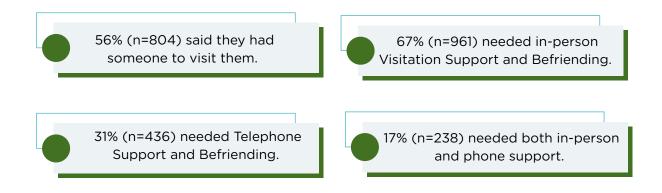
# PHYSICAL HEALTH

61% (n=1,876) of older people assessed reported physical health issues, a 5-percentage point increase compared to last quarter. Of these:



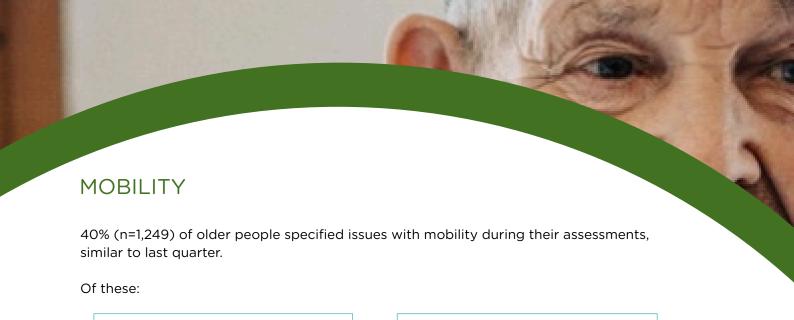
## LONELINESS

46% (n=1,429) of older people reported feeling lonely, similar to last quarter. Of these:



Of the 1,167 older people who responded to questions regarding social outings:





14% (n=177) reported a need for mobility fixtures like grab rails, wheelchair ramp, etc.

11% (n=143) reported a need for mobility aids such as new rollator, wheelchair, etc.

5% (n=63) reported needing mobility furniture like an orthopaedic chair, shower seats, etc.

# HOUSING

37% (n=1,146) of older people reported housing-related issues, similar to Q1 2025.

Of these:

37% (n=423) needed housing adaptations. The most common of these were bathroom adaptations (n=233) and access ramps (n=99).

18% (n=209) needed internal home repairs. The most common of these were plumbing problems (n=59) and electrical problems (n=44).

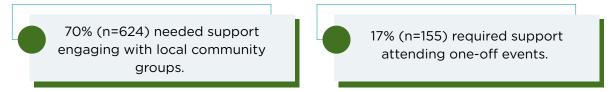
3% (n=31) reported risk to the stability of their housing situation.



### SOCIAL PRESCRIBING

29% (n=894) of older people assessed required some form of social prescribing support (see Appendix 1 for definition), a 3-percentage point increase compared to Q1 2025.

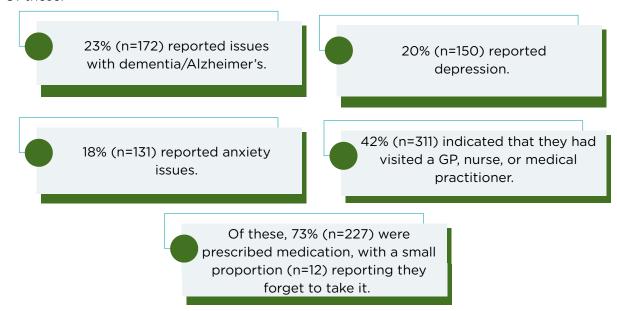
### Of these:



### MENTAL HEALTH

24% (n=743) of older people assessed reported experiencing mental health challenges, similar to last quarter.

### Of these:





## SAFEGUARDING

17 older people assessed indicated they were at risk of abuse, a decrease from last quarter. While this may suggest an improvement the finding should be viewed cautiously, as variations in reporting can influence these figures, and national data from the HSE Safeguarding Office continues to show year-on-year increases in safeguarding concerns. Figure 3 presents safeguarding issues by type:

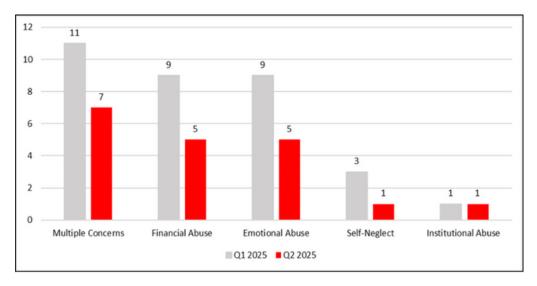


Figure 3: Safeguarding Issues by Type, Q1 2025 v Q2 2025



A key strength of the ALONE model is that it allows for a holistic support plan to be put in place. This takes into account 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.

In Q2 2025, ALONE provided a total of 13,596 new support interventions (Figure 4) to 3,936 older people newly and previously engaged with ALONE services, averaging 3.5 interventions per person. This marked a 12% overall increase from the previous quarter, driven in part by a 24% rise in physical health and mobility interventions.

74% (n=10,117) of these interventions were completed within the quarter with outcomes being met.

5% (n=707) of these interventions were completed with the outcomes not met.

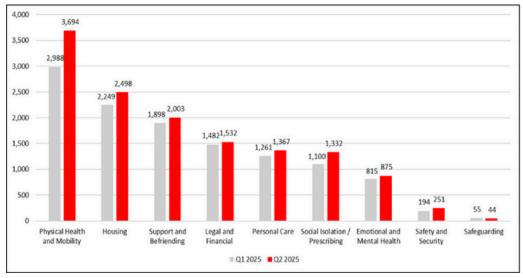
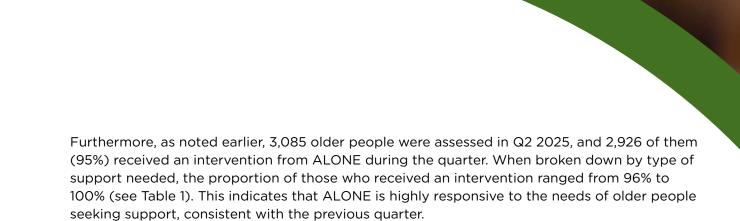


Figure 4: Interventions by type, Q1 2025 v Q2 2025



		Q1 2025			Q2 2025	
Area of Need	No. Assessed	No. Received Interventions	%	No. Assessed	No. Received Interventions	%
Physical Health	1,623	1,565	96	1,876	1,825	97
Loneliness	1,351	1,322	98	1,429	1,406	98
Mobility	1,119	1,083	97	1,249	1,215	97
Housing Issues	1,086	1,063	98	1,146	1,128	98
Personal Care	844	817	97	973	952	98
Social Prescribing	757	746	99	894	887	99
Mental Health	687	660	96	743	716	96
Finance	628	617	98	658	655	100
Safeguarding	27	27	100	17	17	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 v Q2 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, shows ALONE's dedication to crafting support plans that address all aspects of an individual's needs. Similar trends in issues presented and interventions delivered can be observed across Q1 and Q2, promoting holistic wellbeing and an enhanced quality of life for older people.

Presenting Issue → Intervention ↓	Physical	Loneliness	Mobility	Housing	Personal	Social	Mental	Finance	Safeguarding
	Health			Issues	Care	Prescribing	Health		
Physical Health and Mobility	2,898	1,193	2,171	1,428	1,322	917	739	699	16
Housing	1,398	697	1,028	1,964	909	511	556	716	17
Support and Befriending	971	1,690	677	519	536	691	533	301	9
Legal and Financial	750	440	505	673	455	310	361	1,022	15
Personal Care	888	620	586	561	1,064	436	366	345	21
Social Isolation / Prescribing	727	752	481	395	391	1,038	349	244	4
Emotional and Mental Health	514	444	318	318	282	343	646	221	3
Safety and Security	155	92	107	201	107	60	64	49	3
Safeguarding	13	16	12	18	19	7	14	13	29
Total No. of People*	1,825	1,406	1,215	1,128	952	887	716	655	17
Total No. of Interventions**	8,314	5,944	5,885	6,077	5,085	4,313	3,628	3,610	117

Table 2: No. of Individuals Assessed by Presenting Issue and Intervention Provided, Q2 2025

Note: \*This Total refers to the number of people who were assessed in Q2 2025, identified a particular need and received an intervention.

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 Q2 2025. Individuals may have multiple needs and receive multiple types of interventions, leading to overlaps across categories.

<sup>\*\*</sup>This is the total of all interventions received by people assessed in Q2 2025 for a particular need.

# 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, 71% of referrals to ALONE in Q2 2025 were from external agencies, a 2 percentage point increase on Q1. Over the same period, internal and public referrals decreased slightly, while self-referrals increased.

Deferral Tune	Q1 2	2025	Q2 2025		
Referral Type	No.*	%	No.*	%	
External Agency	2,763	69	2,998	71	
Internal Referral	301	8	213	5	
Public (Friend/Family)	568	14	532	13	
Self	685	17	770	18	
Total	3,994		4,205		

Table 3: Referral Type, No., %, Q1 2025 v Q2 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.

A total of 2,390 individuals were referred to ALONE by named External Agencies in Q2 2025. Table 4 highlights ALONE's strong partnerships within the ECC programme and its role as a key provider of coordinated, person-centered care for older adults. The table also shows that the top referral agencies remained largely consistent with those in the previous quarter.

Estamal Deferral Agency		Q1 2025		2025
External Referral Agency	No.	%	No.	%
Community Care Professionals	839	35	860	36
Hospital	673	28	702	29
HSE (non-specified)	406	17	529	22
ICPOP	137	6	159	7
Charitable Organisations / NGO	111	5	119	5
Mental Health Service	47	2	63	3
Safeguarding	8	0.3	10	0.4
Other	165	7	185	8

Table 4: External Referral Agencies, Q1 2025 v Q2 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.

<sup>&#</sup>x27;Community Care Professionals' include Social Workers, Social Prescriber, PHNs, GPs, Public Health Centres.

<sup>&#</sup>x27;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 Q2 2025, 6,074 interventions relied on ALONE's partnerships, accounting for 45% of all interventions, similar to Q1 2025. These partnerships were instrumental in supporting older adults across a range of critical areas. As shown in Table 5, the largest share of partner-supported interventions related to social supports (24%) and physical health (23%), together making up almost half of all partnership activity, similar to last quarter.

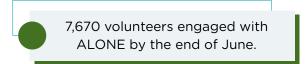
Danks on Commands	Q1	2025	Q2 2025		
Partner Supports	No.	%	No.	%	
Staying connected with Social Supports	1,214	23	1,439	24	
Getting Support for Physical Health	1,378	26	1,407	23	
Getting Help from Government Services	1,110	21	1,251	21	
Advocate for Physical Health Supports	268	5	480	8	
Support from Charities and Nonprofits	375	7	351	6	
Accessing Financial Supports	332	6	295	5	
Accessing Personal Care Supports	261	5	286	5	
Housing Support	211	4	219	4	
Transport Support	88	2	166	3	
Getting Legal Advice or Support	82	2	91	1	
Support for Mental Health and Wellbeing	76	1	89	1	

Table 5: Partner Supports, No. and % of Interventions, Q1 2025 v Q2 2025

# MAXIMISING THE IMPACT: THE FINANCIAL AND SOCIAL VALUE OF **VOLUNTEERS**

Volunteers continue to be a cornerstone of ALONE's work, ensuring that older people have access to both practical supports and meaningful social contact. Their generosity of time and spirit strengthens ALONE's capacity far beyond what could be achieved through funding alone. While their contribution represents a considerable financial value, the real impact lies in the relationships built, the reduction of isolation, and the sense of belonging created. By combining efficiency with empathy, volunteers enable ALONE to deliver services that are both costeffective and deeply human in their reach and impact.

In Q2 2025:



- 29,436 Visitation Support and Befriending visits were conducted.
  - 49,472 Telephone Support and Befriending calls were conducted.
- 5,230 calls were made to the NSRL.
- 2,437 older people contacted the NSRL by the end of June.
- 2,813 check-in calls conducted to older people to ensure their wellbeing (loneliness was the most common theme discussed).
- 72,424 hours of support were contributed by volunteers, valued between €977,724 (National Minimum Wage) and €2.3 million (Average Hourly Earnings).

# HEALTH REGIONS

Ireland is now organised into six Health Regions under the HSE's new regional healthcare structure, to improve integration and community-based delivery of health and social care. Table 6 shows the total population of each health region, estimated number of people aged 65+, the number of older people newly supported by ALONE, and the number of older people 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.

As can be seen from Table 6, ALONE continues to demonstrate strong presence in the HSE West and North West region, which once again accounts for the largest share of newly supported older people (1%) and older people in receipt of ongoing support (2.3%).

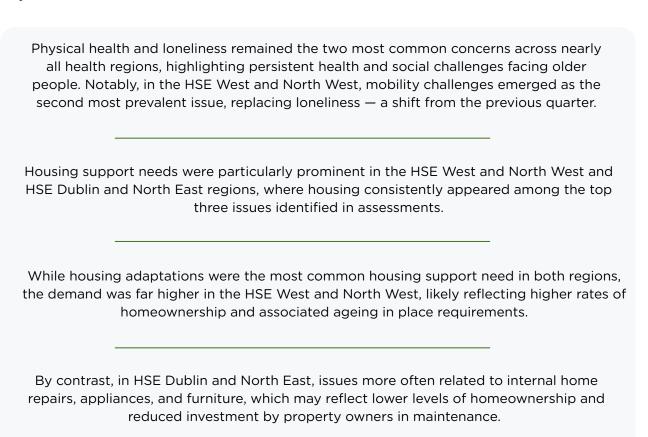
The HSE Dublin and South East region recorded the lowest proportion of newly supported older people at 0.3%, compared with at least 0.5% across all other regions. The three Dublin-based regions (North East, Midlands, and South East) generally show lower proportions of older people supported than more rural regions, a pattern also observed in the last quarter.

	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	4,222 (0.5%)	11,355 (1.5%)
HSE West and North West	759,652	16.5	125,343	1,195 (1.0%)	2,863 (2.3%)
HSE Dublin and North East	1,187,082	13.1	155,508	714 (0.5%)	2,201 (1.4%)
HSE Dublin and Midlands	1,077,639	13.2	142,248	667 (0.5%)	1,753 (1.2%)
HSE Midwest	413,059	16.5	68,155	321 (0.5%)	687 (1.0%)
HSE Dublin and South East	971,093	16.4	159,259	528 (0.3%)	1,912 (1.2%)
HSE South West	740,614	16.1	119,239	778 (0.7%)	1,936 (1.6%)

Table 6: Regional population distribution, Census 2022, Q2 2025.



Key observations include:



All six health regions reported the intervention completion rate - with intended outcomes being achieved - at over 60 percent. This marked an improvement from the previous quarter when only five regions met this threshold, suggesting enhanced service delivery and overall effectiveness in meeting older people's needs.



As the chart below shows, physical health, mobility challenges and housing issues were the top needs for older people in this region, similar to Q1.

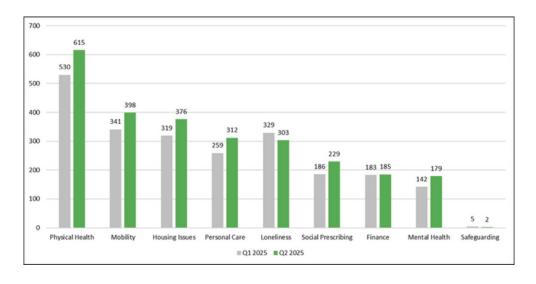


Figure 5: : Issues Presenting in Assessments, HSE West and North West, Q1 2025 v Q2 2025

In Q2 2025, the West and North West region accounted for 38% (n=5,155) of all interventions nationally. Of these, 85% were successfully completed with the intended outcomes achieved.

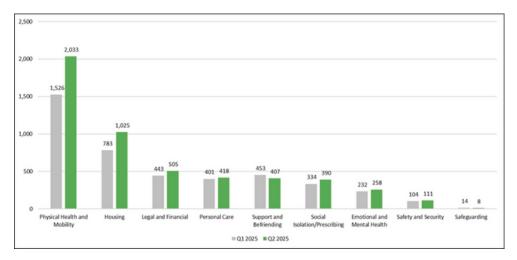
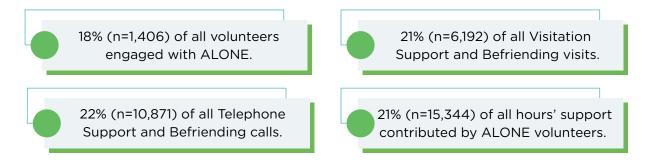


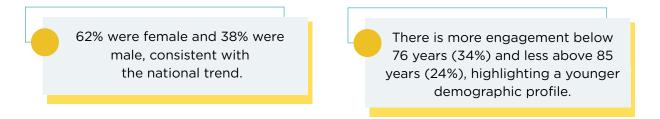
Figure 6: Interventions by Type, HSE West and North West, Q1 2025 v Q2 2025

This region also accounted for:





### In this region:



As the chart below shows, loneliness, physical health and housing issues were the top needs for older people in this region. However, physical health moved up to the second most common need this quarter, shifting from last quarter when housing was the second highest concern.

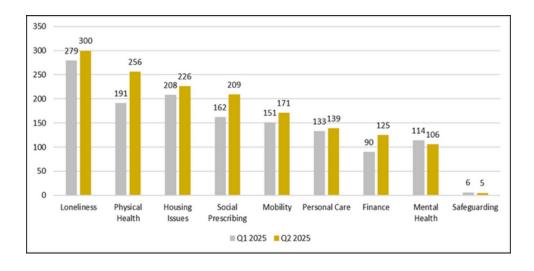


Figure 7: Issues Presenting in Assessments, HSE Dublin and North East, Q1 2025 v Q2 2025

In Q2 2025, the Dublin and North East region accounted for 19% (n=2,617) of all interventions nationally. Of these, 77% were successfully completed with the intended outcomes achieved.

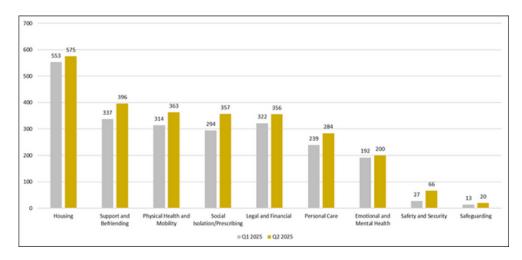
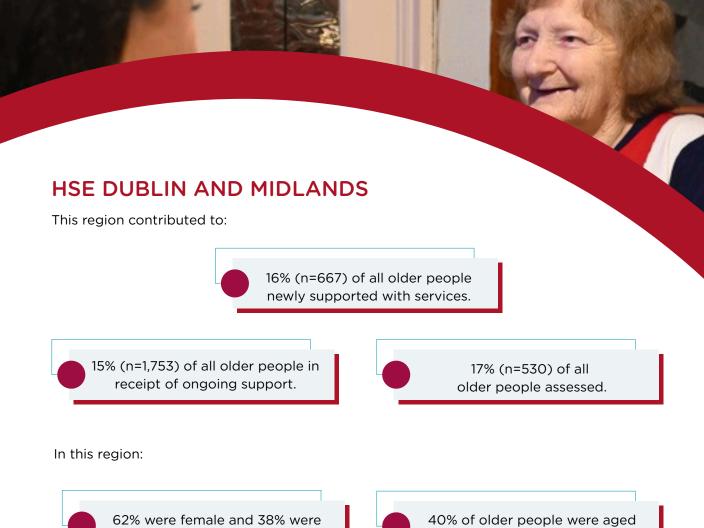
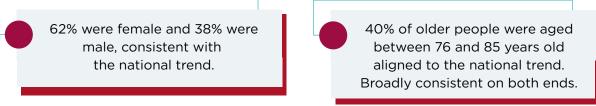


Figure 8: Interventions by Type, HSE Dublin and North East, Q1 2025 v Q2 2025

This region also accounted for:







As the chart below shows, physical health, loneliness, and mobility were the top needs for older people in this region. This differs slightly from Q1, when housing issues were the third most prevalent concern instead of mobility.

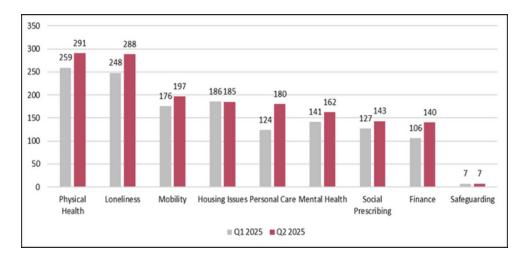


Figure 9: Issues Presenting in Assessments, HSE Dublin and Midlands, Q1 2025 v Q2 2025

In Q2 2025, the Dublin and Midlands region accounted for 16% (n=2,241) of all interventions nationally. Of these, 65% were successfully completed with the intended outcomes achieved.

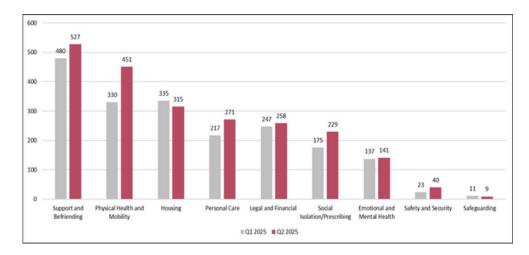
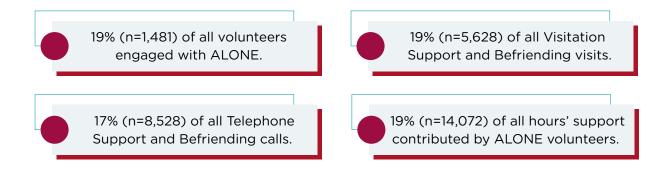


Figure 10: Interventions by Type, HSE Dublin and Midlands, Q1 2025 v Q2 2025

This region also accounted for:



# HSE DUBLIN AND SOUTH EAST This region contributed to: 13% (n=528) of all older people newly supported with services. 17% (n=1,912) of all older people in receipt of ongoing support. 13% (n=401) of all older people assessed. In this region: 62% were female and 38% were male, consistent with

As the chart below shows, physical health, loneliness, and mobility challenges were the top needs for older people in this region, consistent with Q1.

the national trend.

to national trend. Broadly

consistent on both ends.

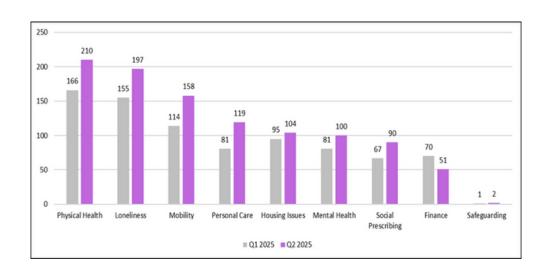


Figure 11: Issues Presenting in Assessments, HSE Dublin and South East, Q1 2025 v Q2 2025

In Q2 2025, the Dublin and South East region accounted for 8% (n=1,113) of all interventions nationally. Of these, 65% were successfully completed with the intended outcomes achieved.

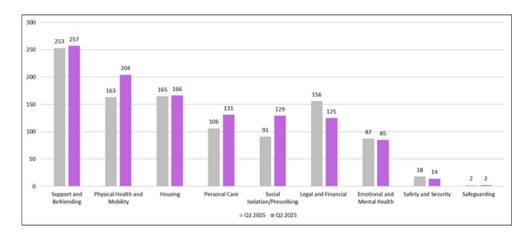
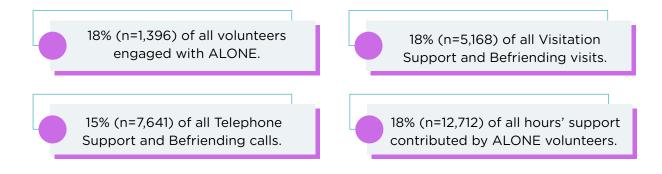
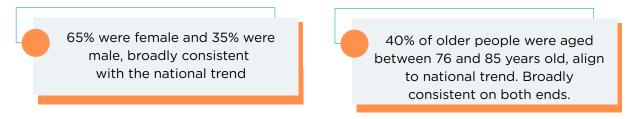


Figure 12: Interventions by Type, HSE Dublin and South East, Q1 2025 v Q2 2025

This region also accounted for:



# HSE MIDWEST This region contributed to: 8% (n=321) of all older people newly supported with services. 6% (n=687) of all older people in receipt of ongoing support. 7% (n=216) of all older people assessed. In this region:



As the chart below shows, physical health, loneliness, and mobility challenges were the top needs for older people in this region, similar to Q1. However, the number of older people undergoing needs assessments decreased here in Q2, while most other regions recorded an increase.

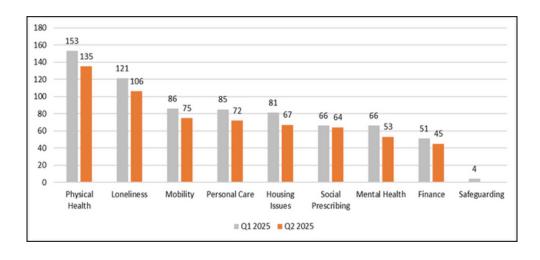


Figure 13: Issues Presenting in Assessments, HSE Midwest, Q1 2025 v Q2 2025

In Q2 2025, the Midwest region accounted for 6% (752) of all interventions nationally. Of these, 66% were successfully completed with the intended outcomes achieved.

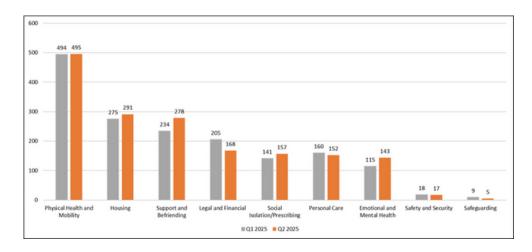


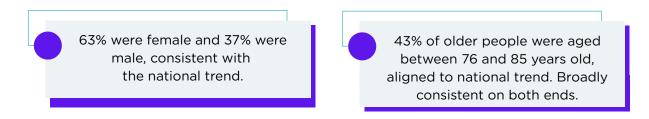
Figure 14: Interventions by Type, HSE Midwest, Q1 2025 v Q2 2025

This region also accounted for:





In this region:



As the chart below shows, physical health, mobility challenges and loneliness were the top needs for older people in this region, consistent with Q1.

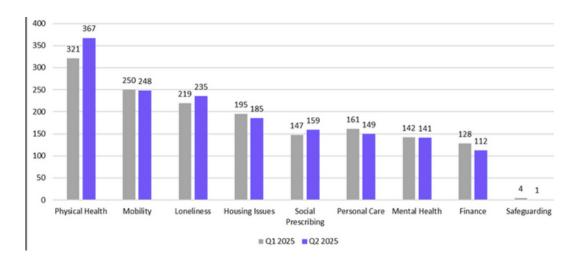
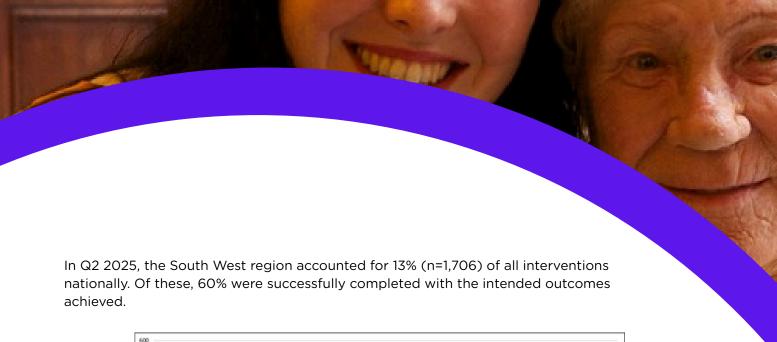


Figure 15: Issues Presenting in Assessments, HSE South West, Q1 2025 v Q2 2025



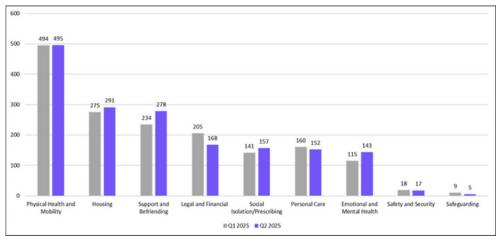


Figure 16: Interventions by Type, HSE South West, Q1 2025 v Q2 2025

### This region also accounted for:



# ENHANCING ECC DELIVERY

A key milestone this quarter was the publication of ALONE's impact report, Transforming Ageing at Home: Evaluating ALONE's Impact Through Enhanced Community Care, developed in partnership with researchers from the London School of Economics and Political Science (LSE).



# **COMMUNITY IMPACT NETWORK (CIN)**

During Q2 2025, membership grew to 181 organisations, supporting 41,308 older people nationally.

Key activities during the quarter included:

- Delivery of 17 tailored training sessions and engagement with 26 organisations to build practical capacity amid increasing demands on community groups.
- Training of 514 digital champions through the 'Hi-Digital' Programme, supported by Vodafone Foundation, enabling 1,800 older people to improve their digital skills.
- Delivery of 'Energy Training: Saving Energy by Understanding Your Bills' in Achill, Co. Mayo, with participation from 21 older people.

# 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:

- Publication of an academic paper in the Journal of Social Service Research titled "Older Adults Who Receive Gare Coordination from the Third Sector in Ireland: Who Are They, and What Do They Need?." The paper details the profile and needs of over 4,000 older people supported by ALONE between September 2022 and June 2023.
- High-level meeting with the Minister of State for Older People and Housing to discuss key supports for older people, including loneliness, housing with support, and ALONE's impact assessment.
- Presentation at the British Gerontological Society Spring Meeting to strengthen ALONE's engagement with the medical community in Ireland.
- Participation in the Department of Health's National Stakeholder Forum, contributing to the identification of five national priorities to inform Ireland's input into the UNECE's revision of the Regional Implementation Strategy for the Madrid International Plan of Action on Ageing.

10 https://alone.ie/wp-content/uploads/2025/04/Older-Adults-Who-Receive-Care-Coordination-from-the-Third-Sector-in-Ireland-Who-Are-They-and-What-Do-They-Need-pdf

- Hosting of a stakeholder event to share early findings from ALONE-LSE's global benchmarking project on care for older people, engaging 80 key stakeholders in shaping Ireland's future care model.
- Submission of eight policy inputs including:
  - The Department of the Environment, Climate and Communications
  - The Department of Housing
  - The Housing for All Action Plan
  - The Commission for Regulation of Utilities (CRU)
  - Mental Health Reform
  - ( The National Development Plan
  - The New Roadmap for Social Inclusion
  - ( The UN Convention on the Rights of Persons with Disabilities

ALONE CEO Seán Moynihan also continued his role as Commissioner on the national Commission on Care, supporting national policy development that impacts older people.

# OPERATIONS, COMMUNITY, INNOVATION AND ENTERPRISE

Key initiatives in Q2 2025 include:

- Housing with Support Richmond Place Demonstrator Project
  - Launched in May in Inchicore, Dublin 8, in partnership with Circle Voluntary Housing Association, the HSE, and Dublin City Council.
  - 39 of 52 apartments were allocated, with 32 older people moved in.
  - Resident feedback was highly positive, with early signs of the scheme's benefits already emerging. ALONE is exploring opportunities to replicate this model in other locations.

- Wellbeing Service Pilot

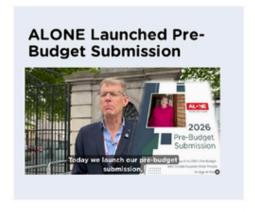
   Launched in partnership with Octagon and with support from HelpLink, and Siel Bleu, this service will be using Octagon's Tinteán Wellbeing Management Platform.
  - C The service will be trialled with 50 older people, with plans to double participation over time. Participants included individuals supported by ALONE, Friends of the Elderly, retired Gardaí and teachers, and various Active Retirement groups.
  - ( Advisory input was provided by chronic disease advocacy groups, including Diabetes Ireland, the Irish Heart Foundation, the Asthma Society of Ireland, and COPD Ireland.

# ICT DEVELOPMENTS

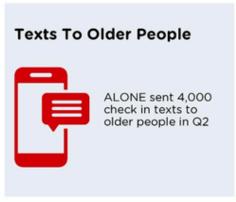
- During this period, ALONE made a number of improvements to strengthen its technology and support services:
- Staff training through the BFriend app was expanded and app maintenance was brought in-house to build greater organisational self-sufficiency.
- A new, user-friendly support request system in Salesforce was introduced, making it quicker and simpler for ICT queries to be managed.
- Stronger network security was put in place with the installation of new firewalls at three Dublin sites, including Richmond Place.
- The wellbeing service reached its second phase, with ICT helping older people get started with wellbeing monitoring equipment.
- Development began on a secure platform to enable collaboration while safeguarding data privacy.
- Planning commenced for the migration of key applications to ALONE's own AWS (Amazon
- Web Services) environment, alongside exploration of innovative cloud technologies.



# ALONE Impact Assessment Launch











# CONCLUSION This report highlights ALONE's growing impact within HSE's Enhanced Community Care

This report highlights ALONE's growing impact within HSE's Enhanced Community Care programme, as it continues to support thousands of older people to age well at home. The steady increase in service uptake and consistently high intervention completion rates reflect the strength of ALONE's integrated support model, one that is responsive, compassionate, and deeply rooted in the real needs of older people across Ireland.

Volunteers remain a cornerstone of ALONE's success, contributing over 72,000 hours of time and care this quarter alone. Their involvement delivers meaningful social connection and significantly extends the reach of services into communities nationwide. Strategic partnerships also continue to drive impact, with nearly half of all interventions delivered in collaboration with external agencies. The Community Impact Network (CIN) further strengthens local capacity through its growing alliance of grassroots organisations.

This quarter, ALONE made further progress in shaping Ireland's future models of care. ALONE launched new innovative housing and wellbeing initiatives and actively engaged in national policy forums and consultations. Through evidence-led advocacy and strong collaboration, ALONE is helping to transform how ageing is supported in Ireland.

# **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.

11 HSE health regions

# **APPENDIX 2. HEALTH REGIONS** FSS an larthair agus an larthuaiscirt 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 HSE Midwest FSS Bhaile Átha Cliath agus HSE Dublin and South East FSS an Iardheis cirt HSE South West

Figure 17: Geographical distribution of Health Regions in Ireland

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



# THANK YOU

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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