



ALONE ECC END OF YEAR REPORT - 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 delivering proven supports that enable older people to age at home. Our work supports 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.



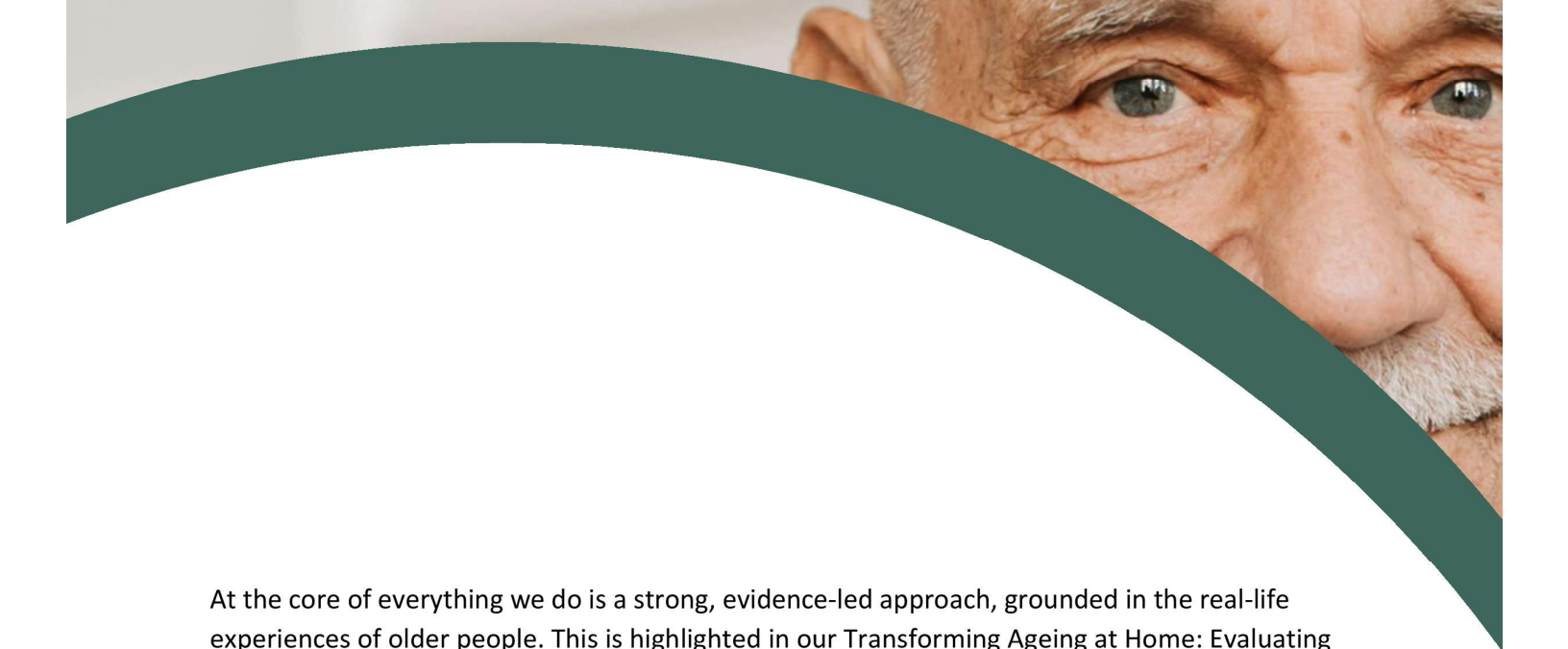
FOREWORD FROM OUR CEO

Our goal at ALONE is to support older people to age at home by helping them to access the services they need to maintain their quality of life and independence for as long as possible. As a critical part of the HSE's Enhanced Community Care (ECC) programme, 2025 marked another strong year of progress in achieving this goal. The ECC programme represents a significant opportunity to reshape how we support ageing in Ireland and ALONE plays a key role in bridging the gap between community and acute care to ensure continuity and coordination in how older people are supported.

Demand has grown considerably in 2025 with ALONE now supporting more than 46,500 older people across all our services. This included more than 240,000 calls and over 111,000 Support and Befriending visits nationwide, alongside over 52,000 coordinated supports, of which 93% achieved positive outcomes.

ALONE staff and volunteers continue to support an at-risk cohort of older people with complex and evolving needs, while the profile of those we support is becoming older, with notable growth in those aged 85 and over. For the first time, physical health became the most frequently reported category of need, with more falls reported than in previous years. Simultaneously, we continue to see high levels of loneliness, housing issues, mental health concerns, and financial hardship, with financial pressures most significant in the winter. These findings underscore the increasing difficulties experienced by older people and emphasise the need for a coordinated and forward-thinking approach to care.

Our integrated care model continues to deliver strong results, with most referrals coming from external partners, particularly through our growing collaboration with the Integrated Care Programme for Older Persons (ICPOP). Nearly half of our supports are delivered in partnership with organisations across government, advocacy groups and local communities. This work is powered by the dedication of our staff and volunteers, with over 11,700 volunteers contributing more than 270,000 hours of support in 2025, representing an estimated value of up to €8.5 million to the State.



At the core of everything we do is a strong, evidence-led approach, grounded in the real-life experiences of older people. This is highlighted in our Transforming Ageing at Home: Evaluating ALONE's Impact Through Enhanced Community Care report found on our Knowledge Hub. The findings validate what we see every day in ALONE; that those we support often experience significantly higher levels of loneliness, lower quality of life, and greater use of health services than the general population. This reinforces that ageing is not experienced equally and that targeted, community-based support is essential. This evaluation also demonstrated the positive outcomes of our services, not only in improving quality of life and reducing loneliness for those we support, but also in reducing demand on primary and acute HSE services, delivering clear cost-effectiveness to the State.

Looking ahead, we remain committed to broadening our impact, deepening our collaborations, and advocating for meaningful systemic change. Next year, we launch a new strategic plan for the organisation that sets out our priorities and ambitions for how we will continue to expand our impact and respond to the evolving needs of Ireland's ageing population over the next three years. We are sincerely grateful to all those who have supported this work. Together, we will continue to make a lasting difference and foster a society where ageing is valued and supported.

ALONE CEO

SEÁN MOYNIHAN





EXECUTIVE SUMMARY

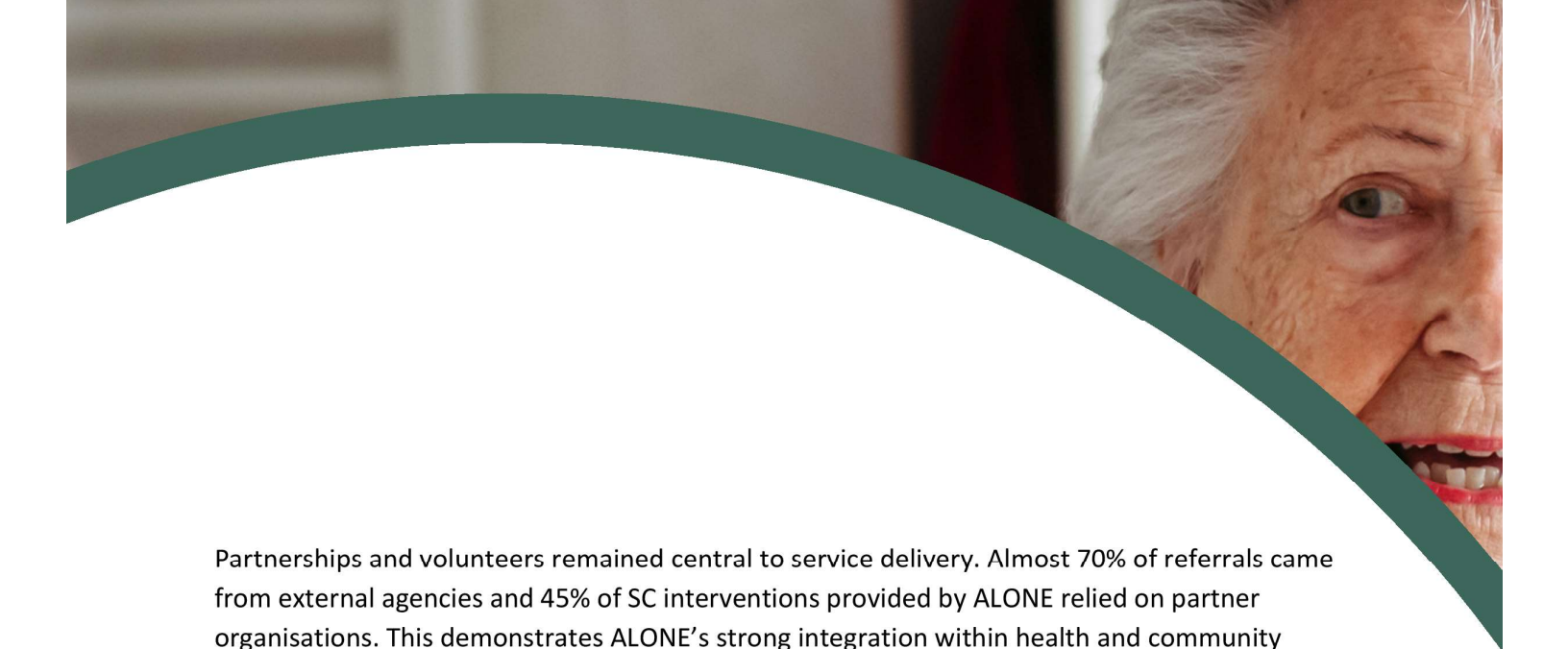
This report reflects ALONE's fourth year participating in the Enhanced Community Care (ECC) programme and reaffirms its commitment to the HSE's vision of delivering person-centred community services that enhance the health and wellbeing of older people.

In 2025, demand for ALONE's services continued to grow in both scale and complexity. During the year 14,901 older people were newly referred to or contacted ALONE, with 13,283 going on to receive support, alongside 14,002 unique older people who continued to receive ongoing support. A total of 12,690 personalised needs assessments were conducted, a 16% increase from the previous year. Since 2022, the number of assessments has increased by 165%, reflecting sustained growth in demand.

Assessment findings showed consistent trends nationwide. Physical health, loneliness, mobility concerns, housing issues, and personal care needs were most frequently reported. Physical health needs have increased in recent years, likely reflecting the ageing profile of those supported. At the same time, housing and mobility challenges, which are often interlinked, have also increased, highlighting the importance of safe and supportive home environments. Seasonal trends were also evident, with legal and financial pressures increasing towards the end of the year, particularly during the winter months.

In 2025, over 52,000 targeted support coordination (SC) interventions¹ were delivered, in addition to nearly 200,000 Support and Befriending calls, over 111,000 Support and Befriending visits nationwide, and more than 10,000 seasonal interventions to older people who requested additional support at Christmas time. Of the targeted SC interventions delivered, 82% were closed within the reporting period. Out of those closed, 93% were completed successfully with intended outcomes achieved. Older people often received multiple forms of support, reflecting the interconnected nature of their needs. Assistive technology featured in 19% of all targeted SC interventions, most commonly used for physical health and safety needs to support independent living.

(1) Support Coordination Interventions refer to targeted, outcome-focused supports (which may comprise multiple actions), agreed as part of an older person's personalised support plan following assessment of need. Support Coordination Interventions are central to enabling timely access to services and addressing practical and health-related needs (e.g. connecting older people with local services, resolving practical issues, or enabling access to care).



Partnerships and volunteers remained central to service delivery. Almost 70% of referrals came from external agencies and 45% of SC interventions provided by ALONE relied on partner organisations. This demonstrates ALONE's strong integration within health and community networks. Volunteer engagement expanded significantly during the year, with over 11,700 volunteers contributing over 270,000 hours of support, representing substantial social and economic value.

2025 also marked a significant step forward in strengthening ALONE's use of data to support planning and accountability. During the year, systems were updated to align with the HSE's six Health Regions, providing a clearer national picture of the needs of older people and service delivery. While demand patterns were similar nationwide, HSE West and North West recorded the highest levels of new supports, reflecting population distribution and continued demand. This regional alignment supports more effective planning and helps ensure resources are directed where they are needed most.

Overall, this report demonstrates ALONE's continued effectiveness in supporting older people to live safely, independently, and with dignity. It also highlights the importance of early, community-based SC intervention, strong partnerships, volunteer engagement, and evidence-based planning as Ireland's population continues to age.





KEY ACHIEVEMENTS

46,808

older people supported²
across all ALONE services

22,878³

unique older people
supported

14,901

older people engaged

13,283

older people newly
supported

14,002

older people received
ongoing support

52,137

new SC interventions for
16,138 older people,⁴
averaging 3.2 SC
interventions per person

93%

of 12,690 older people assessed⁵ received
some SC intervention in the same period

93%

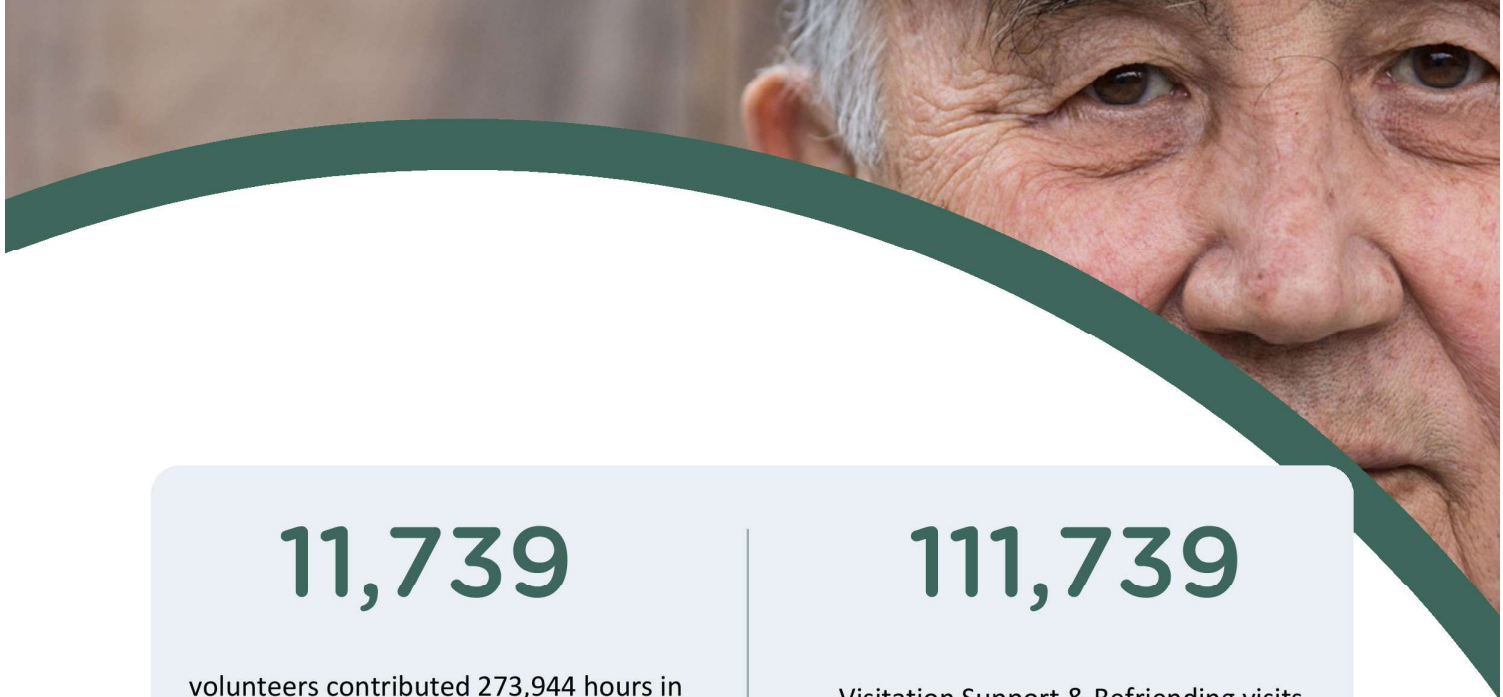
of the new SC interventions were
completed with outcomes met

(2) For the purpose of this report, this term refers to the number of services provided to older people. This figure also includes 4,712 unique individuals calling National Support and Referral Line (NSRL) YTD, as well as the 2,468 Christmas dinners delivered to older people nationwide.

(3) This reflects total number of older people active on ALONE's CRM as of Q4 2025.

(4) These figures are added together across the year and do not represent unique individuals.

(5) 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.



11,739

volunteers contributed 273,944 hours in 2025, a 4% increase from 2024 and 25% increase from 2023, contributing an estimated value of up to €8.5 million (Average Hourly Earnings)

111,739

Visitation Support & Befriending visits delivered by volunteers

240,887

Total calls were conducted by staff and volunteers to support the wellbeing of older people in 2025 including:

8,915

Christmas calls

197,468

Telephone Support & Befriending calls

22,528

calls to the National Support and Referral Line

11,976

check-in calls

727

hampers and 243 vouchers were delivered to older people for Christmas

9

new organisations added to Community Impact Network (CIN), bringing the total membership to 183

50

CIN Training sessions, attended by 275 CIN Members, and 2 CIN Member Organisations were supported with CIN resources



KEY INSIGHTS

ALONE engaged with a ratio of 1.5 females to every male, aligning with national trends and patterns from previous years.

42% of older people engaged were between 76 and 85 years old.

70% of referrals were from external agencies, an increase compared to previous years

34% from Community Care Professionals

30% from Hospitals

Of the 12,690 personalised needs assessments conducted in 2025:

Physical and Mental Wellbeing

59% reported physical health issues (+8 percentage points on 2024), making it the most common concern.

33% reported falls (+4 percentage points on 2024)

38% reported mobility issues (+4 percentage points on 2024), with mobility fixtures and aids the most common concerns.

21% reported mental health issues (-4 percentage points on 2024), with depression the most commonly reported concern.



LONELINESS/ISOLATION

45%

Experienced loneliness (-7 percentage points on 2024).

2%

Of those assessed had not been out socially for over a year.

29%

Required some form of social prescribing support

HOUSING

36%

Reported housing issues (+4 percentage points on 2024), with the majority requiring housing adaptations.

FINANCIAL DIFFICULTIES

21%

Reported financial concerns (-9 percentage points on 2024).

6%

Of those assessed reported benefits-related issues, with fuel allowance most frequently cited.

Utility-related concerns decreased, whereas most of the other concerns saw an increase in comparison to last year.



PERSONAL WELLBEING

30%

Reported personal care concerns (+2 percentage points on 2024).

8%

Of those assessed reported nutrition-related concerns.

SERVICE DELIVERY INSIGHTS

19%

Of SC interventions involved assistive technology (+4 percentage points on 2024), primarily related to physical health and mobility.

45%

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

Support coordination intervention numbers remained stable between 2023 and 2024, followed by a significant increase in 2025.



IMPACT OF OUR WORK

“

Michael was referred to ALONE by his landlord due to concerns about his declining memory. An ALONE Support Coordinator assessed his needs and supported access to appropriate healthcare through a multidisciplinary approach. Working with a social worker, the Support Coordinator also helped Michael engage with the Money Advice and Budgeting Service (MABS) to stabilise his finances. The Support Coordinator engaged Michael’s neighbours to build stronger community supports, which proved vital when they later called an ambulance for him during a health crisis.

Michael has since transitioned to a Long Term Care setting as his health needs increased. However, his journey highlights the importance and impact of early community SC intervention. With the support of ALONE, the landlord, local health professionals, and neighbours, Michael was able to live independently for as long as possible. This demonstrates that with the right support, individuals living with dementia can remain at home until higher levels of care become necessary.

”



“

My friend told me that our Integrated Care Team had met his Dad a few months ago and referred him to ALONE for Befriending services.

His family were very hesitant as they were worried about people thinking they were a charity case and what their neighbors would think, but he encouraged them to try it and said was one of the best things that had happened to his parents.

He stayed for the first few visits with the befriending volunteer and said everyone got on like a house on fire. He said the volunteer is a lovely man and had them laughing and joking within 10 minutes. When he came back, he said you could hear them laughing even before he opened the front door.

Now, the day before their volunteer comes to visit, his parents remind him ‘we have our friend coming tomorrow so you better find yourself something to do’ They make him put out their best clothes and have the good biscuits and buns in for the tea.

”



CHAPTER 1: ALONE'S COLLABORATION WITH THE HSE

THE ENHANCED COMMUNITY CARE PROGRAMME (ECC)

In line with Sláintecare, the ECC objective is to deliver increased levels of healthcare with service delivery refocused towards general practice, primary care, and community-based services. The emphasis is on 'ageing in place' through the delivery of an end-to-end care pathway that will support 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.⁶

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.⁷ This is further supported by ALONE's *Transforming Ageing at Home* report,⁸ 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 Persons (ICPOP), are vital in supporting the ECC programme's home first approach.

The ECC Programme consists of 96 Community Health Networks (CHNs), 30 Community Specialist Teams for Older People, 30 Community Specialist Teams for Chronic Disease, national coverage for community intervention teams and the development of a volunteer-type model.



(6) 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/>

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

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



COMMUNITY HEALTHCARE NETWORKS

These provide the foundation and organisational structure through which integrated care is delivered locally. These include GPs, Health and Social Care Professionals (HSCPs), Nursing leadership and staff empowered at a local level to drive integrated care delivery. Each of the 96 Networks serves an average population of 50,000 people and consists of between 4-6 primary care teams, with GPs involved in delivering services. The number of CHNs per Health Region ranges from 8 to 20.

COMMUNITY SPECIALIST TEAMS (HUBS)

The work that has been undertaken by the ICPOP and Chronic Disease teams over recent years has shown that improved outcomes can be achieved through a model of care that allows specialist multidisciplinary teams to engage and interact with services at the CHN level, in their diagnosis and ongoing care.

With support from the Department of Health and Sláintecare, these models are now being implemented at scale by the HSE, with the establishment and full rollout of 30 Community Specialist Teams for Older People, and 30 Community Specialist Teams for Chronic Disease to support CHNs and GPs to respond to the specialist needs of these cohorts of the population. This bridges and links the care pathways between acute and community services with a view to improving access to and egress from acute hospital services.

These Community Specialist Teams service on average a population of 150,000, equating approximately to 3 CHNs each. Ideally, the teams are co-located together in 'hubs' located in or next to Primary Care Centres, shifting focus away from the acute hospital, and towards general practice. This reflects a primary care and community-based service model.





THE ALONE MODEL

ALONE is a national organisation that supports and empowers older people to age happily and securely at home. ALONE helps individuals and their families, and works with other organisations, to improve the lives of older people. ALONE works with all older people, including those who are lonely, isolated, frail, ill, homeless, living in poverty, or are facing other difficulties.

ALONE'S INTEGRATED SUPPORT MODEL

ALONE provides a unique integrated system of Support Coordination, Visitation Support and Befriending, Telephone Support and Befriending, and Housing supports driven by assistive technology and with a key focus on social prescription. These services are focused on improving older people's quality of life, health, and wellbeing, and task-based management is central to the services provided. ALONE also coordinates with other services and aligns to demographics and needs across Ireland, while contributing the planning to fill gaps and plan for future needs. ALONE's assistive technology allows medical professionals and families to remotely support the health needs of older people. ALONE is equipping its frontline staff with a range of technology while working with technology providers to adopt a preventative approach to reduce unnecessary hospital admissions, improve discharge times and help older people to remain in their homes.

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

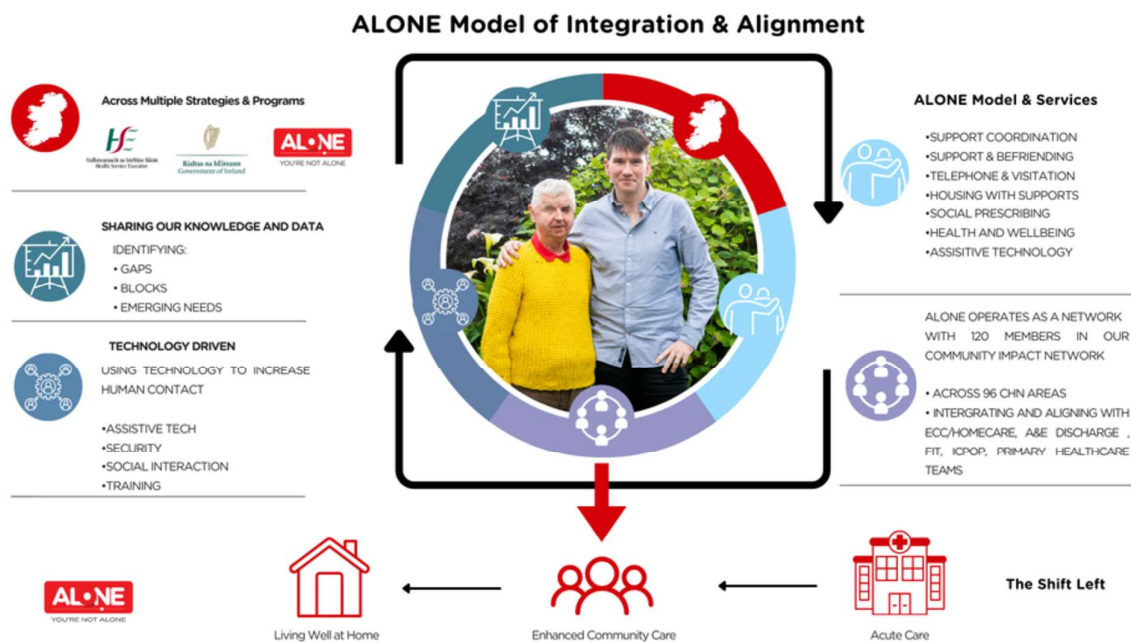
ALONE was awarded the overall winner of the HSE Excellence in Healthcare Award in 2017, while ALONE's support coordination model was also awarded the Think Tech Award and selected for Sláintecare funding to support the delivery of hospital discharges nationally, starting in CHO Dublin North City and County (DNCC). ALONE has three quality standards: services are independently evaluated, they produce metrics and impact reports, and work to a universal services design approach. All data are stored on a secure management information system, which allows ALONE to generate reports and identify trends and emerging needs. As ALONE further develops its impact and outcome measurement, methods and findings will be shared with others to assist them to better demonstrate their efforts, produce national data and ensure common practices across Ireland.

IMPLEMENTATION OF THE ALONE MODEL

The focus of the ALONE model within the ECC programme is to develop an integrated model to deliver quality approved Support Coordination, Visitation Support & Befriending, and Telephone Support & Befriending driven by assistive technology and volunteers, with a structured network of contact and support at the CHN level across all health regions.

In 2025, the focus has shifted to regional analysis to identify emerging trends and use these insights to optimise the allocation of resources and service delivery. Information on the geographical distribution of these Health Regions is provided in Appendix 4.

The end goal is to improve the quality of life for older people by improving access to integrated care through working with provider partners, statutory bodies, and volunteers, in delivering a timely and appropriate level of care in a suitable location, ideally in a setting of the service users' choice.





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 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 that we align with key goals and enhance effectiveness.

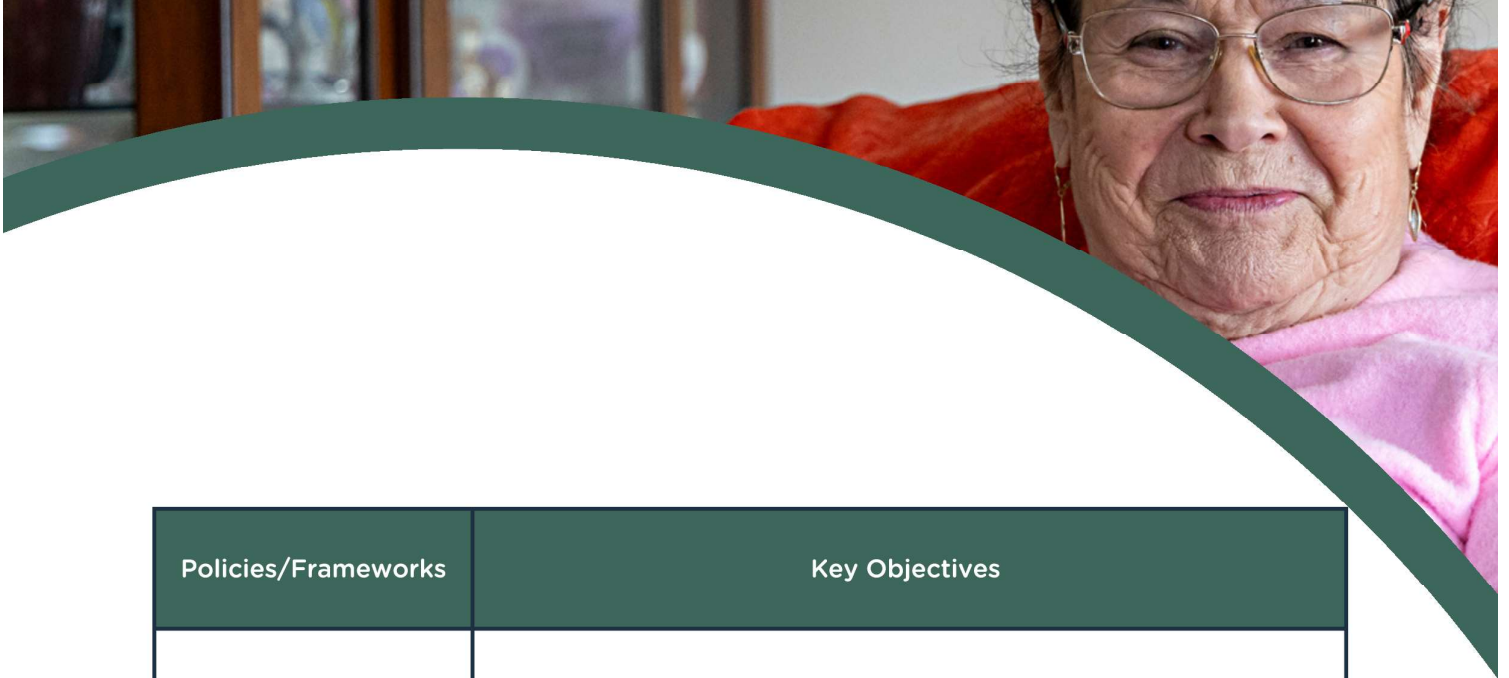
FURTHERING NATIONAL POLICIES AND FRAMEWORKS WITH THE ALONE MODEL

In addition to supporting the key objectives of the ECC programme, the ALONE model also supports the delivery of key objectives of the following Government policies and frameworks.

Policies/Frameworks	Key Objectives
<p>National Positive Ageing Strategy (NPAS)</p>	<p>Positively supports ageing in Ireland through accessible health services and support for older people’s engagement. The NPAS framework has 4 set goals:</p> <ul style="list-style-type: none"> • Goal 1: Removing barriers to participation. • Goal 2: Increased health and wellbeing support. • Goal 3: Ensuring dignified ageing at home. • Goal 4: Support and use research about people as they age to better inform policy responses.
<p>Sláintecare 2025+</p>	<p>The Sláintecare+ framework aims to expand on its predecessor to improve health and social care in Ireland. The new framework lists 4 strategic priorities, two of which overlap with the ALONE model, these are:</p> <ul style="list-style-type: none"> • Improving Access: Aims to reduce emergency care delays, reduce primary care waitlists, improve access to community care, and to improve affordability. • Improve Service Quality: Aims to ensure the highest quality of disability, mental health, oral health, women’s health and older person’s service provisions.
<p>Roadmap for Social Inclusion</p>	<p>The Government aims for greater social inclusion in Ireland through six focused actions, including support for older people by benchmarking pensions, developing a plan to address loneliness and isolation, and improving healthcare.</p>



Policies/Frameworks	Key Objectives
<p>Sharing the vision implementation strategy 2025-2027</p>	<p>This programme aims to establish a personalised mental health system catering to individual needs, focusing on community-based actions. Mental Health Services for Older People – discusses the inconsistent access to dementia support services across Ireland and the importance of home-based assessments for older people (page 50).</p>
<p>Delivering Homes, Building Communities 2025-30</p>	<p>This framework advances on the Housing for All framework with aims to increase the delivery of social housing for older people, increased delivery of houses suitable for an ageing population and choice and support for older people voluntarily rightsizing (page 66).</p>
<p>HSE National Service Plan 2025</p>	<p>This plan aims to provide home support at home and through day care services where needed, provide residential care where appropriate and ensure timely access to dementia care. These objectives will be achieved through several key actions, including:</p> <ul style="list-style-type: none"> • Implementation of ICT (Integrated Information and Communications Technology). • Increase in home support and complex home support hours. • Improve day care services across 300 centres. • Provide funding to deliver over 2.7 million meals on wheels. • Provide support to an average of 23,956 people through the NHSS. • 20% of all new home support to go to people with dementia/cognitive impairment and the implementation of new assessment services.



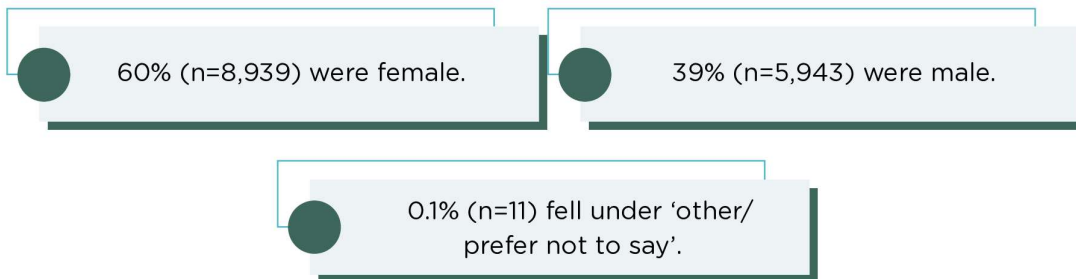
Policies/Frameworks	Key Objectives
<p>Healthy Ireland - A Framework for Improved Health and Wellbeing 2013-2025</p>	<p>The Framework aims to provide a structure that will allow for the increase of healthy living across all age groups in Ireland, reduce health inequalities and improve wellbeing. Key objectives include:</p> <ul style="list-style-type: none"> • Embedding health and wellbeing in health service delivery. • Strengthening partnership and community working. • Supporting healthy behaviours from childhood through to healthy ageing.
<p>Understanding Life in Ireland: The Wellbeing Framework 2025</p>	<p>Focuses on quality of life, emphasising equality and sustainability. Reviews performances across sectors simultaneously. Dimensions relating to older people are:</p> <ul style="list-style-type: none"> • Connections, community and participation. • Mental and physical health. • Housing and the built environment
<p>Delivering an Age-Friendly Health System 2025 (Blueprint)</p>	<p>Focuses on reforming the health system to meet the growing needs of the older population in Ireland mandated by both future demand and current access and experiences of care. This blueprint uses:</p> <p>The 4Ms framework (what Matters, Medication, Mind, Mobility) when assessing an older person to ensure effective care for every older adult. The aim is to incorporate the 4Ms into the existing care framework, rather than adding a new layer.</p>

CHAPTER 2: AGEING IN IRELAND: THE NEEDS OF OLDER PEOPLE IN IRISH SOCIETY

PROFILE OF OLDER PEOPLE ENGAGED WITH ALONE IN 2025

In 2025, 14,901 older people were referred to or contacted ALONE for support, with 13,283 proceeding to receive formal support. This reflects ALONE's expanding reach and visibility, and its growing role in meeting a wide range of needs among older people, including health and wellbeing, social connection, and housing support.

Of those who engaged with ALONE and reported their gender in 2025 (n=14,893):



With approximately 1.5 females engaged for every male in 2025, this reflects broader demographic trends in Ireland. As shown in the CSO data⁹, women make up a large proportion of the older population. It also highlights the importance of recognising and responding to gender-specific needs to ensure services are equitable and effective for older people.

Where age was recorded (n=14,643), most older people were aged **76-85**, accounting for 42% (n=6,197) of those engaged (Figure 1). People aged under 76 and over 85 each accounted for 29% of those engaged. For a small number of individuals, age was not recorded.

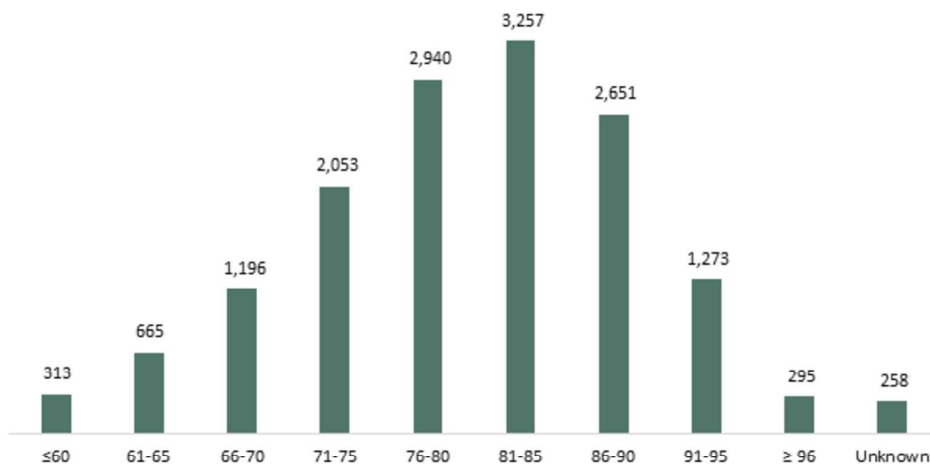


Figure 1: Age Profile of Individuals Engaged with ALONE, 2025

(9) CSO Population and Migration Estimates, April 2025

HOME OWNERSHIP & LIVING ARRANGEMENTS

In 2025, 12,690 older people¹⁰ provided data on home ownership and living arrangements. Of these, about 77% (n=9,802) owned their own home, while 23% (n=2,896) did not. This distribution remained consistent throughout the year, and a similar pattern was observed in previous years, though it was lower than the national average. Of those who did not own their home and provided accommodation details, Local Authority housing was the most common living arrangement across all quarters, accounting for roughly half to three-fifths of non-owner occupiers.

Across the year, reliance on social housing remained strong, with Approved Housing Body (AHB) tenancies increasing from 9% in Q1 to 12% in Q4. In contrast, private renting declined from 14% to 9%. Smaller proportions lived in nursing homes or long-term care (3-4% each quarter), while reported homelessness remained low but rose slightly towards the end of the year (Table 1).

Type of occupancy (non-owner occupied)	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%	No.	%	No.	%	No.	%
Local Authority	333	49	422	59	419	59	434	58
Other	154	23	115	16	108	15	115	15
Private Rented	97	14	85	12	89	13	67	9
AHB	61	9	59	8	59	8	86	12
Nursing home/ Long-term Care	22	3	30	4	25	4	32	4
Homeless	7	1	8	1	8	1	12	2
Total	675		719		708		744	

Table 1: Types of Occupancy, non-owner occupiers, Quarterly, 2025



(10) These figures are added together across the year and do not represent unique individuals.



Throughout 2025, approximately two-thirds of those supported lived alone (64-66%), while around one in five lived with a spouse. The remainder lived with family, friends, or a lodger. Similar patterns were observed in previous years. (Table 2).

Living Arrangements	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%	No.	%	No.	%	No.	%
Living Alone	1,903	66	1,988	64	2,238	65	2,170	66
With Spouse	617	21	672	22	711	21	690	21
With Son	101	3	138	4	139	4	130	4
With Other Family Member	115	4	102	3	125	4	88	3
With Daughter	104	4	105	3	126	4	109	3
With Partner	30	1	37	1	36	1	39	1
Lodger	23	1	24	1	45	1	36	1
Friend	9	0.3	18	1	11	0.3	14	0.4
Total	2,902		3,084		3,430		3,272	

Table 2: Living Arrangements, Quarterly, 2025



PRESENTING ISSUES REPORTED BY OLDER PEOPLE

Carrying out personalised needs assessments helps ALONE better understand the needs and experiences of older people in Ireland. These assessments are central to ALONE's approach, helping the organisation plan and adapt services based on those needs, thus supporting the health and wellbeing of older people.

In 2025, ALONE Support Coordinators conducted 12,690¹¹ assessments with older people, representing a 16% increase from the previous year. Since 2022, the number of assessments conducted has increased by 165% (Figure 2). This growth shows rising demand for ALONE's services and highlights the organisation's important role in supporting Ireland's ageing population.

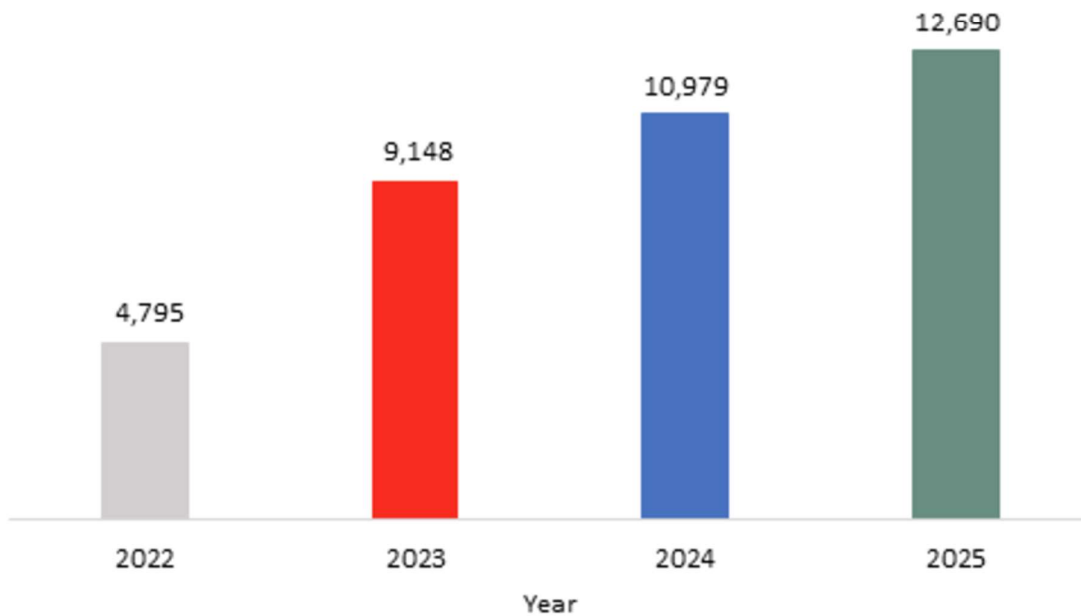
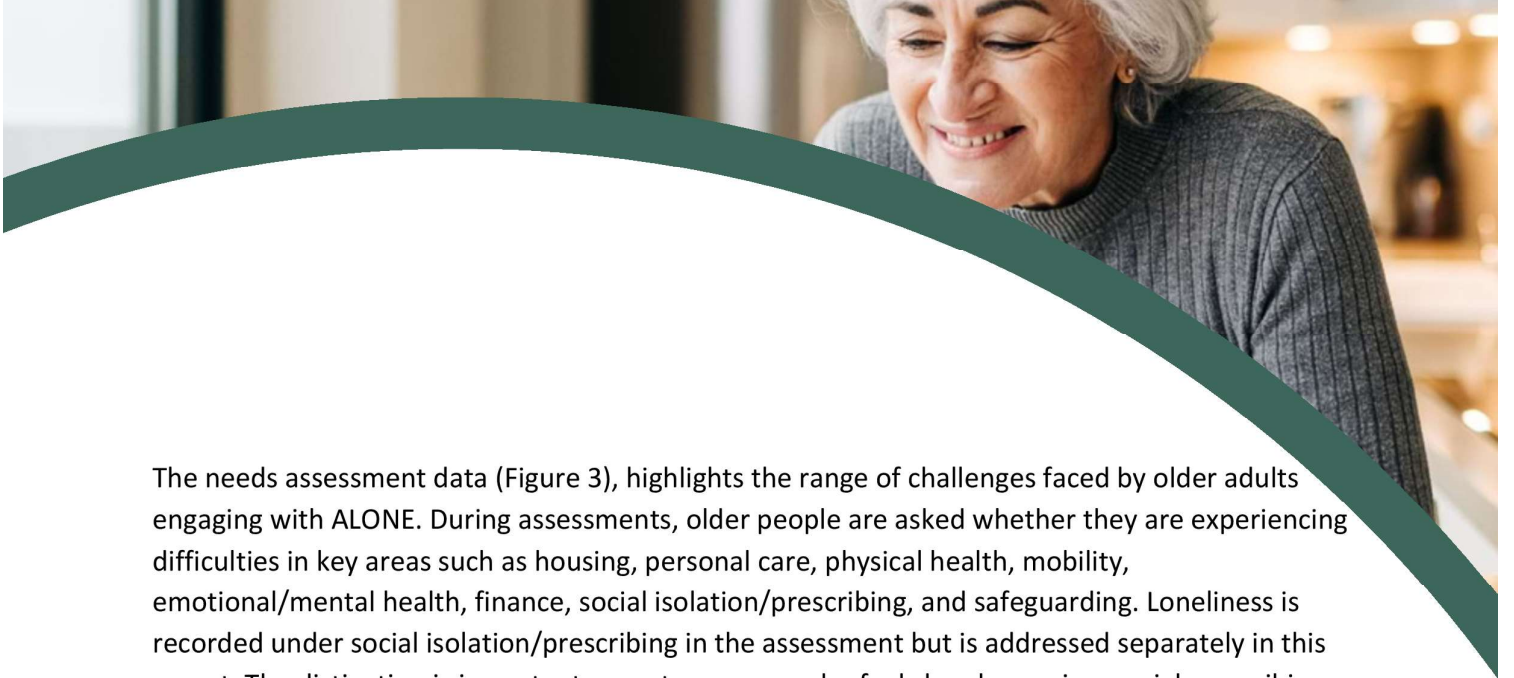


Figure 2: Number of Assessments Conducted, Yearly, 2022–2025

(11) Some individuals may have had more than one assessment.



The needs assessment data (Figure 3), highlights the range of challenges faced by older adults engaging with ALONE. During assessments, older people are asked whether they are experiencing difficulties in key areas such as housing, personal care, physical health, mobility, emotional/mental health, finance, social isolation/prescribing, and safeguarding. Loneliness is recorded under social isolation/prescribing in the assessment but is addressed separately in this report. The distinction is important, as not everyone who feels lonely requires social prescribing and not everyone who requires social prescribing support reports feeling lonely.

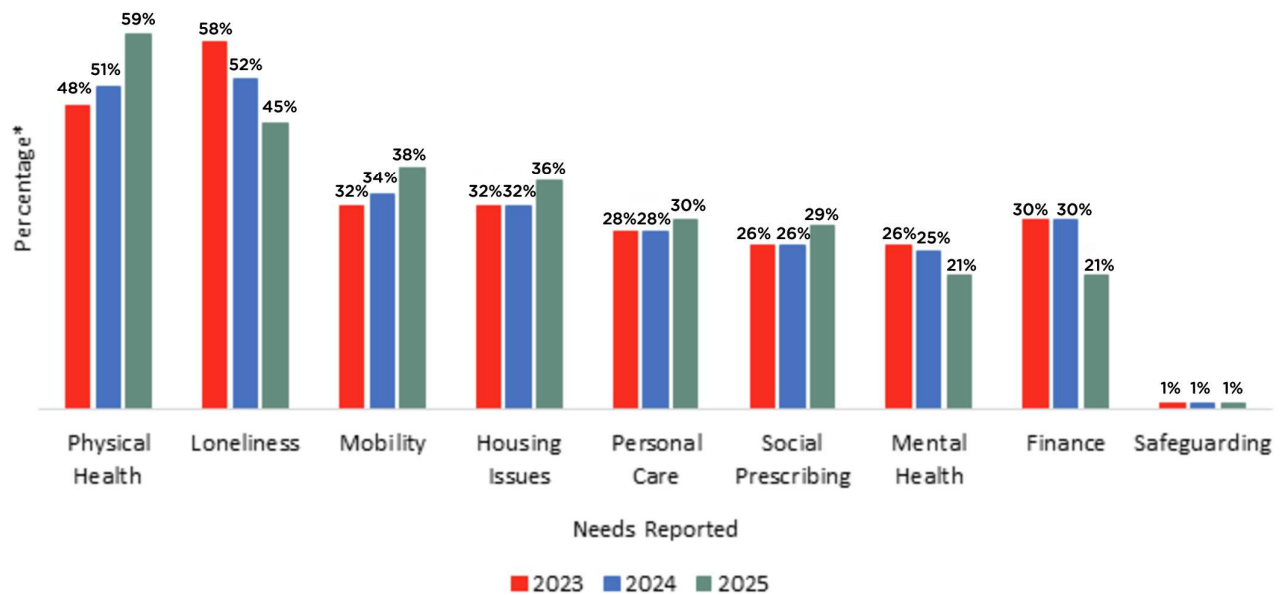


Figure 3: Proportion of Older People Reporting Different Needs During Assessment¹², Yearly, 2023-2025

Note: * Individuals may report more than one need, so percentages do not add up to 100%.

As shown in Figure 3, physical health, loneliness, mobility and housing consistently emerged as the most reported needs in 2025. Over time, there has been a notable increase in physical health needs (from 48% in 2023 to 59% in 2025), as well as mobility (from 32% to 38%), and housing-related needs (from 32% to 36%). In contrast, reports of loneliness (from 58% in 2023 to 45% in 2025) and financial concerns (from 30% to 21%) have declined, while personal care and social prescribing needs have increased gradually.

(12) 2022 assessment data is not included due to significant changes in the assessment forms, preventing direct comparisons with subsequent years.



Figure 4 provides a closer look at the needs reported during assessments in 2025 and how they changed across the year. The overall pattern remained broadly consistent, with physical health and loneliness the most commonly reported needs in every quarter. Physical health remained persistently high throughout the year. Mobility and housing-related needs were also reported at consistently high levels, indicating ongoing practical challenges for many older people.

While financial and mental health concerns were reported by comparatively smaller proportions overall, financial concerns increased towards the end of the year. This rise in Q4 may reflect seasonal pressures, including increased household costs during the winter months.

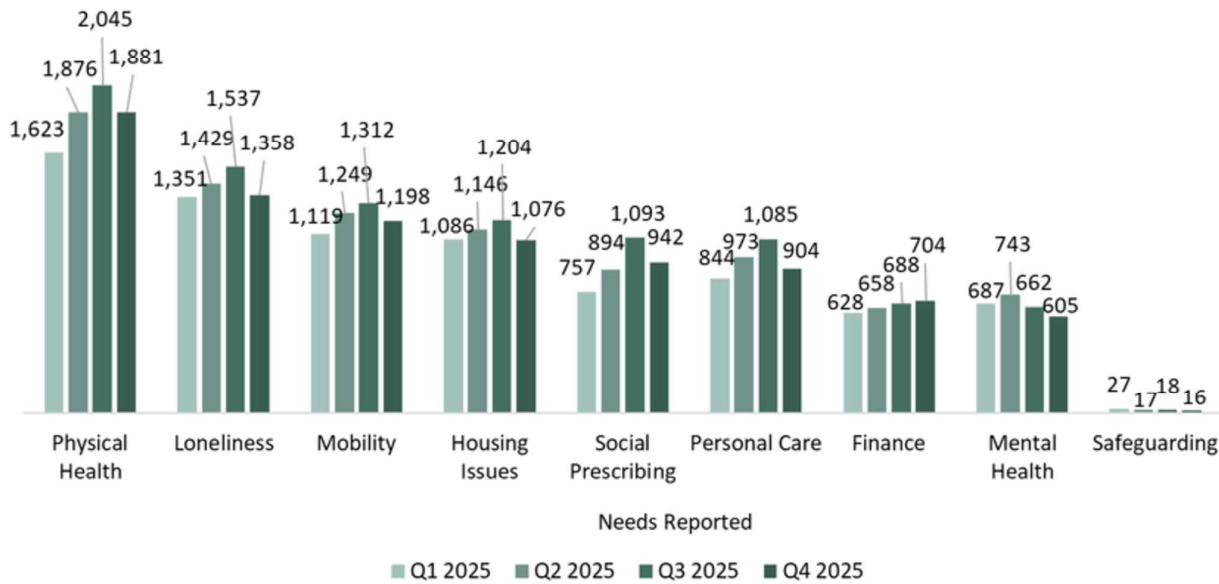


Figure 4: Number of Older People Reporting Different Needs During Assessment, Quarterly, 2025
Note: The same person may report more than one need, so the total does not add up to total older people assessed.

PHYSICAL HEALTH

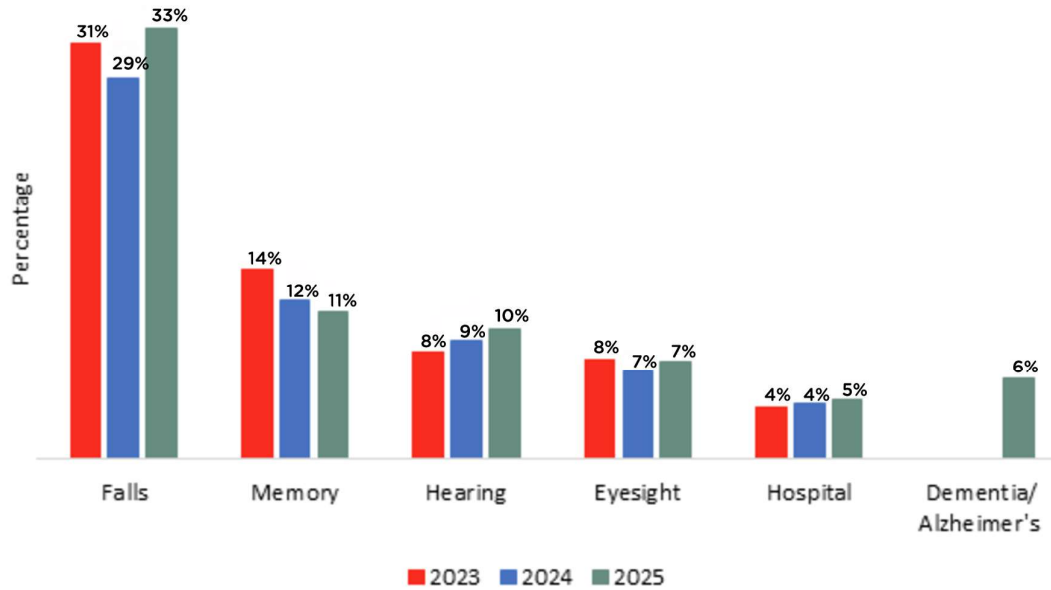


Figure 5: Physical Health Issues by Type, Yearly, 2023-2025

Note: Percentage represents the proportion of respondents with physical health issues who reported each specific concern

Figure 5¹³ highlights the specific physical health issues reported by older people during assessments between 2023 and 2025. Falls were the most commonly reported issue in all three years, increasing over time from 31% (n=1,391) in 2023 to 33% (n= 2,423) in 2025 of those who reported physical health issues. Memory-related difficulties, the second most physical health reported issue, declined over the period, decreasing from 14% (n=632) to 11% (n=831), while hearing difficulties showed a modest increase.

Of those assessed in 2025, 7,425 reported having physical health issues. As in previous years, falls were the most commonly reported concern, accounting for 33% (n=2,423) of those reporting physical health issues. This was followed by memory issues (11%, n=831).

Across the year, the overall pattern remained broadly stable. Reports of falls were 33% (n=535) in Q1, peaked at 35% (n=652) in Q2, and declined to 30% (n=569) by Q4. Memory and hearing issues followed a similar pattern, while eyesight and hospital-related issues remained stable.

Overall, the data highlights the ongoing importance of falls prevention and physical health supports for older people, alongside continued needs related to sensory health and memory. These trends reflect an ageing population with increasingly complex health needs, particularly in areas such as falls, memory and hearing, which often require ongoing support.

(13) From Q2 2025 onwards, Dementia/Alzheimer's has been recorded under the Physical Health category instead of Mental Health.

LONELINESS

Overall, 45% (n=5,675) of those assessed in 2025 reported feeling lonely. This represents a continued downward trend since 2023, with the percentage of older people reporting loneliness decreasing across 2025 from 47% (n=1,351) in Q1 to 42% (n=1,358) in Q4.

While loneliness remained a significant issue, over half (56%, n=3,206) of older people who reported feeling lonely in 2025 said they received visits from others. This was a 6-percentage point increase compared to 2024, though still lower than in 2023 when it was 70%. As in previous years, family members were the main source of visits, accounting for more than three-quarters of reported visits. Friends and neighbours also played a role, with around 10% of individuals reporting visits from each group.

In terms of social activity, 46% of respondents in 2025 reported having been out socially in the past week (Table 3). The proportion who reported not having been out socially for more than a year remained low, at 5% or below across the year. This marks an improvement compared to previous years, where nearly 7% of those who reported loneliness had not been out socially for more than a year.

Last time out socially	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%	No.	%	No.	%	No.	%
In the past week	471	44	508	44	620	49	511	46
In the past month	315	29	357	31	330	26	307	28
In the past 6 months	181	17	181	16	203	16	190	17
In the past year	54	5	70	6	65	5	52	5
More than a year ago	53	5	51	4	57	4	51	5
Total	1,074		1,167		1,274		1,110	

Table 3: Last Time Out Socially, Quarterly, 2025

In 2025, 44% (n=2,481) of those who reported feeling lonely said they had a hobby. Common hobbies included reading, farming, painting, playing bingo or card games, and knitting. The frequency of these hobbies ranged from “most days” to “whenever possible”, often depending on health, mobility, and the availability of support. Reasons for not having a hobby included poor health and mobility, and a reluctance to leave the house.

In 2025, 64% (n=3,651) of those assessed indicated a need for the ALONE Visitation Support and Befriending Service, while 32% (n=1,838) identified a need for the ALONE Telephone Support and Befriending Service, and 17% (n=975) required both. This pattern of support needs has remained consistent over the past two years, highlighting the ongoing importance of these services in addressing loneliness among older people.

MOBILITY

In 2025, 38% (n=4,878) of older people assessed reported mobility issues, up from 32% (n=2,914) in 2023, indicating a growing demand for mobility-related supports.

As shown in Figure 6, the types of mobility issues reported have remained broadly consistent between 2023 and 2025. However, there has been a decline in the proportion of people reporting each type of mobility issue over time, suggesting some change in how needs present.

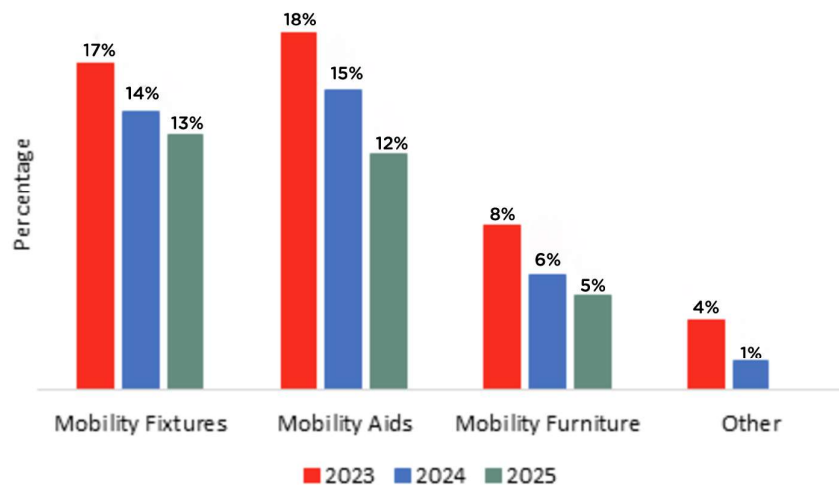


Figure 6: Mobility Issues by Type, Yearly, 2023-2025

Note: Data on Other mobility issues for Q3 and Q4 2024 and 2025 is unavailable

Percentage represents the proportion of respondents with mobility issues who reported each specific concern.

In 2025, 628 people (13%) reported challenges with mobility fixtures. The most common concerns related to grab rails, including bathroom grab rails and bannisters, highlighting the importance of home safety and supportive infrastructure. Other frequently reported issues included toilet seat risers, wheelchair ramps, and similar adaptations, which together accounted for almost one-fifth of reported mobility fixture issues across the year (see Appendix 2, Table 21).

Among the 580 people (12%) who reported issues with mobility aids in 2025, most concerns related to difficulties using or maintaining assistive devices. Rollators were the most commonly reported concern (42%, n=254), followed by walking sticks (31%, n=190), wheelchair (13%, n=77), and disabled person's parking cards (11%, n=70; see Appendix 2, Table 22). These findings point to the need for timely access to appropriate equipment, maintenance, and replacement supports.

Overall, the increase in reported mobility issues reflects the changing and increasingly complex needs of an ageing population. Mobility challenges are closely linked to physical health, housing adaptations, and accessible environments, highlighting the importance of adopting a life-cycle approach in infrastructure and services that support independent and safe ageing.

HOUSING

In 2025, 4,512 older people assessed by ALONE reported housing-related issues, representing 36% of those assessed (Figure 3). This is an increase from 32% (n=2,900) in 2023 and highlights the continued demand for safe, accessible, and well-maintained housing for older people.

As shown in Figure 7, housing adaptations remained the most commonly reported housing concern across all three years. Issues related to internal repairs affect around one in five older people, although this has declined slightly over time. In 2025, among those who reported housing-related issues, 13% (n=577) reported issues with cleaning and 11% (n=485) with external repairs, both continuing a downward trend. Overall, most housing-related issues showed a gradual proportional decline, with the exception of housing adaptations, which remained persistently high.

There is a recognised link between poor housing conditions and physical health, including increased risk of falls and reduced mobility. The persistently high level of need for housing adaptations highlights the importance of universal home design and targeted housing supports to help older people remain safe and independent in their homes.

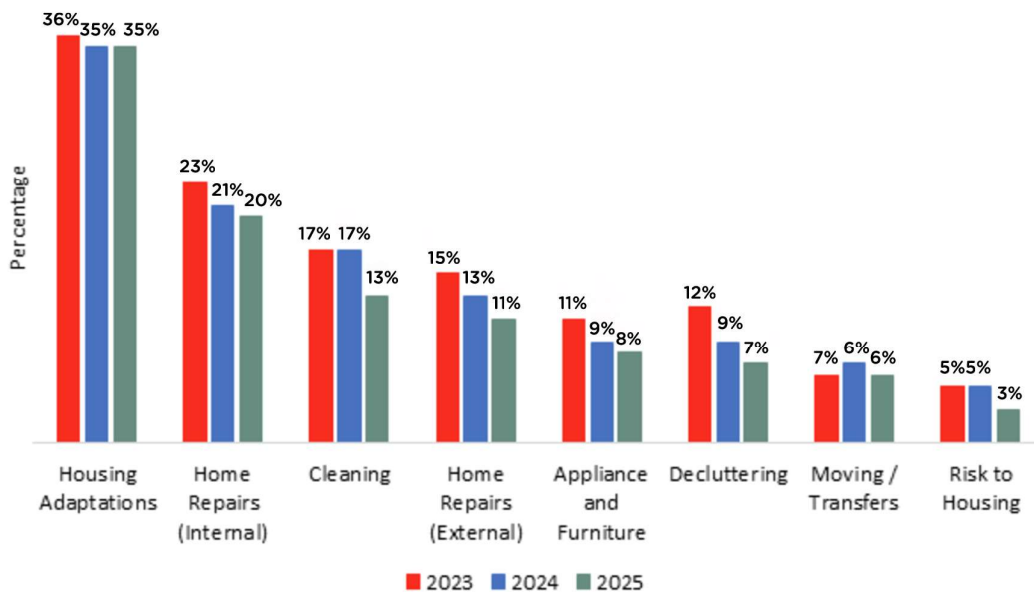
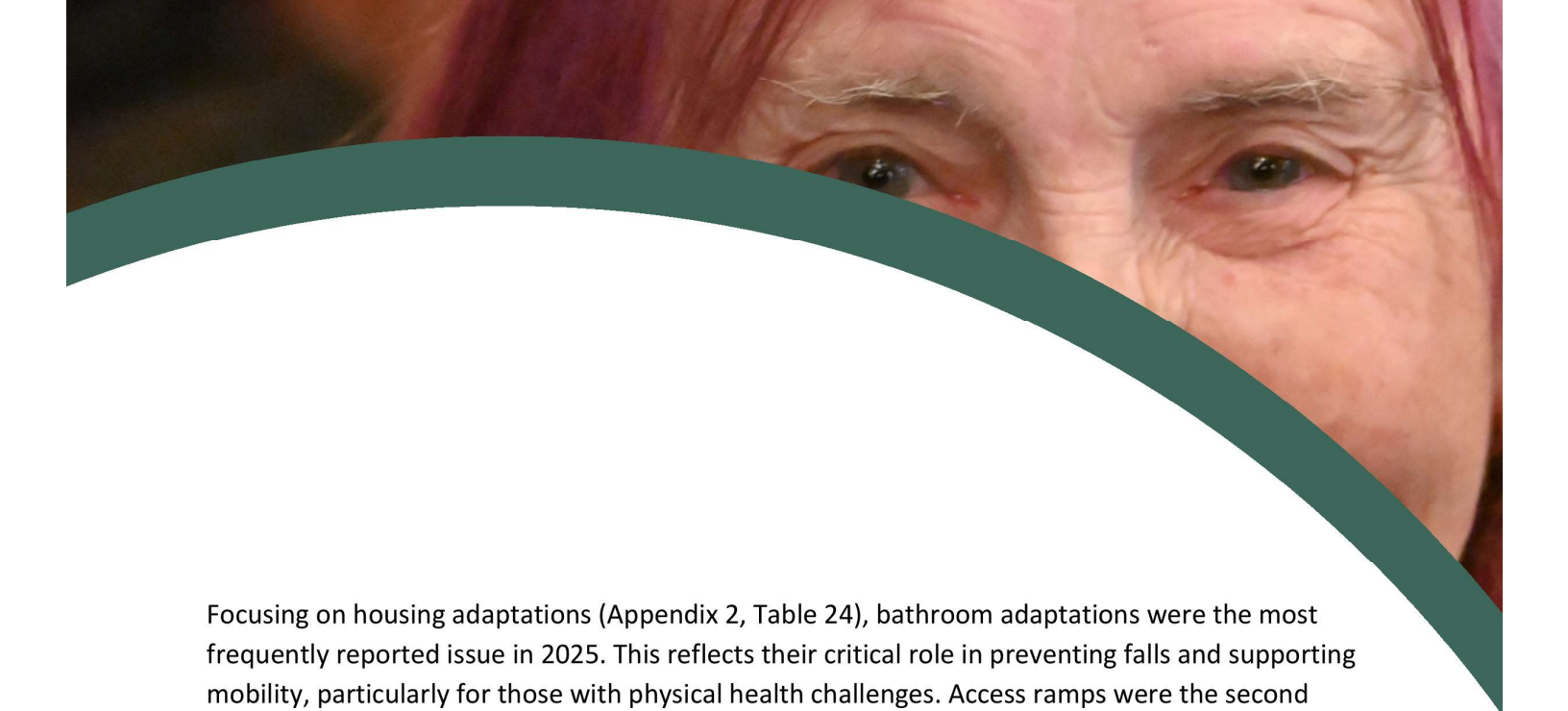


Figure 7: Housing Issues by Type, Yearly, 2023-2025

Note: Percentage represents the proportion of respondents with housing issues who reported each specific concern.



Focusing on housing adaptations (Appendix 2, Table 24), bathroom adaptations were the most frequently reported issue in 2025. This reflects their critical role in preventing falls and supporting mobility, particularly for those with physical health challenges. Access ramps were the second most common adaptation reported, followed by stair-lifts, continuing patterns seen in previous years.

Among those reporting internal repair issues, plumbing problems were the most common concern in 2025 (Appendix 2, Table 25), consistent with trends in previous years. Electrical issues and carpentry were also regularly reported, highlighting the ongoing challenges older people face in maintaining the safety and functionality of ageing housing stock.



PERSONAL CARE¹⁴

In 2025, a higher proportion of older people reported personal care issues (n=3,806), a 2 percentage point increase compared to the previous two years (Figure 3).

As shown in Figure 8, nutrition-related concerns were the most common issue in 2025, reported by 27% (n=1,046) of those with a personal care need. This represents an increase compared to previous years (24%, n=719 in 2024 and 21%, n= 535 in 2023). In contrast, GP and Primary Care engagement, which had been the most frequently reported issue in earlier years, declined in 2025. Overall, most other personal care issues also showed a downward trend.

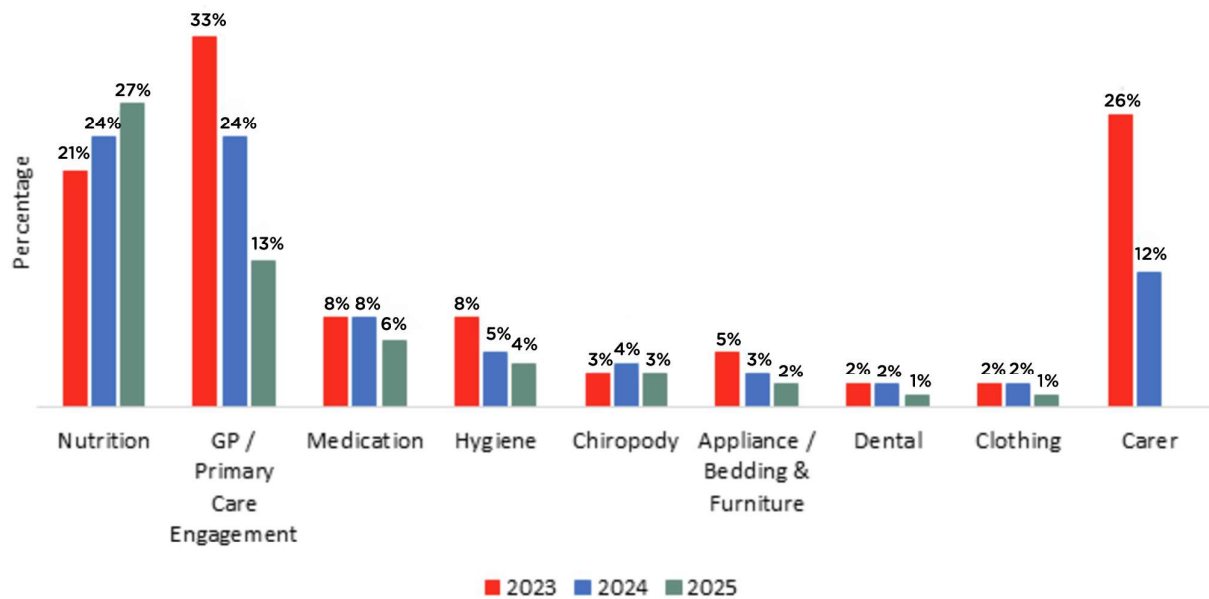


Figure 8: Personal Care Issue by Type, Yearly, 2023-2025

Note: Data on Carer for 2025 is unavailable; Percentage represents the proportion of respondents with personal care issues who reported each specific concern.

Looking more closely at nutrition-related needs, over half (54%, n=563) of those reporting nutrition issues said they needed alternative food options, while 43% (n=445) required Meals on Wheels (Table 27). Smaller but important needs included access to suitable nutritional information, support from nutritionists, improvements to cooking facilities, and food bank access. When asked about the need for nutritional support, 94% (n=986) said they wanted ALONE to support, highlighting the importance of this service area.

Among those experiencing GP and Primary Care engagement issues, the most common need was support in accessing a public health nurse, followed by help accessing occupational therapy (OT; See Appendix 2, Table 28). These patterns are consistent with those seen in 2023 and 2024. Other reported needs included advocacy for GP access, physiotherapy, support with changing GP, though these varied across the year.

(14) Assessment form update in 2024 included:

1. Changes to "Issues with carers" now include respite-specific options.
2. Free-text responses for Home Help, Meals Delivered, and Carer Issues were replaced under Personal Care with picklists for how often they were delivered and the provider, improving data consistency.

SOCIAL PRESCRIBING

In 2025, a higher proportion of older people reported needing social prescribing support (n=3,686), increasing by 3 percentage points compared to the previous two years (Figure 3). The majority (72%, n=2,641) were matched with local community groups, a pattern that remained consistent throughout the year and in line with previous years (see Appendix 2, Table 29). These groups play an important role in helping older people build social connections and engage with their local communities.

In contrast, one-off events accounted for almost one-fifth (18%, n=671) of social prescribing supports in 2025 and showed an increase across the year, rising from 14% (n=103) in Q1 to 21% (n=226) in Q3, before easing slightly to 20% (n=187) in Q4. This suggests growing interest in short-term events as part of social prescribing support.

MENTAL HEALTH

In 2025, 2,697 older people assessed by ALONE reported experiencing mental health challenges. This has declined, from 26% (n=2,405) in 2023 to 21% (n=2,697) in 2025, as can be seen from Figure 3.

As shown in Figure 9¹⁵, in 2025, depression was the most commonly reported issue (21%, n=566). Other commonly reported issues included anxiety (19%, n=518) and bereavement-related issues (16%, n=439). A smaller proportion (6%, n=160) reported addiction-related concerns, which showed a slight increase over the period. Among those who reported a mental health concern in 2025, 40% (n=1,088) said they had visited a GP, nurse, or other medical practitioner. Of this group, 74% (n=803) were prescribed medication, although a small number reported difficulties remembering to take their medication.

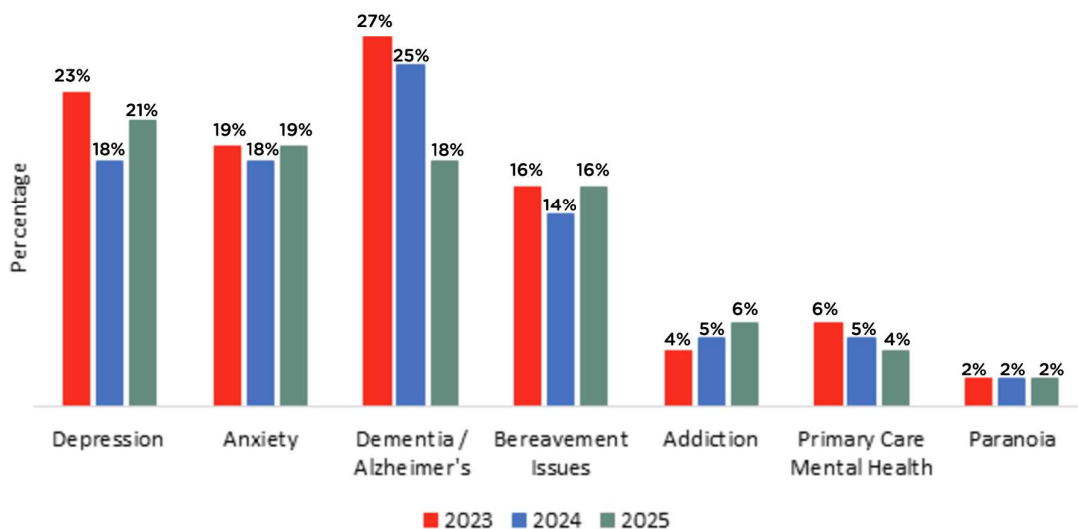


Figure 9: Mental Health Issues by Type, Yearly, 2023-2025

Note: Percentage represents the proportion of respondents with mental health issues who reported each specific concern.

(15) Note: The decrease in Dementia/Alzheimer's reporting is due to a mid-year change in recording practices. This was moved from the Mental Health category to the Physical Health category.

FINANCE¹⁶

Financial challenges followed a downward trend, declining from 30% (n=2,775) in 2023 to 21% (n=2,678) in 2025. In 2025, 2,678 individuals assessed by ALONE reported financial challenges. Among these individuals, the most frequently reported concerns were related to benefits (31%, n=822) and entitlements (23%, n=621; Figure 10). While utility-related concerns, which were quite substantial in previous years, saw a substantial decrease, most of the other concerns saw an increase in comparison to last year.

The reduction in utility-related issues should be interpreted with caution, as it primarily reflects a change in the availability of specific energy supports rather than a decrease in underlying need. During Winter 2024–2025, financial concerns relating to energy costs were frequently recorded under the utilities category because energy credit schemes were available to older people through several energy providers. However, many of these schemes were paused or ended in January 2025, with support only provided during Q4 2024.

As a result, while fewer concerns were recorded under the utilities category, financial pressures associated with energy and cost-of-living challenges may have shifted into other financial support categories. This is reflected in the increase in older people seeking assistance with benefits (31%), entitlements (23%), funding (19%), and grants (13%). Together, these trends suggest that underlying financial need has not diminished; rather, older people may be pursuing alternative forms of support to manage ongoing cost-of-living and energy poverty concerns.

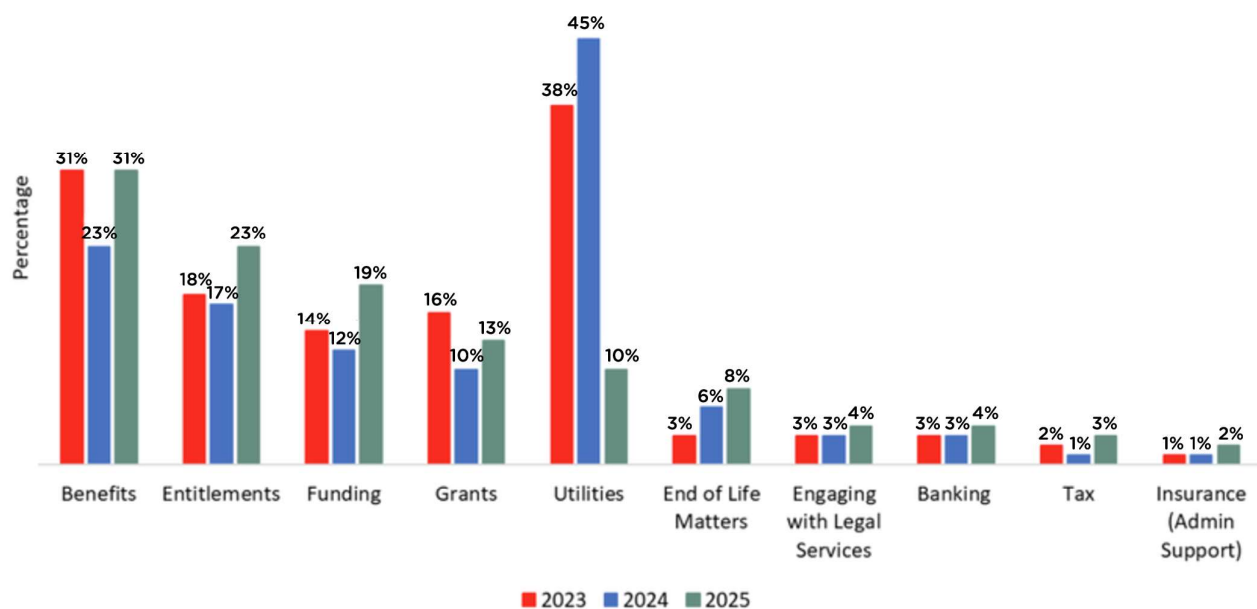
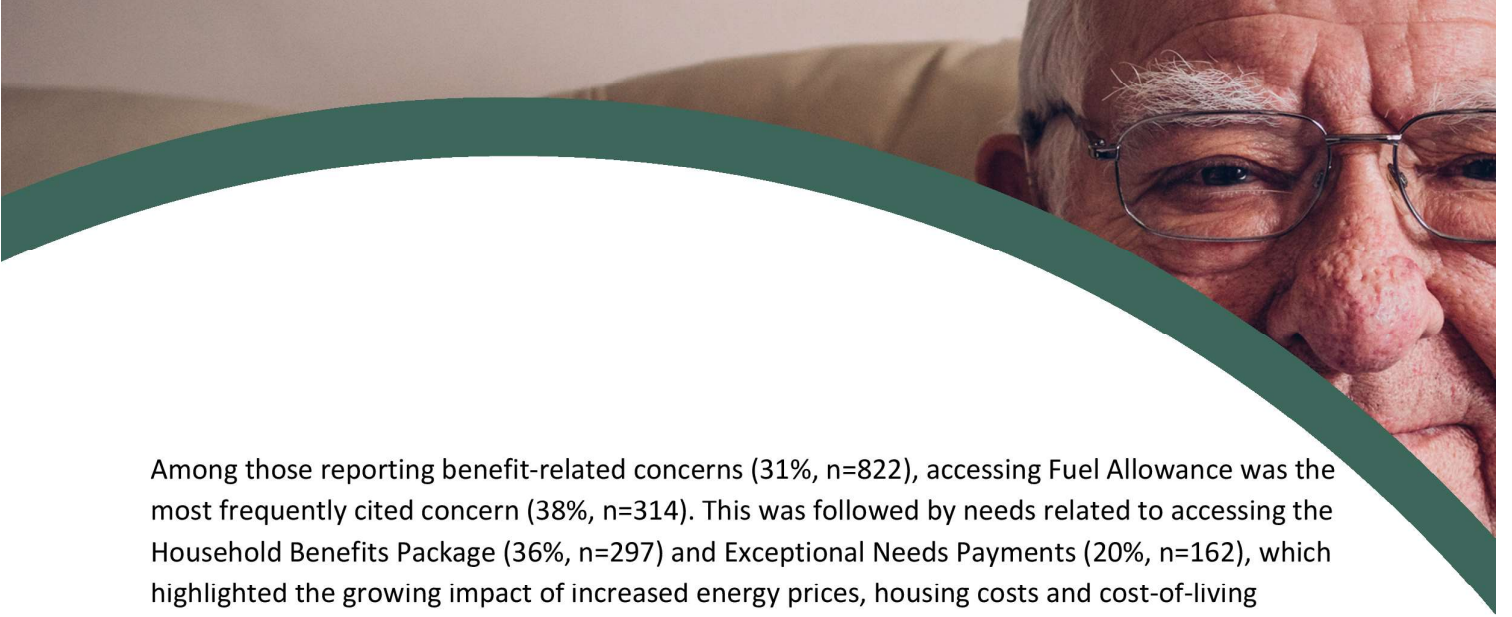


Figure 10: Finance Issues by Type, Yearly, 2023-2025

Note: Percentage represents the proportion of respondents with finance issues who reported each specific concern.

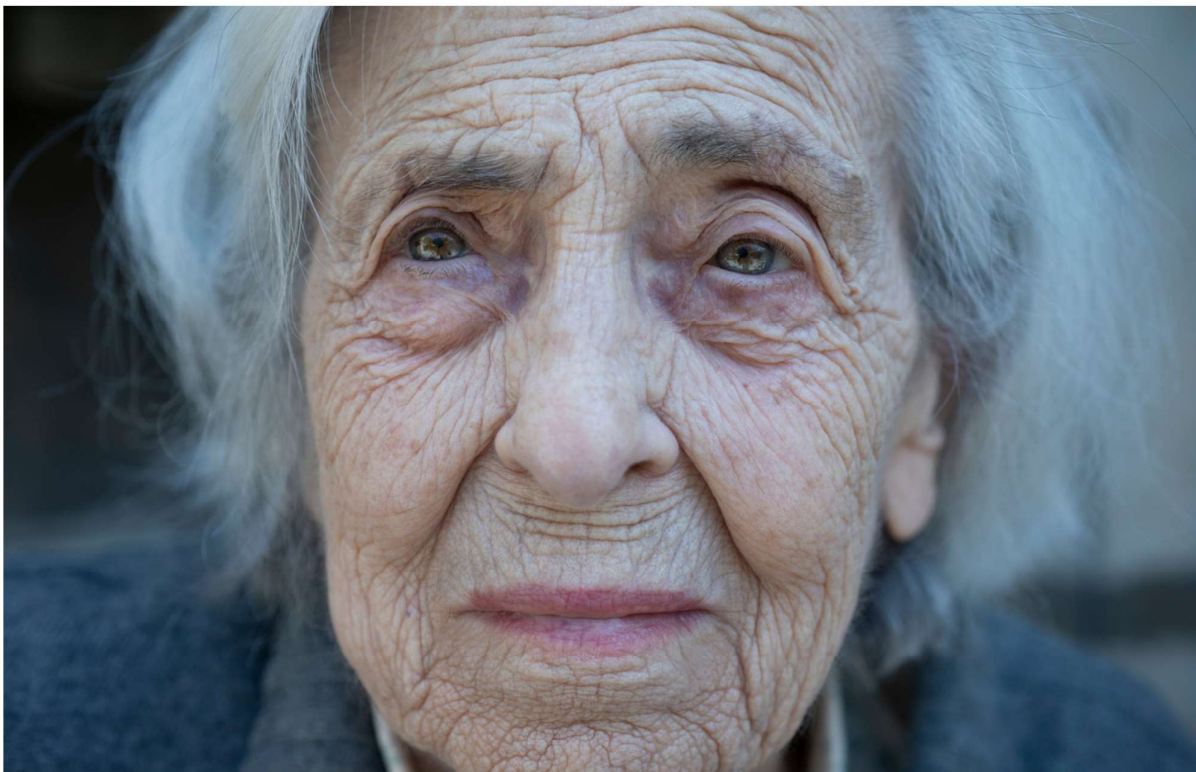
(16) Assessment form update in 2024 included:

1. The Entitlements and Benefits sections were updated with new subcategories and some items which were Entitlements were moved to Benefits.
2. Utility support questions reflect additional energy credit options



Among those reporting benefit-related concerns (31%, n=822), accessing Fuel Allowance was the most frequently cited concern (38%, n=314). This was followed by needs related to accessing the Household Benefits Package (36%, n=297) and Exceptional Needs Payments (20%, n=162), which highlighted the growing impact of increased energy prices, housing costs and cost-of-living pressures on older people. Concerns relating to access to a Medical Card accounted for 14% (n=117) of benefit-related concerns and increased throughout the year, suggesting growing need for financial support to cover healthcare expenses, which can be a significant burden for older individuals. Other benefit-related concerns involved Carer Benefits (n=96) and Carer Support Grants (n=50), pointing to gaps in accessing caregiving financial assistance (Table 32).

Among those reporting entitlement-related concerns (22%, n=621), 77% (n=477) were seeking support with State benefits, most commonly the Living Alone Allowance, Carers Allowance, Disability Allowance, and the Free Travel Pass. Pension-related issues also featured prominently, while a smaller subset of concerns involved access to a GP Medical Card (See Appendix 2, Table 33).



SAFEGUARDING¹⁷

In 2025, 78 older people assessed by ALONE indicated that they were at risk of abuse. This represents a slight decrease compared to previous years.

Financial Abuse was the most commonly reported concern in 2024 and 2025. In 2025, it accounted for 38% (n=30) of safeguarding reports, representing a slight decrease compared to 2024. Emotional abuse, which was the most frequently reported concern in 2023, ranked second in both 2024 and 2025. In 2025, it accounted for 35% (n=27) of safeguarding reports (Figure 11). Although safeguarding concerns remain relatively low in number, they are deeply concerning. ALONE will remain vigilant in tracking these trends and implementing measures to protect the safety and wellbeing of older people at risk.

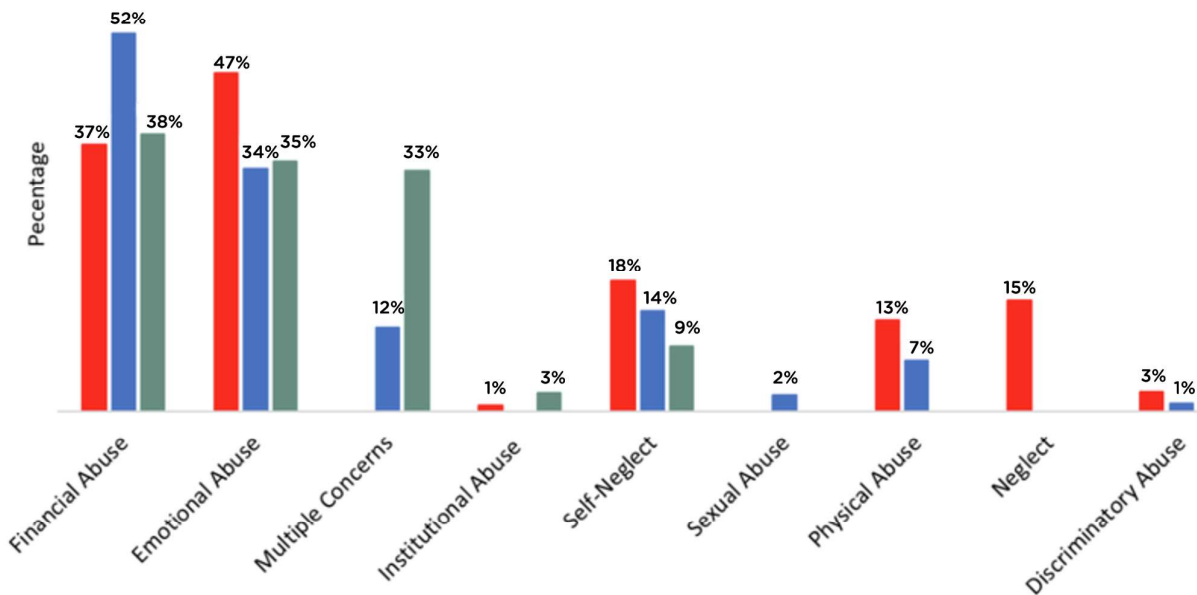


Figure 11: Safeguarding Issues by Type, Yearly, 2023-2025

Note: Data on Multiple Concerns for 2023, Sexual Abuse for 2023 and 2025, Institutional Abuse for 2024, Neglect for 2024 and 2025, and Physical and Discriminatory Abuse for 2025 are unavailable.

Percentage represents the proportion of respondents with safeguarding issues who reported each specific concern.

(17) Assessment form update in 2024: Safeguarding concerns were expanded to include Multiple Concerns.

PRIORITY AREAS OF NEED

The 2025 assessment data from ALONE revealed several key areas of concern that require focused attention to improve support for older people. These issues reflect the evolving needs of Ireland's ageing population and the necessity for targeted support coordination (SC) interventions. ALONE will continue to monitor these trends and adapt services as needed to ensure older people receive the most effective and appropriate support.

The key issues are as follows:

Increasing physical frailty and risk of falls



Physical health issues are the most commonly reported need, increasing to almost 60% in 2025, with falls being a persistent and growing concern. This reflects an ageing population living longer in frailty and reduced mobility, all of which can increase risks in the home and highlight the need for timely support and safer home environments.

Growing demand for mobility and housing adaptation

Closely linked to physical health are mobility and housing-related issues that continue to rise, particularly the need for grab rails, ramps, stair-lifts, and bathroom adaptations. These trends emphasise the importance of practical supports that help older people remain safe and independent at home, especially as the proportion aged 86 and over continues to rise.



Rising personal care needs, particularly nutrition



Personal care needs slightly increased in 2025, with nutrition emerging as the most frequently reported issue increasing from 21% in 2023 to 27% in 2025. Many older people require support with food access, suitable meal options, and nutrition-related advice, highlighting vulnerabilities linked to health, mobility, and cost-of-living pressures.

Persistent financial pressures, despite overall decline

While fewer older people report financial difficulties overall, benefits and entitlements remain key concerns, particularly fuel allowance, household benefits, and medical cards. This reflects the continued impact of energy costs, healthcare expenses, and navigating complex systems, requiring clear advice and advocacy support.



CHAPTER 3: MONITORING DELIVERY

STRATEGIC ADDED VALUE OF THE ALONE MODEL DRIVING A PERSON-CENTRED APPROACH IN THE ECC PROGRAMME

A key strength of the ALONE model is its person-centred approach, which focuses on delivering holistic support plans that consider the overall needs of each older person. Support plans are developed based on assessment findings and tailored to reflect each person’s circumstances, priorities, and preferences. This comprehensive approach is reflected in the diverse range of support coordination (SC) interventions provided, each designed to address the complex and interconnected aspects of older people’s wellbeing.

As shown in Figure 12, SC interventions delivered have increased overall since 2022, reflecting both growing demand for services and ALONE’s capacity to respond flexibly to the needs identified through assessment.

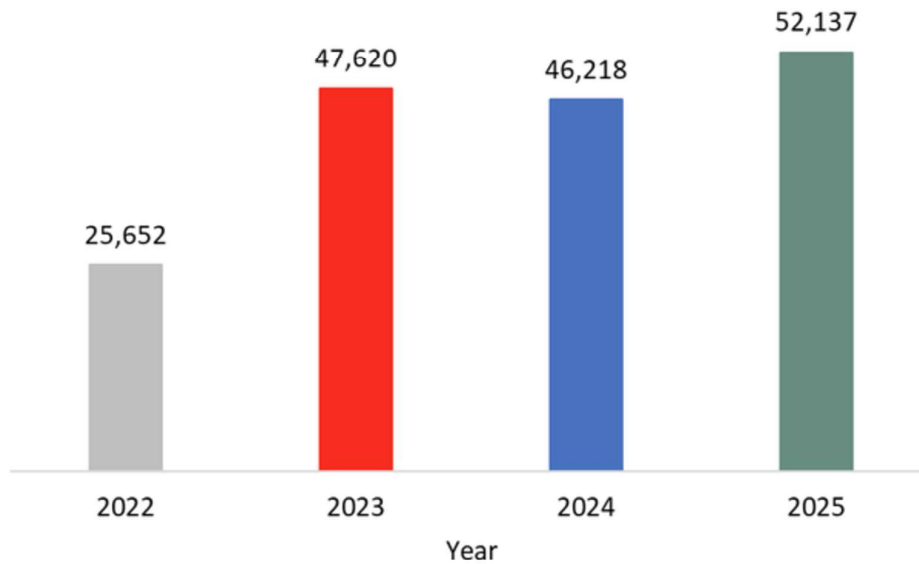


Figure 12: Total new SC interventions delivered, Yearly, 2022-2025

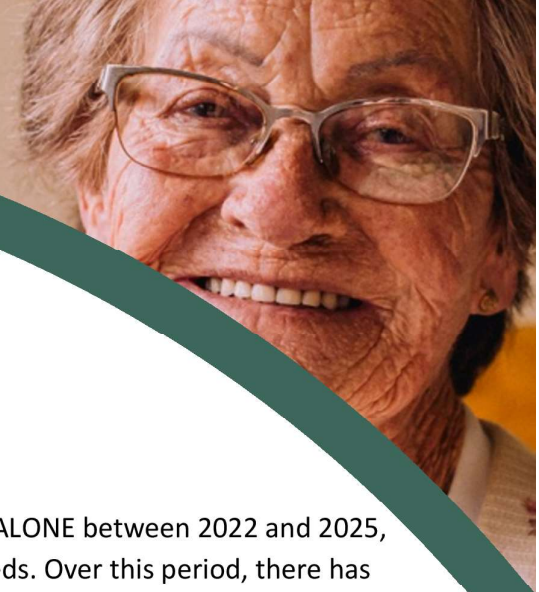


Figure 13 shows the distribution of SC interventions delivered by ALONE between 2022 and 2025, highlighting how support has evolved in response to changing needs. Over this period, there has been a notable increase in physical health and mobility SC interventions, which became the most common type of support delivered in 2025. Housing-related SC interventions have remained consistently high, reflecting ongoing needs related to home safety and suitability.

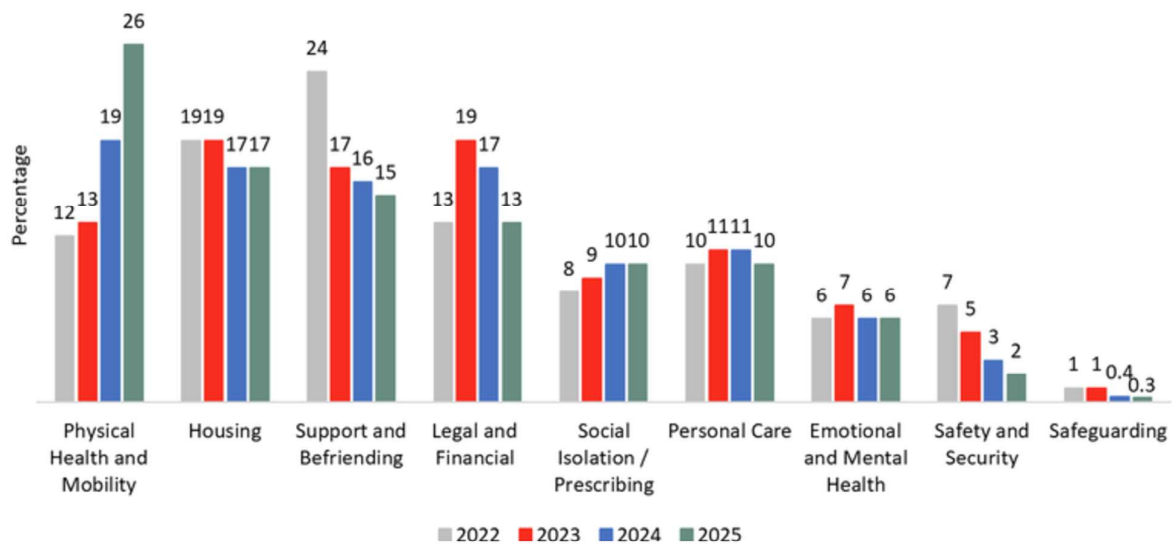


Figure 13: Proportion of SC interventions by type, Yearly, 2022-2025

At the same time, the proportion of support and befriending and legal and financial SC interventions has declined, while personal care and social prescribing supports have remained stable, indicating a shift towards more practical and health-focused SC interventions. Although safeguarding SC interventions account for a small proportion, they remain a critical part of ALONE’s response to those most at risk.

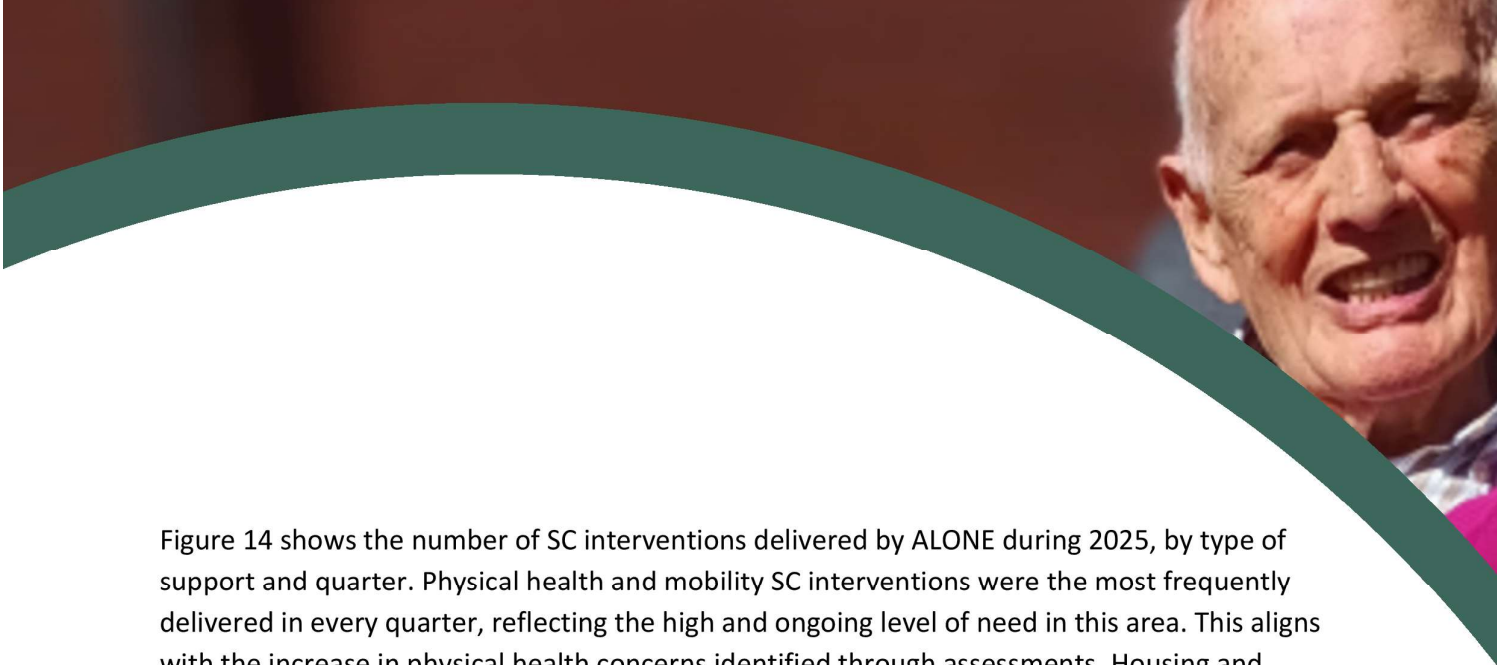


Figure 14 shows the number of SC interventions delivered by ALONE during 2025, by type of support and quarter. Physical health and mobility SC interventions were the most frequently delivered in every quarter, reflecting the high and ongoing level of need in this area. This aligns with the increase in physical health concerns identified through assessments. Housing and support and befriending SC interventions also accounted for large volumes, though both declined over the course of the year.

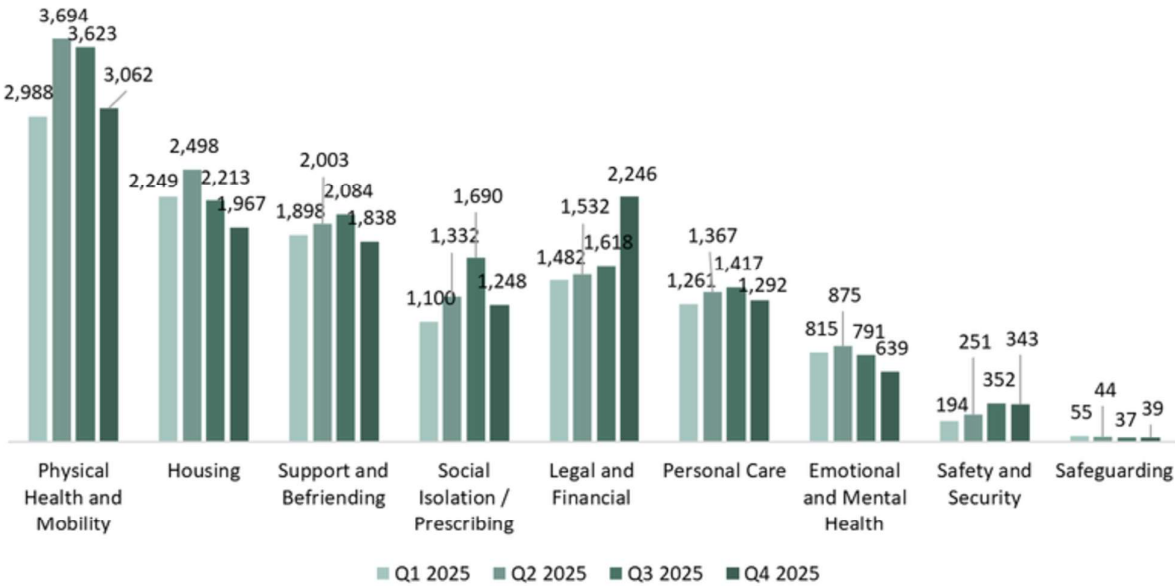


Figure 14: SC interventions by type, Quarterly, 2025





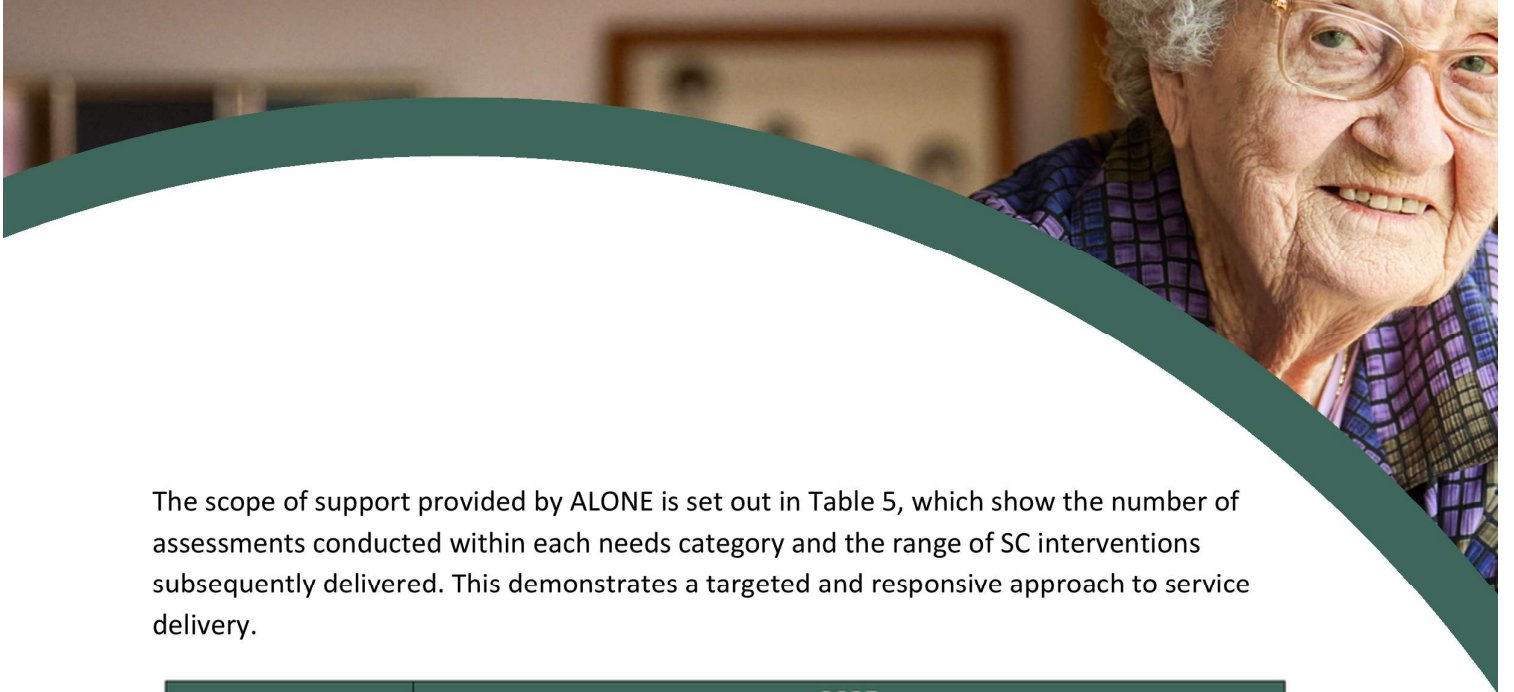
In contrast, although the overall number of legal and financial SC interventions was lower than previous years, we saw a seasonal trend with a peak occurring in Q4. This suggests increased demand for support with financial and legal matters, during the winter months, a pattern also observed in previous years. Personal care and social isolation/prescribing SC interventions remained relatively stable across the year. While emotional and mental health, safety and security, and safeguarding SC interventions accounted for smaller numbers, they remain critical supports for individuals with higher levels of vulnerability.

Overall, 82% of SC interventions were completed within the same quarter, demonstrating timely delivery of support. Of these, 93% were completed with outcomes being met, while 7% were completed but outcomes were not met. A quarterly breakdown and the number of older people who received them is provided in Table 4.

	No. Received Interventions*	Interventions	Interventions per person
Q1 2025	3,699	12,042	3.3
Q2 2025	3,936	13,596	3.5
Q3 2025	4,226	13,825	3.3
Q4 2025	4,277	12,674	3.0
Total	16,138	52,137	3.2

Table 4: Quarterly Distribution of SC interventions provided by ALONE to Older People in 2025
Note: * These figures are added together across the year and do not represent unique individuals.





The scope of support provided by ALONE is set out in Table 5, which show the number of assessments conducted within each needs category and the range of SC interventions subsequently delivered. This demonstrates a targeted and responsive approach to service delivery.

Area of Need	2025	
	No. of Assessments Conducted	No. Received Interventions
Physical Health	7,425	7,140
Loneliness	5,675	5,548
Mobility	4,878	4,690
Housing Issues	4,512	4,411
Personal Care	3,806	3,699
Social Prescribing	3,686	3,627
Mental Health	2,697	2,566
Finance	2,678	2,638
Safeguarding	78	77
Total	12,690	11,840

Table 5: No. of Assessments conducted within each category of need, No. of people who received a SC intervention within each category of need, % of those assessed who received a SC intervention, based on 2025 aggregated quarterly data

Note: An Assessment may identify one or more category of need for the same person and overlap between categories is common. The proportion of people within each category of need who received a SC intervention in 2025 is therefore different to the overall proportion of all people who were assessed. They do not represent unique individuals.

While most identified needs are addressed, a small proportion of individuals may not receive a SC intervention within the same reporting period which likely reflects timing differences between when an assessment took place and when support was delivered

In 2025, ALONE carried out 12,690 assessments with older people, identifying one or more areas of need per person. Overall, 93% (n=11,840) of those assessed received at least one SC intervention during the same quarter in which they were assessed, based on aggregated quarterly data. At the category level, a high level of responsiveness was observed across all quarters of 2025, reflecting a sustained pattern also observed in previous years.

ALONE: THE CRITICAL LINK BETWEEN OLDER PEOPLE AND SERVICES

A key strength of ALONE’s model is its ability to build strong partnerships with community and health services to meet growing demand. By linking community and acute services, ALONE helps ensure older people can access the right support at the right time, positioning the organisation as an important part of the continuum of care.

As shown in Table 6, external agencies were the main source of referrals in 2025, accounting for almost 70% of all referrals. This represents an increase compared to previous years, when external agencies accounted for around two-thirds of referrals. Over the same period, public referrals declined slightly, while self-referrals increased, highlighting ALONE’s growing visibility and accessibility for older people seeking support.

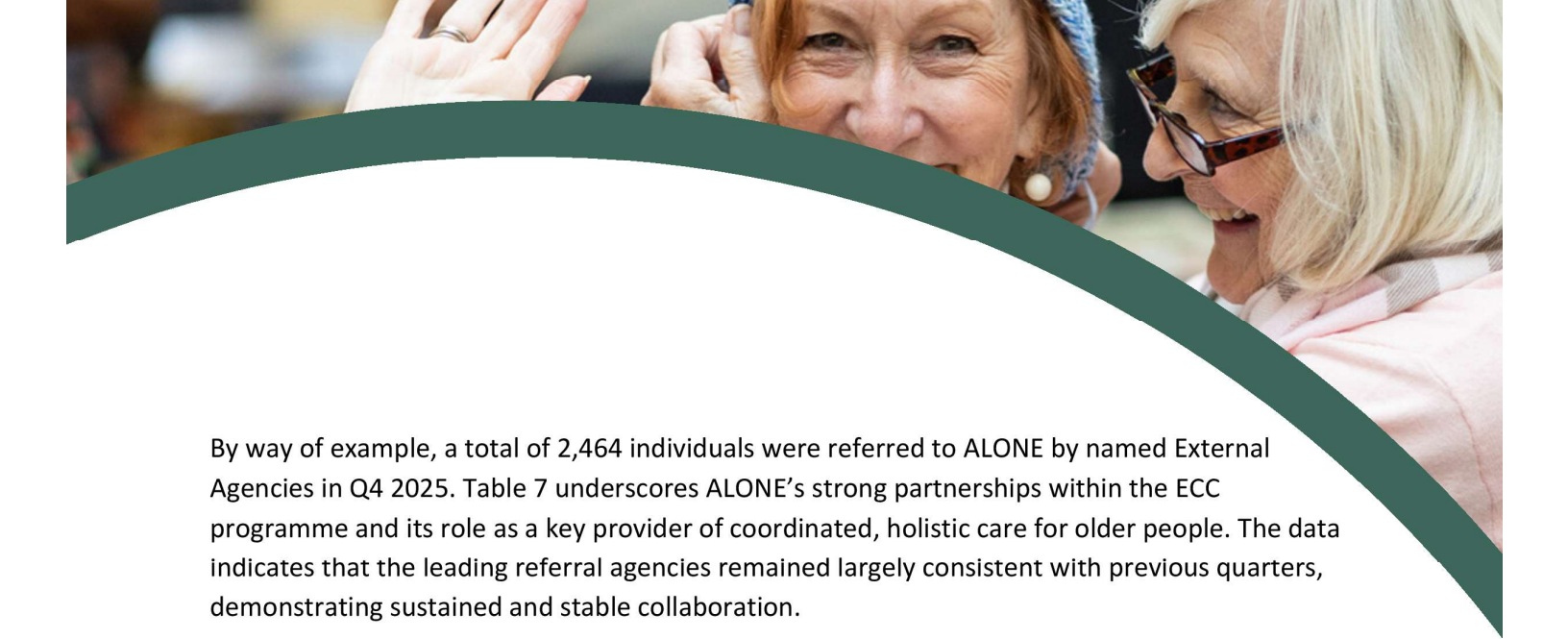
Referral Type	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.*	%	No.*	%	No.*	%	No.*	%
External Agency	2,763	69	2,998	71	3,177	71	3,002	70
Internal Referral	301	8	213	5	306	7	306	7
Public (Friend/Family)	568	14	532	13	486	11	488	11
Self	685	17	770	18	800	18	822	19
Total	3,994		4,205		4,453		4,304	

Table 6: Referral Type, No., %, Quarterly, 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.





By way of example, a total of 2,464 individuals were referred to ALONE by named External Agencies in Q4 2025. Table 7 underscores ALONE’s strong partnerships within the ECC programme and its role as a key provider of coordinated, holistic care for older people. The data indicates that the leading referral agencies remained largely consistent with previous quarters, demonstrating sustained and stable collaboration.

External Referral Agency	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%	No.	%	No.	%	No.	%
Community Care Professionals	839	35	860	36	867	34	799	32
Hospital	673	28	702	29	797	31	744	30
HSE (non-specified)	406	17	529	22	533	21	531	22
ICPOP	137	6	159	7	201	8	219	9
Charitable Organisations / NGO	111	5	119	5	144	6	104	4
Mental Health Service	47	2	63	3	59	2	64	3
Safeguarding	8	0.3	10	0.4	8	0.3	11	0.4
Other	165	7	185	8	177	7	172	7

Table 7: External Referral Agencies, Quarterly, 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.

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

A further 902 people were referred to ALONE by external agency in Q4 2025; however data on source is unavailable

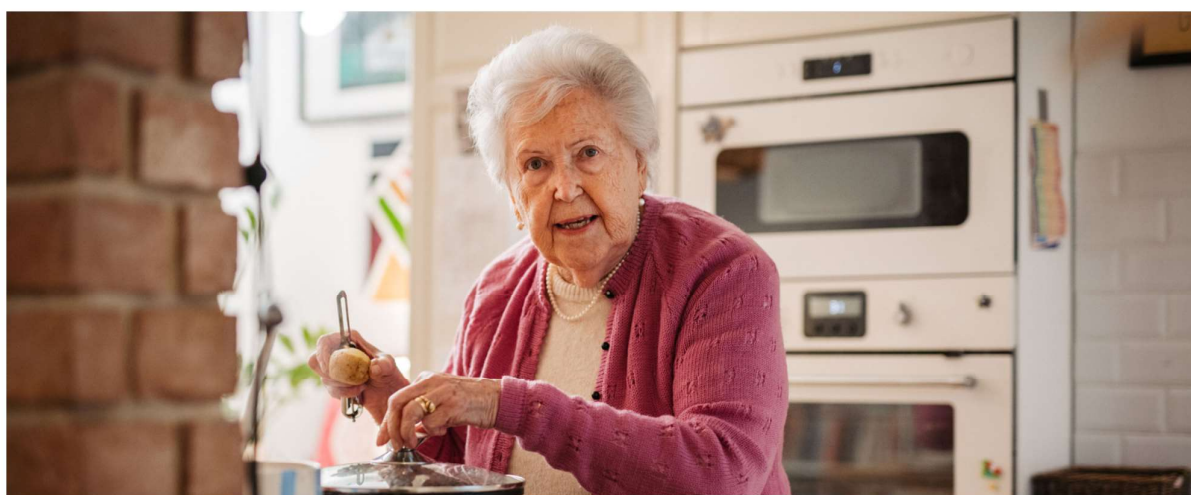
ALONE collaborates with a diverse network of Government and State agencies, national advocacy organisations, and community-based service providers to ensure that older people receive the tailored support they need. These partnerships span multiple sectors, from healthcare (e.g., GPs, Public Health Nurses, 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 specific needs identified through their assessment with the appropriate support offered by ALONE and its partners.

In Q4 2025, 5,759 support coordination (SC) interventions relied on ALONE’s external partnerships, accounting for 45% of all SC interventions, a proportion consistent with earlier quarters. Across 2025, 23,649 SC interventions were delivered in partnership with others, also representing 45% of all SC interventions (Table 8). This marks a slight decrease compared to previous years, when around half of all SC interventions relied on partnerships.

Despite this reduction, partnerships remained central to service delivery, supporting older people across a wide range of needs. As shown in Table 8, the largest share of partner-supported SC interventions related to social supports (24%, n=5,559) and physical health (24%, n=5,696), together accounting for almost half of all partnership activity. This pattern was consistent throughout 2025 and aligns with trends observed in previous years.

Partner Supports	Q1 2025		Q2 2025		Q3 2025		Q4 2025		2025	
	No.	%	No.	%	No.	%	No.	%	No.	%
Staying connected with Social Supports	1,214	23	1,407	23	1,631	25	1,307	23	5,559	24
Getting Support for Physical Health	1,378	26	1,439	24	1,535	24	1,344	23	5,696	24
Getting Help from Government Services	1,110	21	1,251	21	1,402	22	1,347	23	5,110	22
Support from Charities and Nonprofits	375	7	480	8	437	7	471	8	1,763	7
Accessing Financial Supports	332	6	351	6	322	5	415	7	1,420	6
Advocate for Physical Health Supports	268	5	295	5	294	5	267	5	1,124	5
Accessing Personal Care Supports	261	5	286	5	238	4	182	3	967	4
Transport Support	88	2	166	3	212	3	156	3	622	3
Housing Support	211	4	219	4	208	3	125	2	763	3
Getting Legal Advice or Support	82	2	91	1	73	1	88	2	334	1
Support for Mental Health and Wellbeing	76	1	89	1	69	1	57	1	291	1
	5,395		6,074		6,421		5,759		23,649	

Table 8: Partner Supports, No. and % of SC interventions, Quarterly, 2025





MAXIMISING THE IMPACT: THE FINANCIAL AND SOCIAL VALUE OF VOLUNTEERS IN THE ALONE MODEL

Volunteers play a vital role in ALONE’s services, especially the Visitation and Telephone Support and Befriending services. They help ALONE reach more older people and provide regular contact and companionship. Their support also helps make best use of resources, so more help can be directed to older people who need it most.

Beyond their time, volunteers bring kindness, skills, and strong links to their local communities. Their involvement helps older people feel connected, valued, and supported, and strengthens the impact of ALONE’s work.

Volunteer engagement rose steadily in 2025, increasing by 44% from 8,150 in January to 11,739 in December. As shown in Table 9, this increase was seen across all Health Regions, showing the growing importance of volunteer-led support.

Please note that these figures are not directly comparable with previous years, due to changes in the way volunteer activity was recorded¹⁸ in 2025. A decrease in volunteer numbers was also observed around March, as outlined in the quarterly report; however, this was attributable to internal reporting changes rather than a decline in volunteer engagement.

Volunteers - YTD ever engaged	January 2025	December 2025	% Change
HSE West and North West	1,411	2,268	61%
HSE Dublin and North East	2,011	2,644	31%
HSE Dublin and Midlands	1,539	2,168	41%
HSE Midwest	656	801	22%
HSE Dublin and South East	1,668	2,063	24%
HSE South West	865	1,541	78%
Total	8,150	11,739	44%

Table 9: Volunteers - YTD engaged (ever), 2025

(18) In March 2025, improvements to our volunteer management system were introduced which enhanced data accuracy and reporting and resulted in a one-off adjustment to more precise figures for actively engaged volunteers, making year-on-year comparisons not directly comparable.

Volunteers provided 111,704 Visitation and Befriending visits supporting 8,794 individuals in 2025, with engagement remaining steady across all quarters (Table 10).

Visitation Support & Befriending Visits	Q1 2025	Q2 2025	Q3 2025	Q4 2025
Total Visits	27,096	29,436	27,340	27,832

Table 10: Visitation Support and Befriending, by Total No. of Visits, by quarter, 2025

Volunteers also made 197,468 calls supporting 5,584 individuals in 2025, highlighting the continued demand for social connection among older people (Table 11). These services provide consistent emotional and social support, helping reduce loneliness while ensuring older people remain engaged with their communities.

Telephone Support & Befriending Calls	Q1 2025	Q2 2025	Q3 2025	Q4 2025
Total Calls	49,800	49,472	50,123	48,073

Table 11: Telephone Support and Befriending Calls, by quarter, 2025

In 2025, 11,976 check-in calls were made between older people and volunteers. Quarterly details are provided in Table 12.

Check-in calls (Older People and Volunteer)	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Total
Total Calls	2,663	2,907	2,968	3,438	11,976

Table 12: Check-in Calls (Older People and Volunteer), 2025

In 2025, 22,528 calls were made to the NSRL. Quarterly details are provided in Table 13.

NSRL calls	End of Q1	End of Q2	End of Q3	End of Q4	YTD
Total Calls	6,191	5,230	5,308	5,799	22,528
Cumulative Unique Individuals	1,296	2,437	3,499	4,712	

Table 13: Calls to the National Support and Referral Line, Q4 2024 and YTD

NSRL calls throughout the year covered a wide range of topics, with Q4 2025 details set out in Table 14. Similar patterns were seen throughout the year. As shown in the table, most calls focused on loneliness, as well as providing support, information, and advice to older people.

Main Theme of Call	Record Count
Front Office*	1,015
Loneliness	721
Info/Advice given to OP	313
Supportive Chat	272
Technology	158
Housing	131
Signposting	125
Missed call from ALONE	120
Finance	58
Home Care/Meals on Wheels	46
Energy Credit Requests	46
Mental health (suicidal caller etc.)	36
Info about digital skills/Hi Digital	20
Transport	20
Shopping/Medication	10
Signpost to SVP	3
Restrictions/Vaccines (COVID)	1
Total	3,095

Table 14: Calls to the National Support and Referral Line by Theme

Note: *Front office is used to describe calls in relation referrals, and/or queries from older people, their families or other stakeholders



Figure 15 presents the total number of hours contributed by ALONE volunteers each quarter in 2025. In 2025, ALONE volunteers dedicated a total of 273,944 hours of support, representing a 4% increase from 2024 and 25% increase from 2023. This growth reflects the expanding role of volunteers in enhancing ALONE’s capacity to reach and support older people nationwide.

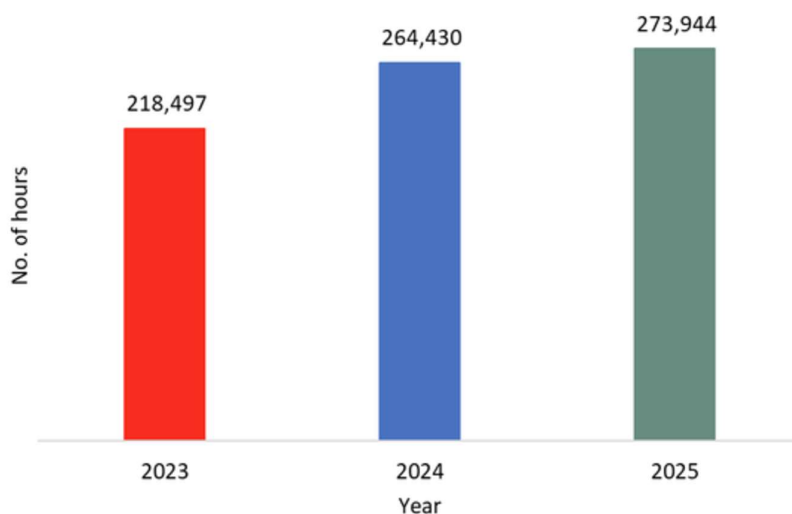


Figure 15: No. of Volunteer Hours, Yearly, 2023-2025

While the financial value attributed to volunteers extends far beyond traditional metrics, in 2018, the Charities Regulator commissioned a report from Indecon on the Social and Economic Impact of registered charities.¹⁹ In calculating the estimated value of volunteering in charitable organisations, Indecon used both the National Minimum Wage (NMW) and Average Hourly Earnings to achieve a range. Using this methodology, the total contribution of active ALONE volunteers in 2025 ranged from €3.7 million (NMW) to €8.5 million (Average Hourly Earnings; see Table 15).

2025	V. Hours	National Minimum Wage	Average Hourly Earnings
January to March (Q1)	67,736	€914,436	€2.2 million
April to June (Q2)	72,424	€977,724	€2.3 million
July to September (Q3)	66,368	€895,968	€2 million
October to December (Q4)	67,416	€910,116	€2 million

Table 15: Financial contribution of active volunteers, by quarter, 2025

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

(19) [Registered Irish Charities - Social and Economic Impact Report 2018 \(charitiesregulator.ie\)](https://www.charitiesregulator.ie/~/media/Charities-Regulator/2018-12-12-Indecon-Report-2018-2019)

CHAPTER 4: HEALTH REGIONS²⁰

To improve integration and community-based delivery of health and social care, Ireland is now organised into six Health Regions under the HSE’s new regional healthcare structure. Table 16 shows the total population of each health region, the estimated number of people aged 65+ and the number of older people supported by ALONE across each region. This includes those newly supported, those receiving ongoing support,²¹ and the total number of older people supported in the year to date.²² These figures are benchmarked against the estimated population aged 65+ in each region. For example, the 3,697 newly supported in the HSE West and Northwest region represent around 3.2% of that region’s population aged 65+.

As shown in the table, ALONE continues to have a strong presence in the HSE West and North West region, which accounts for the largest share of older people newly supported in 2025 (n=3,697), in receipt of ongoing support (n=3,731) and total supported (n=5,975).

REGIONAL COMPARISONS

	Population (Census 2022)	Proportion of people aged 65+ years (%)	Est'd. Population aged 65+	Newly supported by ALONE in 2025*	In receipt of ongoing ALONE support*	Total supported 2025
National Average	5,149,139	15.1	781,300	13,283 (1.7%)	13,992 (1.8%)	22,897 (2.9%)
HSE West and North West	759,652	16.5	125,343	3,697 (2.9%)	3,731 (3%)	5,975 (4.8%)
HSE Dublin and North East	1,187,082	13.1	155,508	2,501 (1.6%)	2,544 (1.6%)	4,131 (2.7%)
HSE Dublin and Midlands	1,077,639	13.2	142,248	2,178 (1.5%)	2,080 (1.5%)	3,907 (2.7%)
HSE Midwest	413,059	16.5	68,155	1,069 (1.6%)	905 (1.3%)	1,694 (2.5%)
HSE Dublin and South East	971,093	16.4	159,259	1,662 (1%)	2,169 (1.4%)	3,377 (2.1%)
HSE South West	740,614	16.1	119,239	2,160 (1.8%)	2,563 (2.1%)	3,794 (3.2%)

Table 16: Regional population distribution, Census 2022 and older people supported by ALONE in 2025.

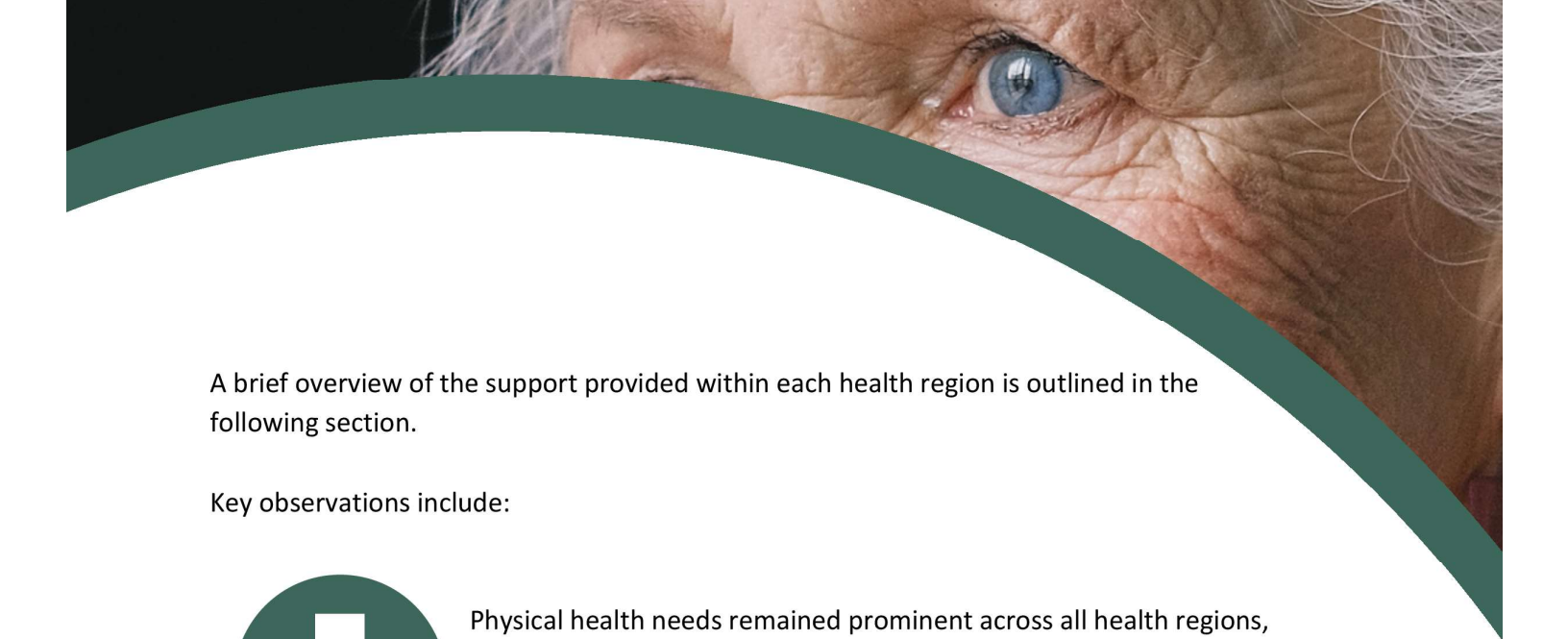
Note: Percentages shown in the table are calculated in relation to the estd. population aged 65+ in each region.

*These figures are related and overlap. “Newly supported” refers to individuals who began receiving new supports in 2025, 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 Q4 who continued through the period. As individuals can appear in both, these groups are not mutually exclusive and should not be added together.

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

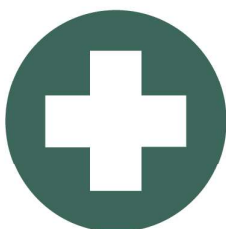
(21) This refers to older people already engaged with ALONE before Q4 2025 who remained active on ALONE’s CRM during the period.

(22) This reflects total number of older people active on ALONE’s CRM as of Q4 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, consistently emerging as the most commonly reported issues and the most frequently delivered support coordination (SC) interventions. This reflects widespread challenges linked to ageing, chronic illness, frailty, and falls.

Loneliness featured prominently across all regions, often increasing mid-year and remaining high throughout. It was particularly notable in the HSE Dublin and Midlands and HSE Dublin and North East regions, which have a relatively younger profile, with approximately 33% of engaged individuals under the age of 76.



Legal and financial SC interventions increased sharply in Q4 in the Dublin regions and the South West, which includes Ireland's second-largest urban centre. This recurring pattern highlights winter pressures related to energy costs, benefits, and entitlements, pointing to opportunities for earlier and more proactive support.

Housing issues frequently featured among the top concerns in multiple regions, including the West and North West, Dublin and Midlands, Mid West, and South West. This pattern reinforces the importance of viewing housing as a key factor in safety, wellbeing, and the ability to remain at home, rather than as a standalone issue.

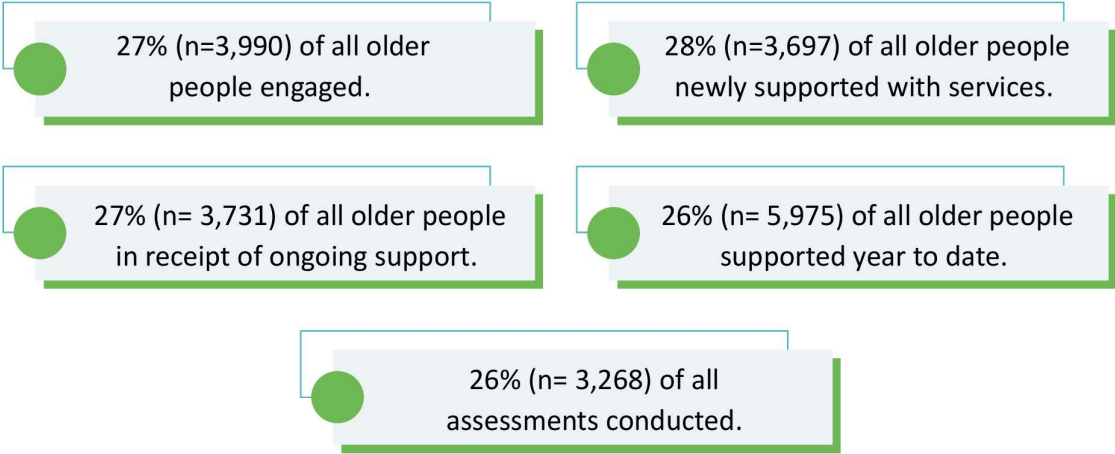


Across all regions, there was a higher proportion of female engagement, although the HSE West and North West showed a smaller gender gap, with a comparatively higher proportion of male engagement than other regions.

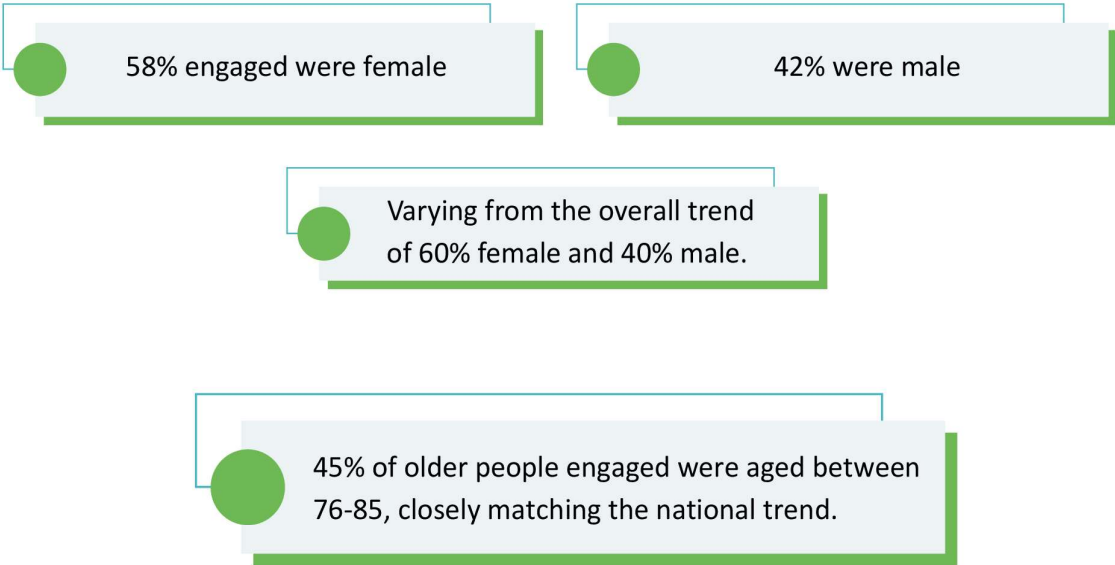


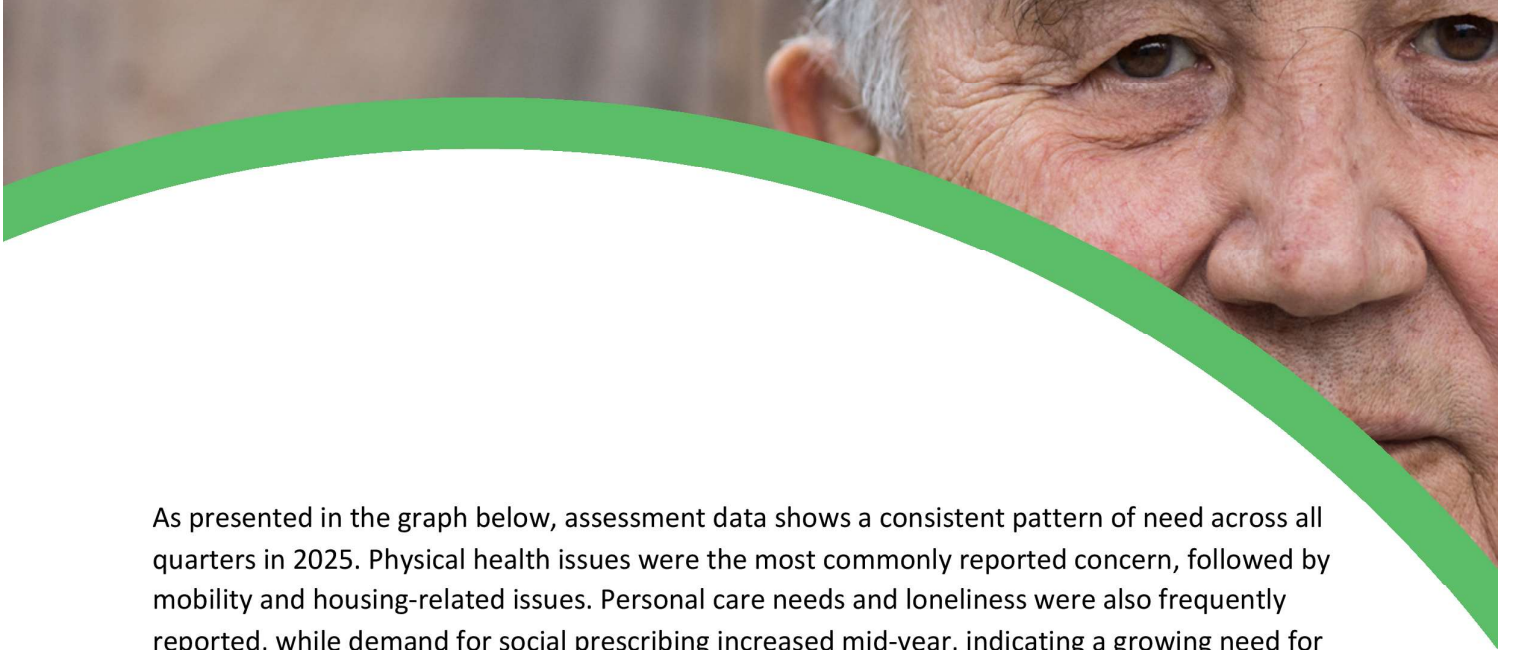
HSE WEST AND NORTH WEST

In 2025, this region contributed to:



In this region:





As presented in the graph below, assessment data shows a consistent pattern of need across all quarters in 2025. Physical health issues were the most commonly reported concern, followed by mobility and housing-related issues. Personal care needs and loneliness were also frequently reported, while demand for social prescribing increased mid-year, indicating a growing need for community-based supports. Although financial, mental health, and safeguarding concerns were reported less often, they remained present throughout the year and continue to require targeted support.

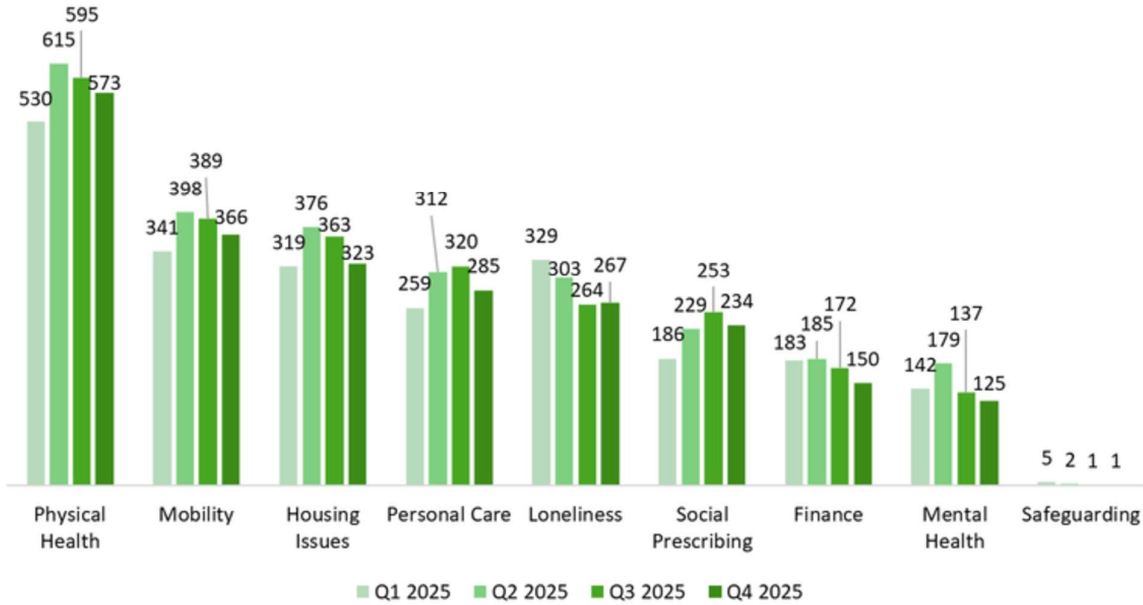


Figure 16: Presenting Issues reported by Older People in Assessments, HSE West and North West, Quarterly, 2025

In 2025, the West and North West regions accounted for 35% (n= 18,296) of all SC interventions nationally. Of these, 89% were closed during the same period. Among the closed SC interventions, 97% were completed with the intended outcomes achieved. While the total number of SC interventions declined slightly over the year, the overall distribution by support coordination intervention type remained consistent. Physical health and mobility SC interventions were the most common, followed by housing, legal and financial, and social prescribing SC interventions, highlighting continued demand for both practical and social supports.

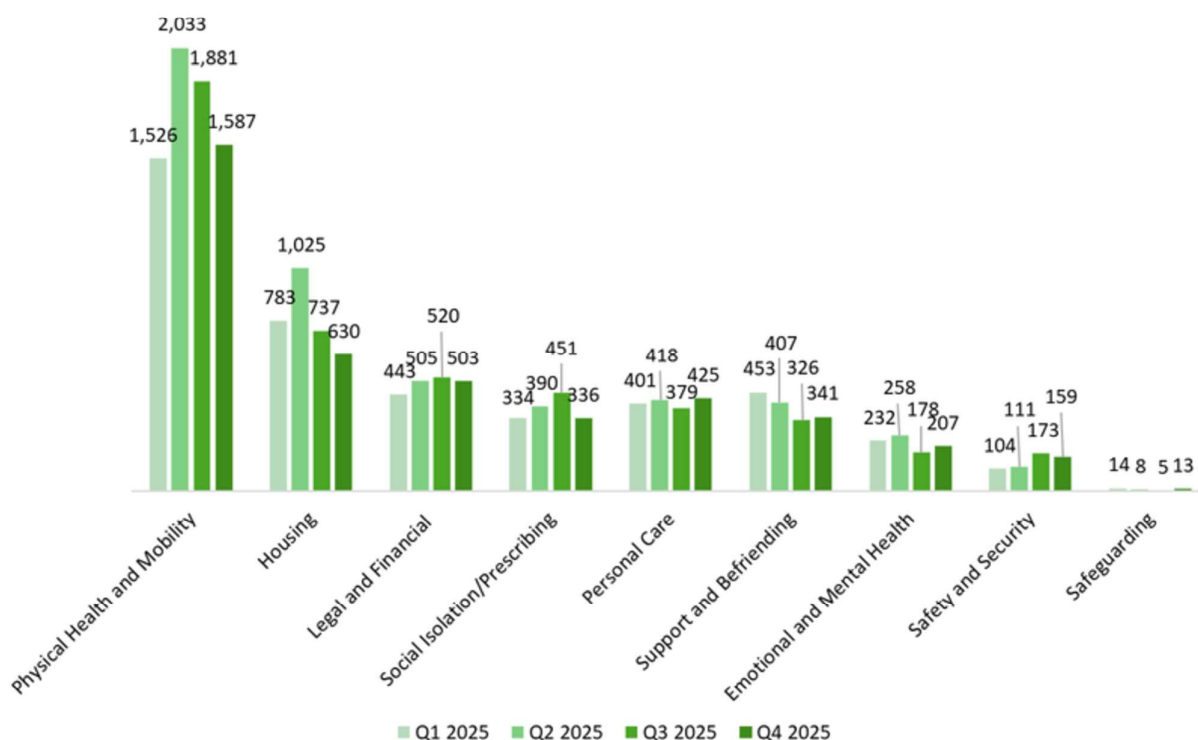


Figure 17: SC interventions by Type, HSE West and North West, Quarterly, 2025

This region also accounted for:

19% (n=2,268) of all volunteers engaged with ALONE.

21% (n=23,736) of all Visitation Support & Befriending visits.

22% (n=42,587) of all Telephone Support & Befriending calls.

21% (n=58,344) of all hours contributed by ALONE volunteers.



HSE DUBLIN AND NORTH EAST

In 2025, this region contributed to:

18% (n=2,727) of all older people engaged.

19% (n=2,501) of all older people newly supported with services.

18% (n=2,544) of all older people in receipt of ongoing support.

18% (n= 4,131) of all older people supported in the year to date.

21% (n= 2,608) of all assessments conducted.

In this region:

60% engaged were female.

40% were male, consistent with the overall trend.

32% of older people engaged 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 throughout the year. Loneliness was the most prominent issue, rising to a peak mid-year before easing slightly in Q4. Social prescribing and physical health needs also increased sharply in Q3 while housing and mobility issues remained steady, indicating ongoing pressure rather than seasonal spikes. In contrast, mental health and safeguarding concerns were low and declined toward year-end.

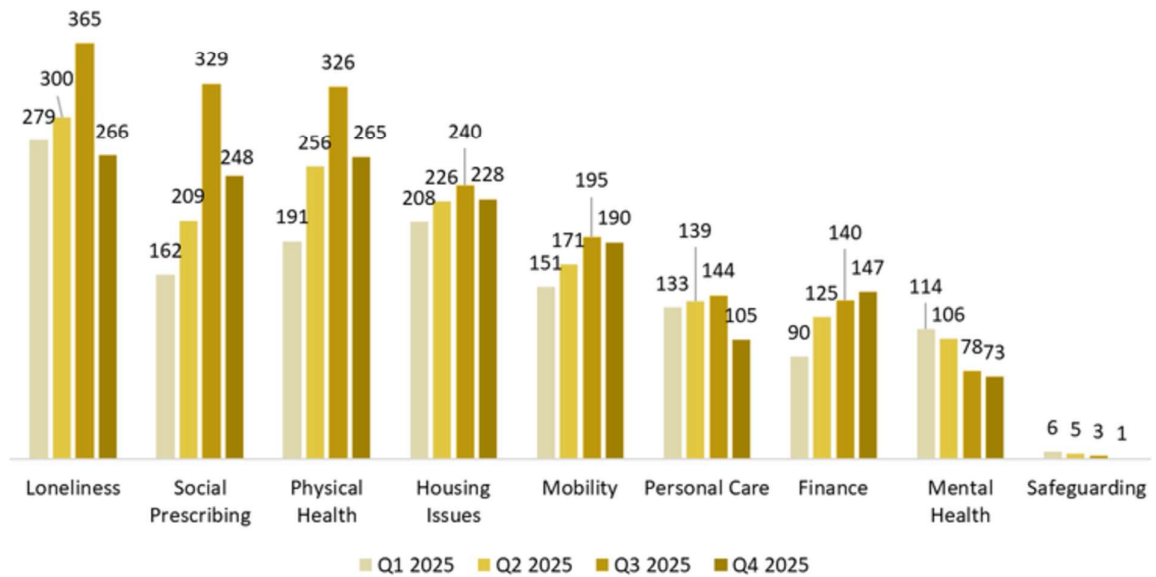


Figure 18: Presenting Issues reported by Older People in Assessments, HSE Dublin and North East, Quarterly, 2025

In 2025, the Dublin and North East region accounted for 20% (n=10,386) of all SC interventions nationally. Of these, 84% were closed during the same period and 95% of closed SC interventions were successfully completed with the intended outcomes achieved. As shown in the chart, social prescribing and physical health and mobility SC interventions increased sharply in Q3 compared with previous quarters, before declining in Q4.

This trend corresponds with the rise in the needs identified under the same categories in Q3, as presented in the needs assessment chart above, indicating that timely supports were delivered by ALONE in response to the increased demand. Legal and financial SC interventions increased notably in Q4, reflecting heightened financial pressure and demand for assistance during the winter months. Housing SC interventions remained consistently high across all quarters, reflecting ongoing pressure related to housing suitability.

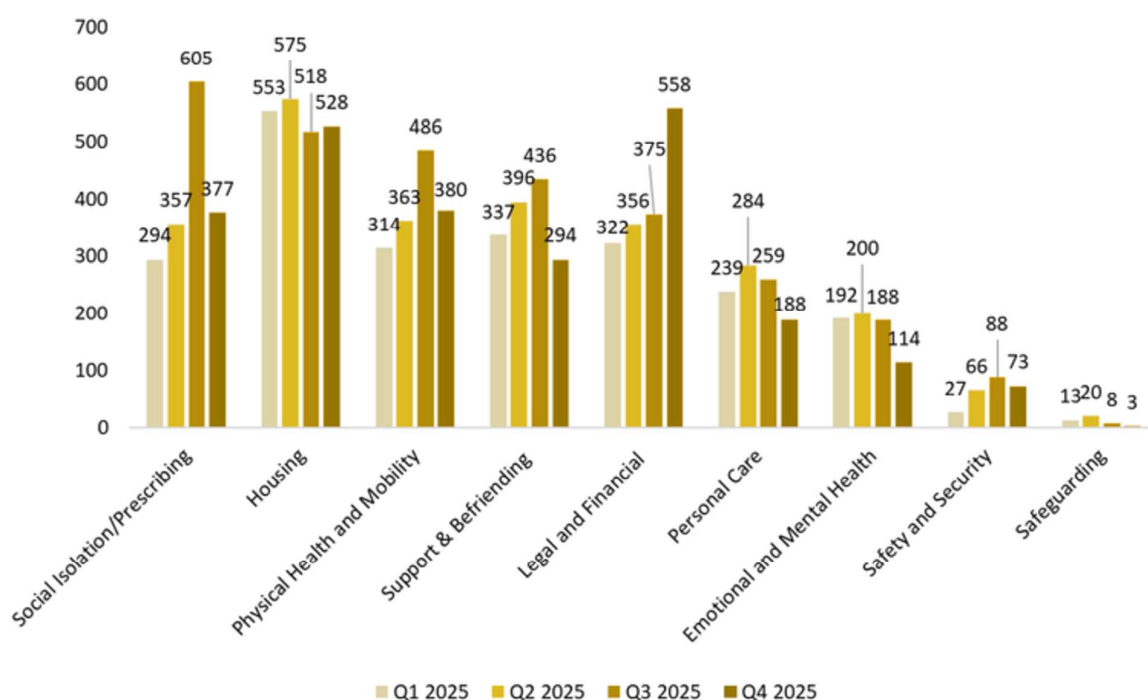


Figure 19: SC interventions by Type, HSE Dublin and North East, Quarterly, 2025

This region also accounted for:

23% (n=2,644) of all volunteers engaged with ALONE.

23% (n=25,604) of all Visitation Support & Befriending visits.

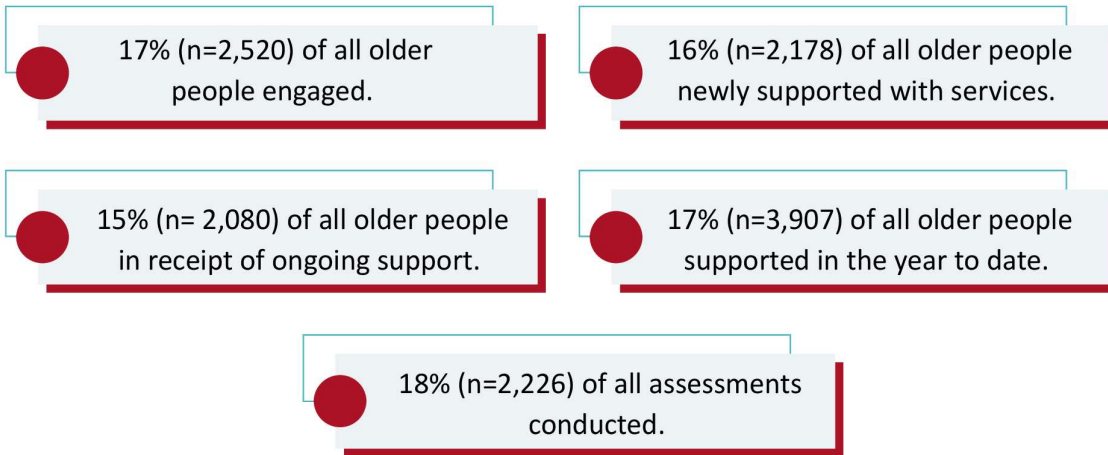
29% (n=56,584) of all Telephone Support & Befriending calls.

23% (n=63,368) of all hours contributed by ALONE volunteers.

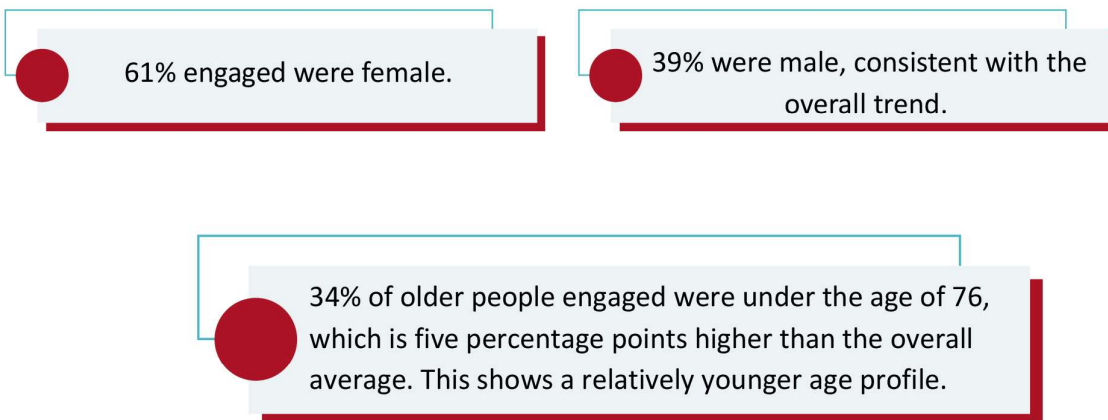


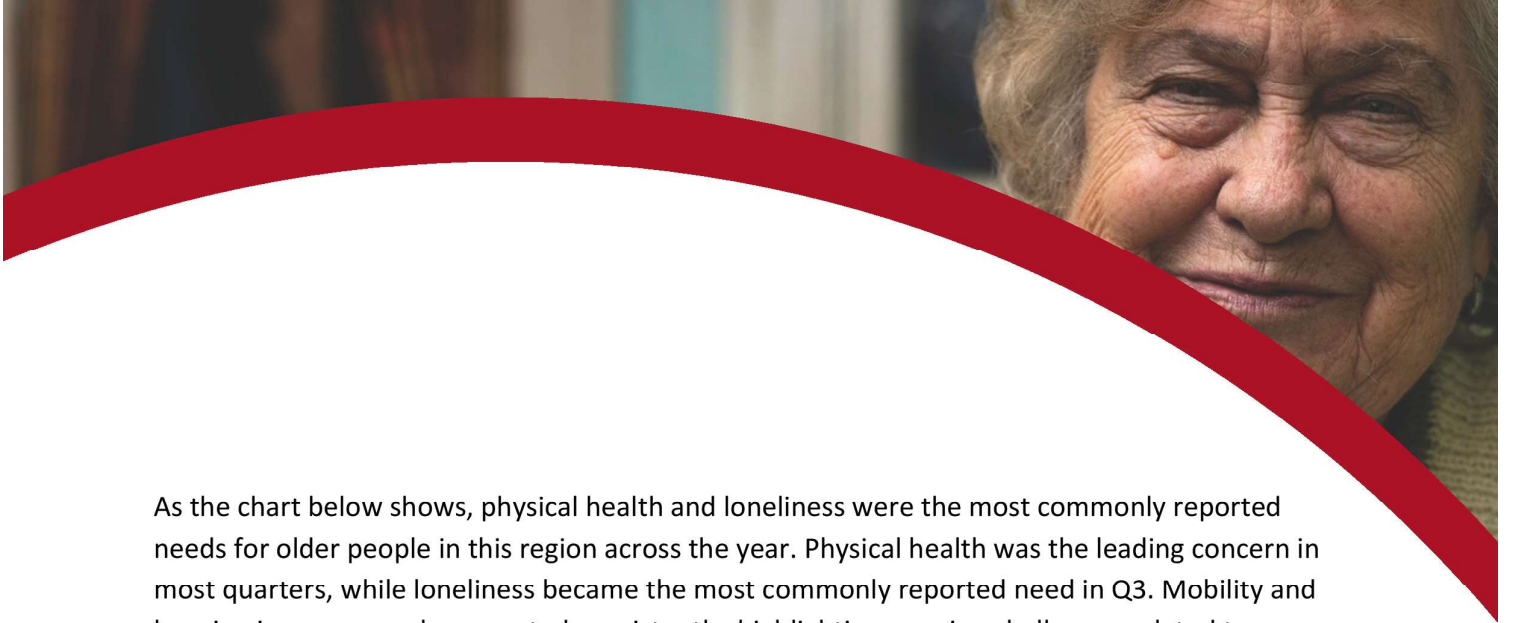
HSE DUBLIN AND MIDLANDS

In 2025, this region contributed to:



In this region:





As the chart below shows, physical health and loneliness were the most commonly reported needs for older people in this region across the year. Physical health was the leading concern in most quarters, while loneliness became the most commonly reported need in Q3. Mobility and housing issues were also reported consistently, highlighting ongoing challenges related to everyday functioning and living conditions.

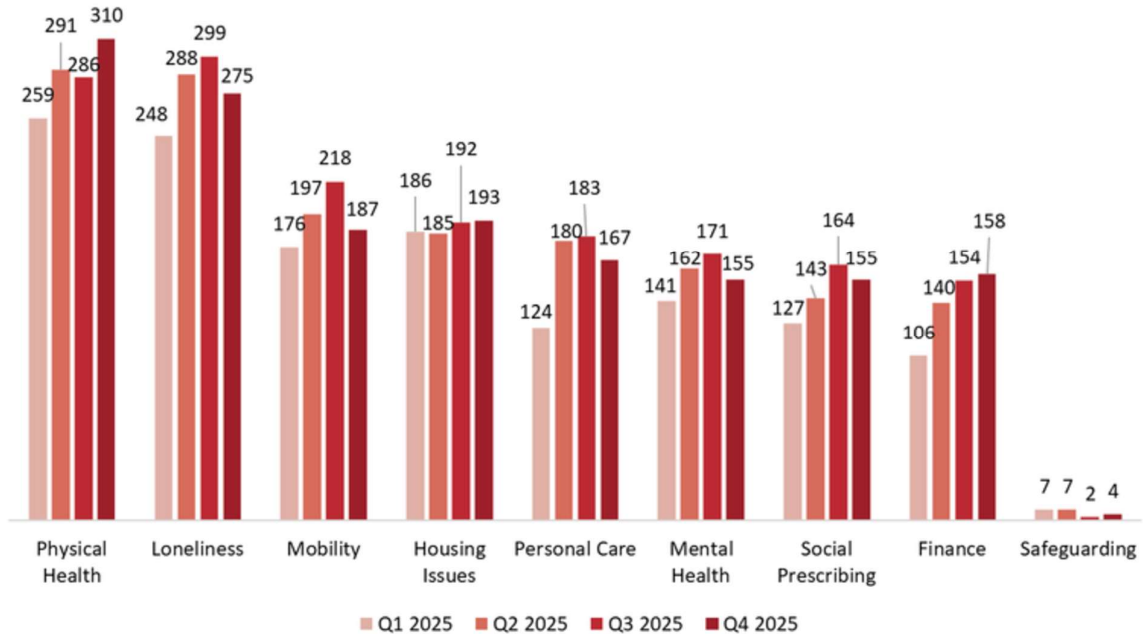


Figure 20: Presenting Issues reported by Older People in Assessments, HSE Dublin and Midlands, Quarterly, 2025

In 2025, the Dublin and Midlands region accounted for 17% (n=8,976) of all SC interventions nationally. Of these, 81% were closed during the same period and 84% of those closed were successfully completed with the intended outcomes achieved. SC interventions were highest in support & befriending, followed by physical health and mobility and housing, highlighting strong demand for both social connection and practical supports.

Legal and financial SC interventions increased sharply in Q4, again reflecting growing financial pressure during winter months. Personal care and social isolation/prescribing supports also rose over the year, indicating increasing complexity of need among older people.

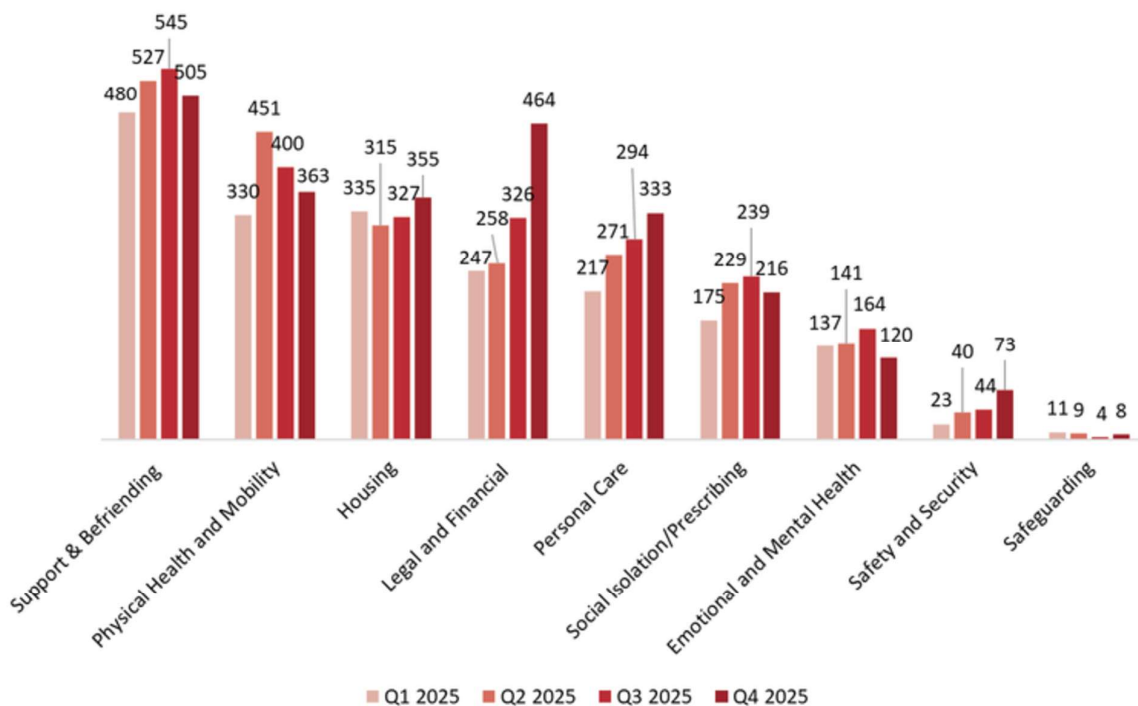


Figure 21: SC interventions by Type, HSE Dublin and Midlands, Quarterly, 2025

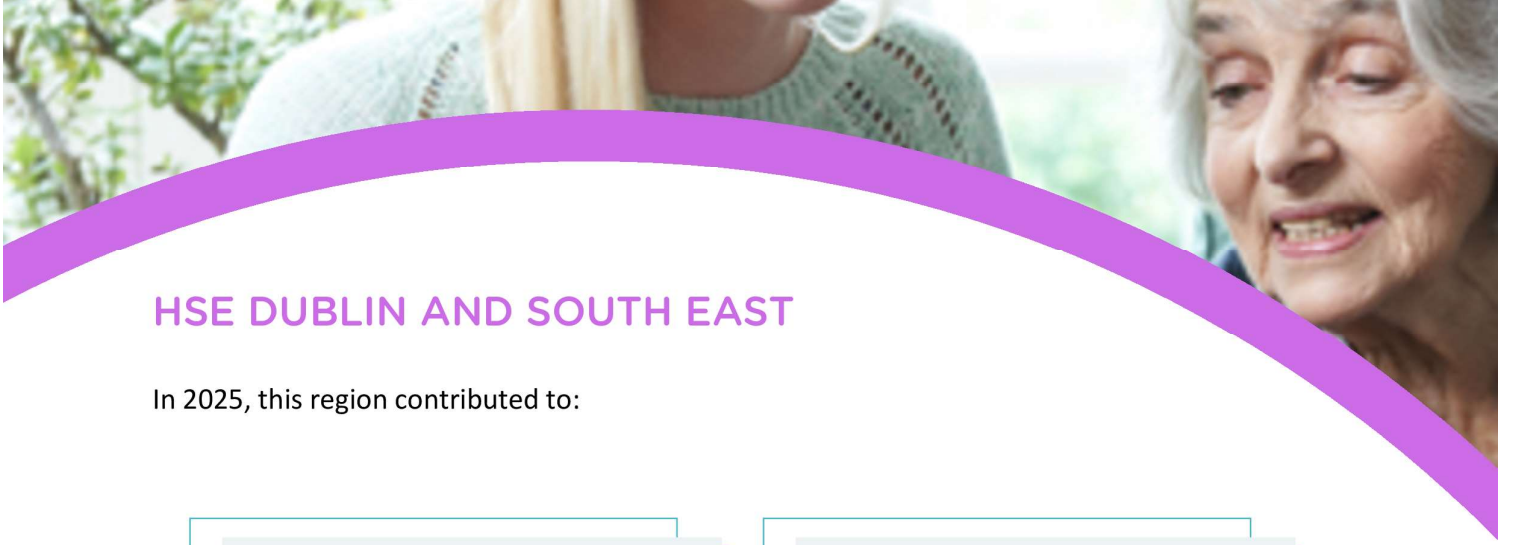
This region also accounted for:

18% (n=2,168) of all volunteers engaged with ALONE.

19% (n=21,248) of all Visitation Support & Befriending visits.

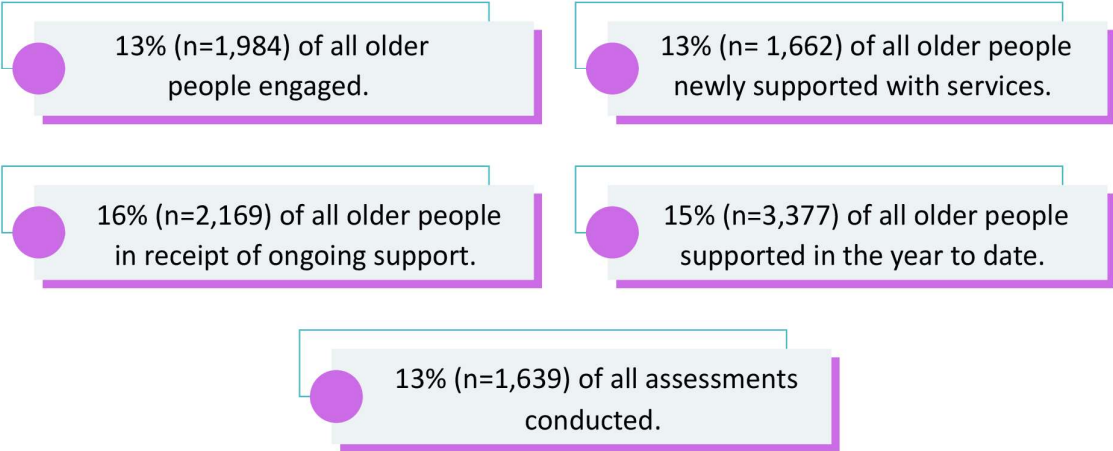
18% (n=35,207) of all Telephone Support & Befriending calls.

19% (n=52,984) of all hours contributed by ALONE volunteers.

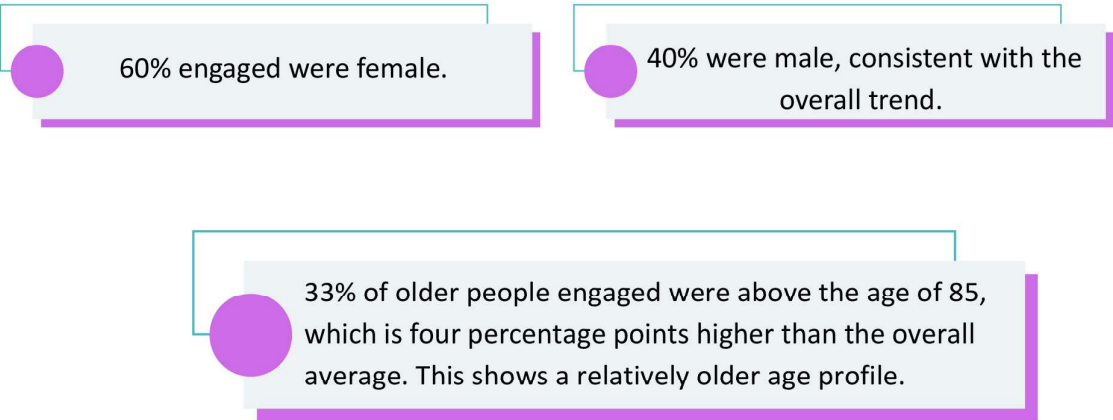


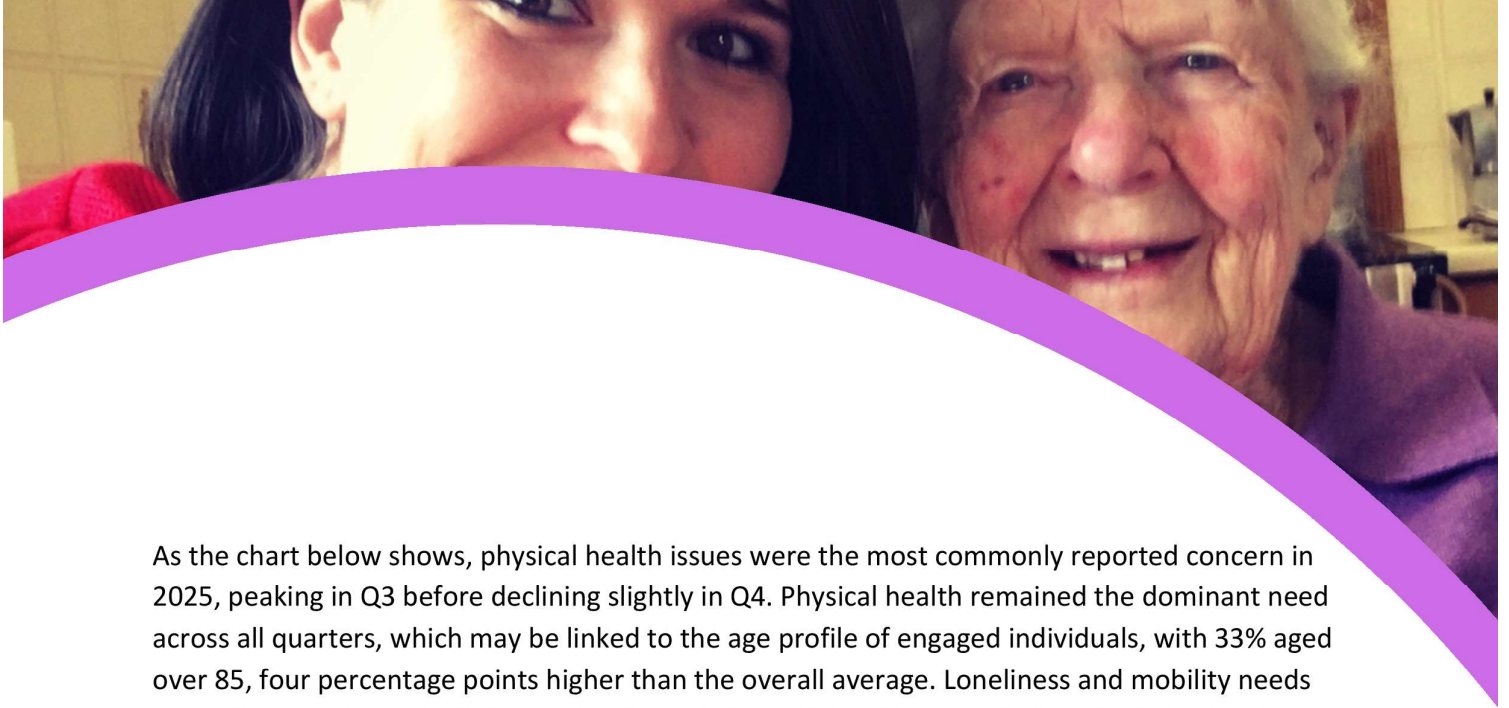
HSE DUBLIN AND SOUTH EAST

In 2025, this region contributed to:



In this region:





As the chart below shows, physical health issues were the most commonly reported concern in 2025, peaking in Q3 before declining slightly in Q4. Physical health remained the dominant need across all quarters, which may be linked to the age profile of engaged individuals, with 33% aged over 85, four percentage points higher than the overall average. Loneliness and mobility needs were also prominent, both increasing through the middle of the year before declining in Q4. Personal care and social prescribing needs rose steadily across the year, indicating growing demand for more intensive and coordinated supports. Housing, mental health, financial, and safeguarding concerns were reported at comparatively lower levels, although housing remained consistently present across all quarters.

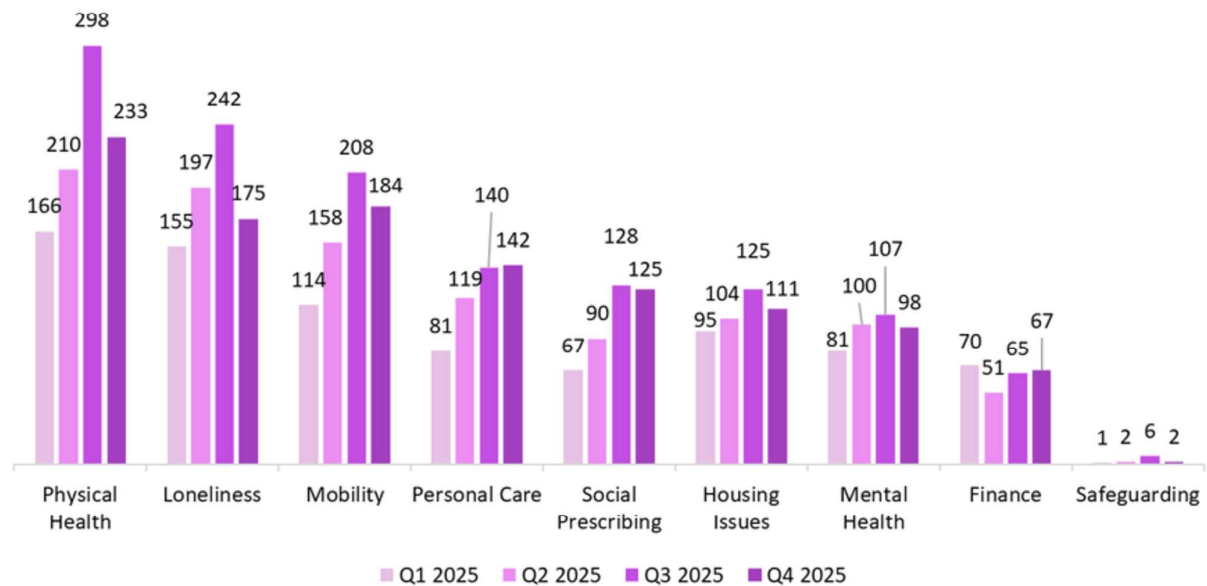
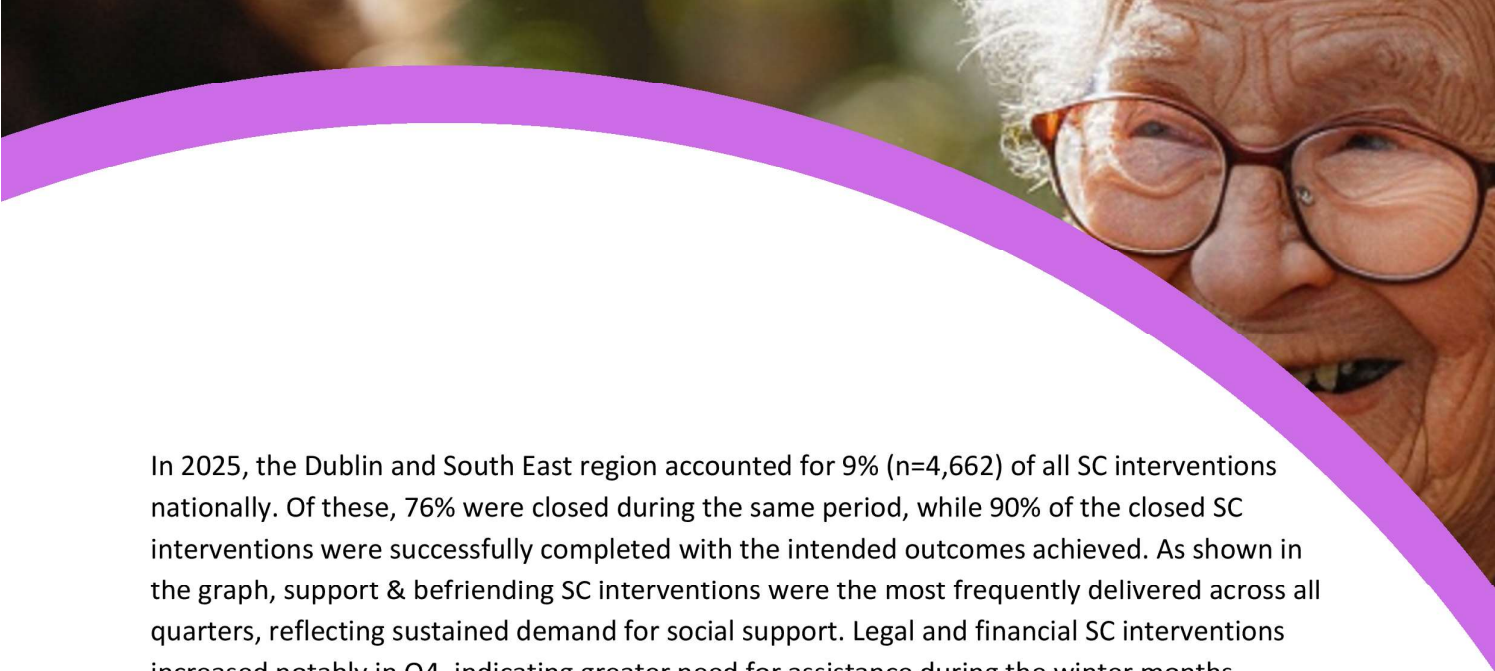


Figure 22: Presenting Issues reported by Older People in Assessments, HSE Dublin and South East, Quarterly 2025



In 2025, the Dublin and South East region accounted for 9% (n=4,662) of all SC interventions nationally. Of these, 76% were closed during the same period, while 90% of the closed SC interventions were successfully completed with the intended outcomes achieved. As shown in the graph, support & befriending SC interventions were the most frequently delivered across all quarters, reflecting sustained demand for social support. Legal and financial SC interventions increased notably in Q4, indicating greater need for assistance during the winter months. Physical health and mobility, as well as housing SC interventions, remained consistently high across the year, highlighting ongoing practical and health-related needs in the region.

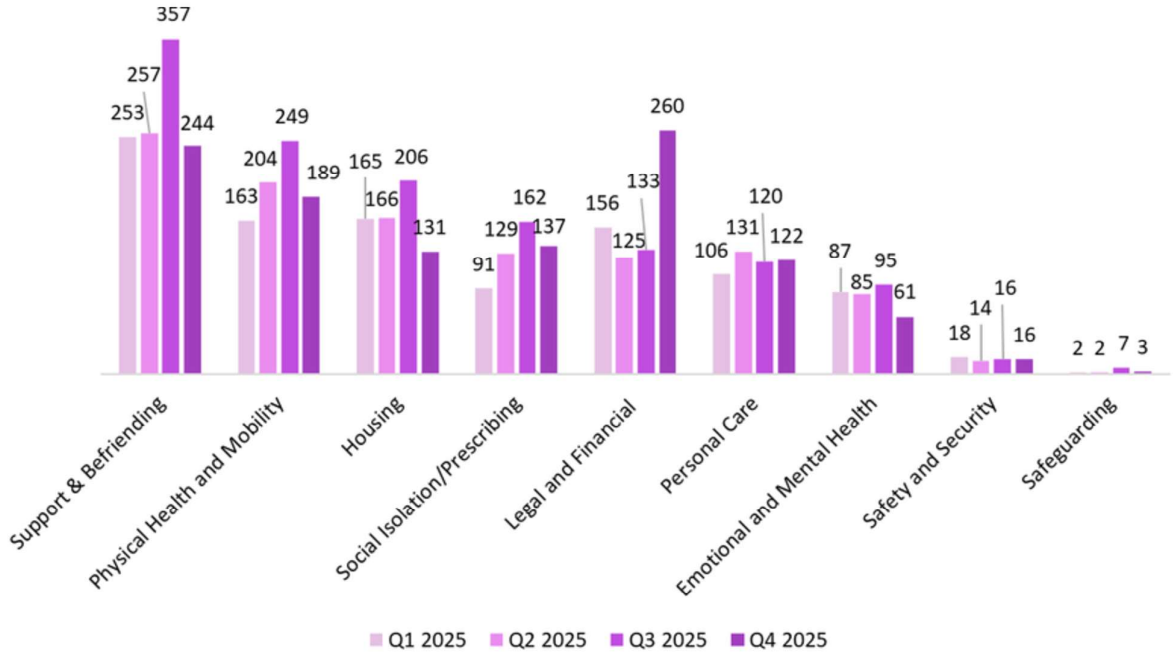


Figure 23: SC interventions by Type, HSE Dublin and South East, Quarterly 2025

This region also accounted for:

18% (n=2,063) of all volunteers engaged with ALONE.

17% (n=19,260) of all Visitation Support & Befriending visits.

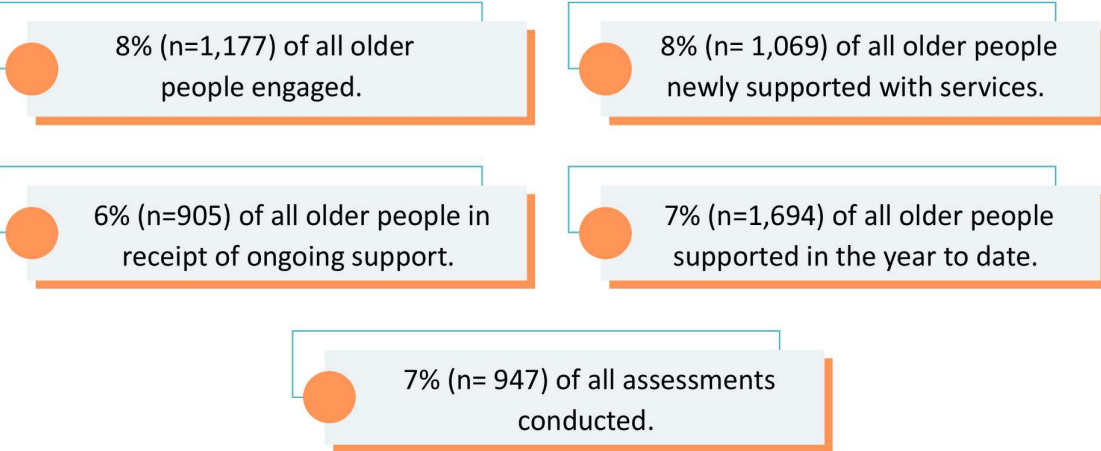
15% (n=29,208) of all Telephone Support & Befriending calls.

17% (n=47,208) of all hours contributed by ALONE volunteers.

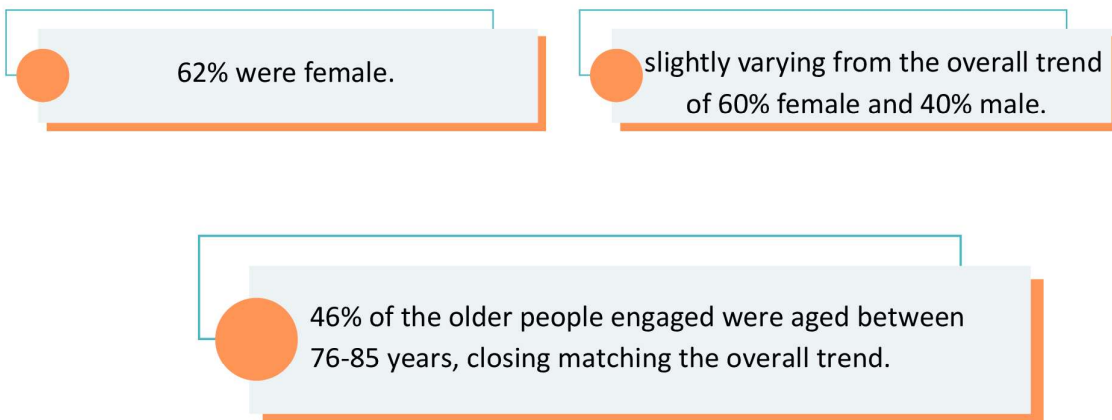


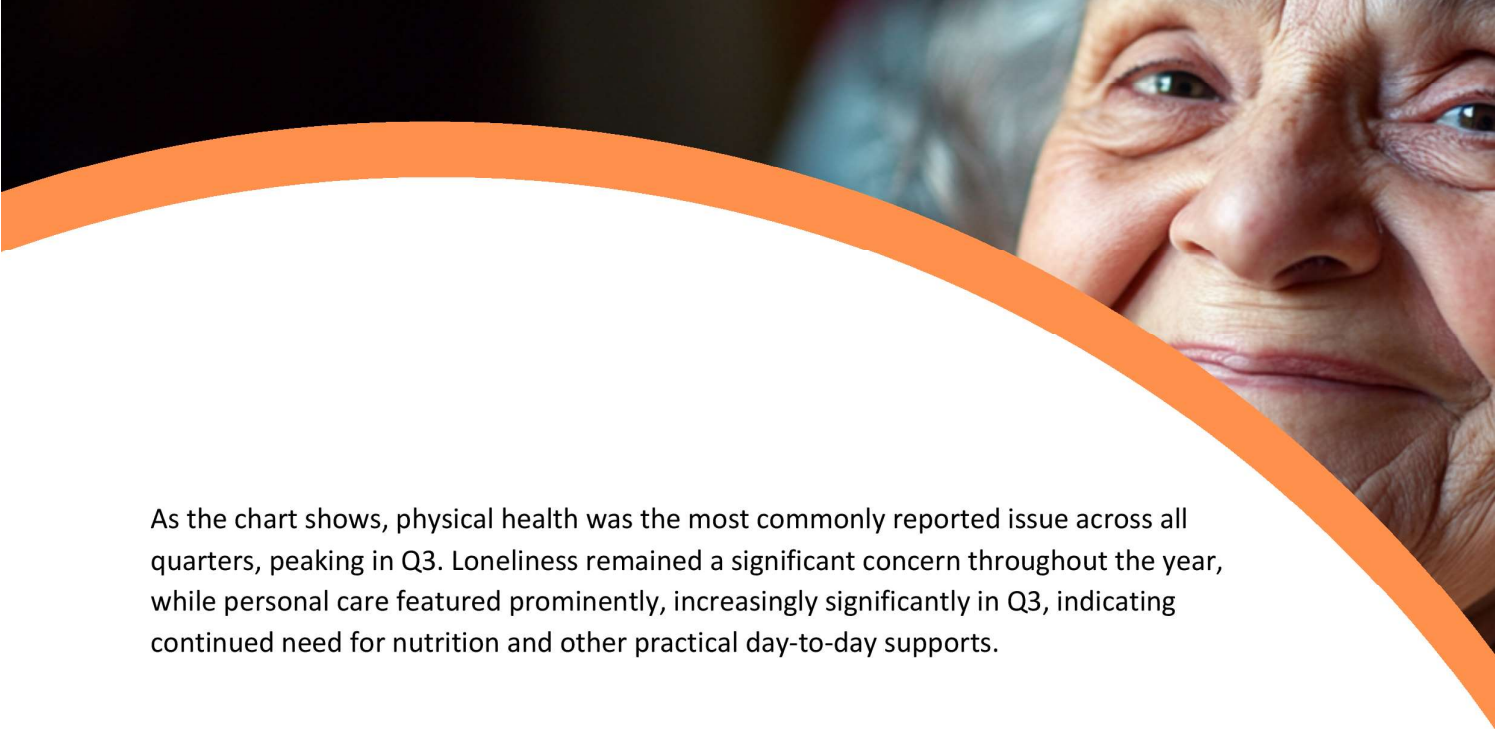
HSE MIDWEST

In 2025, this region contributed to:



In this region:





As the chart shows, physical health was the most commonly reported issue across all quarters, peaking in Q3. Loneliness remained a significant concern throughout the year, while personal care featured prominently, increasingly significantly in Q3, indicating continued need for nutrition and other practical day-to-day supports.

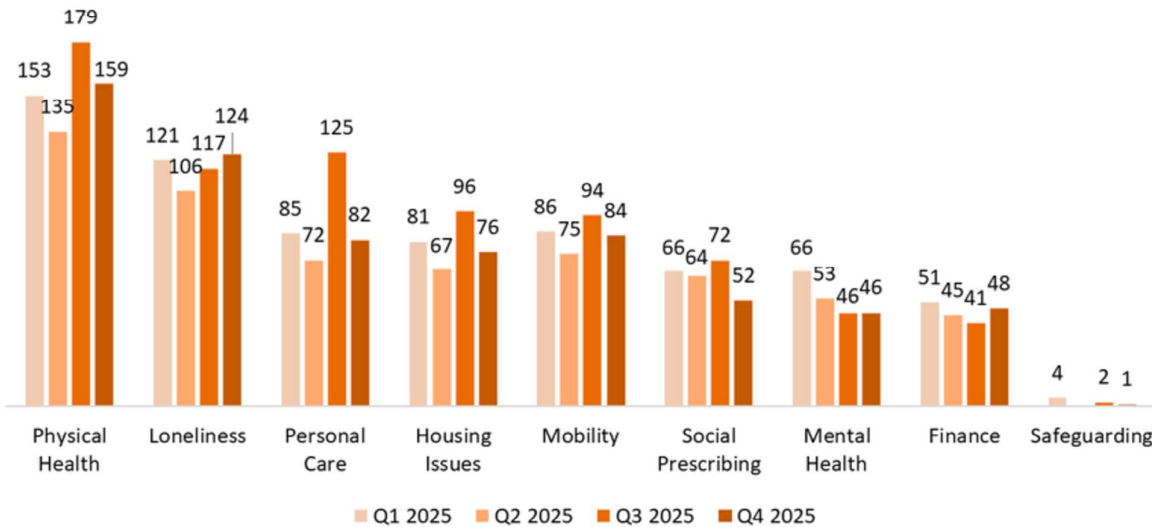
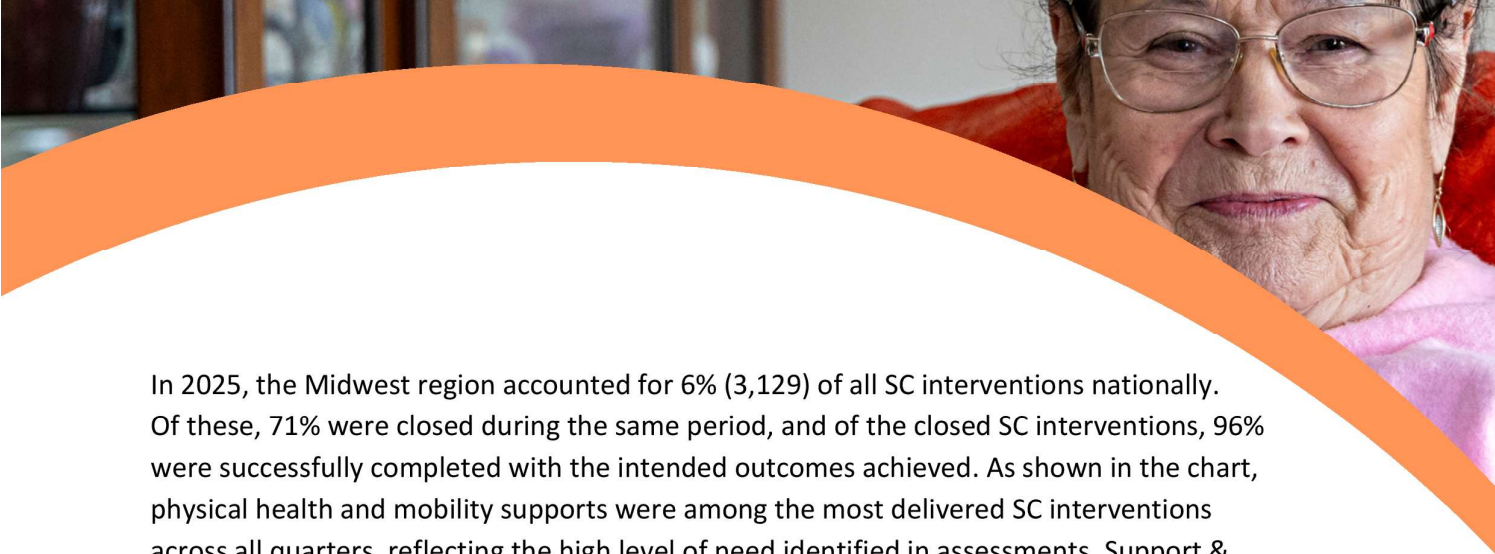


Figure 24: Presenting Issues reported by Older People in Assessments, HSE Midwest, Quarterly, 2025



In 2025, the Midwest region accounted for 6% (3,129) of all SC interventions nationally. Of these, 71% were closed during the same period, and of the closed SC interventions, 96% were successfully completed with the intended outcomes achieved. As shown in the chart, physical health and mobility supports were among the most delivered SC interventions across all quarters, reflecting the high level of need identified in assessments. Support & befriending and housing SC interventions also featured strongly, highlighting the importance of both practical and social supports in the region. Legal and financial SC interventions increased in the final quarter, once again pointing to the growing financial pressures during the winter months.

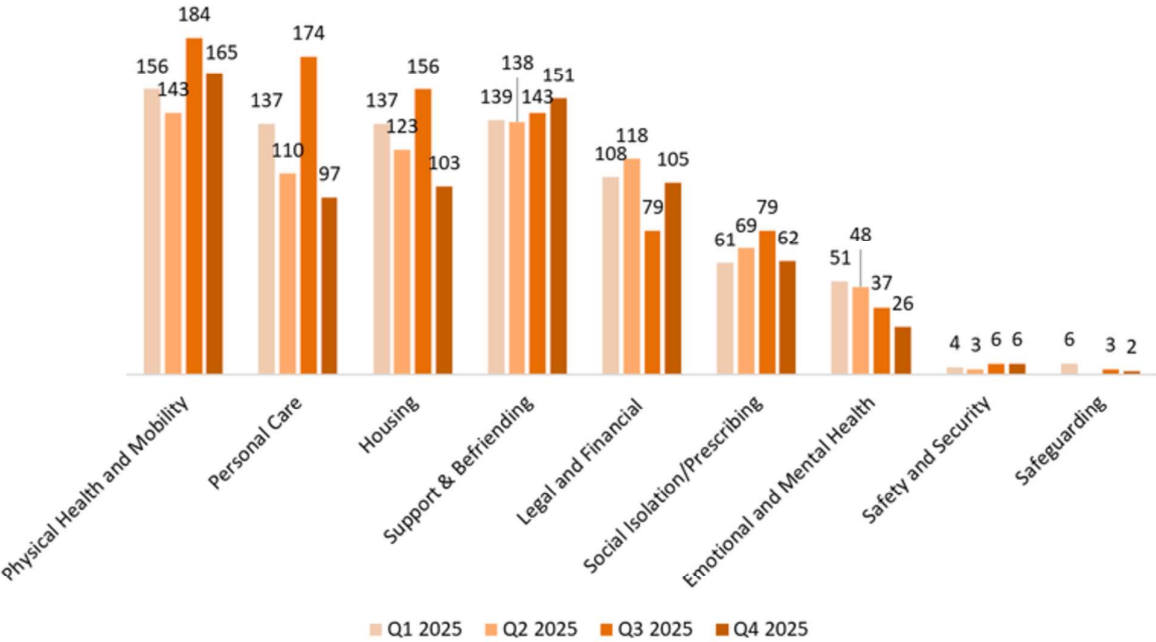


Figure 25: SC interventions by Type, HSE Midwest, Quarterly, 2025

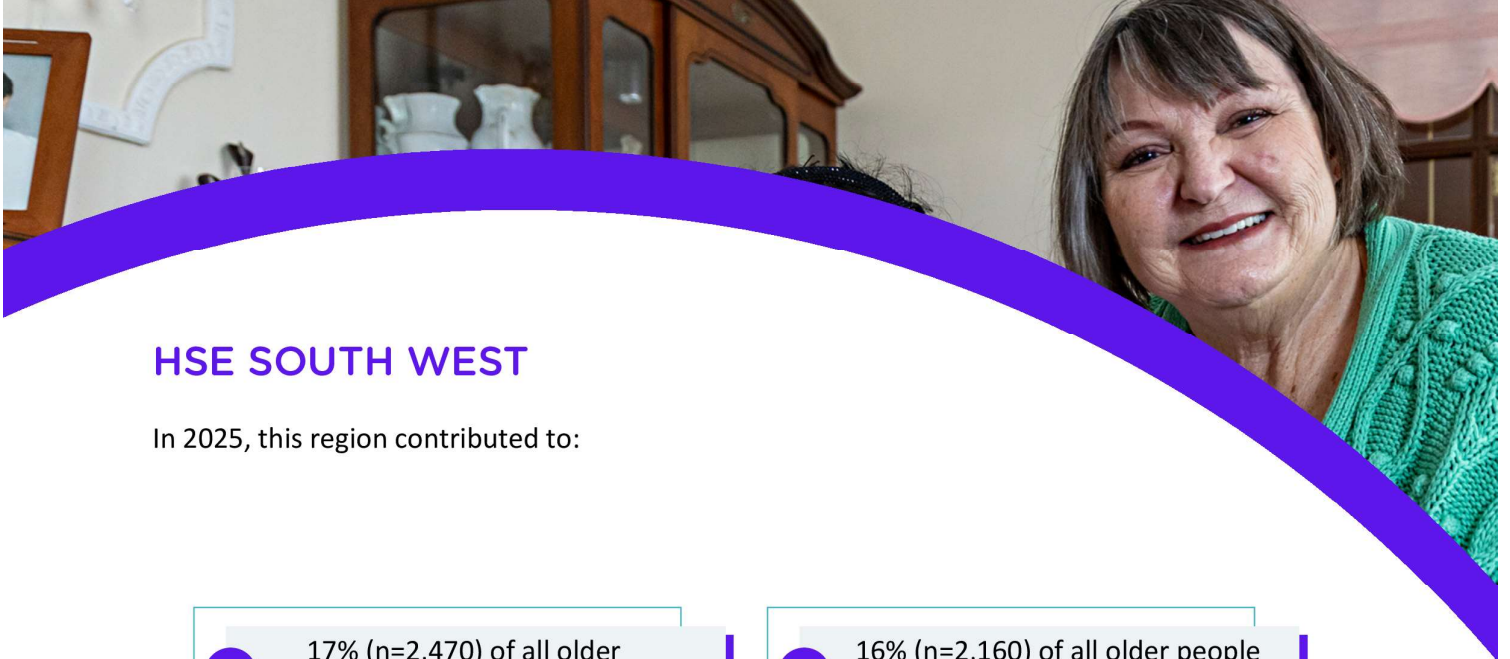
This region also accounted for:

7% (n=801) of all volunteers engaged with ALONE.

8% (n=9,404) of all Visitation Support & Befriending visits.

6% (n=11,682) of all Telephone Support & Befriending calls.

8% (n=22,264) of all hours contributed by ALONE volunteers.



HSE SOUTH WEST

In 2025, this region contributed to:

17% (n=2,470) of all older people engaged.

16% (n=2,160) of all older people newly supported with services.

18% (n=2,563) of all older people in receipt of ongoing support.

17% (n=3,794) of all older people supported in the year to date.

16% (n=1,981) of all assessments conducted.

In this region:

61% were female.

39% were male, consistent with the overall trend.

43% of the older people engaged were aged between 76-85 years, aligning with the overall trend.

As the chart shows, physical health needs remained high throughout the year. Loneliness increased gradually into Q3 and remained consistently high. While mobility and housing issues were reported consistently, but declined in the second half of the year.

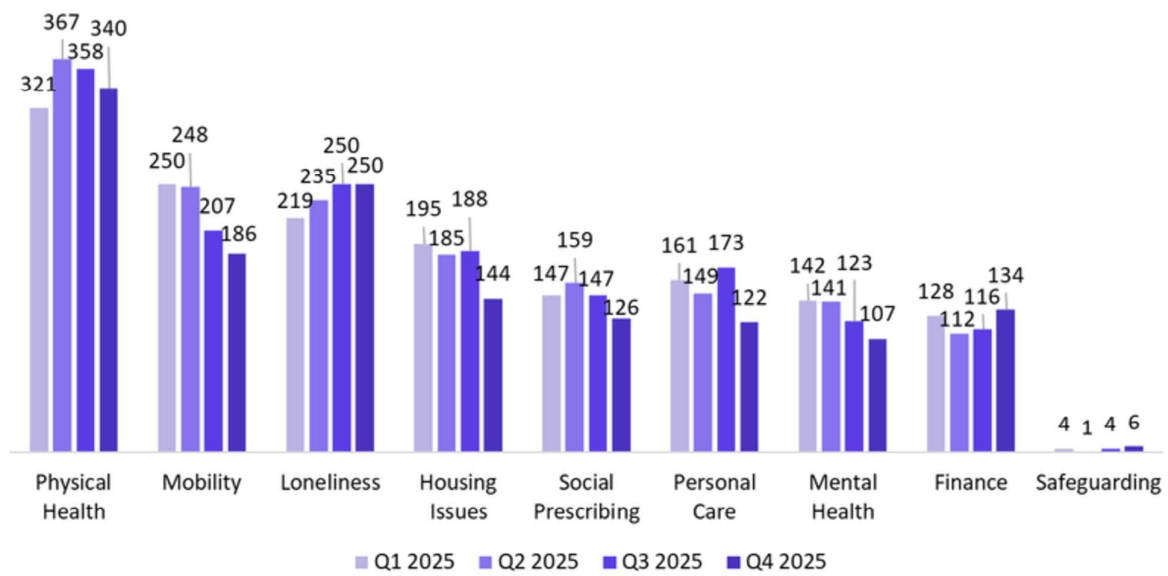
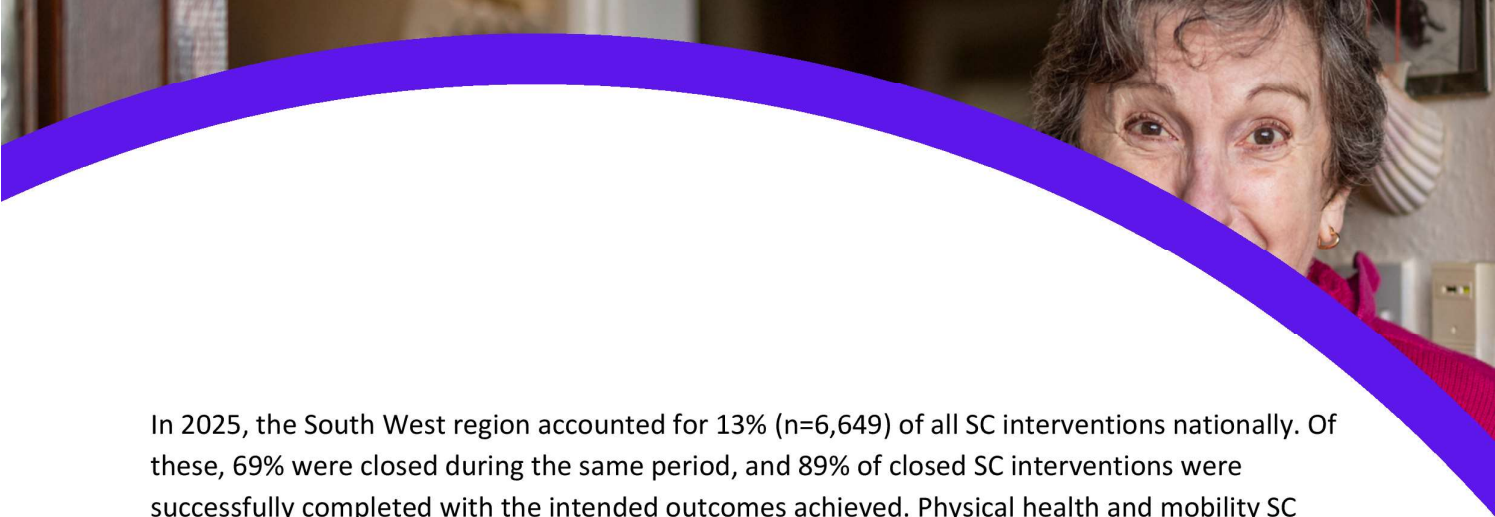


Figure 26: Presenting Issues reported by Older People in Assessments, HSE South West, Quarterly 2025



In 2025, the South West region accounted for 13% (n=6,649) of all SC interventions nationally. Of these, 69% were closed during the same period, and 89% of closed SC interventions were successfully completed with the intended outcomes achieved. Physical health and mobility SC interventions remained the most common overall, despite a decline in the last two quarters of the year. Support & befriending increased steadily across the year, while legal and financial SC interventions rose sharply in Q4, suggesting heightened financial pressures towards the end of the year.

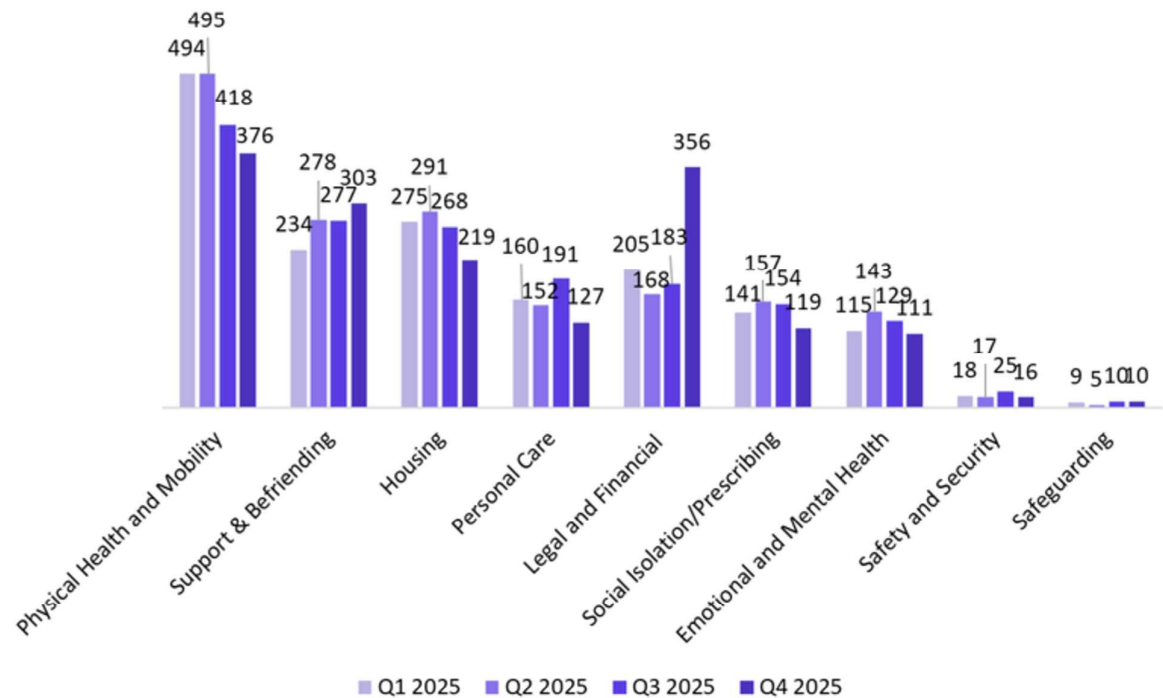


Figure 27: SC interventions by Type, HSE South West, Quarterly, 2025

This region also accounted for:

13% (n=1,541) of all volunteers engaged with ALONE.

11% (n=12,452) of all Visitation Support & Befriending visits.

11% (n=22,200) of all Telephone Support & Befriending calls.

11% (n=30,024) of all hours contributed by ALONE volunteers.

CHAPTER 5: ENHANCING ECC DELIVERY

COMMUNITY IMPACT NETWORK (CIN)

ALONE continues to play a leadership role in coordinating the community and voluntary sector through the Community Impact Network (CIN), a nationwide network that supports collaboration, shared learning, and service integration.

In 2025, CIN aligned capacity-building activities with evidence from ALONE's ECC frontline services, using ECC reporting and service insights to inform annual training plans and engagement priorities. Training themes, outreach activity and networking focus areas were identified based on need to support capacity building around loneliness, physical health and mobility challenges, housing, digital exclusion and cost-of-living pressures. Activities targeted CIN members and partners already supporting older people at a local and national level to enable earlier and more effective community-based responses.

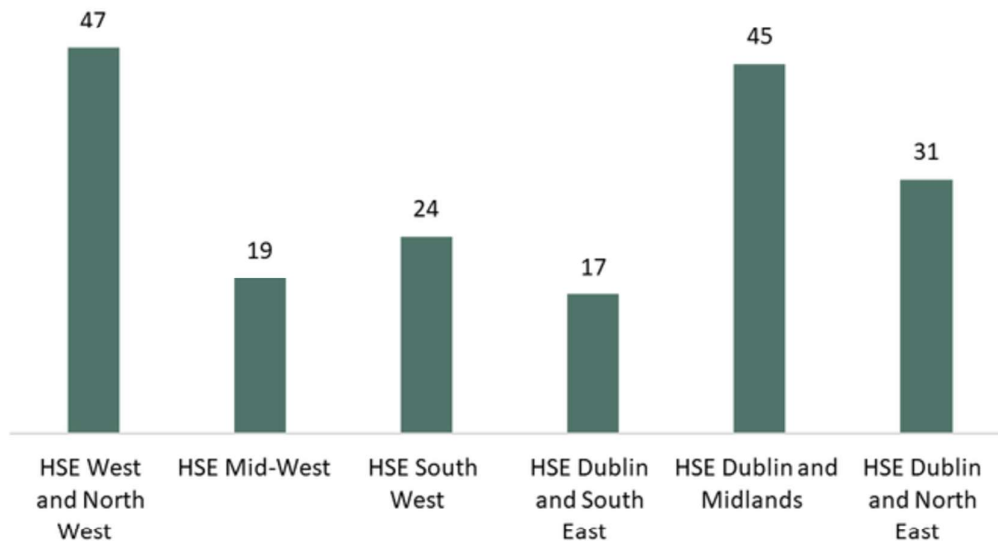


Figure 28: CIN Members by Area, 2025

Growth in CIN membership reflects increasing demand for community-based supports and growing recognition of the CIN as a trusted national network for training, learning and collaboration. The scale of indirect reach demonstrates the CIN’s role as a multiplier within the ECC model, extending the reach of ECC-aligned supports through existing community organisations working with older people at local level.

In 2025, ALONE’s CIN welcomed 9 new organisations into the network, totaling to 183 CIN members, extending indirect support to 45,574 older people. The network expanded its training and engagement activities, strengthening the capacity of local community groups to work together effectively. Table 17 provides a snapshot of CIN engagement across 2025. During the year, ALONE provided 50 training sessions with 323 attendees and supported 2 CIN member organisations with CIN resources. The CIN Team also hosted 9 networking activities with 84 attendees and supported 112 member organisations. This continuous engagement ensures that local organisations are equipped to provide coordinated, effective support, promoting better outcomes for older people nationwide.

CIN	Q1 2025	Q2 2025	Q3 2025	Q4 2025	2025
CIN New Members	4	3	1	1	9
Older People Supported Indirectly	2,170	2,671	3,856	410	9,107
CIN Member Organisation Supported	30	20	37	25	112
CIN Training					
CIN Training Sessions	6	17	16	11	50
CIN Member Attendees	84	121	76	42	323
CIN Networking					
CIN Network Activities Hosted	2	0	6	1	9
CIN Member Attendees	39	40	5	0	84
CIN Resources					
CIN Organisations who received policy, procedure and practice documents	0	2	0	0	2

Table 17: CIN Engagement, by quarter and total in 2025

Ireland’s health services are increasingly moving towards digital-first care under “Digital for Care 2030 – Driving Government’s Digital Strategy for Ireland’s Health Service to 2030.” In this context, supporting older people to develop digital skills has become more important than ever. The Hi Digital programme is a national digital inclusion initiative that helps older people build confidence with technology, overcome fear of digital tools, and access essential online services. Delivered through trusted, one-to-one support in community settings, the programme has been active for five years and is a core component of ALONE’s mission to enable older people to age safely, independently, and connected at home.



The programme is led by ALONE in partnership with the Vodafone Foundation and continued to expand its national impact in 2025. Over the course of the year, the programme exceeded key performance indicators and significantly strengthened digital inclusion across the country. A total of 31 organisations received Digital Champion training, resulting in 2,134 Digital Champions that supported over 6,000 older people in building essential digital skills in their communities (Table 18).

These Digital Champions are recruited and trained through partnerships with secondary schools through the Hi Digital Intergenerational Programme, universities, corporate partners, and community and voluntary organisations. This ongoing training ensures organisations are equipped with the skills and knowledge to support older people in their communities to stay connected with family, friends, and local services.

Hi-Digital Champion Training	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Total
Digital Champion (DC) Trained	364	514	594	662	2,134
Number of older people who received HD support	685	1,832	1,884	1,677	6,078

Table 18: Digital Champion Training, by quarter, 2025

Training activity grew steadily across the year. In Q1 2025, 364 Digital Champions were trained, with the potential to support 685 older people. This increased to 514 Digital Champions in Q2, potentially supporting 1,832 older people. In Q3, 594 Digital Champions were trained, with the capacity to support 1,884 older people, and in Q4, 662 Digital Champions were trained, reaching a further 1,677 older people. This steady growth reflects the increasing demand for digital skills training and the programme’s expanding national reach.



RESEARCH, EVALUATION AND POLICY

ALONE continued its commitment to evidence-based practice, using data and evaluation to strengthen service quality, impact, and efficiency for older people. Across the year, this resulted in a service impact assessment, academic research, stakeholder engagement, and extensive policy submissions, ensuring that the lived experience of older people informed national decision-making on ageing, housing, health, and social protection.

ALONE CONTINUED TO PROMOTE EVIDENCE-BASED PRACTICE THROUGH REGULAR SERVICE EVALUATION AND RESEARCH OUTPUTS:

- Publication of the Older Person's Survey 2025
- A research partnership with TILDA examining housing conditions and quality of life in older age
- Collaboration with the London School of Economics on the Transforming Ageing at Home: Evaluating ALONE's Impact Through Enhanced Community Care report, which demonstrated the effectiveness of ALONE's services in improving loneliness, quality of life, and personal capability among older people, as well as reducing reliance on emergency and other community healthcare services.

ALONE MADE A SIGNIFICANT CONTRIBUTION TO NATIONAL POLICY THROUGH:

- Submission of over 20 formal policy papers and consultation inputs across the year
- Engagement in pre-Budget processes
- Development of costed policy proposals

ALONE ACTIVELY ENGAGED WITH GOVERNMENT AND NATIONAL STAKEHOLDERS TO INFLUENCE POLICY INCLUDING:

- High-level meetings with the government officials
- Presentations at two Joint Oireachtas Committee sessions
- Participation in national stakeholder forums shaping Ireland's contribution to international ageing policy frameworks



ALONE PROGRESSED KEY STRATEGIC PRIORITIES THROUGH TARGETED RESEARCH AND STAKEHOLDER ENGAGEMENT INCLUDING:

- Hosting Loneliness Taskforce Research Network webinars for stakeholder input
- Leading the development of a national loneliness strategy for Government (2026)
- Initiating transport research for older people
- Addressing energy poverty through engagement with policymakers and suppliers

KEY MILESTONES FOR Q4 FOR RESEARCH, EVALUATION AND POLICY INCLUDE:

- Secured Housing Agency funding in partnership with Dr Mark Ward (TILDA, Trinity College Dublin) to research the impact of housing tenure and conditions on health and quality of life in older age.
- Presented ALONE's work on loneliness to over 150 attendees at an ExWell webinar and at Fingal County Council's Older Person Conference.
- Submitted multiple policy inputs to national consultations, including Our Rural Future 2026–2031, accessibility of services (Department of Social Protection), the EU Anti-Poverty Strategy, the National Community Safety Strategy, and Indecon research on home support for the Care Alliance.
- Led development of a national loneliness strategy on behalf of the Loneliness Taskforce, to be brought to Government in 2026.
- Hosted a webinar with Dr Laura Coll-Planas and convened a Loneliness Taskforce Research Network meeting to connect Irish loneliness researchers with policymakers.
- Initiated research mapping national and international transport options for older people.
- Engaged with major energy suppliers to ensure winter supports for older people.
- ALONE CEO Seán Moynihan continued his role as Commissioner on the Commission on Care.



OPERATIONS, COMMUNITY, INNOVATION AND ENTERPRISE

CIE NGO & HSE PARTNERSHIPS

HSE alignment remains a significant strategic priority for ALONE. In 2025 positive engagement with national HSE leads drove further integration and education around ALONE services across ICPOP, CHN, NDS and ICPOP Teams. Engagement is deepening across digital health integrated care, and wellbeing initiatives, supported by increasing clarity from the HSE on strategy and commissioning processes. Key priorities include finalising and strategically engaging on the Attend Anywhere Pilot Project Plan and supporting the rollout of the ICPCD-Diabetes pilot.

HOUSING WITH SUPPORT - RICHMOND PLACE DEMONSTRATOR PROJECT

Richmond Place Housing with Support was piloted on the 22nd of May 2025. Originally commissioned by Dublin City Council and the HSE, with support from the Department of Health and the Department of Housing, the project was delivered in partnership with Circle Voluntary Housing, the HSE and Dublin City Council. ALONE officially launched Richmond Place on the 27th of February 2026.

To date, 50 of the 52 universally designed apartments have been allocated, with 61 residents now living in the scheme. Early feedback from residents has been extremely positive, with clear indications of the benefits of the model already emerging.

ALONE is currently exploring opportunities to replicate this innovative model in other locations across the country.



WELLBEING SERVICE PILOT

The new ALONE Wellbeing Service combines conventional and lifestyle measures to provide a holistic and proactive approach to person-led Wellbeing.

The service comprises of:

- Assistive Tech
- A Wellbeing management software platform
- A Wellbeing Support Team

The objective of the service is to enable people aged 55 and over to live longer, stronger, healthier lives by enabling a proactive, integrated database for health and wellbeing monitoring. Launched in Partnership with Octagon and with support from Helplink and Siel Bleu, this service will be using Octagon's Tinteán Wellbeing Management Platform.

The pilot for this program is now in a steady state, and due to be complete by the end of March 2026 where an evaluation phase will commence. Inclusive in the 100 pilot clients onboarded, are individuals supported by ALONE, Friends of the Elderly, retired Garda and teachers and various active retirement groups. Retests will continue throughout the pilot.

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 ACTIVITY

ICT played a key role in supporting ALONE's day-to-day operations across all departments in 2025, resolving over 5,600 support requests during the year. The team ensured staff were set up effectively from day one and continued to provide ongoing technical support, manage access, and maintain equipment and systems across the organisation.

Beyond this core support, ICT worked closely with teams across ALONE to strengthen how technology supports service delivery and organisational performance.

CROSS-DEPARTMENTAL SUPPORT

- Partnered across departments to deliver strategic projects and improve how services operate day to day
- Translated organisational needs into practical technology solutions and enhancements
- Supported major initiatives such as the Christmas project and Assistive Technology programme, including planning, prioritisation, and staff training

SYSTEMS IMPROVEMENT

- Improved the functionality of ALONE's Management Information System to support tracking, reporting, and user experience
- Developed and refined dashboards to support data-driven decision-making
- Supported data evaluation initiatives, including defining data visualisation requirements



CROSS-SECTORAL MANAGEMENT

- Ensured that ALONE's systems and infrastructure remained secure and reliable across all locations
- Supported core applications, managing relationships with technology providers, and ensuring systems continue to meet organisational needs.

GOVERNANCE, RISK & SECURITY

- Maintained data protection practices, including managing access and system backups
- Managed resolution of Improvement and Corrective Actions, with ongoing focus on risk register development
- Promoted cybersecurity awareness, including phishing prevention and user guidance
- Strengthened the governance and risk management processes in preparation for 2026

COMMUNICATIONS ACTIVITY Q4

ALONE launches new awareness TV campaign



ALONE media in Q4 2025

Broadcast: 314

Online: 237

Print: 96

Media Reach: 90.45 M



Newsletter Readership



ALONE send newsletters every month to Partners, Staff and Volunteers

Key Press Releases

- ALONE Annual Report: Record numbers of older people seek ALONE's support, with loneliness, physical health and housing among key concerns
- Govt miss opportunity to target older people with supports this winter, ALONE
- "New Housing Plan Shows Promise but Fails to Set Targets for Older People", says ALONE
- As Winter Bites, ALONE Urges People to "Share Your Warmth" with Older People this Christmas
- ALONE Highlights Urgent Need for Supports for Older People on International Day of Persons with Disabilities
- ALONE Celebrates International Volunteer Day: Recognising the Power of Volunteers in Supporting Older People
- ALONE Urges Government to Reconsider Pharmacy Changes
- ALONE Urges Public to "Share Your Warmth" this Christmas Day

COMMUNICATIONS HIGHLIGHTS 2025

ALONE welcomes presidential candidates to Dublin office



Key Press Releases

- ALONE's Annual Cost of Living Survey Shows Older People Can't Wait for Support.
- ALONE brings voices of struggling older people to joint oireachtas committee.
- ALONE's impact report launched, showing improved quality of life.
- ALONE calls for extra €12.5m for Housing Adaptation Grants in Budget 2026 to give older people independence and security.
- ALONE shocked and dismayed by revelations in RTÉ Investigates nursing home investigations.
- As Winter Bites, ALONE Urges People to "Share Your Warmth" with Older People this Christmas.

ALONE media in 2025

Broadcast: 758

Online: 240

Print: 318

Press Releases: 19

Media Reach: 381.53 M



Newsletter Readership



ALONE send newsletters every month to Partners, Staff and Volunteers



OPPORTUNITIES FOR GROWTH

The 2025 data highlights several areas where ALONE can continue to strengthen its work in response to the needs of older people. These reflect both ongoing patterns and some important shifts seen during the year.

STRENGTHENING PHYSICAL HEALTH AND MOBILITY SUPPORTS:

Physical health and mobility needs were the most commonly reported concerns in 2025. In previous reports, loneliness featured more prominently, so this represents a clear shift in the main issues older people are experiencing. This reinforces the importance of early identification and blended supports that link health, housing adaptations, and assistive aids to help older people remain safe at home.

HOUSING AND HOME-BASED SUPPORTS:

Housing issues frequently appear alongside mobility and physical health concerns in multiple regions. This recurring combination highlights the importance of continued focus on home-based supports, including adaptations, repairs, and safety measures, delivered in a coordinated way. Strengthening links between assessment, housing support coordination (SC) interventions, and follow-up may further support older people to remain at home. It also highlights the value of housing that is designed to be accessible over a lifetime, supporting ALONE's wider advocacy for homes and infrastructure that work for people as they age.

LEGAL AND FINANCIAL PRESSURES:

The recurring increase in legal and financial interventions towards the end of the year suggests predictable seasonal pressures related to energy costs, benefits, and entitlements. Earlier identification of these needs through assessments and targeted engagement ahead of winter may support older people to manage financial pressures more effectively and reduce crisis-driven demand.



STRENGTHENING ASSESSMENT AND DATA ALIGNMENT:

While a large number of older people report different needs during assessments, a smaller proportion of records specify the exact nature of those needs (for example, falls risk, memory concerns, or other health-related issues). This suggests an opportunity to strengthen the level of detail captured in assessments. Improving consistency and completeness in recording would support more accurate trend analysis, clearer service planning, and better understanding of emerging health needs among older people.

ASSISTIVE TECHNOLOGY AND DIGITAL SUPPORTS:

The steady growth in technology-enabled SC interventions, particularly those linked to physical health and safety, highlights the increasing role of assistive technology in supporting independence. Continued integration of technology within SC intervention planning, alongside digital confidence and follow-up support, may further enhance safety, reassurance, and connection for older people.

LONELINESS AND SOCIAL CONNECTION:

Loneliness remains a core concern across regions and age groups, including among younger older adults. The continued demand for support and befriending, alongside rising social prescribing activity, points to the value of expanding varied and flexible social connection options. Greater focus on early engagement and tailored community connections may help prevent isolation from becoming more entrenched.



CONCLUSION

This report demonstrates the scale, reach, and impact of ALONE's work in 2025, at a time of growing demand and increasing complexity of need among older people in Ireland. Throughout the year, ALONE continued to deliver on its agreed objectives with the HSE under the ECC Programme.

OBJECTIVE ONE: HELP OLDER PEOPLE TO LIVE INDEPENDENTLY AND COMFORTABLY AT HOME.

ALONE's assessment process identifies and responds to the full range of needs among older people, ensuring they receive appropriate support. In 2025, 12,690 assessments were conducted, with over 93% receiving at least one support coordination (SC) intervention, demonstrating timely access to support. SC interventions addressed physical health and mobility, housing, social connection, legal and financial concerns, and assistive technology needs. Assistive technology formed part of 19% (n=9,876) of all SC interventions, continuing an upward trend since 2023. The majority of technology supports related to physical health and mobility (80%), including GPS emergency straps and pendant alarms, enabling older people to remain living safely and independently at home.

OBJECTIVE TWO: EMBED ALONE SERVICES ACROSS ALL 96 COMMUNITY HEALTH NETWORKS (CHNS).

ALONE continued embedding services across Community Health Networks by working closely with a wide range of healthcare, community, housing, and statutory partners to ensure older people can access the right support at the right time. Nearly 70% of referrals came from external agencies, an increase on previous years, highlighting strong integration within local systems. Partnerships played a key role in service delivery, with 45% of all SC interventions relying on partner organisations, particularly in areas such as physical health, social supports, housing, and legal and financial assistance. This collaborative approach strengthens coordinated responses and enhances regional service capacity.



OBJECTIVE THREE: COORDINATE AND STRENGTHEN THE COMMUNITY AND VOLUNTARY SECTOR.

Through the CIN, ALONE supported collaboration, shared learning, and sector capacity-building nationwide. In 2025, 9 new organisations joined the network totaling to 183 CIN members, extending indirect support to 45,574 older people and strengthening local, community-led responses. ALONE delivered 50 training sessions to 323 attendees, hosted 9 networking activities with 84 participants, and supported 2 member organisations through tailored resources and ongoing engagement.

Recognising the increasing need for digital literacy among older people, ALONE launched several initiatives in 2024 to bridge the digital divide and enhance connectivity. In 2025, 31 organisations received Digital Champion training, resulting in 2,134 Digital Champions supporting 6,078 older people in their communities with these skills. This sustained investment strengthens digital confidence and community participation.

OBJECTIVE FOUR: GENERATE NATIONAL DATA USING A MANAGEMENT INFORMATION SYSTEM.

ALONE's management information system enabled consistent monitoring of needs and service delivery. In 2025, reporting was fully aligned with the HSE's Health Region structure, strengthening regional analysis, accountability, and proactive service planning. Data identified sustained physical health needs, persistent loneliness, housing pressures, and seasonal financial trends, supporting evidence-informed service development.

OBJECTIVE FIVE: SUPPORT THE BROADER OBJECTIVES OF THE ECC PROGRAMME BY UTILISING IMPACT MEASUREMENT TOOLS.

Through structured data collection and regular reporting, ALONE demonstrated measurable impact and value for money. High engagement and supports provided across all regions provide clear evidence of effectiveness and alignment with ECC objectives. This data-led approach, alongside feedback from older people and volunteers, facilitates ongoing monitoring of trends, service refinement, and strengthened collaboration. The contribution of volunteers significantly enhances reach, strengthens social connection supports, and sustains community-based delivery nationwide.

Looking ahead, the insights in this report emphasize the importance of early intervention, prevention, and collaboration in responding to Ireland's ageing population. ALONE remains committed to evidence-informed practice, innovation, and community-based delivery to ensure older people can age with dignity, security, and connection in the place they call home.



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 services 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.



SUPPORT COORDINATION INTERVENTION

Support coordination interventions refer to targeted, outcome-focused supports (which may comprise multiple actions), agreed as part of an older person's personalised support plan following assessment of need. Support Coordination Interventions are central to enabling timely access to services and addressing practical and health-related needs (e.g. connecting older people with local services, resolving practical issues, or enabling access to care).

HEALTH REGIONS ²³

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.

NEWLY SUPPORTED

Number of older people who are in receipt of a new support in the year. 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, as outlined above. This figure also includes the cumulative unique individuals calling National Support and Referral Line (NSRL) in the year to date.

SERVICE

A service represents a specific type of assistance provided to an older person by ALONE, such as Telephone Support & Befriending, Visitation Support & 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.

(23) [HSE health regions](#)

APPENDIX 2: NEEDS OF OLDER PEOPLE IDENTIFIED BY ALONE 2023-2025

PHYSICAL HEALTH

Physical Health Issues	2023		2024		2025	
	No.	%	No.	%	No.	%
Falls	1,391	31	1,602	29	2,423	33
Memory	632	14	668	12	831	11
Hearing	356	8	496	9	734	10
Eyesight	333	8	367	7	545	7
Hospital	169	4	232	4	336	5
Total	4,420		5,546		7,425	

Table 19: Physical Health Issues by Type, Yearly, 2023-2025

MOBILITY

Mobility Issues	2023		2024		2025	
	No.	%	No.	%	No.	%
Mobility Fixtures	485	17	536	14	628	13
Mobility Aids	529	18	577	15	580	12
Mobility Furniture	244	8	222	6	236	5
Other	105	4	55	1		
Total	2,914		3,782		4,878	

Table 20: Mobility Issues by Type, Yearly, 2023-2025

Mobility Fixtures	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%*	No.	%*	No.	%*	No.	%*
Grab rails (and fitted)	92	58	101	57	89	54	59	46
Grab rails bathroom (shower or toilet)	59	37	58	33	48	29	40	31
Bannister (and fitted)	23	15	24	14	30	18	27	21
Toilet seat riser	20	13	25	14	16	10	13	10
Wheelchair ramp	6	4	7	4	5	3	3	2
Other	19	13	20	11	23	14	23	18
Total	158		177		164		129	

Table 21: Mobility Fixtures Issues by Type, Quarterly, 2025

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



Mobility Aids	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%*	No.	%*	No.	%*	No.	%*
New Rollator	73	41	64	45	56	34	61	48
Wheelchair	23	13	22	15	15	9	17	13
Walking Stick	73	41	38	27	46	28	33	26
Mobility Scooter	18	10	21	15	11	7	14	11
Disabled Person's Parking Card	22	13	11	8	19	12	18	14
Transport adaptation	4	2	1	1	1	1	5	4
Orthopaedic shoes	1	1	1	1	1	1		
Total	176		143		164		127	

Table 22: Mobility Aids Issues by Type, Quarterly, 2025

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

HOUSING

Housing Issues	2023		2024		2025	
	No.	%	No.	%	No.	%
Housing Adaptations	1,048	36	1,226	35	1,581	35
Home Repairs (Internal)	667	23	741	21	883	20
Cleaning	489	17	591	17	577	13
Home Repairs (External)	429	15	464	13	485	11
Appliance and Furniture	314	11	325	9	354	8
Decluttering	340	12	308	9	320	7
Moving / Transfers	175	6	234	7	261	6
Risk to Housing	151	5	162	5	117	3
Total	2,900		3,536		4,512	

Table 23: Housing Issues by Type, Yearly, 2023-2025



Housing Adaptation Issues	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%*	No.	%*	No.	%*	No.	%*
Bathroom Adaptation	230	59	233	55	260	62	205	59
Access Ramps	80	21	99	23	100	24	74	21
Stair-lifts	70	18	83	20	88	21	83	24
Install Central Heating	16	4	17	4	13	3	8	2
Level Access Showers	23	6	35	8	21	5	25	7
Downstairs Toilet	24	6	22	5	23	5	19	5
Complete Application Form	28	7	32	8	28	7	38	11
Builders Quotations	13	3	19	4	15	4	25	7
Proof of Property Tax Compliance (OP)	13	3	16	4	17	4	26	7
Extensions	3	1	16	4	9	2	3	1
Wheelchair Access	6	2	12	3	8	2	2	1
GP Report	11	3	11	3	14	3	11	3
Replace Boiler	7	2	9	2	6	1	9	3
OT Report	7	2	7	2	6	1	10	3
Rewiring	2	1	5	1	2	0	1	0
Funding Shortfall	1	0	7	2	3	1	3	1
Proof of Tax Compliance (OP)	8	2	8	2	2	0	17	5
Certified Electricians Report		0		0	1	0		0
V.A.T Paid to Builder			1	0.2		0		0
Reclaim V.A.T			1	0.2	1	0	3	1
Oversee Building Works		0	1	0.2		0	3	1
Architect Drawings							1	0
Total People with Housing Adaptation Issues	388		423		422		348	

Table 24: Housing Adaptation Issue by Type, Quarterly, 2025

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

Home Repairs (Internal)	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%*	No.	%*	No.	%*	No.	%*
Plumbing	77	34	59	28	71	33	85	37
Electrical	52	23	44	21	52	24	60	26
Windows and Doors	29	13	35	17	38	18	31	14
Carpentry	44	19	38	18	50	23	44	19
Insulation (Internal)	29	13	34	16	21	10	27	12
Painting	31	14	37	18	24	11	23	10
Flooring	20	9	20	10	25	12	14	6
Total	228		209		217		229	

Table 25: Home Repairs (Internal) Issue by Type, Quarterly, 2025

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

PERSONAL CARE

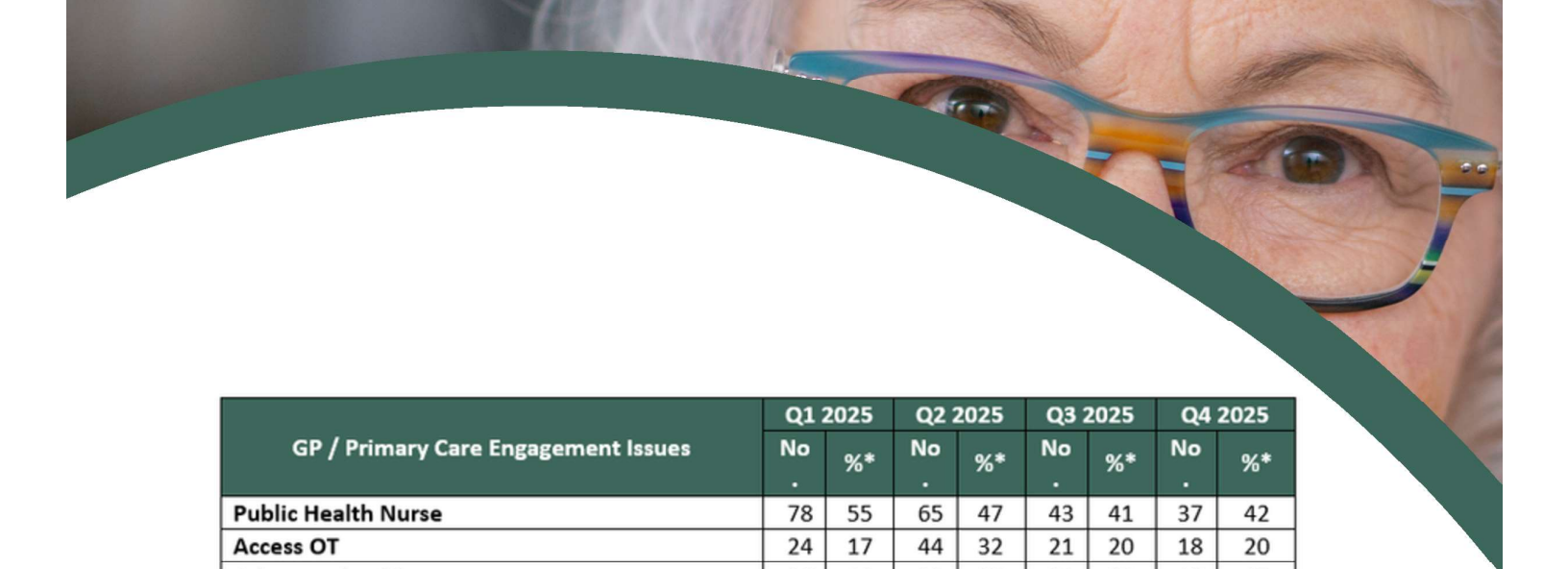
Personal Care Issues	2023		2024		2025	
	No.	%	No.	%	No.	%
Nutrition	535	21	719	24	1,046	27
GP / Primary Care Engagement	845	33	737	24	476	13
Medication	210	8	231	8	210	6
Hygiene	193	8	166	5	161	4
Chiropody	86	3	114	4	108	3
Appliance / Bedding & Furniture	121	5	104	3	85	2
Dental	48	2	50	2	41	1
Clothing	55	2	48	2	36	1
Carer	659	26	374	12		
Total	2,571		3,045		3,806	

Table 26: Personal Care Issues by Type, Yearly, 2023-2025

Nutrition	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%*	No.	%*	No.	%*	No.	%*
Provide alternative options for food	140	60	130	54	150	50	143	52
Meals on wheels	80	34	100	41	146	49	119	44
Provide age appropriate nutritional information	23	10	30	12	25	8	30	11
Support to access Nutritionist	3	1	6	2	5	2	10	4
Research and provide info on nearest food centre	5	2	9	4	5	2	8	3
Soup kitchen/food bank	3	1	1	0.4	3	1	5	2
Improve cooking facilities	5	2	4	2	3	1	5	2
Transport to visit the Supermarket							3	1
Total	232		242		299		273	

Table 27: Nutrition Issue by Type, Quarterly, 2025

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



GP / Primary Care Engagement Issues	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No	%*	No	%*	No	%*	No	%*
Public Health Nurse	78	55	65	47	43	41	37	42
Access OT	24	17	44	32	21	20	18	20
Advocate for GP to support	26	18	23	17	21	20	15	17
Other	19	13	17	12	13	12	12	13
Support with Changing GP	2	1	6	4	4	4	6	7
Access Physio	14	10	14	10	16	15	5	6
Refer to ICPOP Team	7	5	4	3	3	3	5	6
Refer to other charities			2	1	6	6	5	6
Meals on Wheels	11	8	11	8	1	1	4	4
Transport to attend appointments			1	1	8	8	4	4
Provide age-appropriate nutritional information	2	1	2	1	1	1	3	3
Support with physical activity/exercise			1	1	5	5	2	2
Wound Dressing	3	2	1	1	1	1	1	1
Total	142	2	139	9	106	6	89	

Table 28: GP / Primary Care Engagement Issue by Type, Quarterly, 2025

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

SOCIAL PRESCRIBING

Social Prescribing Support	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%	No.	%	No.	%	No.	%
Local Community Group	555	73	624	70	783	72	679	72
One-off events	103	14	155	17	226	21	187	20
Total	757		894		1093		942	

Table 29: Social Prescribing Support by Type, Quarterly, 2025

MENTAL HEALTH

Personal Care Issues	2023		2024		2025	
	No.	%	No.	%	No.	%
Depression	547	23	494	18	566	21
Anxiety	459	19	498	18	518	19
Dementia / Alzheimer's	638	27	677	25	482	18
Bereavement Issues	375	16	387	14	439	16
Addiction	102	4	124	5	160	6
Primary Care Mental Health	155	6	123	5	110	4
Paranoia	40	2	57	2	41	2
Total	2,405		2,713		2,697	

Table 30: Mental Health Issues by Type, Yearly, 2023-2025

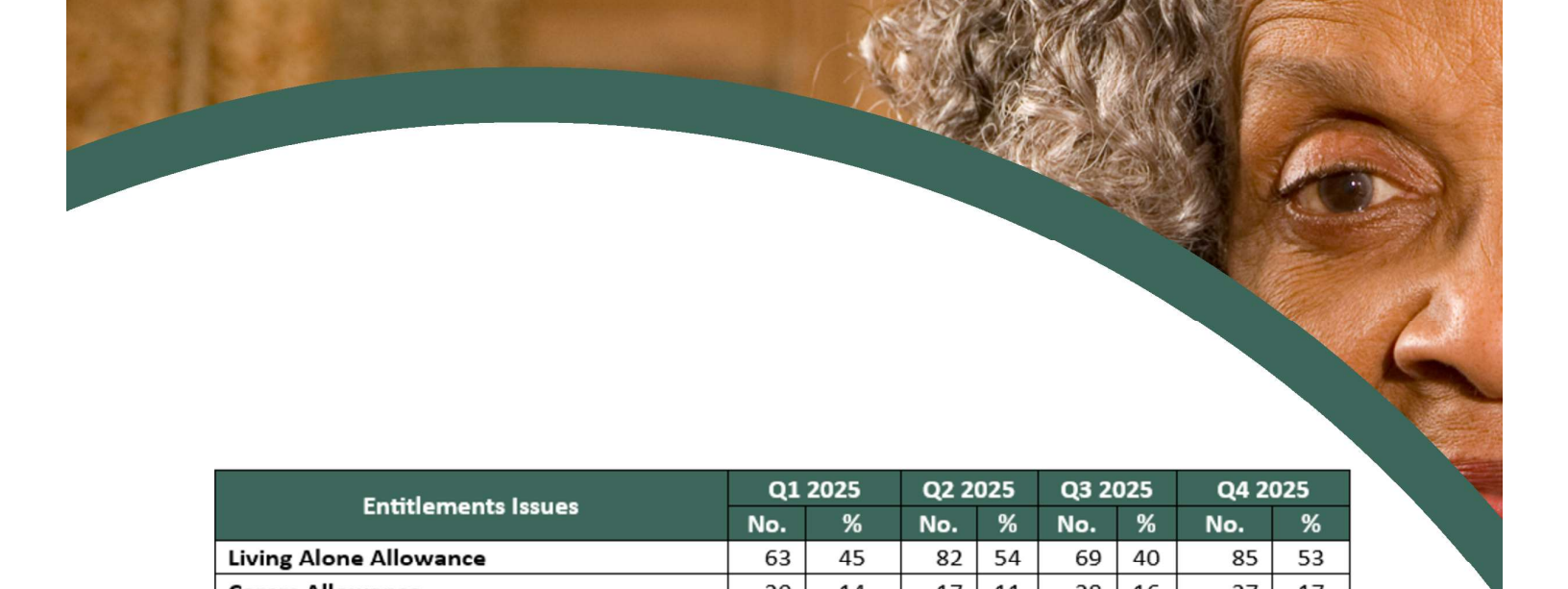
FINANCE

Finance Issues	2023		2024		2025	
	No.	%	No.	%	No.	%
Benefits	871	31	745	23	822	31
Entitlements	488	18	538	17	621	23
Funding	391	14	388	12	518	19
Grants	437	16	328	10	346	13
Utilities	1,054	38	1,472	45	277	10
End of Life Matters	91	3	188	6	205	8
Engaging with Legal Services	71	3	91	3	116	4
Banking	85	3	104	3	97	4
Tax	61	2	47	1	75	3
Insurance (Admin Support)	23	1	23	1	43	2
Total	2,775		3,257		2,678	

Table 31: Finance Issues by Type, Yearly, 2023-2025

Benefits Issues	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%	No.	%	No.	%	No.	%
Fuel allowance	66	37	71	35	71	33	106	47
Household Benefits Package	59	33	70	34	71	33	97	43
Medical card	17	10	26	13	37	17	37	16
Exceptional needs payment	42	24	45	22	39	18	36	16
Carers benefit	20	11	26	13	26	12	24	11
Carers Support Grant	9	5	10	5	21	10	10	4
Jobseekers Benefit	1	1		0	1	0	3	1
Illness Benefit	1	1	1	0	6	3	1	0
HAP Scheme		0	1	0	4	2	2	1
Rent relief	2	1	3	1	2	1		0
Drug Payment Scheme	2	1		0	2	1	9	4
Chiropody Card (3 visits a year)	3	2		0	2	1		0
Mobility allowance							4	2
Total	177		203		216		226	

Table 32: Benefits Issues by Type, Quarterly, 2025



Entitlements Issues	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%	No.	%	No.	%	No.	%
Living Alone Allowance	63	45	82	54	69	40	85	53
Carers Allowance	20	14	17	11	28	16	27	17
State Pension (Non-Contributory)	22	16	13	9	25	15	11	7
Free Travel Pass	13	9	11	7	19	11	16	10
State Pension (Contributory)	14	10	12	8	14	8	14	9
Disability Allowance	6	4	5	3	12	7	4	3
Invalidity Pension		0	6	4	4	2	1	1
Widows Pension (Contributory)	4	3	6	4	11	6	7	4
Jobseekers Allowance	1	1		0	5	3	2	1
Widows Pension (Non-Contributory)	1	1	2	1	1	1	3	2
GP Visit Card	9	6	7	5	4	2	8	5
Private Occupational Pension (Self/Partner)	4	3	1	1	4	2	6	4
Blind Pension		0		0	4	2	1	1
Salary from Employment		0		0	1	1		0
Total	139		151		172		159	

Table 33: Entitlements Issues by Type, Quarterly, 2025

SAFEGUARDING

Safeguarding Issues	2023		2024		2025	
	No.	%	No.	%	No.	%
Financial Abuse	41	37	45	52	30	38
Emotional Abuse	52	47	29	34	27	35
Multiple Concerns	17	15	10	12	26	33
Self-Neglect	20	18	12	14	7	9
Institutional Abuse	1	1			2	3
Sexual Abuse			2	2		
Physical Abuse	14	13	6	7		
Discriminatory Abuse	3	3	1	1		
Total	111		86		78	

Table 34: Safeguarding Issues by Type, Yearly, 2023-2025



APPENDIX 3: KEY THEMES IN ALONE SUPPORT COORDINATION (SC) INTERVENTIONS

A key strength of the ALONE model is that it allows for a holistic support plan to be put in place, which takes account of the overall needs of an older person. This comprehensive approach is underlined by the diverse range of support coordination (SC) interventions offered, each designed to address the multifaceted needs of the older person. ALONE recognises that the needs of older people are varied and complex. Thus, in response ALONE offers a range of SC interventions, ensuring a nuanced and individualised support system.

These SC interventions include:

Support and Befriending to offer practical support, companionship and alleviate feelings of loneliness and isolation;

Housing to address concerns related to living conditions and housing needs;

Legal and Financial to offer support and guidance in legal and financial matters such as utility and benefits issues;

Physical Health and Mobility to provide assistance and services to address physical wellbeing, mobility aids, falls preventions, and other concerns;

Social Isolation/Prescribing to promote community engagement and activities;

Emotional and Mental Wellbeing to reduce difficulties and assistance with obtaining specialised support;

Safety and Security to address concerns related to the safety and security of older people;

Safeguarding to implement measures to protect older people from potential harm or abuse.

A1: PHYSICAL HEALTH AND MOBILITY

Physical Health and Mobility Interventions	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%	No.	%	No.	%	No.	%
Technology for Physical Health	1,123	38	1,257	34	1,350	37	1,086	35
Technology for Mobility	555	19	720	20	643	18	569	19
Falls	315	11	389	11	361	10	323	11
Mobility Fixtures	193	6	252	7	231	6	188	6
Hospital	182	6	238	6	197	5	165	5
Dementia Specific Technology	146	5	174	5	164	5	125	4
Memory	112	4	153	4	141	4	113	4
Mobility Aids	109	4	139	4	121	3	104	3
Hearing Issues	83	3	108	3	78	2	85	3
Home Help	67	2	97	3	78	2	78	3
Mobility Furniture	67	2	78	2	77	2	56	2
Sight Issues	33	1	67	2	49	1	41	1
Annual Flu Jab	3	0	2	0	3	0	3	0
Other Aids					1	0		0
Dementia / Alzheimers					15	0	28	1
Engage with GP/Primary Care					114	3	98	3
Total	2,988		3,674		3,623		3,062	

Table 35: Physical Health and Mobility SC interventions by Type, Quarterly, 2025

A2: LEGAL AND FINANCIAL

Legal and Financial Interventions	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%	No.	%	No.	%	No.	%
Benefits	295	20	353	23	394	24	414	18
Entitlements	250	17	287	19	331	20	270	12
Struggling Financially	314	21	273	18	296	18	974	43
Utilities	204	14	180	12	162	10	209	9
Grants	160	11	156	10	164	10	99	4
Legal	73	5	80	5	57	4	73	3
End of Life Matters	69	5	75	5	81	5	94	4
Banking	53	4	60	4	65	4	44	2
Tax	35	2	34	2	41	3	47	2
Insurance	17	1	24	2	16	1	15	1
Technology for Finance	11	1	8	1	11	1	7	0
Practical Supports COVID-19	1	0		-		-		-
Total	1,482		1,530		1,618		2,246	

Table 36: Legal and Financial SC interventions by Type, Quarterly, 2025

A3: HOUSING

Housing Interventions	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%	No.	%	No.	%	No.	%
Housing Adaptations	767	3	868	3	761	4	708	6
Home Repairs Internal	412	1	415	1	377	7	392	2
Cleaning	222	0	246	1	203	9	148	8
Home Repairs External	199	9	224	9	217	0	166	8
Moving / Transfer	194	9	205	8	172	8	93	5
Appliances and Furniture	151	7	178	7	178	8	173	9
Technology for Housing	114	5	167	7	110	5	121	6
Decluttering	97	4	111	4	105	5	88	4
Homeless / Risk of Homelessness	93	4	84	3	92	4	78	4
Total	2,249		2,498		2,215		1,967	

Table 37: Housing SC intervention by Type, Quarterly, 2025

A4: SUPPORT AND BEFRIENDING

Support and Befriending Interventions	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%	No.	%	No.	%	No.	%
ALONE Visitation Support and Befriending	1,199	63	1,313	66	1,379	66	1,141	62
ALONE Telephone Support	595	31	585	29	607	29	612	33
Alternative / Additional Service	77	4	79	4	78	4	64	3
Contact Family / Friends	27	1	26	1	20	1	21	1
Total	1,898		2,003		2,084		1,838	

Table 38: Support and Befriending SC interventions by Type, Quarterly, 2025

A5: PERSONAL CARE

Personal Care Interventions	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%	No.	%	No.	%	No.	%
Nutrition	362	29	341	25	416	30	507	39
Engage with GP / Primary Care	301	24	313	23	223	16	180	14
Respite / Carer	187	15	214	16	293	21	213	16
Personal care issue	99	8	140	10	126	9	99	8
Home Help	72	6	73	5	69	5	70	5
Technology for Personal Care	37	3	70	5	82	6	45	3
Medication	46	4	54	4	45	3	47	4
Appliances / Bedding and Furniture	34	3	51	4	36	3	25	2
Hygiene	54	4	46	3	50	4	56	4
Chiropody	43	3	34	2	34	2	23	2
Clothing	18	1	25	2	19	1	15	1
Dental	8	1	6	0	14	1	12	1
Total	1,261		1,367		1,407		1,292	

Table 39: Personal Care SC interventions by Type, Quarterly, 2025

A6: SOCIAL ISOLATION / PRESCRIBING

Social Isolation / Prescribing Interventions	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%	No.	%	No.	%	No.	%
Local Community Groups	722	66	824	62	1,046	62	850	68
One-off Events	165	15	296	22	336	20	277	22
Technology for Social Isolation / Prescribing	213	19	212	16	308	100	121	10
Total	1,100		1,332		1,690		1,248	

Table 40: Social Isolation Prescribing / Isolation SC interventions by Type, No. and %, Quarterly, 2025

A7: EMOTIONAL AND MENTAL HEALTH

Emotional and Mental Health Interventions	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%	No.	%	No.	%	No.	%
Dementia / Alzheimers	203	25	235	27	238	27	167	26
Anxiety	189	23	137	16	120	14	132	21
Depression	147	18	132	15	126	14	101	16
Technology for Emotional / Mental Health	74	9	128	15	82	9	43	7
Bereavement	119	15	115	13	128	15	116	18
Primary Care Mental Health	49	6	83	9	126	14	41	6
Addiction	26	3	34	4	45	5	36	6
Paranoia	8	1	10	1	11	1	3	0
Total	815		874		876		639	

Table 41: Emotional and Mental Health SC interventions by Type, Quarterly, 2025

A8: SAFETY AND SECURITY

Safety and Security Interventions	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%	No.	%	No.	%	No.	%
House keys/Keybox	99	51	94	39	128	37	153	45
Senior Alert Scheme	28	14	60	25	72	21	59	17
Video doorbell	10	5	31	13				
Report antisocial behaviour	16	8	22	9	36	10	29	8
Front Door Safety Camera	14	7	11	5				
House Alarm	15	8	10	4	22	6	31	9
Smart indoor security camera	8	4	7	3	31	9	21	6
Smart home sensors	4	2	3	1			4	1
Software Apps					2	1	4	1
Emergency Alarm					56	16	42	12
Total	194		238		347		343	

Table 42: Safety and Security SC interventions by Type, Quarterly, 2025

A9: SAFEGUARDING

Safeguarding Interventions	Q1 2025		Q2 2025		Q3 2025		Q4 2025	
	No.	%	No.	%	No.	%	No.	%
Safeguarding Issues	28	51	20	49	20	54	19	49
Financial or Material Abuse	9	16	8	20	4	11	6	15
Multiple Concerns	7	13	6	15	6	16	10	26
Emotional Abuse	8	15	4	10	3	8	4	10
Self-neglect	3	5	3	7	3	8		
Discrimination					1	3		
Total	55		41		37		39	

Table 43: Safeguarding SC interventions by Type, Quarterly, 2025

APPENDIX 4: ONGOING SUPPORTS

ALONE maintained substantial support for a significant number of individuals during Q4 2025, many of whom had initiated engagement with its services before this quarter. In total, 14,002 older people who had been supported by ALONE prior to the beginning of Q4 2025 remained active in this quarter. Of those, 62% were female (n=8,747) and 37% were male (n=5,247), which slightly varies from the newly supported in 2025. For those whose age was recorded (n=13,721), the majority (61%, n=8,327) were aged between 76 and 90 years old, while 189 people were younger than 61, and 33 were older than 95 (Figure 28).

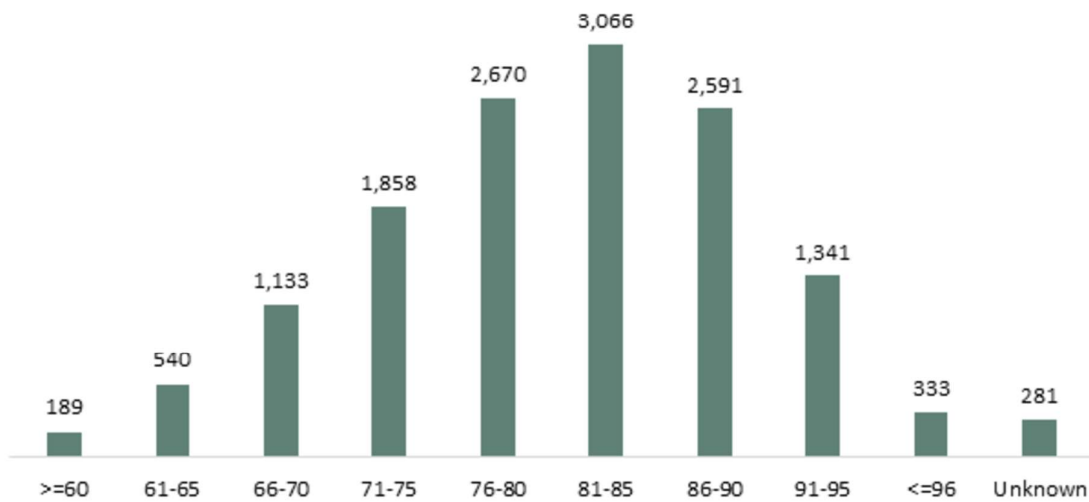


Figure 29 : Ongoing Supports by Age Range (commenced pre-Q4 2025)

The distribution of these ongoing supports, for which data was available (n=13,992), is presented in Table 44 according to their geographical spread. As this shows, HSE West and North West has the highest proportion of ongoing supports, followed by HSE Dublin and North East, with the lowest level of supports in HSE Midwest.

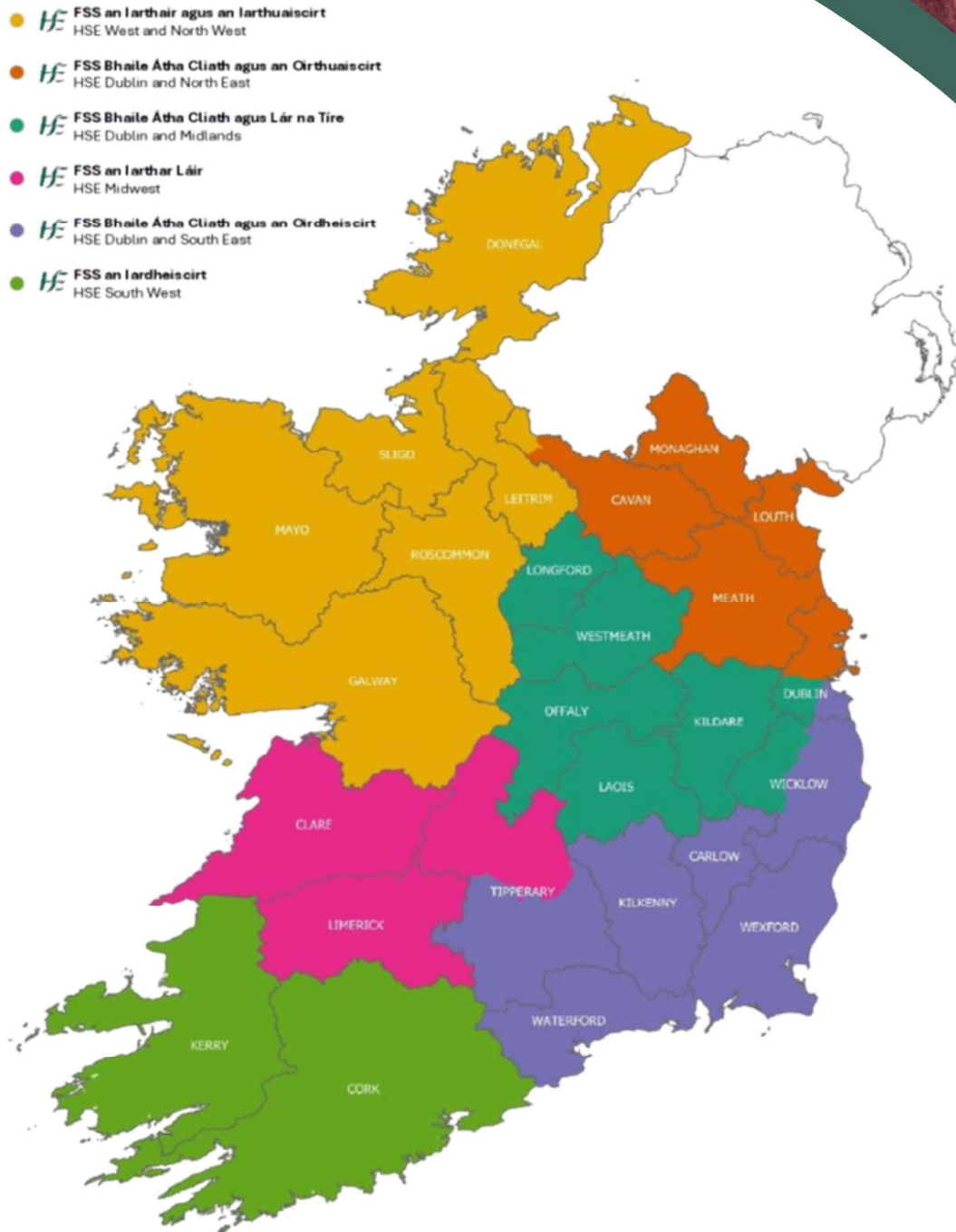
Health Regions	No. Ongoing Supports	%
HSE Dublin and Midlands	2,080	15
HSE Dublin and North East	2,544	18
HSE Dublin and South East	2,169	16
HSE Midwest	905	6
HSE South West	2,563	18
HSE West and North West	3,731	27

Table 44: Ongoing Supports (commenced pre-Q4 2025), by Health Region, Q4 2025

Of the 14,002 older people who were actively supported by ALONE prior to Q4 2025, and who remained active within ALONE, only 14% (n=1,984) received a new SC intervention in Q4 2025.

(24) A small number of ongoing supported is Undeclared / Not Specified (n=11)

APPENDIX 5: HEALTH REGION MAP



¹ West county Wicklow continues to be aligned with Kildare for health services, and a small portion of west county Cavan continues

Figure 30: Geographical distribution of Health Regions in Ireland



YOU'RE NOT ALONE

THANK YOU

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

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