



ALONE ECC REPORT

Q3 2025

RESPECT. HONESTY. COLLABORATIVE LEADERSHIP. INNOVATION

Supporting Older People
to Age at Home



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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 coordinating 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.



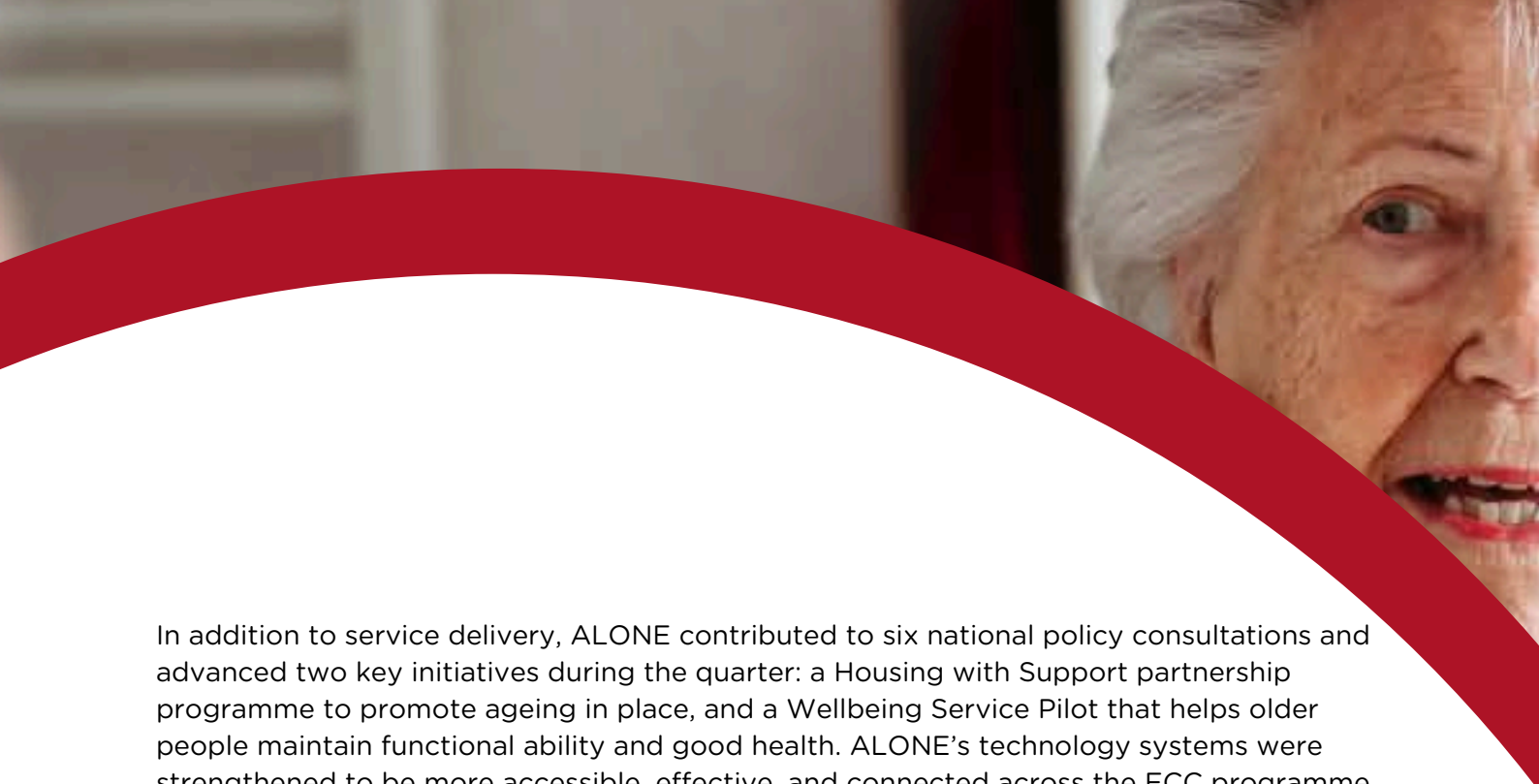
EXECUTIVE SUMMARY

This report provides a detailed overview of ALONE's service delivery to older people across Ireland in Q3 2025, highlighting key needs, outcomes and regional impact. ALONE operates as part of the HSE's Enhanced Community Care programme, with over 250 staff and 9000+ volunteers delivering support to older people nationally in partnership with local, community and voluntary partners. ALONE's services have been shown to reduce loneliness, improve quality of life and reduce dependency on acute health services among older people. As of Q3 2025, ALONE has supported 41,509 older people across services year-to-date.

During Q3, ALONE newly supported 4,479 older people, a 6% increase from Q2 2025. Consistent with previous trends, 61% of those newly supported were female and 39% male, mostly aged between 76 and 85. Around two-thirds lived alone while over three-quarters owned their home. These demographics align with national evidence on populations with the highest support needs for loneliness and physical health. Referral patterns were similar to previous quarters showing consistent successful partnership in communicating ALONE's services. Most referrals (71%) were from external agencies of which over one-third (34%) were from community care professionals.

Compared with the previous quarter, in Q3, ALONE Support Coordinators assessed 3,430 older people, an 11% increase. Furthermore, assessments continued to show high levels of physical health needs alongside a three percentage point rise in social prescribing needs. Social prescribing involves providing practical support and encouragement to older people, helping them access non-medical resources and services available within their community. ALONE also delivered 13,825 new interventions, averaging 3.3 interventions per individual, similar to Q2 2025, with almost half (47%) of interventions provided through various partner supports. These patterns evidence sustained levels of need older people are communicating when engaging with ALONE.

The HSE West and Northwest region continued to show the highest levels of engagement with ALONE services nationally, accounting for 26% of all older people supported in the year to date. This represents about 4% of the estimated older population in the region where all other regions see 2% to 3% of older people in the regions represented. Physical health needs remained the most common challenge nationwide. However, in the HSE Dublin and North East and HSE Dublin and Midlands regions, loneliness was the most common support need. These regions also had a relatively younger population, with around 33% newly supported under the age of 76. Interestingly, in HSE Midwest, personal care rose to the second most common need. As such, ALONE continues to effectively support older people nationwide, reaching diverse communities and responding to a range of needs.



In addition to service delivery, ALONE contributed to six national policy consultations and advanced two key initiatives during the quarter: a Housing with Support partnership programme to promote ageing in place, and a Wellbeing Service Pilot that helps older people maintain functional ability and good health. ALONE's technology systems were strengthened to be more accessible, effective, and connected across the ECC programme. Together, these efforts continue to respond to the evolving needs of Ireland's ageing population.

Overall, Q3 2025 reflects ALONE's ongoing growth and impact, supporting older people to age at home with dignity and independence. In the year to date (YTD), support equivalent to over 41,000 older people has been provided across our services, reaching over 20,000 unique individuals. Driven by a strong volunteer network and fulsome strategic collaborations, ALONE continues to enable older people across the nation to age safely and in good health within the comfort and security of their homes and communities.

QUARTER AT A GLANCE

41,509

Older people supported across services YTD¹

20,205

Unique older people supported YTD ²

4,479

Unique individuals newly supported in Q3

13,331

Older people provided with ongoing support in Q3

71% of referrals from external agencies

34%

From Community Care Professionals

31%

From Hospitals

3,430 older people were assessed in the quarter, an 11% increase compared to Q2. Top issues that were identified:

60 %

Physical health (mainly falls)

45 %

Loneliness

38 %

Mobility (mainly a need for mobility aids/fixtures)

35 %

Housing (primarily housing adaptations)

32 %

Personal Care (mainly nutrition and engagement with primary care)

13,825

New interventions provided to 4,226 older people, averaging 3.3 interventions per person

76%

Of new interventions were completed within the quarter with the outcomes being met

5,308

Calls made to NSRL

2,605

Check-in calls made to older people

¹ Number of unique services provided to older people. This figure also includes 3,499 unique individuals calling National Support and Referral Line (NSRL) YTD.

² This reflects total number of older people active on ALONE's Management Information System YTD as of Q3 2025.



94%

Of older people assessed received some intervention within the same quarter

47%

Of interventions involved strategic partnerships including healthcare providers, national advocacy organisations, and community-based service providers

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

26%

Of all older people newly supported

38%

Of all interventions

9,257

volunteers contributed 66,368 hours, valued at €2.1 million (Average Hourly Earnings)

27,340

Visitation Support & Befriending visits conducted

50,123

Telephone Support & Befriending calls conducted

1

New organisation joined CIN, bringing total membership to 182. This is a network of community organisation set up by ALONE to improve older people's wellbeing.



STORIES PROVIDED BY ALONE SUPPORT COORDINATORS

“ The Older Person was experiencing significant emotional distress following the sudden death of her husband and primary carer earlier that year. Although her daughter was living with her, she felt isolated and lacked adequate support. The ALONE Support Coordinator worked closely with her to put a range of supports in place, including Telephone Support & Befriending, financial aid, tenancy support, and accessibility supports. The Older Person has multiple health concerns, including anxiety, but over time she has made significant strides in regaining her independence and confidence. Notably, she has begun to take a more proactive and positive approach to her life and circumstances. She attributes much of her progress to the consistent and compassionate support of her ALONE Support Coordinator.

“ During a check-in call, one Older Person advised that her and her Visitation Support & Befriending match get on very well together. She told the caller that “She (her befriending match) was the making of me - I can't say enough good things about her. She arrived at my door on my birthday with balloons - I cried with happiness that someone was so kind to me.



ALONE AND ENHANCED COMMUNITY CARE

This report presents ALONE's key activities and achievements during Q3 2025, as part of the organisation's fourth year supporting the HSE's Enhanced Community Care (ECC) programme. 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 working in partnership, 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 working collaboratively. ALONE supports a range of smaller groups, services, and organisations around the country through the 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 supports care for people at home, prevents admissions to acute hospitals when it is safe and appropriate to do so, and enables a "home first" approach.³

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.⁴ This is further supported by ALONE's Transforming Ageing at Home report⁵ which highlights how an 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 people receive the necessary care and support within their communities, thereby promoting ageing and care in place.⁶

³ 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/>

⁴ <https://about.hse.ie/news/reduction-hospital-admissions-highlights-progress-transforming-healthcare/>

⁵ https://alone.ie/wp-content/uploads/2025/06/ALONE-IMPACT-ASSESSMENT-REPORT_FINAL.pdf

⁶ <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 people to 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 & Befriending, assistive technology, connections to local community groups, and 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.

Embed ALONE services across all 96 Community Health Networks (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.

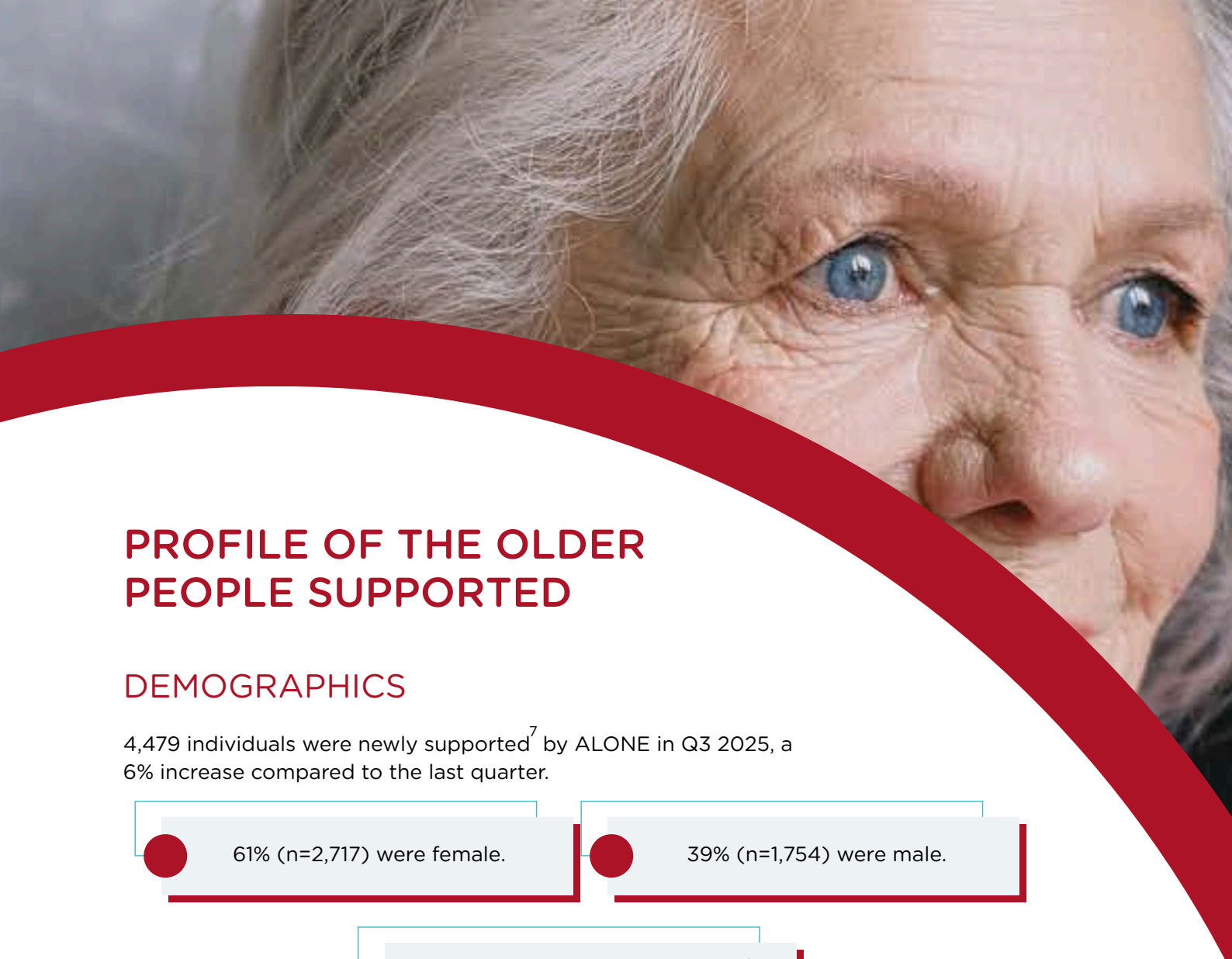


Coordinate the community and voluntary sector, supporting smaller organisations via networking, training, support, resources, and technology. Also, continue to collaborate to build a strong sectoral infrastructure and improve the nationwide delivery of community services.

Generate national data across all CHNs, Integrated Health Areas (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 that we align with key goals and enhance effectiveness.



PROFILE OF THE OLDER PEOPLE SUPPORTED

DEMOGRAPHICS

4,479 individuals were newly supported⁷ by ALONE in Q3 2025, a 6% increase compared to the last quarter.

61% (n=2,717) were female.

39% (n=1,754) were male.

0.1% (n=4) fell under 'other/
prefer not to say'.

Where age was recorded (n=4,479), 42% (n=1,881) of older people newly supported with services by ALONE were aged between 76 and 85 years old, similar to Q2 (Figure 1).

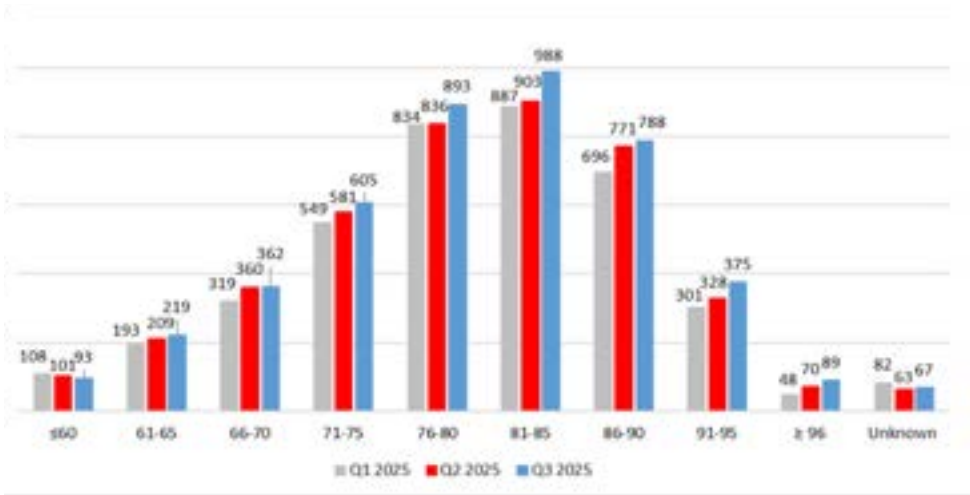


Figure 1: Individuals Supported by Age Range, Q1 2025 v Q2 2025 v Q3 2025

⁷ This includes new, re-engaged or existing service users who received new support during the quarter.

HOME OWNERSHIP AND LIVING ARRANGEMENTS

Of those who provided data on home ownership and living arrangements (n=3,430):

79% (n=2,711) owned their own home, an increase of three percentage points from the last quarter.

21% (n=721) did not own their own home, a decrease of three percentage points from Q2 2025.

Similar to last quarter:

65% (n=2,238) lived alone.

22% (n=747) lived with their spouse/partner.

13% (n=446) lived with family, friends, or a lodger.

Of these individuals, almost two-thirds (n=478) were living in Local Authority or Approved Housing Body (AHB) rented accommodation. A small number (n=89) were renting in the private rented sector.

PRESENTING ISSUES REPORTED BY OLDER PEOPLE

All older people 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 Q3 2025, ALONE Support Coordinators assessed 3,430 older people, an 11% increase compared to the previous quarter.

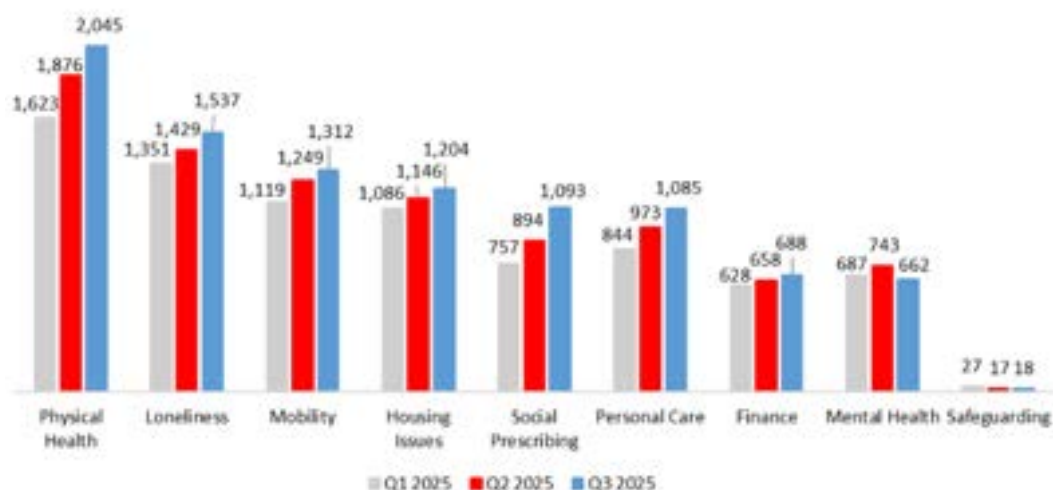


Figure 2: Issues Presenting in Assessments, Q1 2025 v Q2 2025 v Q3 2025



PHYSICAL HEALTH

60% (n=2,045) of older people assessed reported physical health issues, similar to last quarter. Of these:

33% (n=667) had an issue with falls.

12% (n=242) had an issue with memory.

7% (n=152) indicated that they received home support.

LONELINESS

45% (n=1,537) of older people reported feeling lonely, similar to Q2 2025. Of these:

58% (n=894) said they had someone to visit them.

65% (n=1,005) needed in-person Visitation Support and Befriending.

30% (n=466) needed Telephone Support and Befriending.

16% (n=253) needed both in-person and phone support.

Of the 1,274 older people who responded to questions regarding social outings:

16% (n=203) reported having not been out socially in the last six months.

4% (n=51) reported having not been out socially in over a year, similar to the previous quarter but a decrease from Q1.



MOBILITY

38% (n=1,312) of older people specified issues with mobility during their assessments, similar to last quarter.

Of these:

13% (n=164) reported a need for mobility fixtures like grab rails, wheelchair ramp, etc.

10% (n=134) reported a need for mobility aids such as new rollator, wheelchair, etc.

5% (n=70) reported needing mobility furniture like an orthopaedic chair, shower seats, etc.

HOUSING

35% (n=1,204) of older people reported housing-related issues, similar to Q2 2025.

Of these:

35% (n=422) needed housing adaptations. The most common of these were bathroom adaptations (n=260) and access ramps (n=100).

18% (n=217) needed internal home repairs. The most common of these were plumbing problems (n=71) and electrical problems (n=52).

2% (n=28) reported risk to the stability of their housing situation.



PERSONAL CARE

32% (n=1,093) of older people assessed reported issues with personal care, similar to last quarter.

Of these:



28% (n=299) specified struggling with nutrition.



16% (n=179) were in receipt of home support.



The most common issues within this category were a need for alternative food options (n=150), 'Meals on Wheels' related support (n=146) and age-appropriate nutritional information (n=25).

SOCIAL PRESCRIBING

32% (n=1,093) of older people assessed required some form of social prescribing support, where staff support older people to access non-medical activities within their community, a three percentage points increase compared to Q2 2025.

Of these:



72% (n=624) needed support engaging with local community groups.



17% (n=226) required support attending one-off events.

MENTAL HEALTH

19% (n=662) of older people assessed reported experiencing mental health challenges, a five percentage point decrease from last quarter.

Of these:



22% (n=148) reported depression.



19% (n=127) reported anxiety issues.



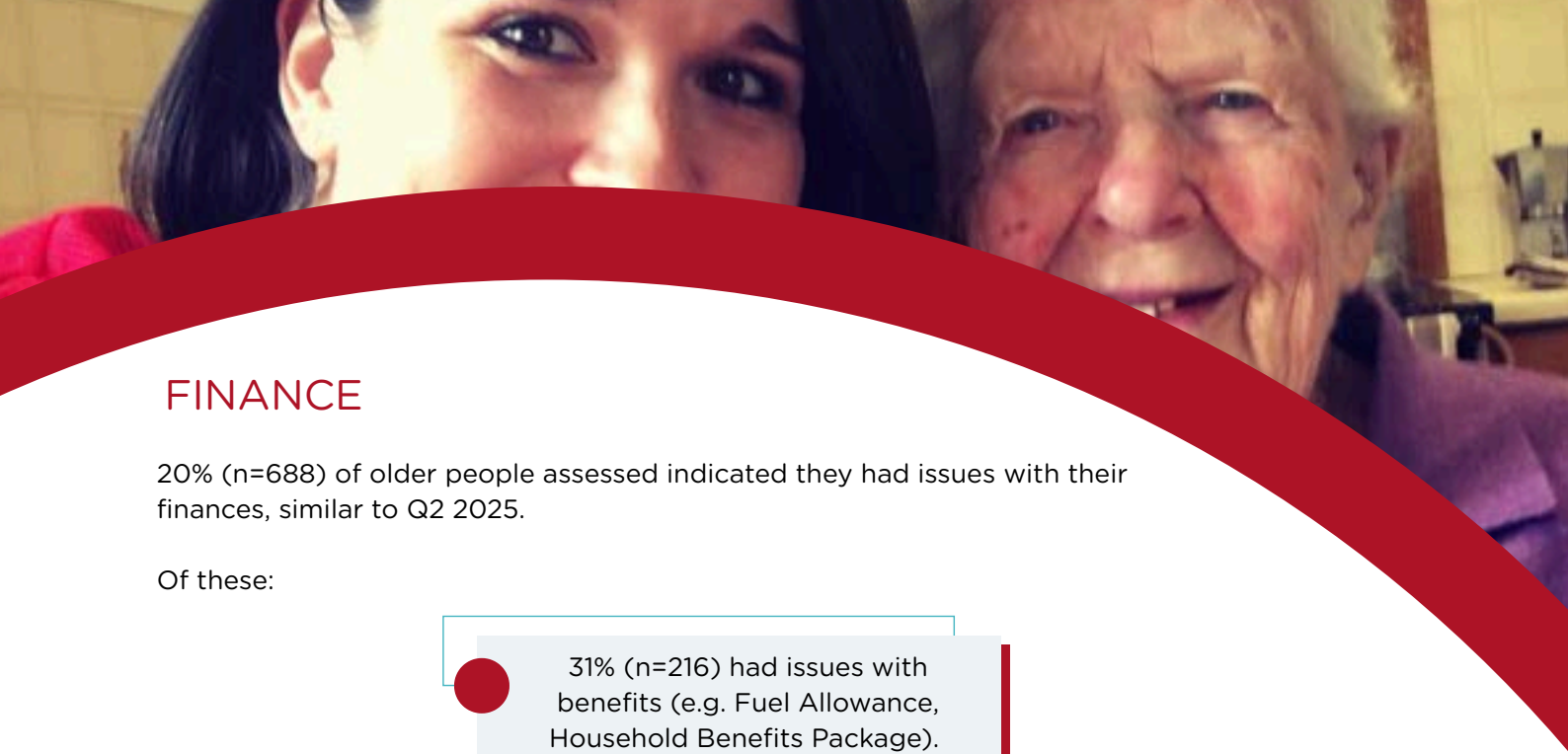
18% (n=119) reported bereavement issues.



40% (n=267) indicated that they had visited a GP, nurse, or medical practitioner.



Of these, 77% (n=206) were prescribed medication, with a small proportion (n=12) reporting they forget to take it.



FINANCE

20% (n=688) of older people assessed indicated they had issues with their finances, similar to Q2 2025.

Of these:

- 31% (n=216) had issues with benefits (e.g. Fuel Allowance, Household Benefits Package).
- 25% (n=172) had issues with entitlements (e.g. Living Alone Allowance, pension).

SAFEGUARDING

18 older people assessed indicated they were at risk of abuse, similar to last quarter. Figure 3 presents safeguarding issues by type:

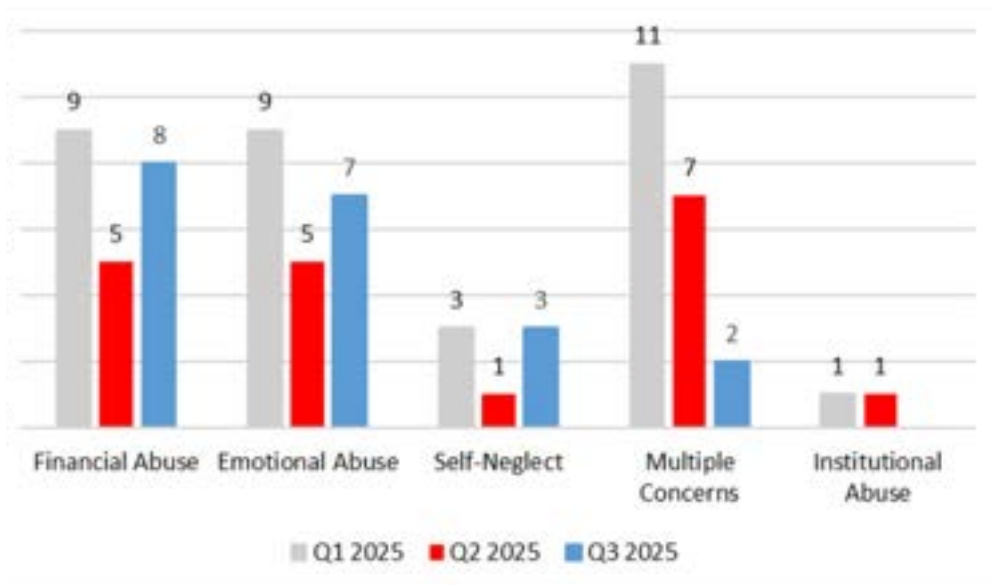


Figure 3 : Safeguarding Issues by Type, Q1 2025 v Q2 2025 v Q3 2025



MONITORING DELIVERY

DRIVEN BY THE NEEDS OF OLDER PEOPLE

A key strength of the ALONE model is its ability to deliver holistic support plans that consider the overall needs of each older person. This comprehensive approach is reflected in the diverse range of interventions provided, each designed to address the complex and interconnected aspects of older people's wellbeing.

In Q3 2025, ALONE provided a total of 13,825 new support interventions (Figure 4) to 4,226 older people engaged with ALONE services, averaging 3.3 interventions per person, consistent with the previous quarter. The data show a marked increase in social prescribing interventions, alongside a rise in support & befriending interventions.

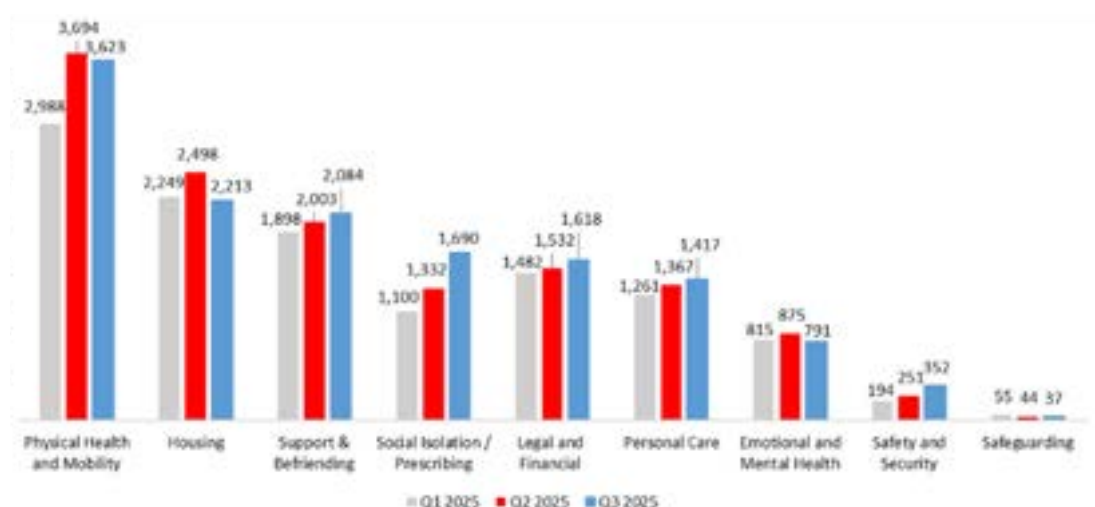
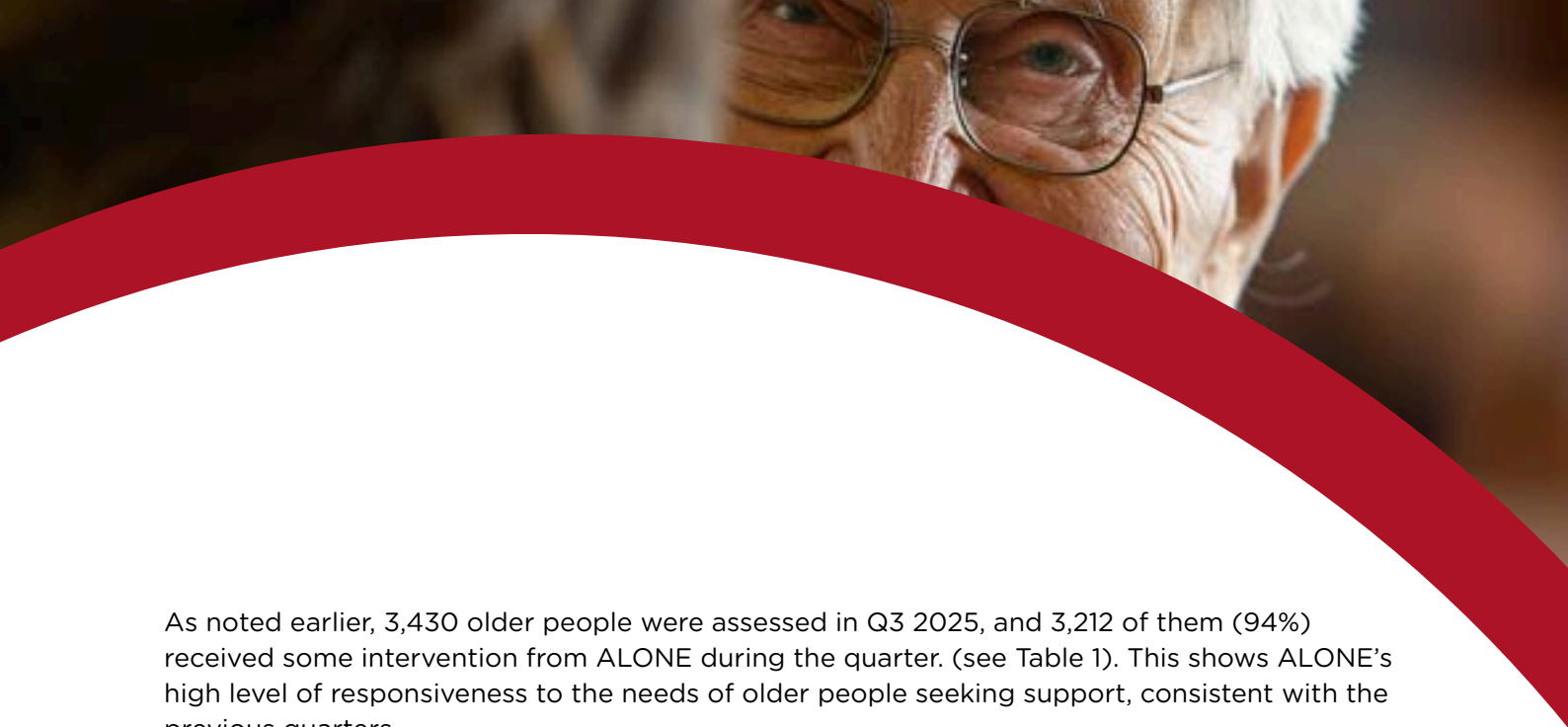


Figure 4: Interventions by type, Q1 2025 v Q2 2025 v Q3 2025



As noted earlier, 3,430 older people were assessed in Q3 2025, and 3,212 of them (94%) received some intervention from ALONE during the quarter. (see Table 1). This shows ALONE’s high level of responsiveness to the needs of older people seeking support, consistent with the previous quarters.

Area of Need	Q1 2025			Q2 2025			Q3 2025		
	No. Assessed	Interv. Rec'd	%	No. Assessed	Interv. Rec'd	%	No. Assessed	Interv. Rec'd	%
Physical Health	1,623	1,565	96	1,876	1,825	97	2,045	1,959	96
Loneliness	1,351	1,322	98	1,429	1,406	98	1,537	1,501	98
Mobility	1,119	1,083	97	1,249	1,215	97	1,312	1,251	95
Housing Issues	1,086	1,063	98	1,146	1,128	98	1,204	1,182	98
Personal Care	844	817	97	973	952	98	1,085	1,054	97
Social Prescribing	757	746	99	894	887	99	1,093	1,074	98
Mental Health	687	660	96	743	716	96	662	624	94
Finance	628	617	98	658	655	100	688	681	99
Safeguarding	27	27	100	17	17	100	18	18	100
Total Assessed	2,903	2,727	94	3,085	2,926	95	3,430	3,212	94

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 v Q3 2025

ALONE's model is built to be flexible, recognising that older people may need different types of support based on their personal situations. As shown in Table 2, this approach reflects ALONE's dedication to providing tailored support plans that meet a variety of needs. Similar patterns in issues presented and interventions delivered were seen in the previous quarters, showing a consistent approach that helps improve wellbeing and quality of life for older people.

Presenting Issue →	Physical Health	Loneliness	Mobility	Housing Issues	Personal Care	Social Prescribing	Mental Health	Finance	Safeguarding
Intervention ↓									
Physical Health and Mobility	2,729	1,017	1,952	1,315	1,238	950	544	692	18
Housing	1,241	654	794	1,721	776	576	422	663	24
Support & Befriending	943	1,748	640	533	537	709	400	290	6
Legal and Financial	796	460	505	649	477	417	285	1,134	4
Personal Care	990	583	585	594	1,113	501	320	344	22
Social Isolation / Prescribing	895	853	564	515	547	1,378	350	283	9
Emotional and Mental Health	543	414	269	266	284	350	531	185	5
Safety and Security	232	137	149	296	144	130	70	96	4
Safeguarding	20	15	13	19	13	10	8	11	33
Total No. of People*	1,959	1,501	1,251	1,182	1,054	1,074	624	681	18
Total No. of Interventions**	8,389	5,881	5,471	5,908	5,129	5,021	2,930	3,698	125

Table 2: No. of Individuals Assessed by Presenting Issue and Intervention Provided, Q3 2025

Note: *This Total refers to the number of people who were assessed in Q3 2025, identified a particular need and received an intervention.

**This is the total of all interventions received by people assessed in Q3 2025 for a particular need.

The total no. of people and total no. of interventions figures are not unique counts. Individuals may have multiple needs and receive multiple types of interventions, leading to overlaps across categories. This means that the total number of people supported or total interventions provided in Q3 2025 do not add up to the overall Q3 2025 totals.

CRITICAL LINK BETWEEN OLDER PEOPLE AND SERVICES

A key part of ALONE's model is building strong connections and collaboration with community and health partners to meet growing demand. ALONE's services are designed to bridge the gap between different agencies and supports. This positions ALONE as a vital link in the continuum of care. As Table 3 shows, 71% of referrals to ALONE in Q3 2025 were from external agencies, similar to the previous quarters. During this time, public referrals fell slightly, while self-referrals increased.

Referral Type	Q1 2025		Q2 2025		Q3 2025	
	No.*	%	No.*	%	No.*	%
External Agency	2,763	69	2,998	71	3,177	71
Internal Referral	301	8	213	5	306	7
Public (Friend/Family)	568	14	532	13	486	11
Self	685	17	770	18	800	18
Total	3,994		4,205		4,453	

Table 3: Referral Type, No., %, Q1 2025 v Q2 2025 v Q3 2025

Note: *This is the number of people referred through the specific pathway. An individual person may be referred through more than one referral, therefore there may be overlap across all referral pathways. 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 2,574 individuals were referred to ALONE by named External Agencies in Q3 2025. Table 4 highlights ALONE's strong partnerships within the ECC programme and its role as a key provider of coordinated, holistic care for older people. The table also shows that the top referral agencies remained largely consistent with those in the previous quarters, reflecting consistent collaboration.

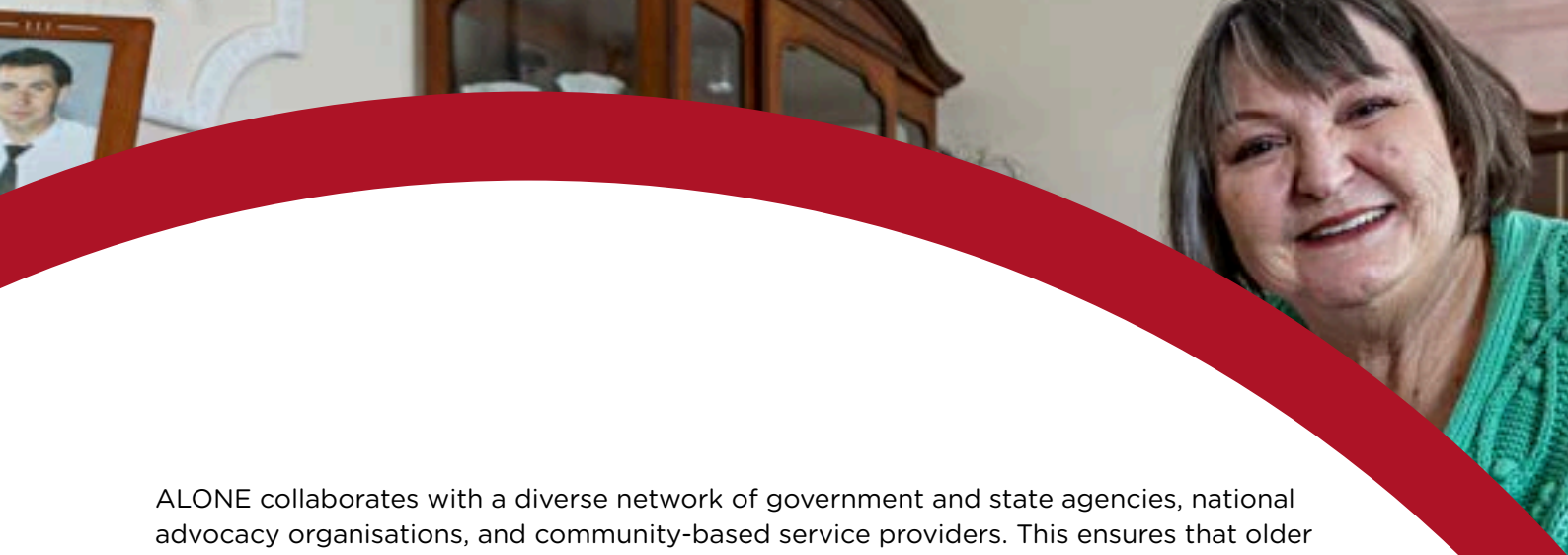
External Referral Agency	Q1 2025		Q2 2025		Q3 2025	
	No.	%	No.	%	No.	%
Community Care Professionals	839	35	860	36	867	34
Hospital	673	28	702	29	797	31
HSE (non-specified)	406	17	529	22	533	21
ICPOP	137	6	159	7	201	8
Charitable Organisations / NGO	111	5	119	5	144	6
Mental Health Service	47	2	63	3	59	2
Safeguarding	8	0.3	10	0.4	8	0.3
Other	165	7	185	8	177	7

Table 4: External Referral Agencies, Q1 2025 v Q2 2025 v Q3 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 Prescribers, PHNs, GPs, and 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 Q3 2025, 6,421 interventions relied on ALONE’s partnerships, accounting for 47% of all interventions, similar to previous quarters. These partnerships were instrumental in supporting older people across a range of critical areas. As shown in Table 5, the largest share of partner-supported interventions is related to social supports (25%) and physical health (24%), together making up almost half of all partnership activity. This is similar to last quarter.

Partner Supports	Q1 2025		Q2 2025		Q3 2025	
	No.	%	No.	%	No.	%
Staying connected with Social Supports	1,214	23	1,407	23	1,631	25
Getting Support for Physical Health	1,378	26	1,439	24	1,535	24
Getting Help from Government Services	1,110	21	1,251	21	1,402	22
Support from Charities and Nonprofits	375	7	480	8	437	7
Accessing Financial Supports	332	6	351	6	322	5
Advocate for Physical Health Supports	268	5	295	5	294	5
Accessing Personal Care Supports	261	5	286	5	238	4
Transport Support	88	2	166	3	212	3
Housing Support	211	4	219	4	208	3
Getting Legal Advice or Support	82	2	91	1	73	1
Support for Mental Health and Wellbeing	76	1	89	1	69	1

Table 5: Partner Supports, No. and % of Interventions, Q1 2025 v Q2 2025 v Q3 2025



MAXIMISING THE IMPACT: THE FINANCIAL AND SOCIAL VALUE OF VOLUNTEERS

Volunteers remain at the heart of ALONE's work, helping older people access practical support and meaningful social connection. Their time and commitment greatly increase ALONE's ability to reach and support people, far beyond what could be achieved through funding alone. While their work represents a significant financial value, the greatest impact comes from the friendships built, the reduction of loneliness, and the sense of community they create. Through their efforts, volunteers help ALONE deliver services that are efficient, caring and personal.

By the end of September:

9,257 volunteers had engaged with ALONE.

3,499 older people contacted the NSRL.

In Q3 2025:

27,340 Visitation Support & Befriending visits were conducted.

50,123 Telephone Support & Befriending calls were conducted.

2,605 check-in calls were conducted with older people to ensure their wellbeing.

5,308 calls were made to the NSRL (loneliness was the most common theme discussed).

66,368 hours of support were contributed by volunteers, valued between €895,968 (National Minimum Wage) and €2.1 million (Average Hourly Earnings).

HEALTH REGIONS⁸

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+ and the number of older people supported by ALONE across each region. This includes those newly supported, receiving ongoing support⁹, and the total supported in the year to date¹⁰(YTD) as of Q3 2025. These figures are benchmarked against the estimated population aged 65+ in each region. For example, the 1,143 newly supported in the HSE West and Northwest region represent around 0.9% of that region's population aged 65+.

As shown in the table below, ALONE continues to have a strong presence in the HSE West and North West region, which again accounts for the largest share of older people newly supported (n=1,143), in receipt of ongoing support (n=3,467) and supported YTD (n=5,260).

REGIONAL COMPARISONS

	Population (Census 2022)	Proportion of people aged 65+ years (%)	Estd. Populatio n aged 65+	Newly supporte d by ALONE Q3*	In receipt of ongoing ALONE support Q3*	Total supported YTD
National Average	5,149,139	15.1	781,300	4,454 (0.6%)	13,310 (1.7%)	20,205 (2.6%)
HSE West and North West	759,652	16.5	125,343	1,143 (0.9%)	3,467 (2.8%)	5,260 (4.2%)
HSE Dublin and North East	1,187,082	13.1	155,508	841 (0.5%)	2,516 (1.6%)	3,660 (2.4%)
HSE Dublin and Midlands	1,077,639	13.2	142,248	702 (0.5%)	2,087 (1.5%)	3,375 (2.4%)
HSE Midwest	413,059	16.5	68,155	368 (0.5%)	852 (1.3%)	1,487 (2.2%)
HSE Dublin and South East	971,093	16.4	159,259	610 (0.4%)	2,034 (1.3%)	3,045 (1.9%)
HSE South West	740,614	16.1	119,239	790 (0.7%)	2,354 (2%)	3,378 (2.8%)

Table 6: Regional population distribution, Census 2022 and older people supported by ALONE in Q3 2025.


Note: Percentages shown in the table are calculated in relation to the estd. population aged 65+ in each region.

*These figures are related and overlap. "Newly supported" refers to individuals who began receiving new supports during Q3, including those already active who started an additional one (see Appendix 1 for detailed definition). "In receipt of ongoing ALONE support" covers people supported before Q3 who continued through the period. As individuals can appear in both, these groups are not mutually exclusive and should not be added together.

⁸ <https://www.hse.ie/eng/about/who/healthwellbeing/knowledge-management/population-profiling-maps.html>

⁹ This refers to older people already engaged with ALONE before Q3 2025 who remained active on ALONE's CRM during the period.

¹⁰ This reflects total number of older people active on ALONE's CRM as of Q3 2025.



A brief overview of the support provided within each health region is outlined in the following section.

Key observations include:

Physical health needs remained prominent across all health regions, highlighting the ongoing health challenges faced by older people. They were high in regions with a relatively older population, where over 71% of the newly supported were aged 76 or older.

Loneliness continued to be a key concern in HSE Dublin and Midlands and HSE Dublin and North East regions. These regions have a relatively younger profile, with about 33% of the newly supported individuals under the age of 76.

In the HSE Midwest, personal care emerged as the second most prominent concern, with a greater need for nutritional support.

Engagement was higher among people aged 76–85 in the western regions (HSE West and Northwest, HSE Midwest, and HSE Southwest), where this age group made up a share three percentage points above the overall average. This may be linked to a greater need for services.

Across all regions, there was a higher proportion of female engagement, although HSE West and North West showed a smaller gender gap, with a comparatively higher proportion of male engagement than other regions.

In five of the six health regions, more than 60% of interventions were successfully completed, meaning the planned outcomes were achieved. HSE Southwest was slightly below this level. Overall, this shows strong service delivery and effectiveness in meeting older people's needs.

HSE WEST AND NORTH WEST

This region contributed to:

26% (n=1,143) of all older people newly supported with services.

26% (n= 3,467) of all older people in receipt of ongoing support.

26% (n=5,260) of all older people supported year to date (as of Q3 2025).

24% (n=808) of all older people assessed.

In this region:

56% were female, and 44% were male, varying from the overall trend of 61% female and 39% male.

46% of older people newly supported were aged between 76-85, closing matching the overall trend.

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

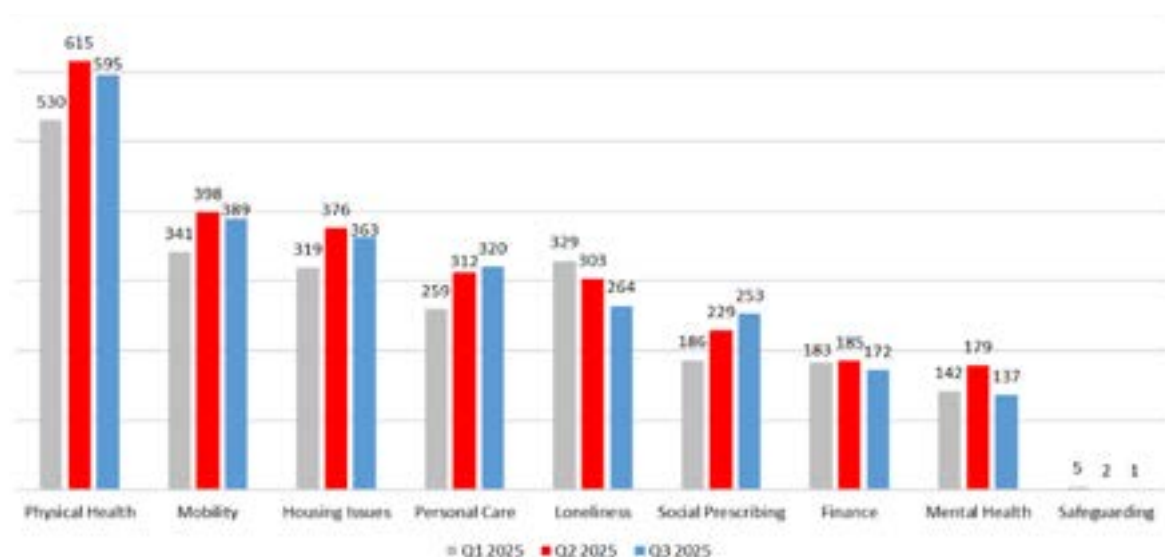
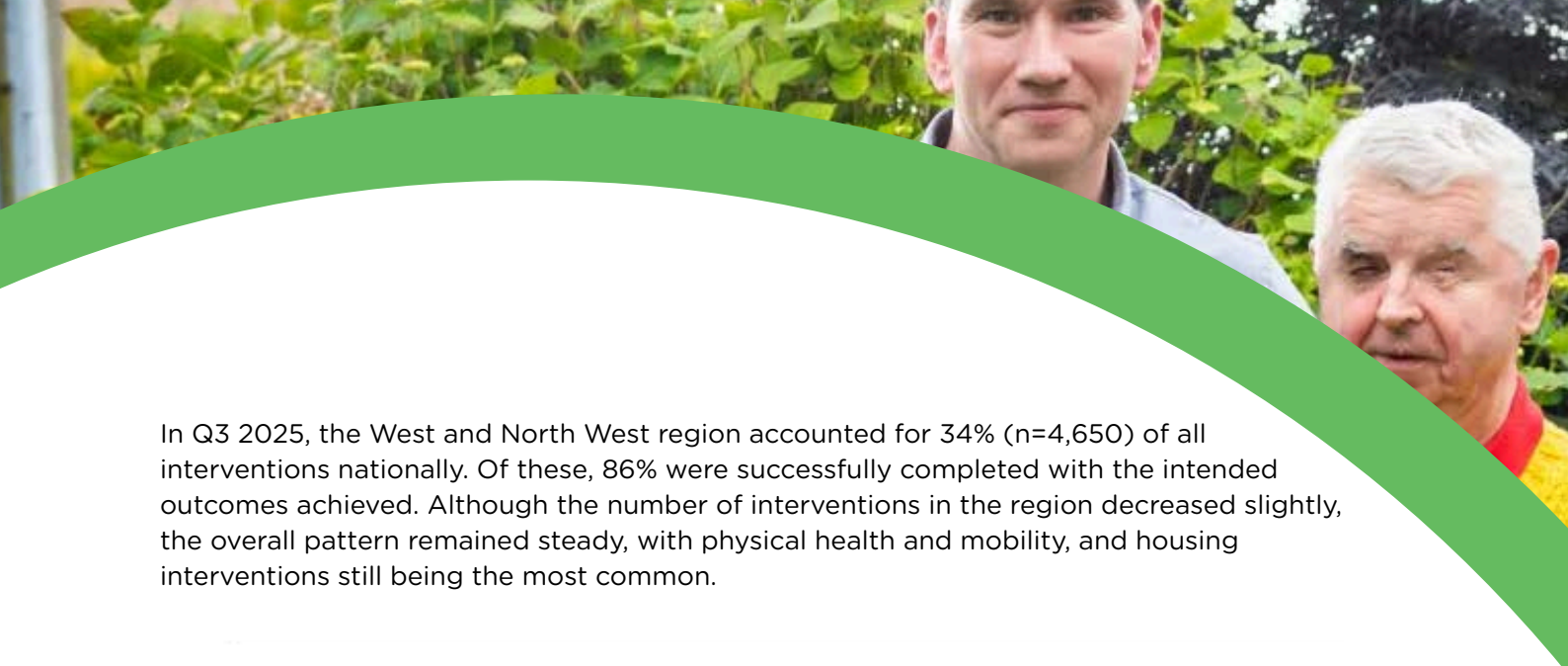


Figure 5: Issues Presenting in Assessments, HSE West and North West, Q1 2025 v Q2 2025 v Q3 2025



In Q3 2025, the West and North West region accounted for 34% (n=4,650) of all interventions nationally. Of these, 86% were successfully completed with the intended outcomes achieved. Although the number of interventions in the region decreased slightly, the overall pattern remained steady, with physical health and mobility, and housing interventions still being the most common.

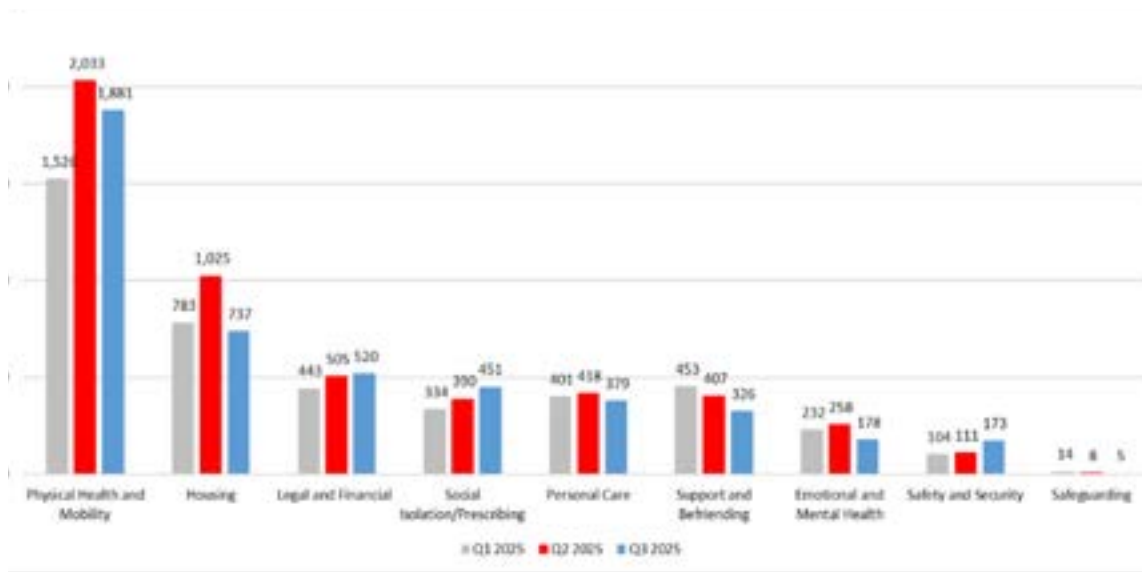


Figure 6: Interventions by Type, HSE West and North West, Q1 2025 v Q2 2025 v Q3 2025

This region also accounted for:

- 19% (n=1,739) of all volunteers engaged with ALONE.
- 21% (n=10,557) of all Telephone Support & Befriending calls.
- 21% (n=5,864) of all Visitation Support & Befriending visits.
- 21% (n=14,208) of all hours contributed by ALONE volunteers.

HSE DUBLIN AND NORTH EAST

This region contributed to:

19% (n=841) of all older people newly supported with services.

19% (n=2,516) of all older people in receipt of ongoing support.

18% (n=3,660) of all older people supported in the year to date (as of Q3 2025).

22% (n=741) of all older people assessed.

In this region:

63% were female, and 37% were male, consistent with the overall trend.

32% of newly supported older people were under the age of 76, which is three percentage points higher than the overall average. This shows a relatively younger age profile.

As the chart below shows, loneliness, social prescribing and physical health were the top needs for older people in this region. Notably, social prescribing rose to become the second most common need this quarter, shifting from last quarter when physical health was the second greatest concern.

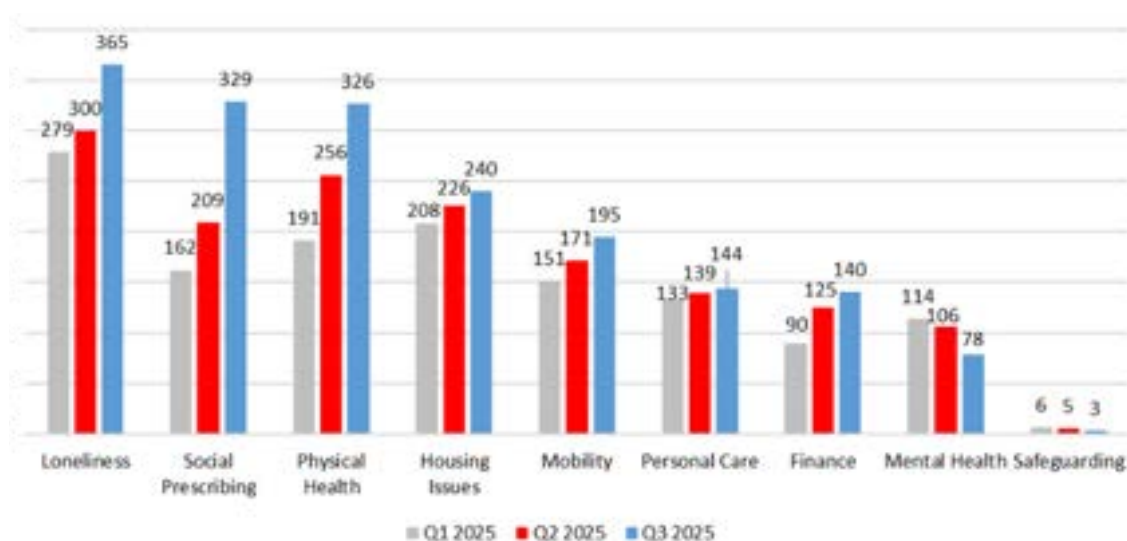


Figure 7: Issues Presenting in Assessments, HSE Dublin and North East, Q1 2025 v Q2 2025 v Q3 2025

In Q3 2025, the Dublin and North East region accounted for 21% (n=2,963) of all interventions nationally. Of these, 82% were successfully completed with the intended outcomes achieved. As the chart shows, social prescribing and physical health and mobility interventions increased sharply in Q3 compared with previous quarters, and support & befriending also rose. This aligns with the rise in loneliness, social prescribing needs, and physical health needs seen in the assessments.

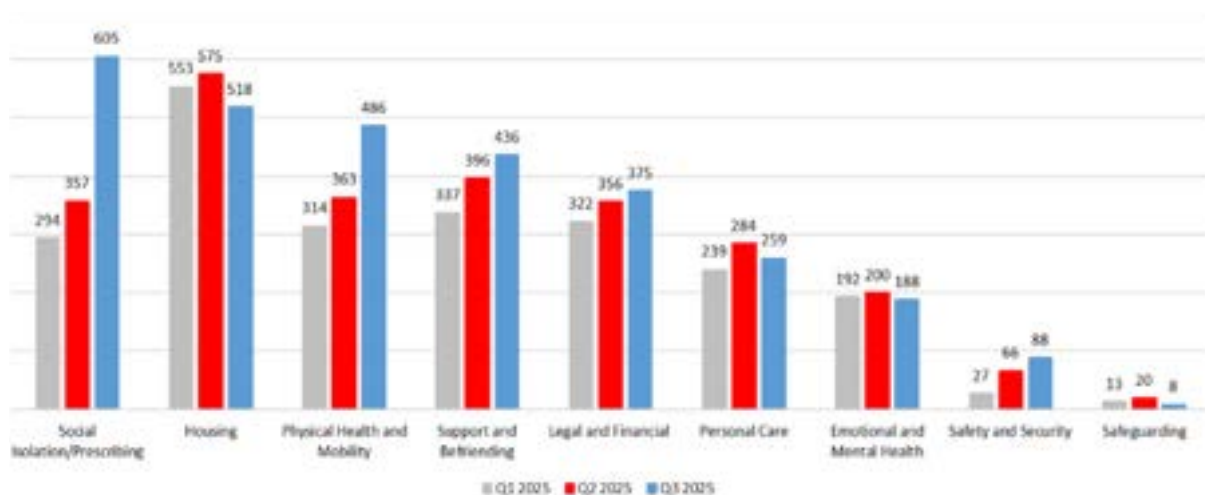


Figure 8: Interventions by Type, HSE Dublin and North East, Q1 2025 v Q2 2025 v Q3 2025

This region also accounted for:



23% (n=2,085) of all volunteers engaged with ALONE.



23% (n=6,344) of all Visitation Support & Befriending visits.



28% (n=14,224) of all Telephone Support & Befriending calls.



24% (n=15,632) of all hours contributed by ALONE volunteers.

HSE DUBLIN AND MIDLANDS

This region contributed to:

16% (n=702) of all older people newly supported with services.

15% (n=2,087) of all older people in receipt of ongoing support.

17% (n=3,375) of all older people supported in the year to date (as of Q3 2025).

17% (n=596) of all older people assessed.

In this region:

62% were female, and 38% were male, consistent with the overall trend.

33% of newly supported older people were under the age of 76, which is four percentage points higher than the overall average. This shows a relatively younger age profile.

As the chart below shows, loneliness, physical health and mobility were the top needs for older people in this region, with loneliness overtaking physical health as the most common concern in this quarter.

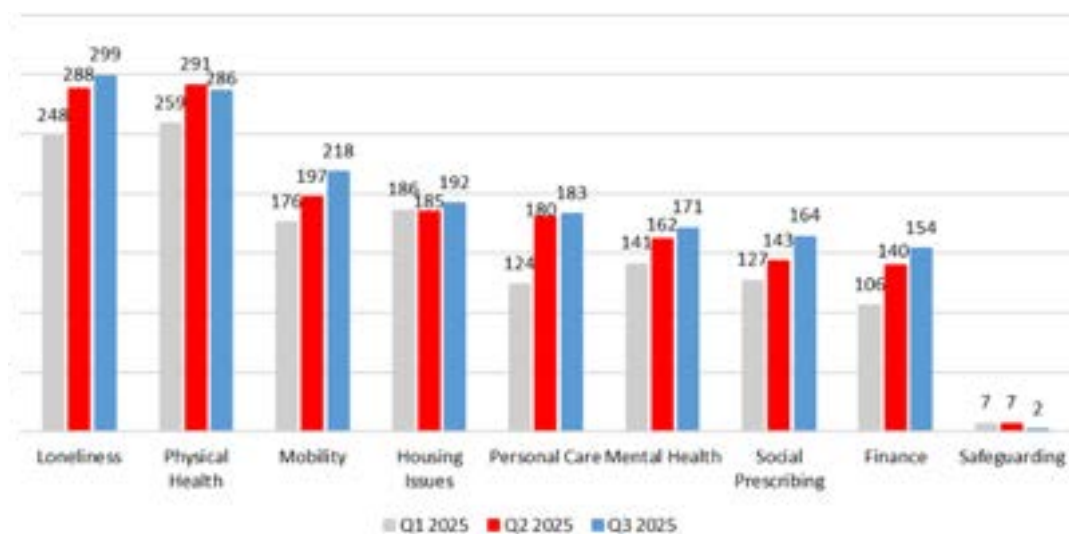


Figure 9: Issues Presenting in Assessments, HSE Dublin and Midlands, Q1 2025 v Q2 2025 v Q3 2025



In Q3 2025, the Dublin and Midlands region accounted for 17% (n=2,343) of all interventions nationally. Of these, 67% were successfully completed with the intended outcomes achieved. Similar to previous quarters, support & befriending, housing, and most other interventions increased. However, legal and financial supports rose sharply, while physical health and mobility interventions decreased.

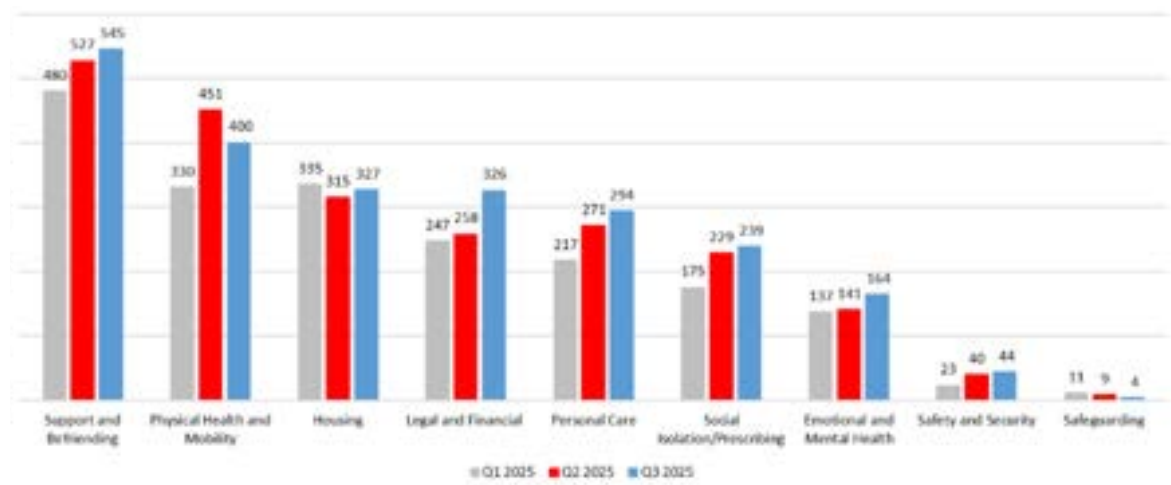


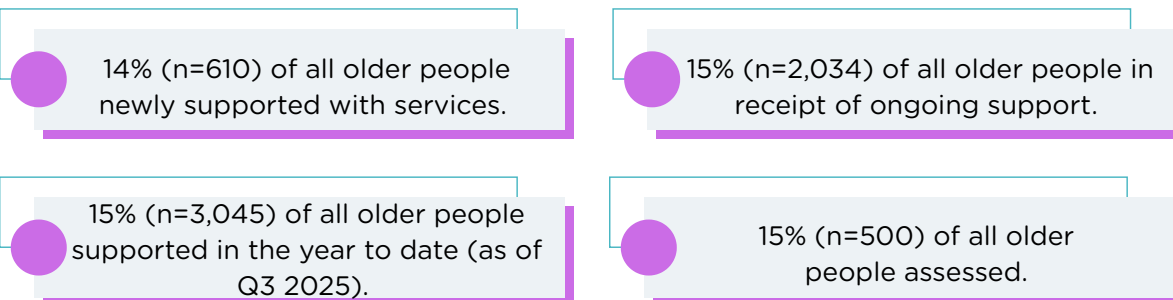
Figure 10: Interventions by Type, HSE Dublin and Midlands, Q1 2025 v Q2 2025 v Q3 2025

This region also accounted for:

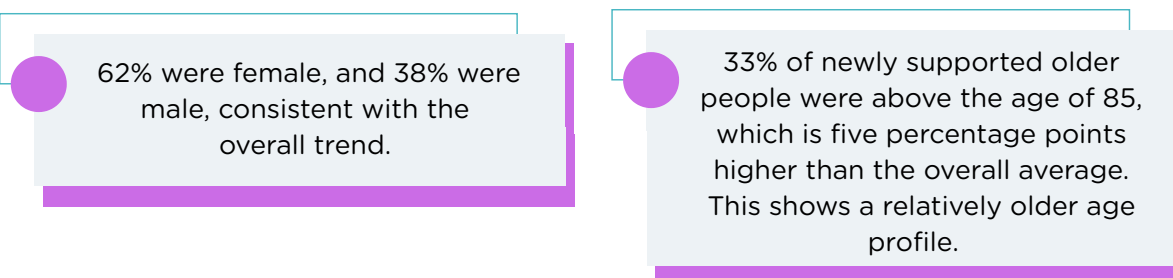
- 19% (n=1,724) of all volunteers engaged with ALONE.
- 19% (n=5,208) of all Visitation Support & Befriending visits.
- 18% (n=9,128) of all Telephone Support & Befriending calls.
- 19% (n=12,832) of all hours contributed by ALONE volunteers.

HSE DUBLIN AND SOUTH EAST

This region contributed to:



In this region:



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

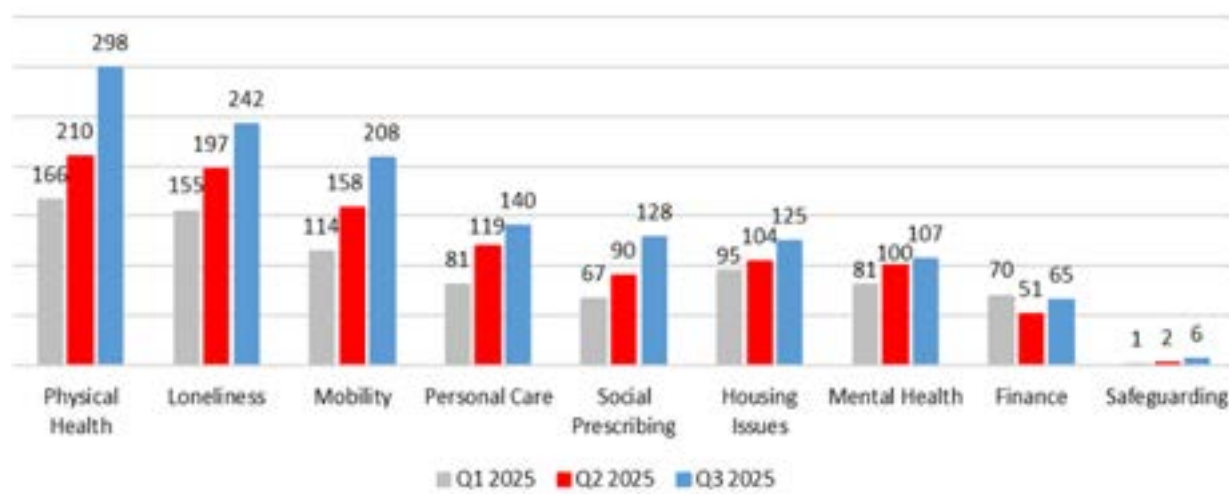


Figure 11: Issues Presenting in Assessments, HSE Dublin and South East, Q1 2025 v Q2 2025 v Q3 2025

In Q3 2025, the Dublin and South East region accounted for 10% (n=1,345) of all interventions nationally. Of these, 67% were successfully completed with the intended outcomes achieved. Interventions went up across most areas in Q3, with the biggest rises in support & befriending, physical health and mobility, housing, and social prescribing.

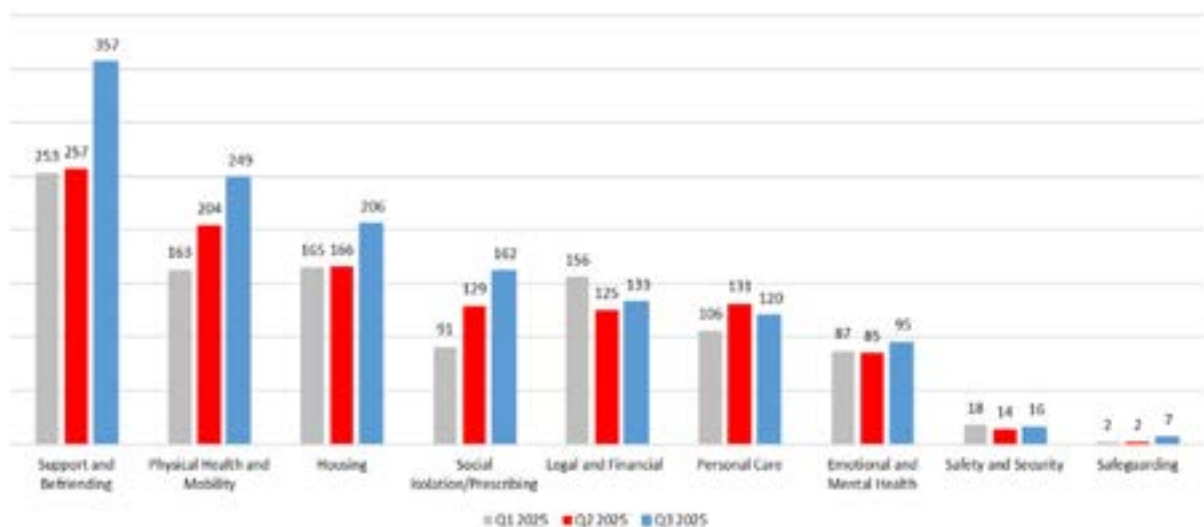


Figure 12: Interventions by Type, HSE Dublin and South East, Q1 2025 v Q2 2025 v Q3 2025

This region also accounted for:

18% (n=1,690) of all volunteers engaged with ALONE.

17% (n=4,652) of all Visitation Support & Befriending visits.

14% (n=7,226) of all Telephone Support & Befriending calls.

17% (n=11,224) of all hours contributed by ALONE volunteers.

HSE MIDWEST

This region contributed to:

8% (n=368) of all older people newly supported with services.

6% (n=852) of all older people in receipt of ongoing support.

7% (n=1,487) of all older people supported in the year to date (as of Q3 2025).

7% (n=216) of all older people assessed.

In this region:

65% were female, and 35% were male, varying from the overall trend of 62% female and 38% male.

46% of the newly supported older people were aged between 76-85 years, closely matching the overall trend.

As the chart below shows, physical health, personal care and loneliness were the top needs for older people in this region. This marks a change from previous quarters, when mobility challenges were amongst the top three needs.

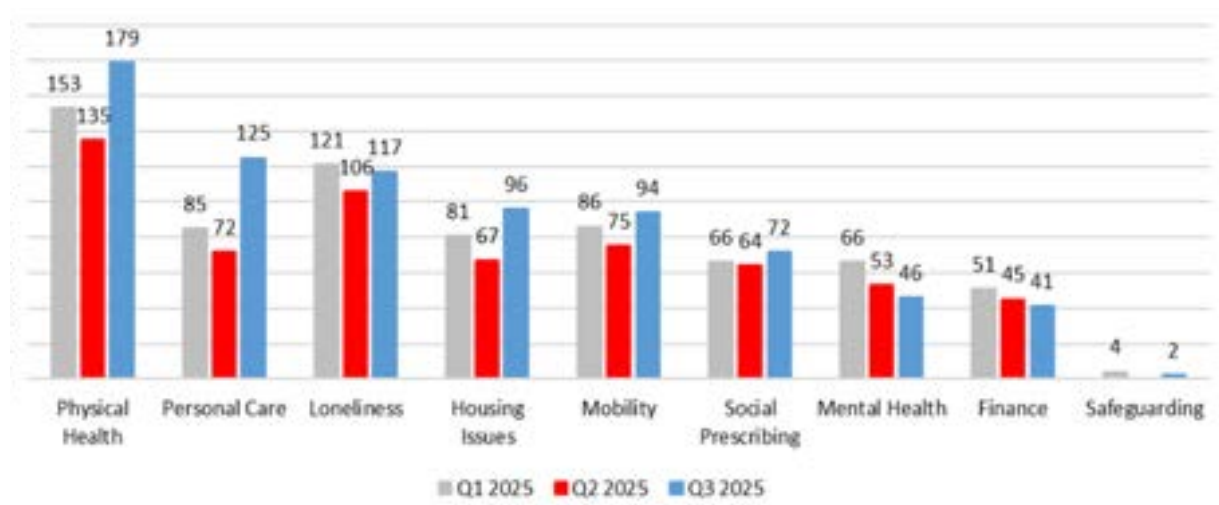


Figure 13: Issues Presenting in Assessments, HSE Midwest, Q1 2025 v Q2 2025 v Q3 2025

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. The chart shows that physical health and mobility, personal care, and housing interventions rose sharply. Notably, personal care became the second most common intervention in Q3, moving ahead of support & befriending, housing, and legal and financial interventions. This increase reflects the rise in personal care needs seen in assessments.

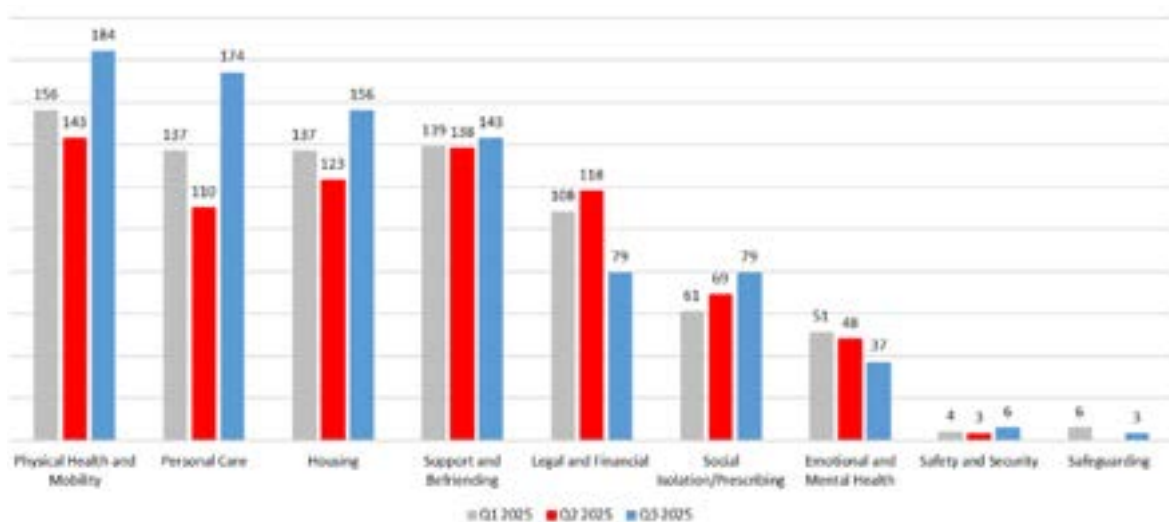


Figure 14: Interventions by Type, HSE Midwest, Q1 2025 v Q2 2025 v Q3 2025

This region also accounted for:

7% (n=689) of all volunteers engaged with ALONE.

9% (n=2,340) of all Visitation Support & Befriending visits.

6% (n=3,002) of all Telephone Support & Befriending calls.

8% (n=5,416) of all hours contributed by ALONE volunteers.

HSE SOUTH WEST

This region contributed to:



18% (n=790) of all older people newly supported with services.



18% (n=2,354) of all older people in receipt of ongoing support.



17% (n=3,378) of all older people supported in the year to date (as of Q3 2025).



15% (n=519) of all older people assessed.

In this region:



63% were female, and 37% were male, consistent with the overall trend.



44% of the newly supported older people were aged between 76-85 years, and 27% were aged over 85, closely matching the overall trend.

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

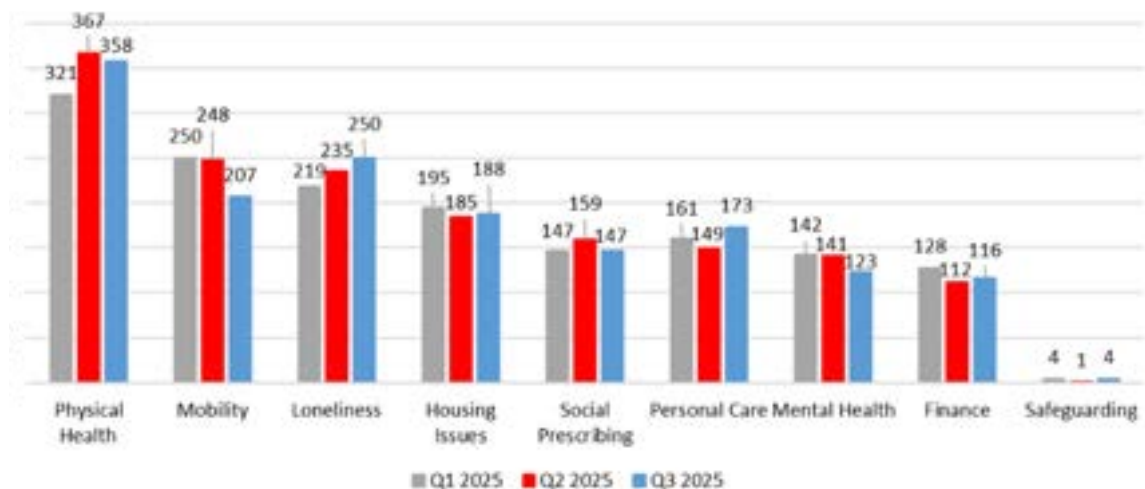
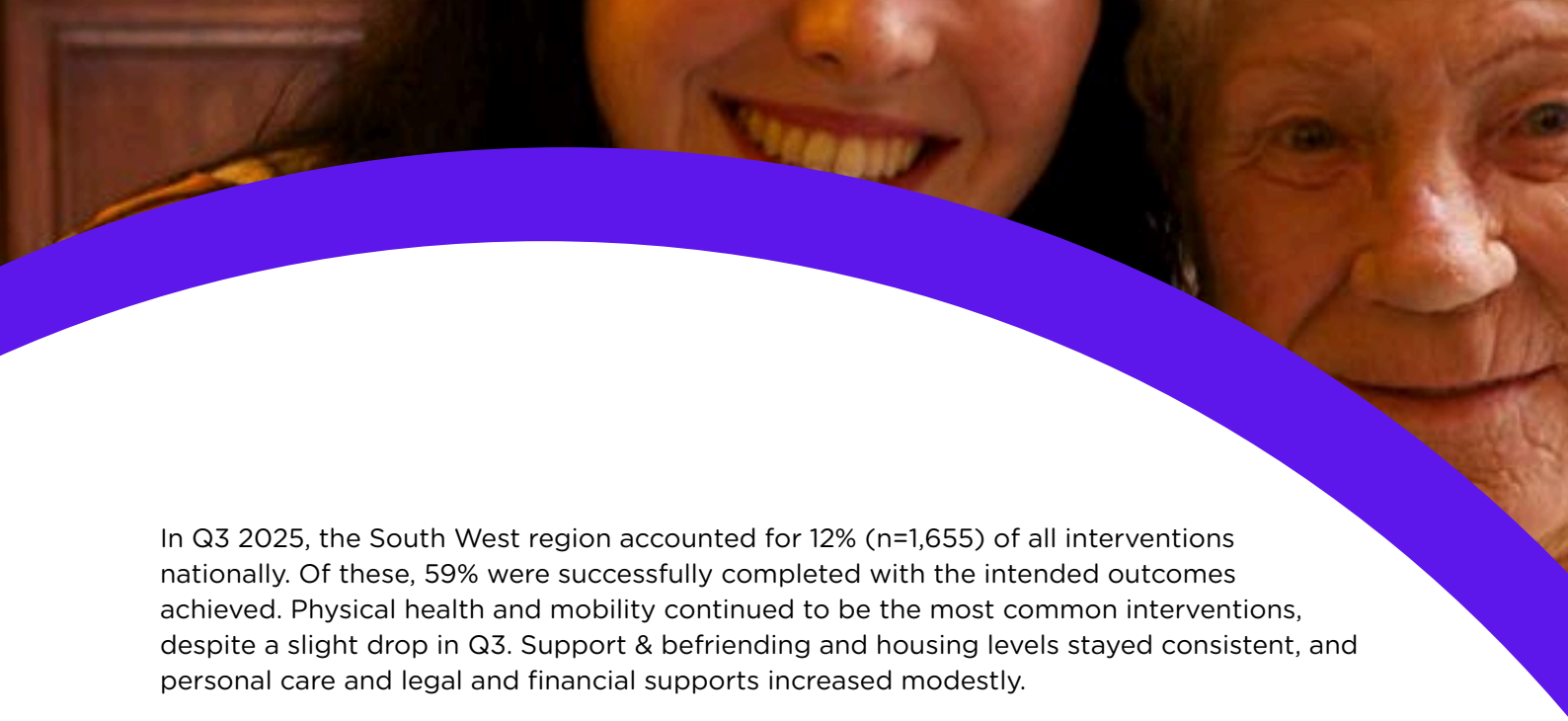


Figure 15: Issues Presenting in Assessments, HSE South West, Q1 2025 v Q2 2025 v Q3 2025



In Q3 2025, the South West region accounted for 12% (n=1,655) of all interventions nationally. Of these, 59% were successfully completed with the intended outcomes achieved. Physical health and mobility continued to be the most common interventions, despite a slight drop in Q3. Support & befriending and housing levels stayed consistent, and personal care and legal and financial supports increased modestly.

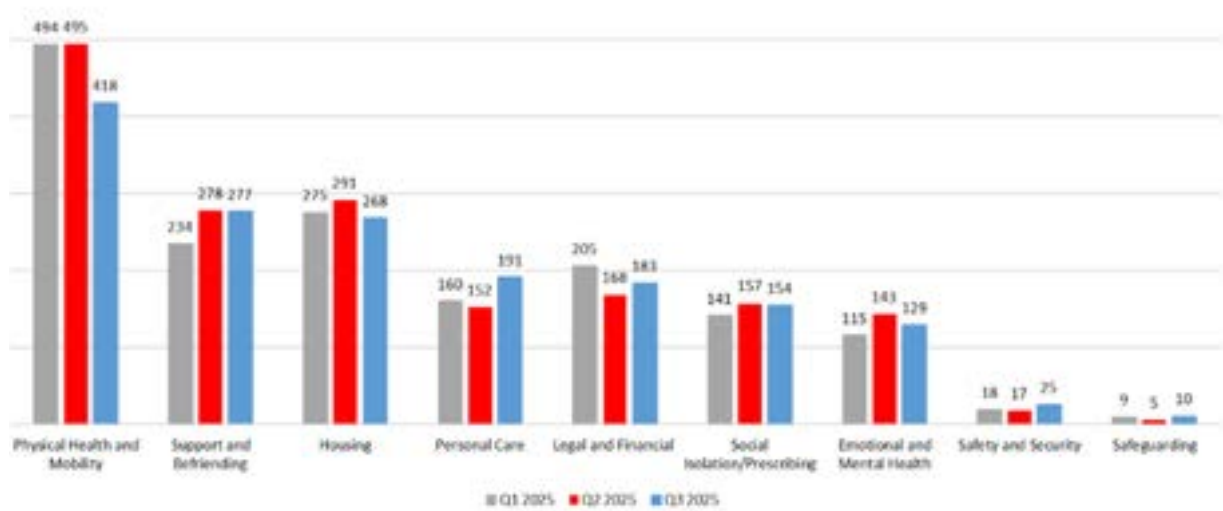


Figure 16: Interventions by Type, HSE South West, Q1 2025 v Q2 2025 v Q3 2025

This region also accounted for:

14% (n=1,252) of all volunteers engaged with ALONE.

11% (n=2,932) of all Visitation Support & Befriending visits.

12% (n=5,986) of all Telephone Support & Befriending calls.

11% (n=7,056) of all hours contributed by ALONE volunteers.



ENHANCING ECC DELIVERY

COMMUNITY IMPACT NETWORK (CIN)

The CIN is a national network set up by ALONE focused on building collective leadership and capacity of community organisations to improve older people's wellbeing.

During Q3 2025, membership grew to 182 organisations, supporting 45,164 older people nationally.

Key activities this quarter included:

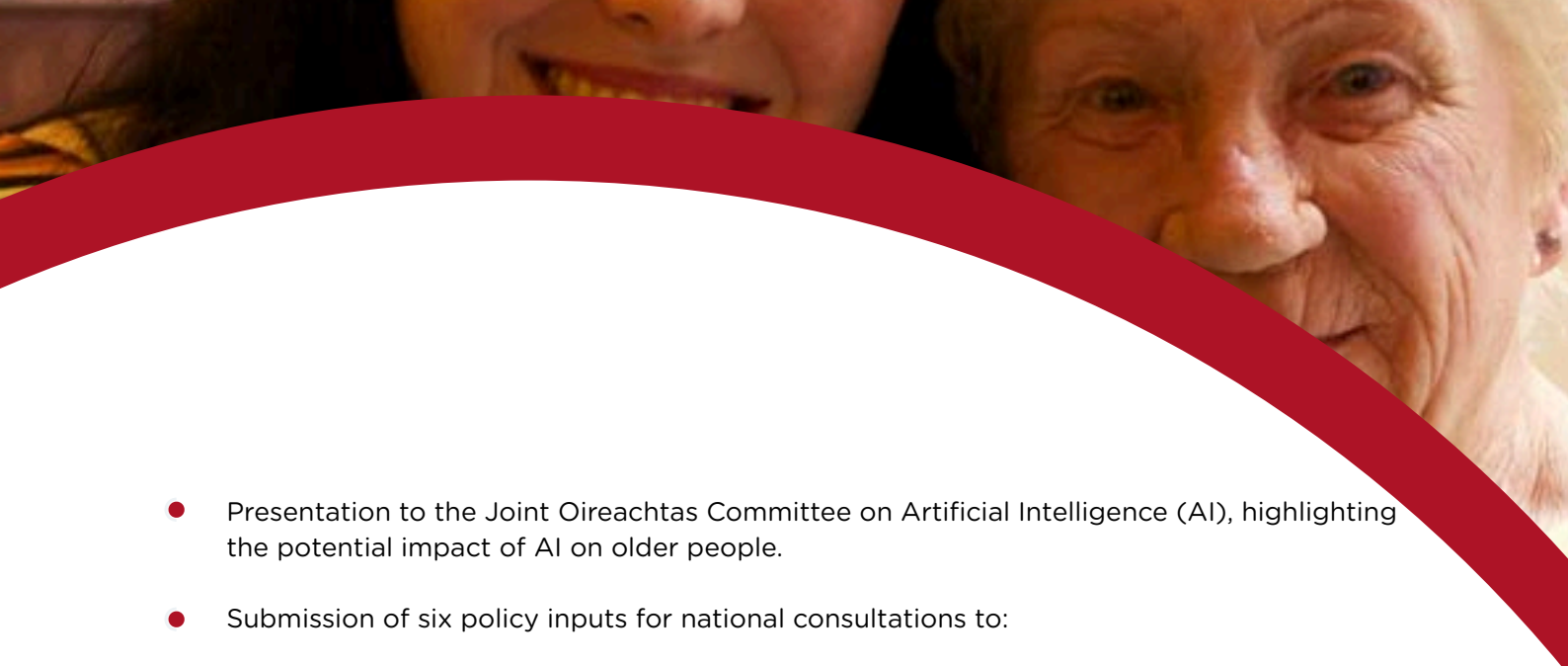
- Delivering 16 tailored training sessions and engaging with 37 organisations to help community groups build capacity to meet increasing demand.
- Developing a staff version of the successful 'Energy Training: Saving Energy by Understanding Your Bills' programme. This will support a train-the-trainer approach, increasing capacity to deliver the training more widely.
- Training 594 digital champions through 'Hi-Digital' Programme in Q3 (supported by Vodafone). Over 50 Expo events held in Sligo and Cork, engaging hundreds of older people and potential partners, thus increasing visibility, community engagement and volunteer interest.

RESEARCH, EVALUATION, AND POLICY

ALONE continues to promote evidence-based practice through regular service evaluation, data-driven planning and policy development.

Key milestones in Q3 2025 included:

- Publication of the Older Person's Survey 2025, which gathered feedback from older people engaging with ALONE to guide future service improvements.
- Presentation at the HSE Integrated Healthcare Conference, strengthening links with key local and regional partners central to the ECC model.
- Publication of a joint Budget paper with Social Justice Ireland, 'Policy Options to Support Ageing Well at Home', outlining costed policy solutions to support older people with health needs.
- Participation in the Department for Social Protection's Pre-Budget Forum, where ALONE engaged directly with policymakers on our Budget 2026 proposals.
- Presentation to the Joint Oireachtas Committee on Social Protection, Rural and Community Development, sharing ALONE's Pre-Budget 2026 asks on behalf of older people across Ireland.

- 
- Presentation to the Joint Oireachtas Committee on Artificial Intelligence (AI), highlighting the potential impact of AI on older people.
 - Submission of six policy inputs for national consultations to:
 - The Department of Climate, Energy and the Environment, which is undertaking a redesign of Ireland's energy efficiency obligation scheme
 - The Department of Rural and Community Development on the new strategy to support the community and voluntary sector
 - A national evaluation of Ireland's response to the COVID-19 pandemic
 - The Department of Housing, Local Government and Heritage, as part of its review of Housing Adaptation Grants
 - The Department of Housing, Local Government and Heritage, for the Review of Exempted Development
 - ALONE CEO Seán Moynihan 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 Q3 2025 include:

- Housing with Support – Richmond Place Demonstrator Project

- During the quarter, Richmond Place reached near full occupancy with 48 out of 52 apartments allocated, 48 tenancies signed, and 58 older people moved in. Resident feedback has been highly positive, with early evidence of the scheme's benefits.

ALONE is exploring opportunities to replicate the model in other locations in

- partnership with the HSE, Local Authorities, AHBs, and private developers, to deliver over 320 adaptable homes across Ireland in clusters of 30-60 units.

- Wellbeing Service Pilot

- The Wellbeing Service is a new initiative aimed at helping older people maintain their functional ability as they age so that they can enjoy more years in good health – supporting them to age well at home.

- This service is being piloted in partnership with Octagon and with support from Helplink and Siel Bleu. Advisory input for this service was provided by chronic disease advocacy groups, including Diabetes Ireland, the Irish Heart Foundation, the Asthma Society of Ireland and COPD Ireland.

- The pilot, due for completion in March 2026, has now onboarded 50 of the 100 participants, with the remainder expected by mid-October. Participants include individuals supported by ALONE, Friends of the Elderly, retired Gardaí and teachers, and members of Active Retirement groups.

- Interim testing has begun and will continue throughout the pilot to assess how the service supports older people's health, wellbeing and independence.



ICT DEVELOPMENTS

During this period, ALONE continued to strengthen its technology systems to make services easier to use, more connected, and more effective across the ECC programme. Key developments included:

- **Simpler access to learning and training:**
A new, more accessible TalentLMS system has been integrated with existing systems, making it easier for staff and CIN partners to complete training and stay up to date with best practice.
- **Improved asset management for assistive technology:**
The Services and ICT teams are working together to improve how devices are delivered and managed, in order to make the process more efficient and responsive to older people's needs.
- **Building ICT capacity:**
A new Technical Lead has joined the ICT team, strengthening ALONE's capacity to deliver and maintain the digital systems that support service delivery



COMMUNICATIONS

Campaigning & Advocacy

Pat Kenny Show - Housing Needs of Older People



Budget Reaction



Camino fundraising



Texts To Older People



ALONE sent 4,000 check in texts to older people in Q3

ALONE media in Q3 2025

Regional Radio: 119

Online: 73

Print: 13



Newsletter Readership



ALONE send newsletters every month to Partners, Staff and Volunteers



CONCLUSION

In Q3 2025, ALONE continued to strengthen its role in supporting older people to live well at home and stay connected to their communities. Across all areas of work, there was steady progress in improving how services are delivered, how partnerships are built, and how older people's voices are represented in national discussions.

The organisation's personalised approach remained at the heart of everything it does. By working closely with community partners, volunteers, and agencies, ALONE has continued to ensure that older people receive practical help, emotional support, and access to the services they need. This collaborative model allows ALONE to respond quickly to changing needs and to provide care that looks at the whole person, not just their immediate challenge.

During the quarter, ALONE also advanced in housing, wellbeing and digital innovation - areas that will shape the future of ageing supports in Ireland. These developments demonstrate how the organisation is preparing for the growing needs of an ageing population while keeping its focus on dignity, independence, and choice.

Overall, Q3 2025 highlights ALONE's ongoing commitment to building a society where every older person feels valued, supported, and connected. Through partnership, innovation, and compassion, ALONE continues to make a real difference in the lives of older people across 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.

¹¹
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.

Newley supported: Number of older people who are in receipt of a new support during the quarter. This includes new, re-engaged or existing service users starting an additional service.

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



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.

CONTACT US :



0818 222 024



hello@alone.ie



www.alone.ie



Olympic House, Pleasants St, Saint
Kevin's, Dublin 8