YOU'RE NOT ALONE

ALONE Submission on the Roadmap for Social Inclusion 2025

Department of Social Protection

June 2025

Response from ALONE to public consultation on the successor to the 'Roadmap for Social Inclusion 2020-2025'

1. What progress do you feel has been made in improving social inclusion and reducing poverty since publication of the Roadmap for Social Inclusion 2020–2025 in January 2020?

As an organisation which worked with almost 44,000 older people across our services in 2024, ALONE will complete this submission in relation to the experiences of the older people we work with.

The Roadmap includes a definition which is taken from the Partnership 2000 Agreement. However social exclusion of older persons has been defined elsewhere as "*a complex process that involves the lack or denial of resources, rights, goods and services as people age, and the inability to participate in the normal relationships and activities, available to the majority of people across the varied and multiple domains of society*" (Walsh et al., 2016). Its domains include financial and material resources (including poverty), but also neighbourhood and community (including housing); services, amenities and mobility; social relations; socio-cultural aspects (for example, discrimination); and civic participation. We will address improving social inclusion and reducing poverty as distinct outcomes in our submission and recommend that progress on each be measured separately.

While the last Roadmap for Social Inclusion did not include an appropriate measurement or indicator of social exclusion among older people, ALONE's experience suggests that progress towards this goal has been inconsistent. Some relevant actions from the Roadmap have been successfully delivered—such as the National Volunteering Strategy, advances in inclusion health service provision, and efforts to tackle food poverty.

However, several key commitments remain outstanding. Notably, actions such as benchmarking the State pension and developing an action plan to address loneliness and social isolation have yet to be completed. Similarly, commitments from other policy documents, including the introduction of a statutory home support scheme and safeguarding legislation for the health and social care sector, have seen progress but remain unfinished.

Some measures which may indicate dis-improvements in social exclusion among older people in Ireland include:

- A reduction in healthy life years at 65, i.e., the number of years that a person aged 65 is expected to live healthily. This has reduced from a peak of 13.6 years in 2019, to 11.6 years in 2022 (CSO, 2024).
- An increase in housing instability; home ownership among older people fell from 87% to 83% in the last Census, while there has been an 83% increase in older people living in the private rental sector. At the same time, the proportion of households with a primary social housing applicant over the age of 60 has been growing each year, despite limited availability of social housing. Homelessness among this group has also increased.
- According to the EU Commission, loneliness is most prevalent in Ireland with over 20% of respondents reporting feeling lonely (EU Commission 2022).

- Income inequality among older people is now higher than among the general population (Eurostat 2024).
- Poverty rates among older people have fluctuated but CSO-SILC data shows they have trended upwards since 2013 (while also accounting for the significant jump in poverty rates in 2022). Older people living alone have higher rates of poverty: 25.9% of older people living alone were at risk of poverty in SILC 2024, up from 15.4% the year previously, while 5.2% were in consistent poverty, up from 3.2% the year previously.

In addition, ALONE recently published an evaluation of our services, which found engagement with ALONE's services for six months improved older people's quality of life, capability and use of emergency and other community services. However, the report also identified several concerning findings about the wellbeing of older people supported by ALONE, including:

- Higher levels of loneliness than the national and international average.
- Lower levels of mental wellbeing, capability, and self-reported health than the national and international average.
- Much lower quality of life than the international average (no comparative data was available at national level
- Higher use of emergency, acute, GP and community services than the national and international averages

ALONE is cognisant that we do not reach every older person who may need our support; while our services currently reach 2% of the population, we estimate that demand for our services is as high as 7%.

The cumulative evidence highlights a critical policy blind spot: severe and deepening social exclusion among older people, which remains inadequately addressed. If these issues are not adequately addressed, we risk older people being displaced from their communities and support networks in later life, with significant consequences for health, wellbeing, and service demand. This would represent not only a failure of planning but also a breach of the social contract that underpins a fair and inclusive society.

2. In your experience, what has worked well in reducing the number of people in Ireland experiencing poverty and social exclusion?

The cost-of-living payments provided by Government had a significant impact on reducing the number of older people experiencing poverty, particularly those living alone. Excluding cost-of-living measures, the risk of poverty rate among older people living alone would have been 45.6% last year (CSO SILC, 2025). Given that cost-of-living payments are unlikely to be part of the forthcoming Budget, this suggests that an increase in core welfare rates would reduce poverty among this group.

Implementation on Sláintecare and the emphasis on building the capacity of community services to support older people to age well at home, including training GPs and primary care teams, works well. In ALONE's experience, and based on evidence, our own service reduces some elements of social exclusion. As referenced above, our recently published evaluation identified that after six months of engagement with ALONE, older people experienced reductions in loneliness, increased quality of life and personal capability (freedom to live the life you value) as well as reduced use of other healthcare services.

3. In your experience, what has not worked so well, or is challenging in reducing the number of people in Ireland experiencing poverty and social exclusion?

The last Roadmap for Social Inclusion was heavily skewed towards working age supports: Out of 88 actions, just 7 of these were included in the chapter relating to older people. A lack of identified policy actions in this area makes reducing the number of older people experiencing social exclusion challenging.

Of the commitments made to older people in the last Roadmap, several were not completed:

- Of the seven actions in the older persons' chapter, four of these were relating to the single area of implementing benchmarking of the state pension (which was not completed).
- Of the other actions, though these were positive, two were already ongoing at the time of publication of the Roadmap (including the commitment to train GPs and primary care teams in the management of dementia, and to continue the refurbishment or replacement of 90 community nursing units and long term residential care facilities for older people), and the final action (to provide 4,500 additional short term and long term residential care beds across the public system in community nursing units and other step down facilities)is not due for completion until 2027.
- Additionally, the committed-to action plan to combat loneliness (with a focus on older people) was also not completed.
- Progress towards other indicators which would reduce poverty and social exclusion among older people such as providing more social housing, developing a specific health social inclusion policy, is too slow.

There is a need for a more comprehensive strategy: Although it was cited in the last Roadmap that older people raised other issues, such as transport, there were no actions to correspond with these

issues. A comprehensive strategy should address the range of issues that can contribute to social exclusion. There is a need for actions which pertain to each domain of social exclusion in relation to older people as outlined above, including financial and material resources (including poverty), but also neighbourhood and community (including housing); services, amenities and mobility; social relations; socio-cultural aspects (for example, discrimination); and civic participation.

4. Does consistent poverty remain the most appropriate primary target for the new social inclusion strategy?

- Yes
- **No ✓ (please indicate below)**

Consistent poverty is an important indicator which should be part of the suite of targets for the new strategy. Irish research suggests that the deprivation measure, which forms part of the measure of consistent poverty, may underestimate deprivation among older people (Walsh, Scharf et al, 2012). This is because older people tend to have different perceptions of what constitutes deprivation compared to other age groups and may not report certain items are necessities, even if they are experiencing hardship in these areas. As a result, consistent poverty among older people may be underestimated. A multi-dimensional indicator of social exclusion would be preferable as the primary target of this strategy. An older person deprivation measure might encompass a multi-dimensional range of indicators as basic necessities, access to core services, health and social care, environmental supports, and transportation.

5. What is the most appropriate timeframe for the new social inclusion strategy?

- 3 years
- **5 years ✓**
- 10 years

6. Which groups in society should the new social inclusion strategy put a particular focus on?

- Unemployed people
- People with Disabilities
- Children
- Lone-parents families
- **Older people ✓**
- Migrants
- Travellers/Roma community

7. Are there any actions you would recommend to improve social inclusion among these specific groups?

The actions from the previous Roadmap which have not been completed should be carried forward to the new Roadmap; importantly, the commitment to benchmark the state pension, to develop an action plan to tackle loneliness and social isolation and to introduce a statutory home support scheme.

Actions should cover the broader domains of social exclusion. Actions under various domains could include, for example:

- **Financial and material resources**:
    - Implement benchmarking of the State pension (as committed to in the National Pensions Framework) to make a real and long-term impact on the lives of older people today and to lift many of the most exposed out of poverty.
    - Ensure all retrofitting grants and schemes are accessible to older people (as committed to in the Programme for Government). Improving this support will enable increased uptake of home retrofit grants among older people most at risk of energy poverty. Furthermore, it will achieve the commitment given in the Programme for Government to ensure that all grants and schemes are accessible to older people in our community.
    - Ensure there is delivery of a fund to support people experiencing energy poverty, as committed to in the Action Plan to combat Energy Poverty. This could be distributed using existing NGO infrastructure to support service users to access fuel in emergencies.
- **Neighbourhood and community**:
    - Set out a definition and develop policy on Housing with Support, based on the learnings from the Government Demonstrator Project in Inchicore, and set targets for delivery of Housing with Support (as committed to in the National Planning Framework first revision). This will create an alternative housing choice for those who need it and reduce the dependency on nursing homes.
    - Ensure there is adequate supply of social housing. ALONE estimates we need 22,115 right-sized social housing units by 2040, with 1,474 required in 2026.
- **Services, amenities and mobility**:
    - Develop and implement a statutory home support scheme (as committed to in the Programme for Government) to enable older people to live independently at home with the necessary support
    - Implement a model of care for day care and provide funding for transportation as an element of the day care service. This will enable Government to meet the commitment made in the Programme for Government to enhance our network of day centres and support more older people to engage with this vital support in their communities.

- Fund mental health supports across all Integrated Care Programme for Older People (ICPOP) teams (as committed to in the Programme for Government). This will allow older people to receive mental health treatment in settings designed to meet their needs.

- **Social relations:**
  - Develop an Action Plan to tackle loneliness and isolation (as committed to in the Healthy Ireland Strategic Action Plan), with funding for community-based initiatives (as committed to in the Programme for Government). A national action plan to address loneliness will provide a framework for Government to take action on this issue, in collaboration with civil society organisations and stakeholders such as the Loneliness Taskforce.

- **Socio-cultural aspects:**
  - Provide for the creation of the position of Commissioner for Ageing and Older People to work across Government, mainstreaming ageing and covering the needs and rights of older people across the spectrum, not just in terms of health and care.

Should further policy recommendations for older people in this area be required, please see ALONE's Pre-Budget submission 2026, available on www.alone.ie

8. Any additional indicators (data sources) we should be aware of?

ALONE has several suggestions in relation to improved indicators and measurements of social exclusion.

- A full consideration of social exclusion in Ireland should more closely align with the measures used in the Wellbeing Framework for Ireland, which includes indicators on income; physical and mental health; housing and built environment; connections, community and participation; civic engagement. Indicators from the Framework could be used in the new social inclusion policy as these more closely align with the domains of social exclusion.
- In general, indicators used to measure social exclusion in Ireland could be significantly improved. Resources which may be useful to inform work in this area include the Netherlands' full index to measure social exclusion (Coumans and Schmeets, 2014). In addition, a full consideration of measuring social exclusion and indicators can be found in the UNECE Task Force on the Measurement of Social Exclusion report, 'Approaches to Measuring Social Exclusion'.
- The Roadmap currently reports on "The share of the population reporting unmet health care needs due to cost/expense". However, the full statistic gathered by the EU SILC survey also includes unmet health care needs due to distance/transport (too far to travel) or timeliness (waiting lists). The full indicator should be used in the new policy to more fully reflect levels of unmet healthcare needs.
- In relation to older people, ALONE believe that Ireland should consider joining SHARE: the Survey of Health, Ageing and Retirement in Europe. This could provide Ireland with internationally comparable data which could be used to measure social exclusion among older people (see Juma and Fernández-Sainz, 2024). This work could be carried out by the Central Statistics Office.

9. What are the current issues impacting people experiencing poverty and social exclusion?

ALONE worked with almost 44,000 older people in 2024. As previously outlined, an evaluation of our services shows that the older people who engage with ALONE tend to have more complex needs. Of note, among those we assessed:

- 52% experienced loneliness. Almost half of this group did not have any visitors, and 6% were in long-term social isolation; a rate that has remained consistent over the past few years. About two-thirds of older people who seek our services live alone.
- 51% had physical health concerns, including issues with falls, memory, and sensory problems (such as issues with hearing and eyesight). Linked to this, about one-third had mobility issues, including difficulties with mobility aids, fixtures and furniture.
- 32% experienced housing issues, including difficulties with housing conditions, repairs and accessibility, issues in rental accommodation, and risk to housing (such as notices to quit and homelessness). Housing difficulties were more common among older people who did not own their own home, with home ownership lower than the national average (78% vs 82%).
- 30% experienced financial concerns. Of these, 90% experienced issues in relation to energy costs. Other difficulties included with benefits, entitlements, grants, and end of life matters. Notably, this rate of financial difficulty remained steady throughout the year, in contrast to previous years where seasonal fluctuations were typically observed, suggesting a sustained underlying financial strain.

Additionally:

- 25% experienced mental health issues, including dementia, anxiety, depression, bereavement issues, and addiction.
- A small number of older people indicated they were at risk of abuse, including financial abuse, emotional abuse, and self-neglect. Although safeguarding issues remain relatively low in number, they are deeply concerning.

10. Any other comments?

- Several subgroups of older people have been found to be at higher risk of social exclusion. These subgroups include older people living alone, those with health difficulties, the 'older old', and those living in rural areas (Maheshkumar & Irudaya Rajan, 2024). Indeed, these groups are also reflected in the individuals ALONE support through our services. The new policy should clarify that among older people, there are several groups at higher risk.
- The new policy should clarify that income is only one domain of social exclusion. In fact, some research identifies that health status may be the key driver, over and above income (Jehoel-Gijsbers & Vrooman, 2007). This implies that actions included in the Roadmap should be weighted accordingly, with a stronger emphasis on service provision in the relevant domains.
- ALONE's impact assessment highlights the experiences of a cohort of older people that are not routinely captured in larger scale research projects, such as work by the CSO and TILDA. It is this cohort (with higher levels of loneliness, lower quality of life, and higher healthcare utilisation) that, among older people, are perhaps most experiencing social exclusion. ALONE are ready to work with the Department in the development of the new strategy which we believe has the potential to make real difference in the lives of the older people we work with. We wish to support the development of this policy in any way we can.