ALONE

YOU'RE NOT ALONE

alone.ie
RCN:20020057

ALONE ECC Quarterly Report

Q1 2026

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Executive summary

This report provides a detailed overview of ALONE's service delivery to older people across Ireland in Q1 2026 highlighting key needs, outcomes, and regional impact.

Who we supported

Throughout the quarter, ALONE newly supported 4,215 older people, delivering personalised, community-based services to enable them to age well at home. The majority were female (59%) and aged between 76 and 85. Two-thirds lived alone, while 77% owned their own home. Of those newly supported, over three-quarters received an assessment within the same quarter.

Needs identified

The most common needs identified were physical health (59%) and loneliness (42%). Physical health needs were notably higher in the HSE West and North-West, South West, and Midwest regions compared to the rest of the country. These figures reflect the complex, interconnected challenges facing older people across Ireland and underscore the continued importance of tailored, person-centred intervention.

Service delivery and outcomes

Assessment findings highlighted ongoing support needs among older people. Both personal care (32%; n =1,233) and finance issues (23%; n=883) showed slight increases when compared to 2025 levels, suggesting that older people are presenting with more complex needs related to maintaining independence and managing day-to-day living. Finance, housing, mental health and social prescribing needs were most prevalent among younger respondents, while mobility, loneliness and personal care needs increased gradually with age. Following assessment, 92% of older people (3,619) began a Support Coordination intervention[1]. Across the quarter, 14,548 Support Coordination interventions were conducted for 4,528 older people, averaging 3.2 interventions per person. Approximately 79% (11,514) were completed with the desired outcome achieved within the quarter. Just over half were delivered through partner supports, with Social, Health and State interventions accounting for more than 70% of partner-delivered activity.

Regional highlights

The HSE West and North West region continued to show the highest engagement with ALONE, making up 25% of newly supported older people and 27% of continuing engagement, despite accounting for only 16% of the national population aged over 65. This region also had highest average need per person (3 needs) and the greatest volume of Support Coordination interventions (5,041).

The HSE Dublin and North East region led on assessments (867), volunteer numbers (1,861) and volunteer hours delivered (17,088), reflecting a strong and active community support infrastructure.

Conclusion

Overall, Q1 2026 reflects the continued impact of ALONE's work in supporting older people to age at home with dignity, independence and confidence. Consistent levels of need, high intervention completion rates, strong regional engagement, and significant volunteer contribution together affirm the critical role ALONE plays in enabling older people to live independently and well at home.

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).

Quarter at a glance

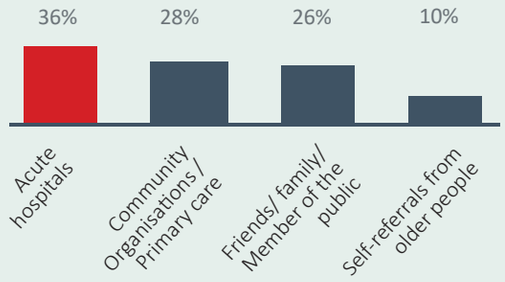
Key achievements

26,897
older people supported across services[1]

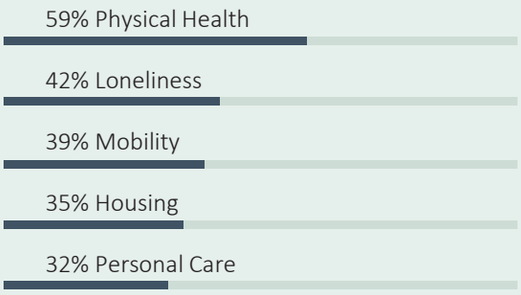
4,215
unique individuals newly supported

14,548
new Support Coordination interventions provided

4,669 Referrals to ALONE from:



Top issues across 3,910 older people assessed:



8,797 volunteers contributed 71,432 hours, valued at €2.2 million (Average Hourly Earnings)

5,035
calls made to National Support and Referral Line

3,617
check-in calls made to older people

29,524
Visitation Support & Befriending visits

45,435
Telephone Support & Befriending calls

185
CIN members.

1 For the purpose of this report, this term refers to the number of services provided to older people. This figure also includes 886 unique individuals calling National Support and Referral Line (NSRL) YTD.

A fresh start at home

After a concerned neighbour managed to get John’s permission, ALONE's Support Coordinator brought together local services and community supports to help transform his living environment. They worked with St. Vincent de Paul who provided a skip and arranged a local cleaning company to complete deep clean and decluttering of his home in a single day, creating a safer, more comfortable space for him to live in. It was a real transformation. Ongoing supports are now being explored to help John maintain his home on a bimonthly basis and continue living independently.

“

“My guardian angel”

Mary could not speak highly enough about her ALONE volunteer, describing her as her "guardian angel" and said that meeting her has changed her life. Through regular visits and support, the volunteer has become a valued source of connection and reassurance for Mary. She really wants ALONE to know what a difference having a volunteer has made to her.

ALONE and Enhanced Community Care (ECC)

This report presents ALONE's key activities and achievements during Q1 2026 as part of the organisation's fifth year supporting the HSE's Enhanced Community Care (ECC) programme.
The report aims to highlight how strategic partnerships and community-based approaches are transforming care for Ireland's rapidly ageing population.

ALONE's mission and role in the Enhanced Community Care (ecc) programme

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

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

In line with Sláintecare, the ECC objective is to deliver increased levels of healthcare with service delivery refocused towards general practice, primary care, and community-based services. The emphasis is on 'ageing in place' through the delivery of an end-to-end care pathway. This supports care for people at home, prevents admissions to acute hospitals when it is safe and appropriate to do so, and enables a "home first" approach[1].

The success of the ECC programme is evident in its significant impact on reducing hospital admissions and waiting lists: 91% of patients with chronic diseases are now managed routinely close to home, reflecting the programme's focus on community care[2]. This is further supported by ALONE's Transforming Ageing at Home report[3] which highlights how an integrated approach leads to meaningful system-level outcomes. These include reduced pressure on health services in the form of reduced Emergency Department visits and calls, as well as reduced use of community healthcare services. ALONE provides an integrated system of care and practical supports and services to older people. These, along with ALONE's strategic partnerships, Community Care Teams, hospitals, and Integrated Care Programme for Older People (ICPOP), are vital in supporting the ECC programme's home first approach. This collaboration ensures that older people receive the necessary care and support within their communities, thereby promoting ageing and care in place[4].

1 Recent communications from the HSE highlight substantial role played by ECC programme in improving overall health outcomes by supporting older people and those with chronic diseases. See more- https://about.hse.ie/news/community-care-improving-health-outcomes-experiences-patients-across-ireland/
2 https://about.hse.ie/news/reduction-hospital-admissions-highlights-progress-transforming-healthcare/
3 https://alone.ie/wp-content/uploads/2025/06/ALONE-IMPACT-ASSESSMENT-REPORT_FINAL.pdf
4 https://www.gov.ie/en/press-release/1ca58-minister-for-health-stephen-donnelly-publishes-the-slaintecare-progress-report-2021-2023/

ALONE's key objectives as part of the ECC programme

01 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.

02 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.

03 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.

04 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.

05 Support the broader objectives of the ECC programme by utilising impact measurement tools and ALONE's resources, ensuring that we align with key goals and enhance effectiveness.

Profile of older people supported

Demographics

In Q1 2026, 4,215 older people were newly supported by ALONE[1].

59% (n = 2,499) were female. 41% (n = 1,713) were male. 0.1% (n = 3) fell under 'other/ prefer not to say'.

Of these, 43% (n = 1,797) were aged between 76 and 85 years old, in line with the profile of those supported in 2025.

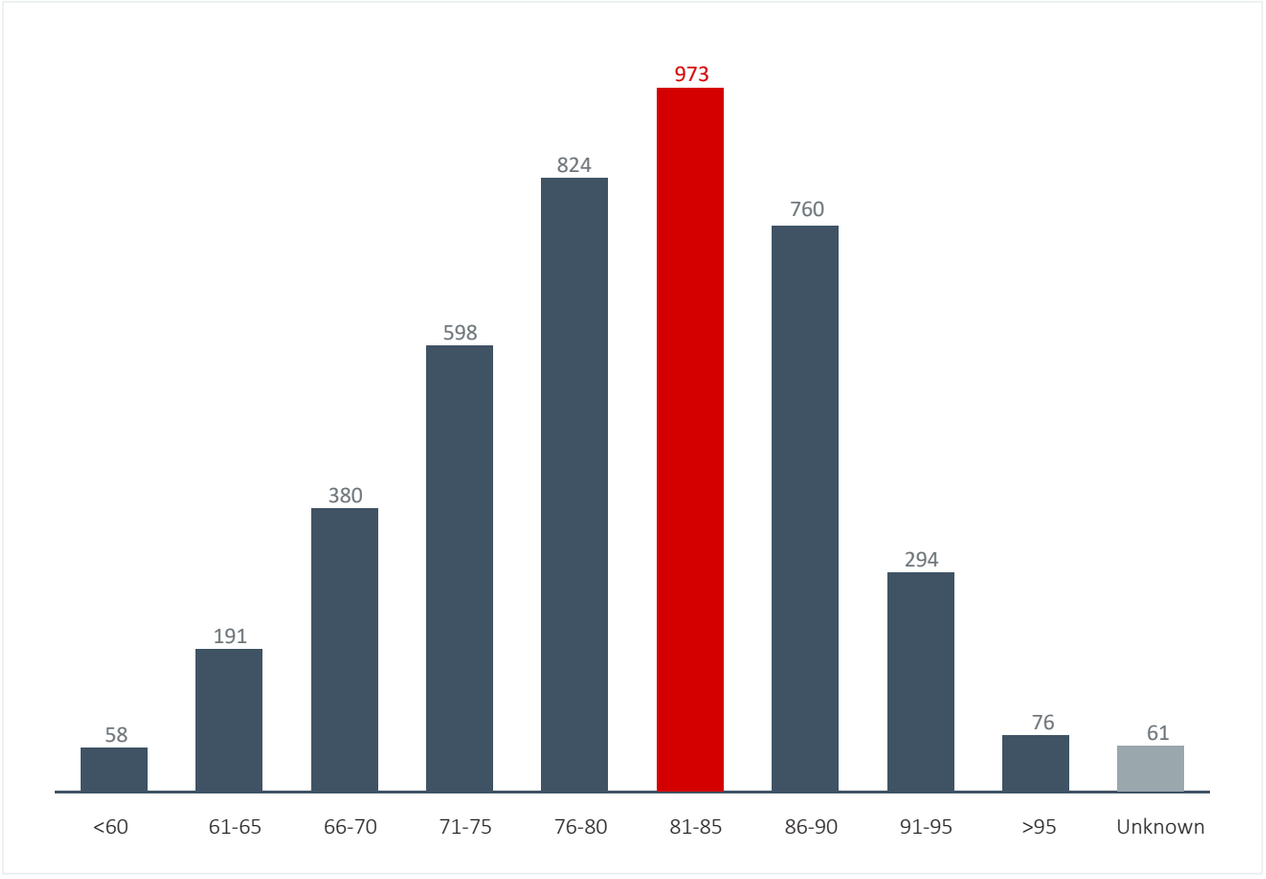


Figure 1: Individuals Supported by Age Range, Q1 2026

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

Home ownership and living arrangements

Of those who provided information on home ownership and living arrangements (n=3,910), the proportion of homeowners/non-homeowners remained consistent with Q4 2025:

- 77% (n = 3,007) owned their own home
- 23% (n = 903) did not own their own home

Of individuals who did not own their own home;

- 56% (n = 501) were living in Local Authority accommodation
- 11% (n = 100) were renting in the private rented sector.

Similar to trends observed in 2025;

- 66% (n = 2,561) lived alone
- 22% (n = 847) lived with their spouse/partner
- 13% (n = 488) lived with other family, friends, or a lodger

Presenting issues reported by older people

Older people receiving ALONE support undergo an assessment with a Support Coordinator. During this process, individuals are asked about challenges they may be experiencing across a variety of areas, as presented in Figure 2. Finance, housing, mental health and social prescribing needs were most prevalent among younger respondents, while mobility, loneliness and personal care needs increased gradually with age. See Appendix 1 for further information and a detailed breakdown on the relationship between needs identified and age.
In Q1 2026, ALONE Support Coordinators assessed 3,910 older people.

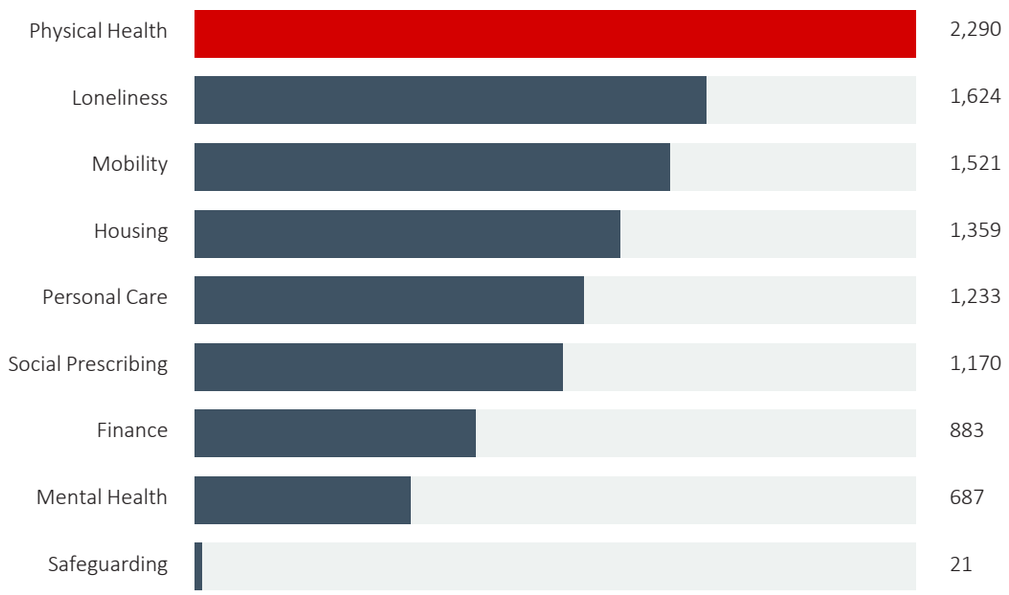


Figure 2: Issues Presenting in Assessments

Physical health

59% (n = 2,290) of older people assessed reported physical health issues, in line with the 2025 average. Of these:

- 31% (n = 724) had an issue with falls
- 29% (n = 659) of these expressed an interest in technology to support their physical health
- 12% (n = 270) reported dementia or Alzheimer's issues.
- 11% (n = 257) reported general memory issues.

Loneliness

42% (n = 1,624) of older people reported feeling lonely, which is below the 2025 average of 45% and continues the consistent year-on-year decrease from a peak of 58% in 2023. Of these:

- 61% (n = 995) needed in-person Visitation Support & Befriending.
- 33% (n = 530) needed Telephone Support & Befriending.

Similar to 2025, of the 1,324 older people who responded to questions regarding social outings:

- 16% (n = 213) reported having not been out socially in the last six months.
- 4% (n = 54) reported having not been out socially in over a year.

Mobility

39% (n = 1,521) of older people specified issues with mobility during their assessments, in line with trends observed in 2025. Of these:

- 26% (n = 388) expressed an interest in mobility technology devices.
- 12% (n = 178) reported a need for mobility fixtures like grab rails, wheelchair ramp, etc.
- 10% (n = 155) reported a need for mobility aids such as new rollator, wheelchair, etc.
- 4% (n = 64) reported needing mobility furniture like orthopaedic chair, shower seats, etc.

Housing

35% (n = 1,359) of older people reported housing-related issues. Of these:

- 38% (n = 516) needed housing adaptations. The most common of these were bathroom adaptations (n = 294) and access ramps (n = 140).
- 19% (n = 252) needed internal home repairs. The most common of these were plumbing problems (n = 77) and electrical problems (n = 57).
- 8% (n = 115) expressed an interest in technology for safety and security.

Personal care

32% (n = 1,233) of older people assessed reported issues with personal care, a slight increase from the 2025 average of 30%, which itself had risen from 28% in 2024. Of these:

- 30% (n = 367) specified struggling with nutrition.
  *The most common issues within this category were a need for alternative food options (n = 189), 'Meals on Wheels' related support (n = 150).
- 14% (n = 172) said they needed more help than they are getting.
- 3% (n = 42) have interest in Technology for Personal Care.

Finance

23%(n = 883) of older people assessed indicated they had issues with their finances, a slight increase from the 2025 average of 21%. Of these:

- 25% (n = 219) had issues with benefits (e.g. Fuel Allowance, Household Benefits Package).
- 20% (n = 169) had issues with entitlements (e.g. Living Alone Allowance, Carers allowance, pension).

Mental health

18% (n = 687) of older people assessed reported experiencing mental health challenges, a decrease from the 2025 average of 21% and a further decline from previous years. However, this reduction may in part reflect changes to the assessment framework introduced mid-last year, including reclassification of dementia/Alzheimer's into the physical health category. Of these:

- 36% (n = 248) indicated that they had visited a GP, nurse, or medical practitioner.
- 32% (n = 218) were prescribed medication, with a small proportion (n = 11) reporting they forget to take it.
- 24% (n = 168) reported depression.
- 20% (n = 140) reported anxiety issues.
- 19% (n = 129) reported bereavement issues.

Safeguarding

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

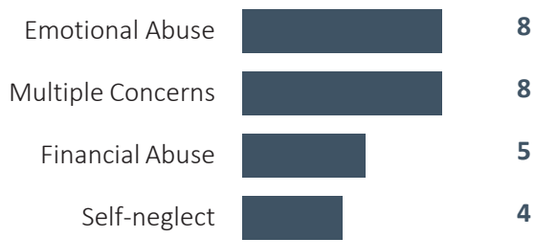


Figure 3: Safeguarding Issues by Type, Q1 2026

Monitoring delivery

Driven by the needs of older people

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

In Q1 2026, ALONE provided a total of **14,548** new interventions (Figure 4) to **4,528 older people** engaged with ALONE services, averaging **3.2 interventions per person.**

- **79%** (n = 11,514) of these interventions were completed within the quarter with outcomes being met.
- **20%** (n = 736) of these were closed with the outcomes not met. The main reasons for this were:
  - Service no longer required (36%)
  - Disengagement of older person (29%)
  - Gap in service provision (10%)

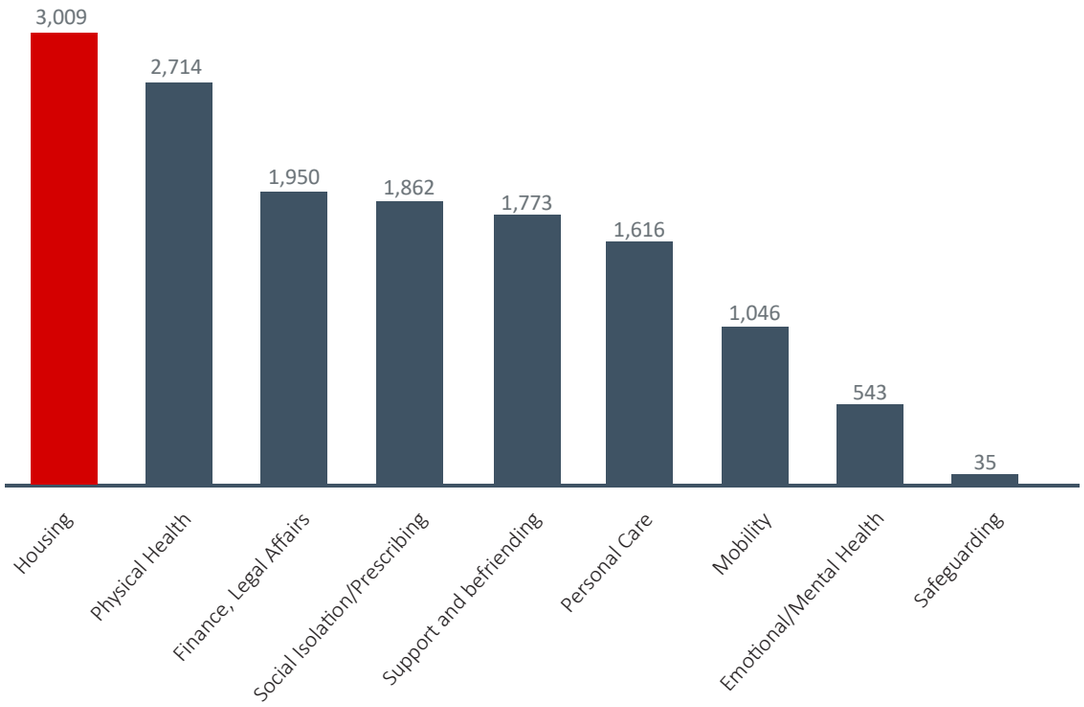


Figure 4: SC interventions by type, Q1 2026

As illustrated in Table 1, 92% (n = 3,619) of older people who were assessed in Q1 2026 received at least one intervention from ALONE during the quarter. This shows ALONE's high level of responsiveness to the needs of older people seeking support, consistent with the previous quarters.

Area of need	Q1 2026 No. Assessed	Q1 2026 SC intervention received	Q1 2026 %
Physical health	2,290	2,179	95
Loneliness	1,624	1,569	97
Mobility	1,521	1,440	95
Housing issues	1,359	1,333	98
Personal care	1,233	1,181	96
Social prescribing	1,170	1,154	99
Finance	883	862	98
Mental health	687	653	95
Safeguarding	21	20	95
Total assessed	**3,910**	**3,588**	**92**

Table 1: No. individuals assessed within each category of need x No. of people who received a SC intervention, Q1 2026

Critical link between older people and services

A key part of ALONE's model is building collaboration with community and health partners to meet growing demand. This positions ALONE as a vital link in the continuum of care.
There were 4,669 referrals to ALONE in Quarter 1 2026. Table 2 presents a breakdown of the pathways for those referred to ALONE in Q1 2026.

Referral type	Q1 2026	
	No. *	%
Acute hospitals	1,678	36
Community (incl. Primary care)	1,301	28
Family/public/other	1,199	26
Self	491	10
Total referrals	**4,669**	

Table 2: Referral Type Q1 2026

Note: This is the number of people referred through each specific pathway. An individual person may be referred through more than one referral, therefore there may be overlap across all referral pathways.

In Q1 2026, 7,417 Support Coordination interventions relied on ALONE's partnerships, accounting for 51% of all interventions. As shown in Table 3, the largest share of partner-supported interventions related to social supports (24%) and physical health (24%), together making up almost half of all partnership activity.

Partner Supports	Q1 2026	
	No.	%
Staying connected with social supports	1,799	24
Getting support for physical health	1,786	24
Getting help from government services	1,624	22
Accessing financial supports	483	7
Support from charities and nonprofits	465	6
Advocating for physical health supports	395	5
Accessing personal care supports	275	4
Transport support	198	3
Housing support	182	3
Support for mental health and wellbeing	108	2
Getting legal advice or support	102	1

Table 3: Partner Supports, No. and % of SC interventions, Q1 2026

Maximising the impact: The financial and social value of volunteers

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

By the end of March 2026

8,797
volunteers had engaged with ALONE

886
older people contacted the NSRL

In Q1 2026

29,524
Visitation Support & Befriending visits were conducted

45,435
Telephone Support & Befriending calls were conducted

3,617
check-in calls were conducted to older people to ensure their wellbeing

5,035
calls were made to the NSRL (loneliness was the most common theme discussed, information and advice second)

71,432 hours of support were contributed by volunteers, valued between €1 M (National Minimum Wage) and €2.2 M (Average Hourly Earnings)

Health Regions[1]

Table 4 shows the total population of each Health Region in Ireland, estimated number of people aged 65+ and the number of older people supported by ALONE across each region, including those newly supported, receiving ongoing support[2] , and the total supported in Q1 2026. These figures are benchmarked against the estimated population aged 65+ in each region. For example, the 1,041 newly supported older people in the HSE West and Northwest region represent around 0.8% 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 continues to account for the largest share of older people newly supported (n = 1,041), in receipt of ongoing support (n = 3,823) and supported YTD (n = 4,606).

Regional comparisons

	Population (Census 2022)	Proportion of people aged 65+ years (%)	Estd. Population aged 65+	Newly supported by ALONE in Q1 2026*	In receipt of ongoing ALONE support**	Total supported YTD
National Average	**5,149,139**	**15.1**	**781,300**	**4,215**	**14,208**	**17,367 (2.2%)**
HSE West and North West	759,652	16.5	125,343	1,041 (0.8%)	3,823 (3.1%)	**4,606 (3.7%)**
HSE Dublin and North East	1,187,082	13.1	155,508	844 (0.5%)	2,807 (1.8%)	**3,412 (2.2%)**
HSE Dublin and Midlands	1,077,639	13.2	142,248	630 (0.4%)	2,187 (1.5%)	**2,683 (1.9%)**
HSE Midwest	413,059	16.5	68,155	344 (0.5%)	901 (1.3%)	**1,166 (1.7%)**
HSE Dublin and South East	971,093	16.4	159,259	682 (0.4%)	1,792 (1.1%)	**2,305 (1.5%)**
HSE South West	740,614	16.1	119,239	673 (0.6%)	2,688 (2.3%)	**3,184 (2.7%)**

Table 4: Regional population distribution, Census 2022 and older people supported by ALONE in Q1 2026.

Note: Percentage shown in the table are calculated in relation to the estd. population aged 65+ in each region.
**These figures are related and overlap. "Newly supported" refers to individuals who began receiving new supports during Q1 2026, 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 Q1 who continued through the period. As individuals can appear in both, these groups are not mutually exclusive and should not be added together.

1 https://www.hse.ie/eng/about/who/healthwellbeing/knowledge-management/population-profiling-maps.html
2 This refers to older people already engaged with ALONE before Q1 2026 who remained active on ALONE's CRM during the period.

Key observations

- Physical health needs remained prominent across all Health Regions, highlighting the ongoing health challenges faced by older people. It was most prominent in the West and North West region (reported by 75% of respondents). Linked to this, HSE West and North West have 1,292 physical health interventions, 26% of all Support Coordination interventions in that region, and the largest number in a single category. While it was lower in HSE Dublin and North East (42%), it remained the most prominent need in this region.
- HSE West and North West recorded the highest average number of needs per older person assessed (3.2 per person), exceeding the overall regional average of 2.8 needs per person across all Health Regions (see Appendix 1 for further details).
- Mental health needs are notably low in the HSE Dublin and North East region at 9.7%, which is 44% below the national average.
- 7% (n = 268) of older people did not indicate any need at all in the assessment, with most of these in the Dublin regions (HSE Dublin Midlands / North East / South East). This may reflect a higher percentage of precautionary referrals in Dublin regions, where older people may be referred by a concerned third party, but when assessed did not need further specific support from ALONE at the time.
- Nationally, females accounted for an average of 59% of engaged older people, with notable higher representation of females in HSE Dublin and South East (62%) and HSE South West (64%).
- 27% (n = 802) of Support Coordination interventions in the HSE Dublin and North East region are for housing, by far the most in that region. Most of these relate to adaptations, including bathroom adaptations (n = 102), Stair lifts (n = 50) and plumbing (n = 43).

A brief overview of the support provided within each Health Region is outlined in the following section.

HSE West and North West

This region contributed to

25% n=1,041
of all older people newly supported with services.

27% n=3,823
of all older people in receipt of ongoing support.

21% n=840
of all older people assessed.

In this region

- 57% of those newly supported were female, and 43% were male, slightly varying from the overall average of 59% female and 41% male.
- 24% of those newly supported were younger than 76, below the national average of 29%.

This region had the highest average number of needs per older person assessed (3.2 per person), exceeding the overall regional average of 2.8 needs per person. As the chart below shows, physical health need is the top need followed by mobility and housing issues in this region. This reflects the older age profile of the population, which is typically associated with higher and more complex support needs. Of note, among those reporting mobility issues in this region, 51% expressed an interest in mobility technology devices (higher than the national average of 26%). Of those reporting housing issues, 51% needed housing adaptations (above the national average of 38%).

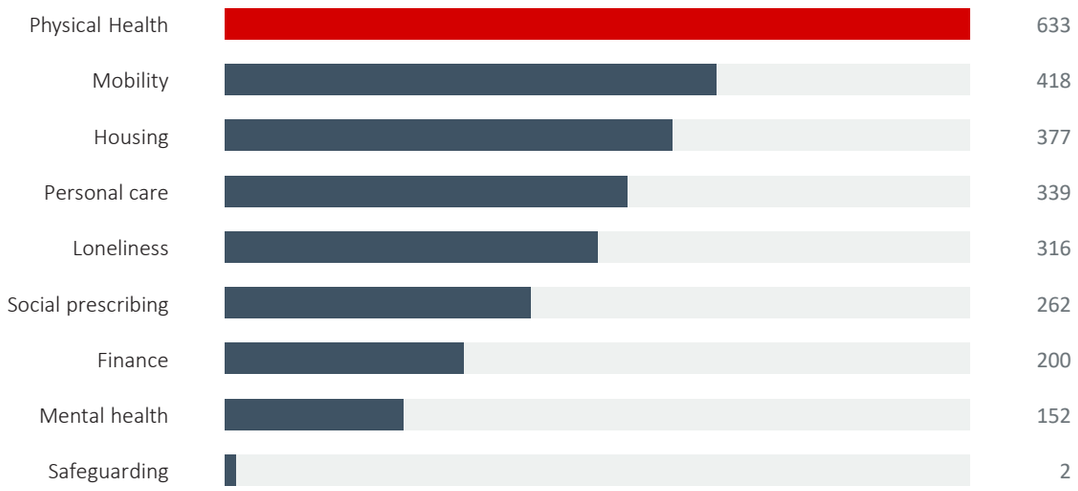


Figure 5: Issues Presenting in Assessments, HSE West and North West

In Q1 2026 the West and North West region accounted for 35% (n = 5,041) of all Support Coordination (SC) interventions nationally. Of these, 89% were successfully completed with the intended outcomes achieved, the highest rate of any region. The figure below shows that physical health interventions were the most frequent type delivered, followed by housing and personal care interventions, broadly aligning with the needs identified in the assessments.

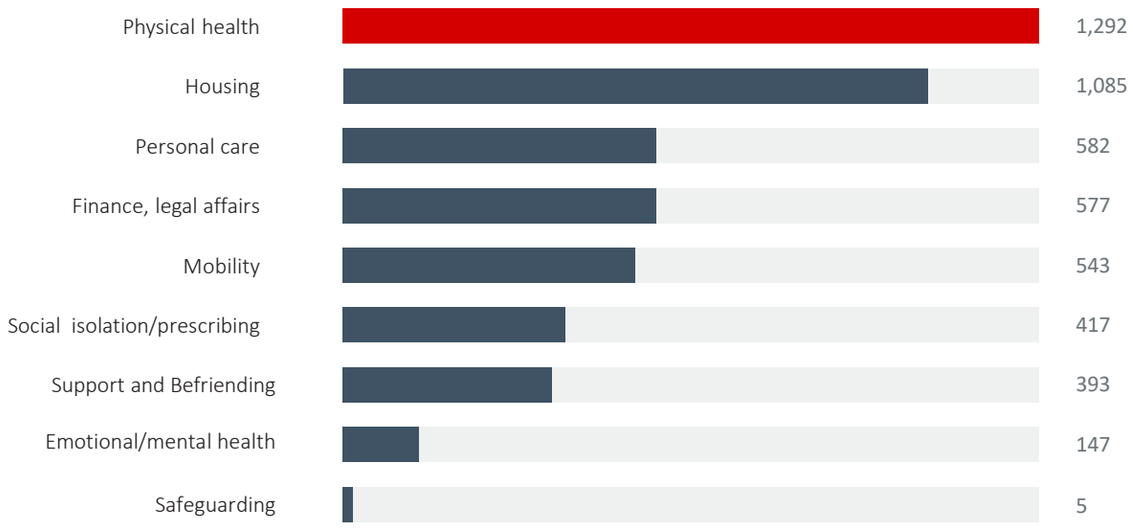


Figure 6: SC interventions by Type, HSE West and North West

This region also accounted for

21% n = 1,729
of all volunteers engaged with ALONE

23% n= 6,660
of all Visitation Support & Befriending visits

21% n = 9,349
of all Telephone Support & Befriending calls

22% n = 15,360
of all hours contributed by ALONE volunteers

HSE Dublin and North East

This region contributed to

20% n=844
of all older people newly supported with services.

20% n=2,807
of all older people in receipt of ongoing support.

22% n=867
of all older people assessed.

In this region

- 58% of those supported were female, and 42% were male, consistent with the overall average.
- 33% of newly supported older people were under the age of 76, which is 14% higher than the overall average. This shows a relatively younger age profile.

As the chart below shows, physical health, housing, loneliness and social prescribing were the most commonly identified needs among older people in this region, closely followed by mobility challenges. This pattern highlights the broad and overlapping nature of support needs within this population.

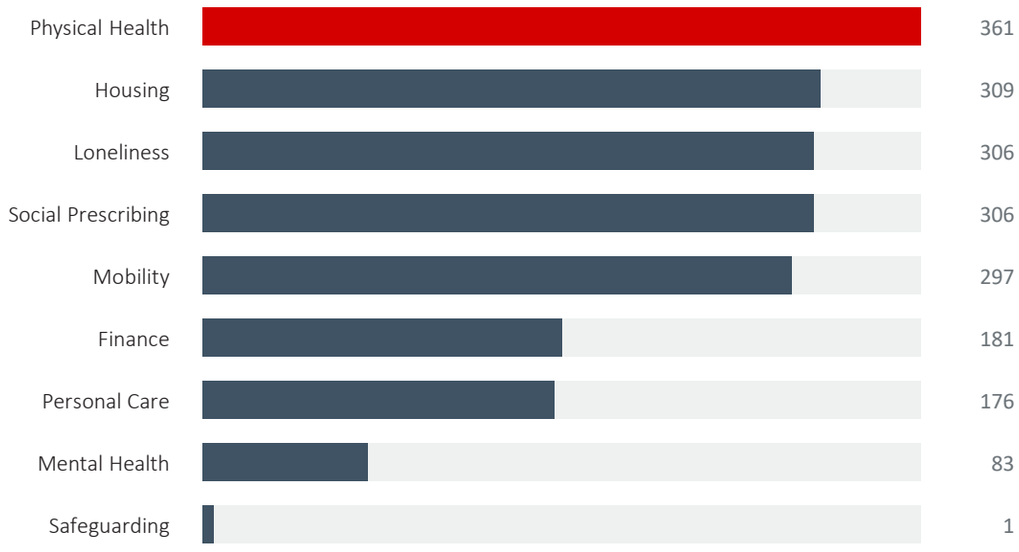


Figure 7: Issues Presenting in Assessments, HSE Dublin and North East

In this quarter, the Dublin and North East region accounted for 20% (n = 2,975) of all SC interventions nationally. Of these, 84% were successfully completed with the intended outcomes achieved.
As the figure shows, housing was the leading Support Coordination intervention in this region, representing 27% of all interventions, followed by social isolation/prescribing supports. This broadly aligns with the needs identified through assessments. However, despite physical health being the most commonly identified need, it is not reflected at the same level in terms of Support Coordination interventions delivered, which may indicate the complexity of addressing these needs.

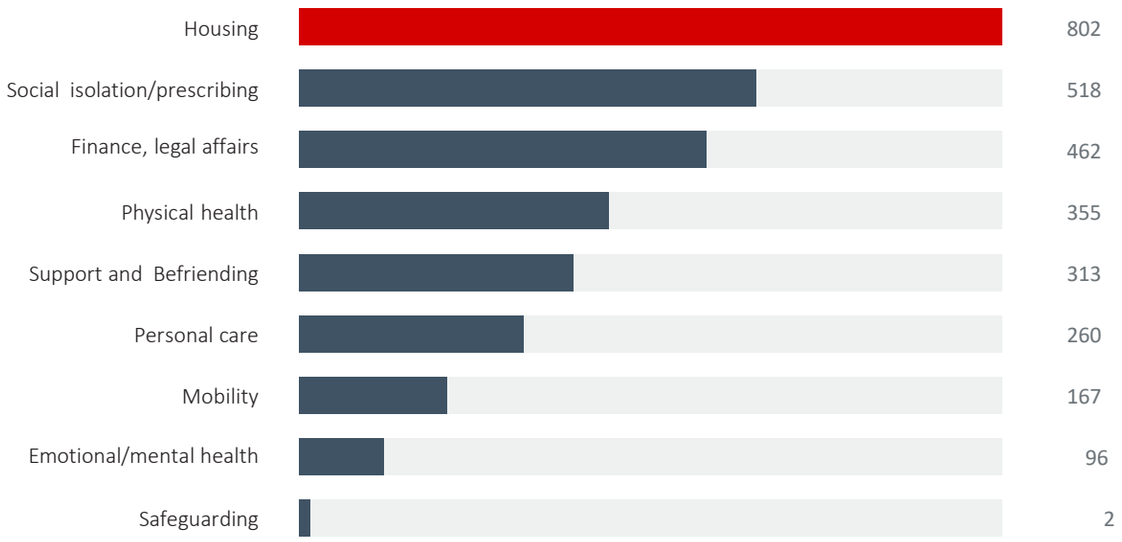


Figure 8: SC interventions by Type, HSE Dublin and North East

This region also accounted for

22% n = 1,861
of all volunteers engaged with ALONE

23% n= 6,900
of all Visitation Support & Befriending visits

27% n = 12,377
of all Telephone Support & Befriending calls

24% n = 17,088
of all hours contributed by ALONE volunteers

HSE Dublin and Midlands

This region contributed to

15% n=629
of all older people newly supported with services.

15% n=2,187
of all older people in receipt of ongoing support.

16% n=642
of all older people assessed.

In this region

- 57% of those newly supported were female, and 43% were male, slightly varying from the overall average of 59% female and 41% male.
- 33% of newly supported older people were under the age of 76, which is 14% higher than the overall average. This shows a relatively younger age profile.

As the chart below shows, physical health, loneliness and mobility are the top three needs for older people in this region, closely followed by housing.

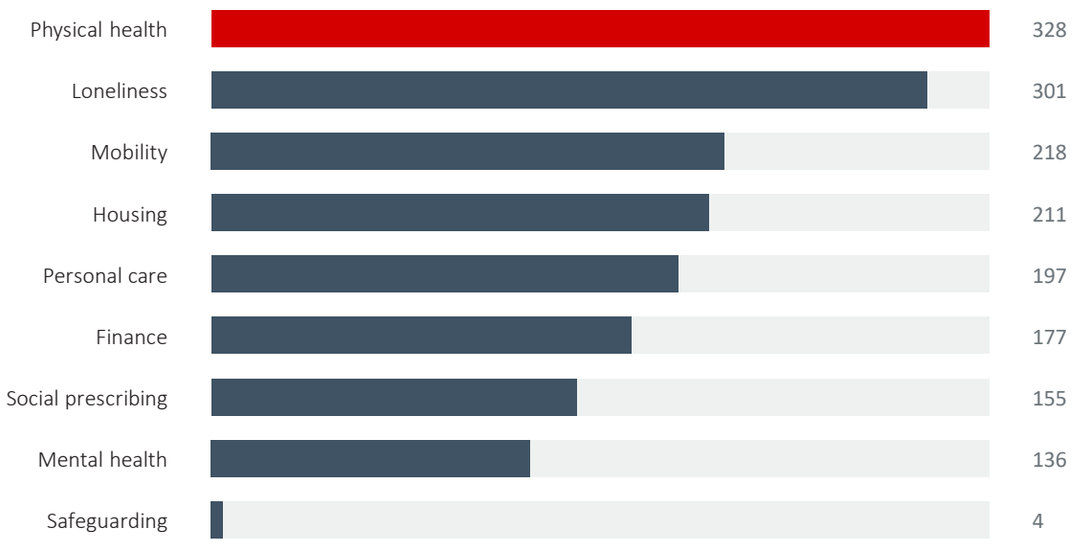


Figure 9: Issues Presenting in Assessments, HSE Dublin and Midlands

In Q1 2026, the Dublin and Midlands region accounted for 15% (n = 2,212) of all Support Coordination (SC) interventions nationally. Of these, 74% were successfully completed with the intended outcomes achieved.

As the figure below shows, housing represents the largest category of SC interventions delivered, followed by finance and legal supports, and befriending and social prescribing SC interventions.

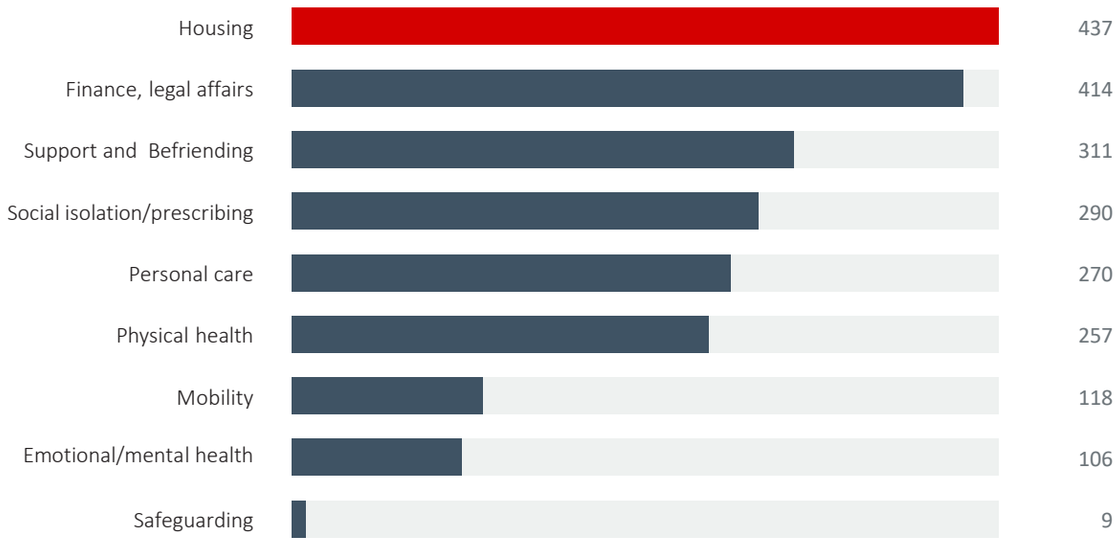


Figure 10: SC interventions by Type, HSE Dublin and Midlands

This region also accounted for

18% n = 1,517
of all volunteers engaged with ALONE

17% n= 5,124
of all Visitation Support & Befriending visits

19% n = 8,508
of all Telephone Support & Befriending calls

18% n = 12,968
of all hours contributed by ALONE volunteers

HSE Dublin and South East

This region contributed to

16% n=682
of all older people newly supported with services.

15% n=1,792
of all older people in receipt of ongoing support.

16% n=662
of all older people assessed.

In this region

- 62% of those newly supported were female (higher than the national average of 59%).
- 30% of newly supported older people were above the age of 85, 11% higher than the national average, indicating a relatively old age profile.

As the chart below shows, physical health, loneliness, and mobility challenges were the top needs for older people in this region. Of note, among those reporting personal care needs in this region, 42% reported struggles with nutrition (higher than the national average of 30%).

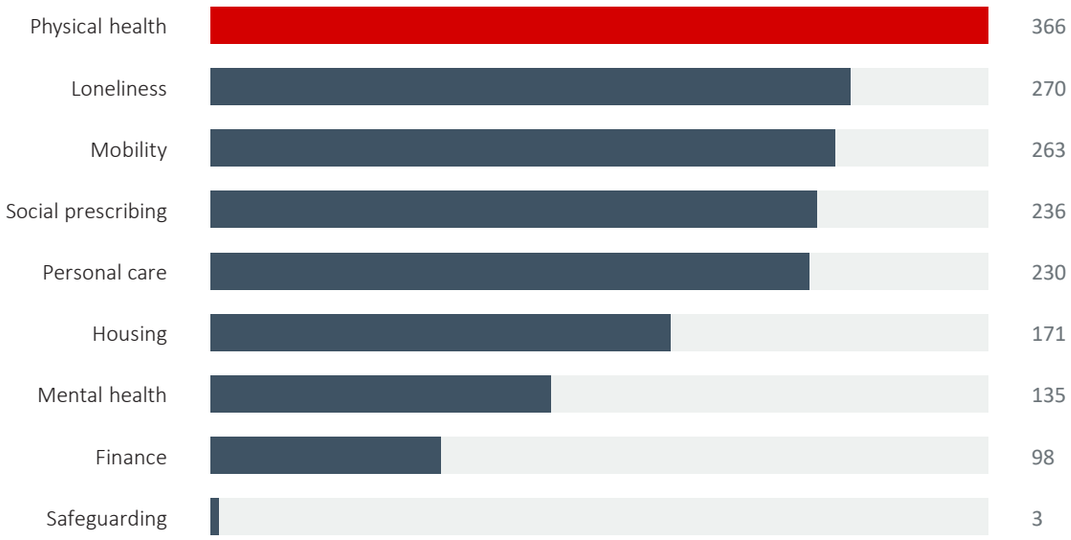


Figure 11: Issues Presenting in Assessments, HSE Dublin and South East

In Q1 2026, the Dublin and South East region accounted for 11% (n = 1,625) of all Support Cooordination (SC) interventions nationally. Of these, 77% successfully completed with the intended outcomes achieved.
As the chart shows, the top three SC interventions relate to social isolation/prescribing, support & befriending and physical health, with fewer delivered in mobility.

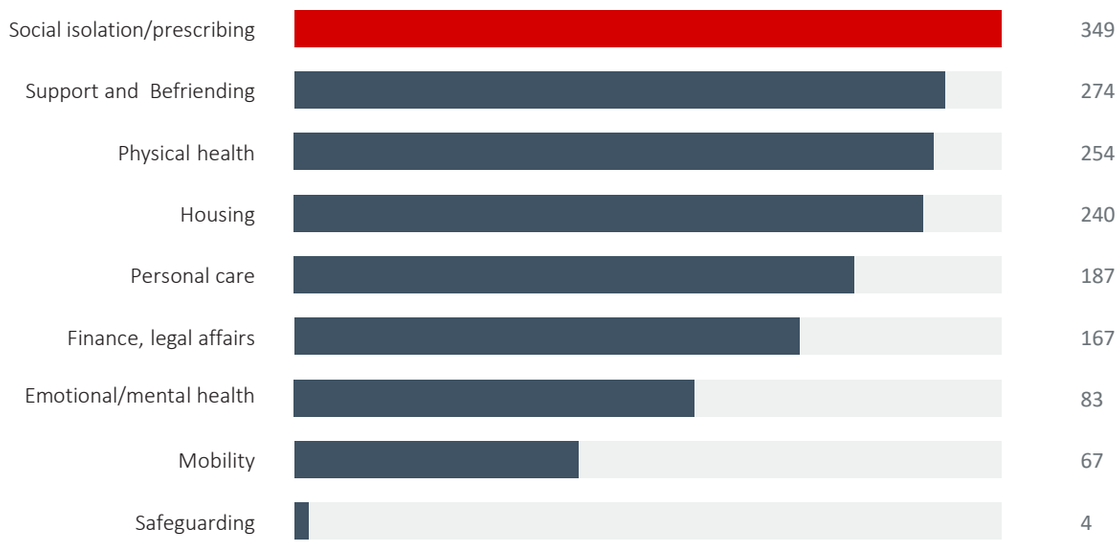


Figure 12: SC interventions by Type, HSE Dublin and South East

This region also accounted for

18% n = 1,467
of all volunteers engaged with ALONE

16% n= 4,604
of all Visitation Support & Befriending visits

16% n = 5,907
of all Telephone Support & Befriending calls

16% n = 11,384
of all hours contributed by ALONE volunteers

HSE Midwest

This region contributed to

8% n=344
of all older people newly supported with services.

6% n=901
of all older people in receipt of ongoing support.

8% n=298
of all older people assessed.

In this region

- 60% of those newly supported were female, while 40% were male, aligning with overall average.
- The age profile of those newly supported is in line with the national average.

As the chart below shows, physical health, loneliness and personal care were the top needs for older people in this region. Of note, among those reporting loneliness in the Midwest, 75% reported needing in-person Visitation Support & Befriending (higher than the national average of 61%). This region also showed a higher percentage of those with mobility concerns reporting a need for mobility fixtures (e.g. grab rails and wheelchair ramps) at 27% (versus a national average of 12%).

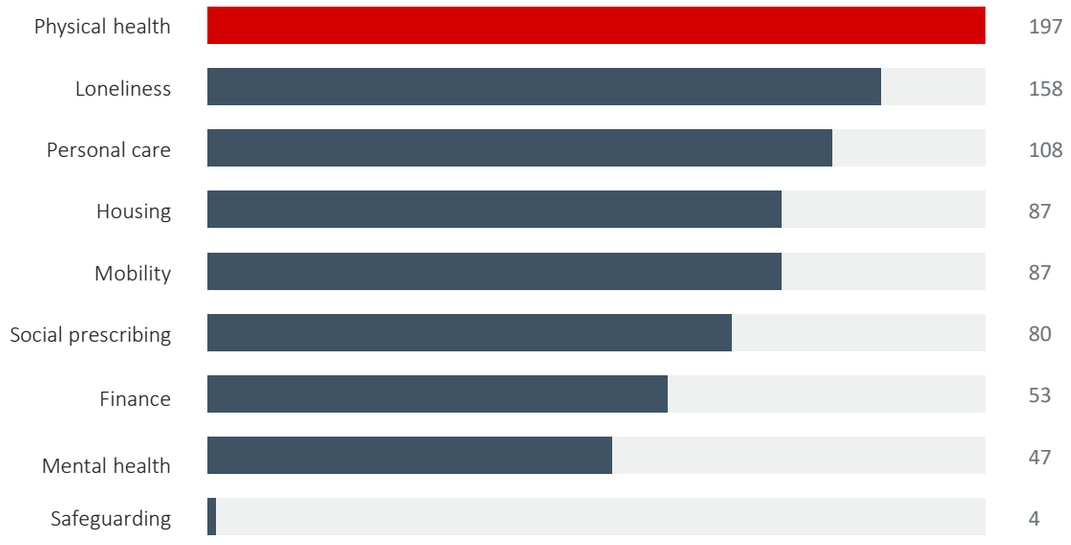


Figure 13: Issues Presenting in Assessments, HSE Midwest

In this quarter, the Midwest region accounted for 7% (n = 977) of all Support Coordination (SC) interventions nationally. Of these, 69% were successfully completed with the intended outcomes achieved. The chart shows that support & befriending, personal care and physical health were the top Support Coordination interventions, aligning with the needs identified in the region.

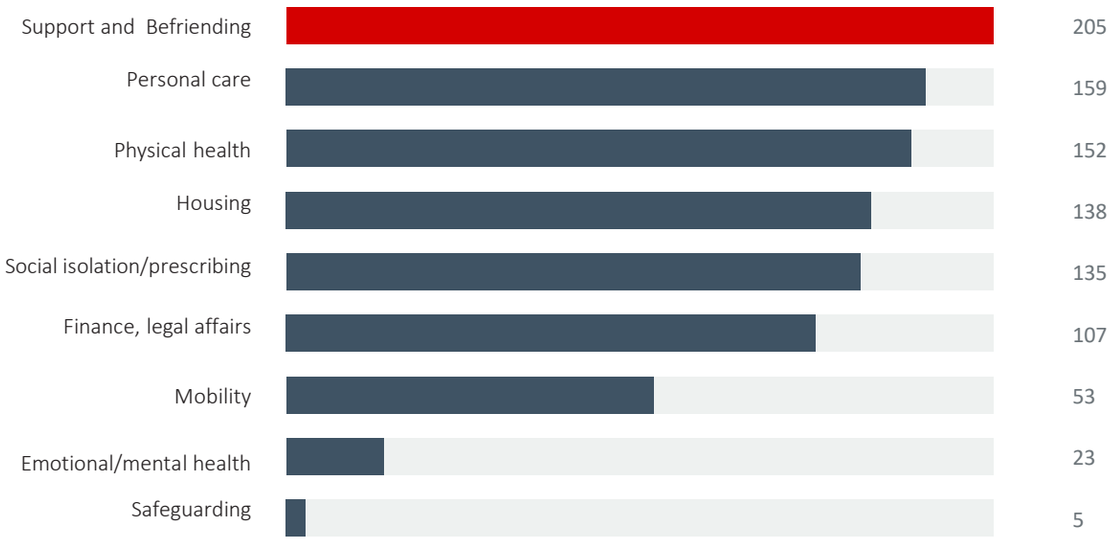


Figure 14: SC interventions by Type, HSE Midwest

This region also accounted for

8% n = 638
of all volunteers engaged with ALONE

8% n= 2,448
of all Visitation Support & Befriending visits

8% n = 2,968
of all Telephone Support & Befriending calls

8% n = 5,488
of all hours contributed by ALONE volunteers

HSE South West

This region contributed to

16% n=673
of all older people newly supported with services.

19% n=2,688
of all older people in receipt of ongoing support.

15% n=601
of all older people assessed.

In this region

- 64% of those supported were female (higher than the national average of 59% female).
- The age profile is in line with the national average.

As the chart below shows, physical health, loneliness and mobility challenges were the top needs for older people in this region. Of note, among those reporting loneliness in the South West, 43% reported needing Telephone Support & Befriending (higher than the national average of 33%). However, of those reporting issues with finance in this region, only 7% reported issues with entitlements (compared to a national average of 20%).

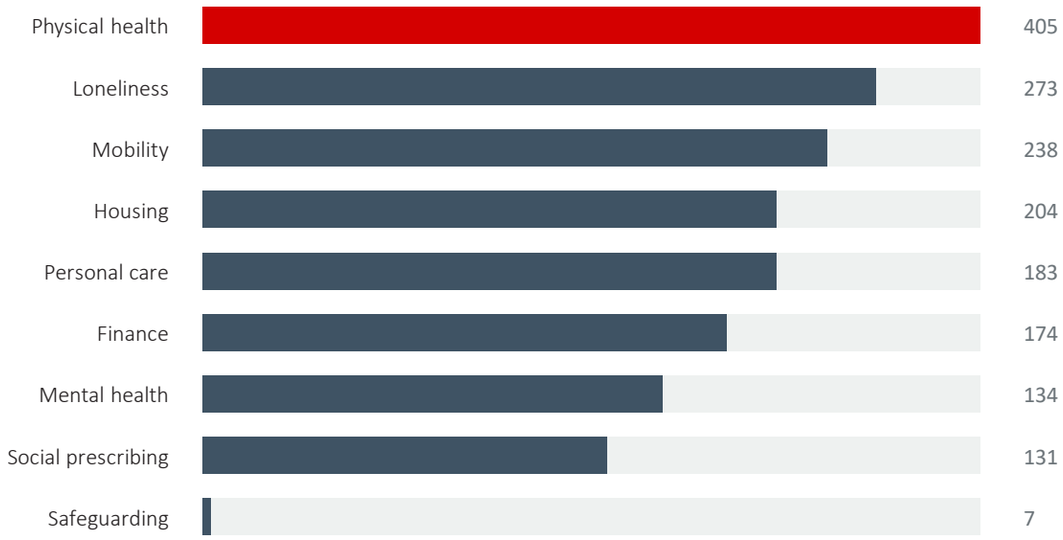


Figure 15: Issues Presenting in Assessments, HSE South West

In this quarter, the South West region accounted for 12% (n = 1,718) of all Support Coordination (SC) interventions nationally. Of these, 57% were successfully completed with the intended outcomes achieved, the lowest regional rate. Physical health, housing, and support & befriending were the most common SC intervention types. However, mobility, despite being identified as a high area of need, was not reflected at the same level in SC interventions delivered.

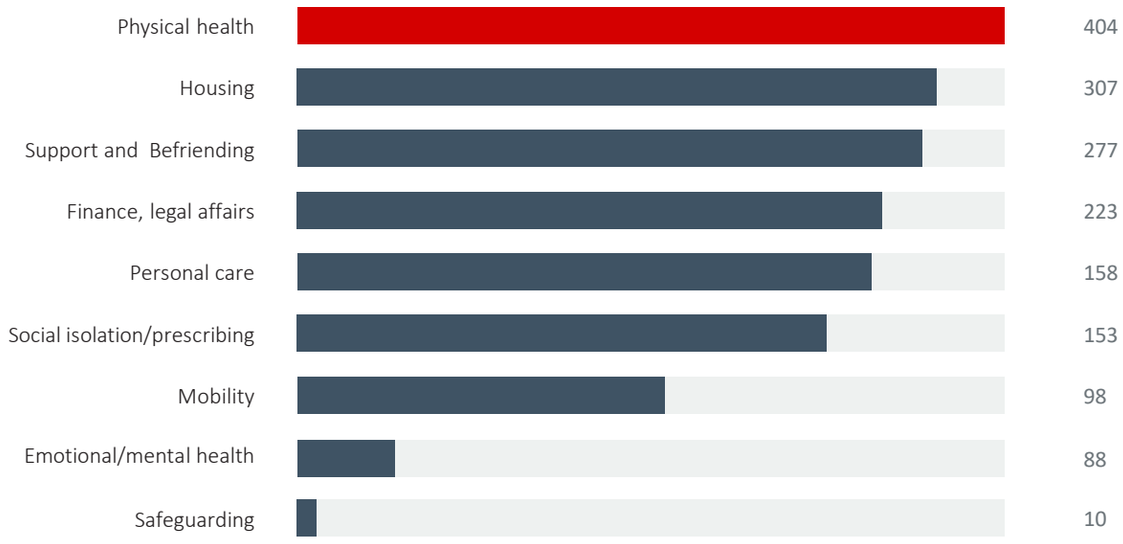


Figure 16: SC interventions by Type, HSE South West

This region also accounted for

13% n = 1,126
of all volunteers engaged with ALONE

13% n= 3,788
of all Visitation Support & Befriending visits

14% n = 6,322
of all Telephone Support & Befriending calls

13% n = 9,144
of all hours contributed by ALONE volunteers

Enhancing ECC delivery

Community Impact Network (CIN)

The CIN is a national network set up by ALONE, which is focused on building the collective leadership and capacity of community organisations to better support older people across Ireland. During Q1 2026, membership grew to 185 organisations, supporting approximately 45,644 older people nationally.

Key activities this quarter included:

- Delivering nine CIN training sessions and engaging with 15 organisations to help community groups build knowledge and capacity to meet increasing demand. Training included bespoke sessions on Support and Befriending delivered to Retired Members of the Garda Siochana (GSRMA) West and North West and to volunteers from the Celbridge Community Council.
- Launching the 2026 Energy Workshop Programme for older persons: Saving Money by Understanding Your Energy Bill. This free 2-hour in-person workshop helps older people understand and manage their energy use, reduce anxiety about costs, build confidence in dealing with providers, and support independent, safe living at home while also creating opportunities for social connection.
- In collaboration with Bank of Ireland to mark Safer Internet Day, the CIN hosted an online Members Sessions: Fraud Awareness & Older People. Attendees received practical guidance on fraud prevention, and cybersecurity and online safety. The aim was to equip and empower members with the knowledge and tools needed to support older people in their communities, helping to prevent and/or reduce the impact of online safety risks, scams and cybercrime.
- Digital Skills-Through the Hi Digital programme, delivered in partnership with Vodafone, the CIN continued to address the digital divide affecting older people by supporting intergenerational digital learning. In Q1, 1,290 Digital Champions were trained, providing digital skills support to 1,901 older people nationwide.

Research, Evaluation and Policy

Across the quarter, the Research, Evaluation and Policy team continued to strengthen how ALONE gathers insights and supports delivery. This was done through the implementation of a redesigned referrals system, as well as the launch of our annual tenant and older person feedback surveys. We also deepened partnerships with researchers on key issues such as housing, home support, and the cost of living, reinforcing our evidence base for advocacy.

A key feature of the quarter was strong and growing engagement with political and civic stakeholders.

This included:

- Full engagement with the Joint Oireachtas Committee on Social Protection and ongoing engagement with the Health Committee.
- Wider cross-party activity through parliamentary questions, debates, and constituency-level referrals into ALONE services.
- Strengthening relationships at the ministerial level.
- Securing civic and political participation for upcoming strategic events.
- A range of policy submissions including; Home Support in Ireland, Seniors Alert Scheme, HIQA Respiratory Syncytial Virus Immunisation Consultation Response and Housing (Regulation of Approved Housing Bodies) Act 2019 review.
- Overall, this work has strengthened service delivery, improved understanding of older people's needs, and increased ALONE's visibility and influence in shaping policy.

Operations, Community, Innovation and Enterprise

Housing with Support

On the 26th February 2026, ALONE together with Circle Voluntary Housing Association, Dublin City Council, the Department of Health, the Department of Housing, Local Government and Heritage and the HSE marked the completion and official opening of Richmond Place- Ireland's first purpose-built housing with support development.

The Housing with Support Model at Richmond Place includes:

- 24/7 On-site staff presence, providing reassurance and immediate support
- Daytime non-medical assistance, supporting residents with daily tasks
- 52 Lifetime adaptable apartments, designed to enable ageing in place
- Reduced reliance on hospitals and nursing homes, through integrated wellbeing supports coordinated by ALONE in partnership with the HSE
- Strong social connections, supported through shared indoor and outdoor spaces and organised community activities
- Proximity to local services, including healthcare, public transport, shops and Richmond Barracks

ALONE is exploring opportunities to replicate the model in other locations, to deliver over 320 adaptable homes across Ireland by 2029. This will be implemented gradually over the next 3-4 years with the aim of identifying three new locations by the end of 2026.

Wellbeing service pilot

The Wellbeing Service Pilot was established to support older people in maintaining their functional ability as they age, enabling them to enjoy more years in good health and supporting them to age well at home. Delivered in partnership with Octagon and supported by Helplink and Siel Blue, the initiative also benefited from advisory input from several chronic disease advocacy organisations, including Diabetes Ireland, Irish Heart Foundation, Asthma Society of Ireland and COPD Ireland. The pilot has now concluded the data collection phase, with strong levels of engagement and participation recorded during the programme. An evaluation phase will commence to assess the impact of the service on participants' health and wellbeing. The findings and outputs from the evaluation will help inform the next steps for the service and any future development or expansion opportunities.

Communications

Q1 at a glance

10
press releases issued.

MAY
VOLUNTEER NEWSLETTER
"It feels amazing to make someone feel amazing"

12,000+
newsletter subscribers reached

525
media mentions across broadcast, online and print.

1
targeted volunteer recruitment campaign launched

51.5
million estimated media reach.

Keeping issues affecting older people visible

Communications activity in Q1 focused on highlighting the impact of housing insecurity, rising energy and fuel costs, and poverty on older people living alone. Media engagement supported ALONE's wider advocacy and policy priorities.

Conclusion

> In Q1 2026, ALONE continued to strengthen its role in supporting older people to live well at home and stay connected to their communities. Steady progress was made across service delivery, partnership development, and representation of older people's voices in national discussions.

High levels of engagement were observed across ALONE's services, particularly in the HSE West and North West region. The HSE Dublin and North East region recorded the highest number of assessments, which may contribute to increased service demand in future reporting periods. Physical Health remained the primary area of need identified, with loneliness and mobility also featuring prominently. Personal care needs have also increased compared to 2025 levels and should continue to be monitored throughout 2026.

Some variation is observed in the age profile of those newly supported by ALONE across regions. In the HSE Dublin and Midlands and HSE Dublin and North East regions, there is a slightly younger profile, with 33% of those supported under the age of 76, compared with a national average of 29%. In Dublin North East, this is accompanied by a lower proportion of those aged over 85 (21% versus a national average of 27%), resulting in a comparatively younger cohort in this region.

ALONE's personalised approach remained central to its work. Through close collaboration with community partners, volunteers and statutory agencies, the organisation continues to provide practical support, emotional connection, and access to essential services. This integrated approach enables ALONE to respond to changing needs and deliver holistic, person-centred care.

Appendix 1: Additional insights

Relationship between Needs Identified and Age

Figure 17 shows the relationship between different needs identified and the age group. Finance, housing, mental health and social prescribing needs are all most common in younger respondents, while mobility, loneliness and personal care needs show a slight increase with age. Please note: records with no age recorded have been excluded from this chart.

- Finance and mental health show the strongest association with age. This may indicate an opportunity for ALONE to further explore how these needs present in younger cohorts and to monitor whether they remain stable or increase in importance over time.
- Physical Health needs show very low correlation with age.
- Safeguarding (not shown due to very small numbers) appears more common among younger respondents; however, low occurrence rates mean this is likely to fluctuate from quarter to quarter.

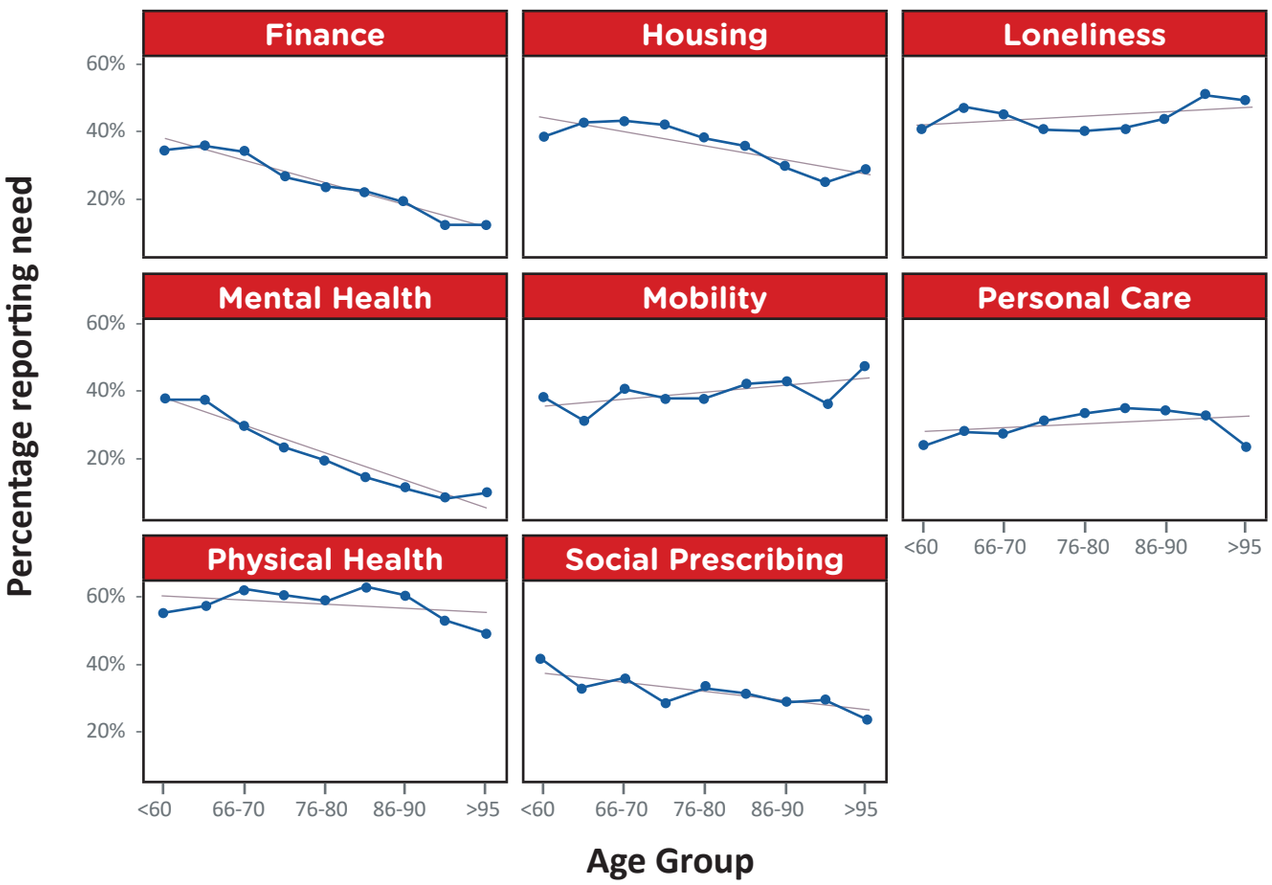


Figure 17: Relationship between needs identified and age

Percentage of needs reported by region

Figure 18 shows regional variation in the proportion of older people reporting different types of needs across eight domains, with each bar comparing a HSE region against the national average (dashed line) for that domain.
Needs vary by region. HSE West and North West is above the national average across most reported needs, except for loneliness. HSE Dublin and North East is below average across most needs (with the exception of housing and social prescribing). HSE Midwest shows high rates of loneliness, personal care and physical health needs.

- Note: The national average is a simple average of all respondents nationwide, rather than a weighted average of each Regional Health Area (RHA). This is important, as RHAs vary significantly in size; therefore, a higher rate in a large region such as West and North West reflects a substantially greater absolute level of need than a similar rate in smaller regions such as Midwest.

Figure 18: Proportion of older people reporting different types of needs by region

Number of needs identified per assessment by region

Figure 19 shows the distribution of the number of needs recorded per assessment across six HSE regions, with each panel representing a different region and the dashed red line indicating the average number of needs per person in that region.

HSE West and North West records the highest overall number of needs. Distribution is shifted to the right, meaning more people have 3–5+ needs compared with other regions. This suggests a higher complexity of need overall in this region. HSE South West has second highest average (2.9). Similar pattern to HSE West and North West, but slightly less concentrated at higher need counts. HSE Dublin and North East has lowest average (2.3). Distribution is more weighted toward 1–3 needs, with fewer people having higher numbers of needs overall.

Figure 19: Number of needs identified per assessment by region

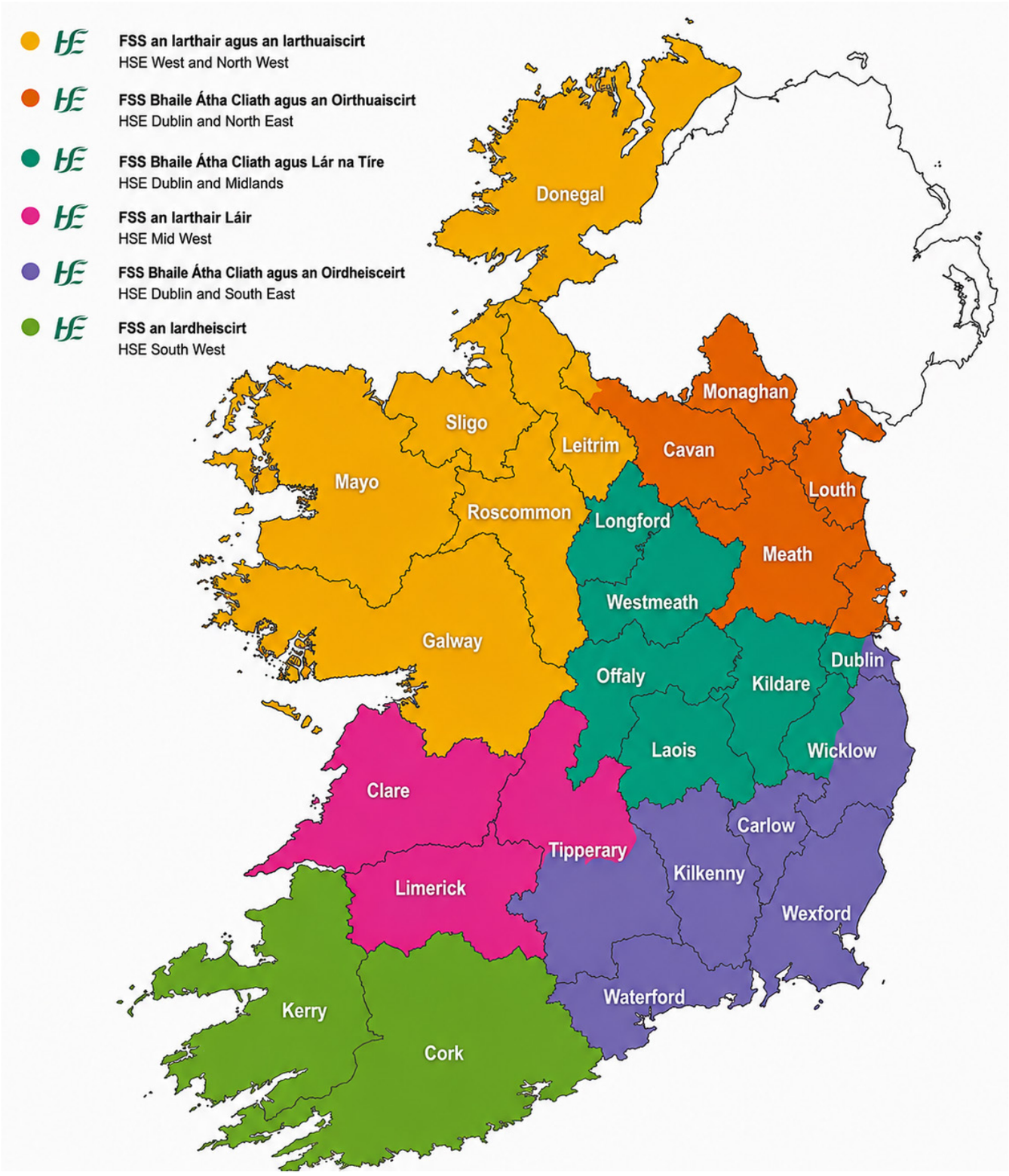
Appendix 2: Glossary of terms

ALONE engages with older people each year, many of whom have complex needs. The ways in which ALONE supports older people vary and this is reflected in the terminology used by the organisation. Therefore, a brief glossary of terms used throughout this report is provided here.

- **Assessment:** Many older people engaging with ALONE receive an assessment. Assessments provide detailed information about the condition or situation of an older person. The resultant information can shed light on a whole host of different circumstances that older people find themselves in.
- **Assistive Technology:** ALONE's Assistive Technologies mission is to create an infrastructure to empower older people to use technology, enabling the user to manage their social connection, health, safety and security. Technology Supports are being fully integrated throughout all ALONE service whereby staff and volunteers are trained to distribute, install and respond to technology as part of the service they provide to older people.
- **Community Impact Network (CIN):** The CIN is a national network focused on building the collective leadership and capacity of organisations to meet the needs of older people in Ireland.
- **Contact:** A contact is an older person who connects with ALONE and requires a service or assistance.
- **Enhanced Community Care (ECC):** The ECC programme is a €240 million investment in community health services by the HSE. It aims to enhance community care services and reduce pressure on hospital services, all while catering for the all-round wellbeing of an individual. It forms part of the Irish Government's Sláintecare plan.
- **Support Coordination (SC) interventions:** 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. SC 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**[1]**:** 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 during the quarter. This includes new, re-engaged or existing service users starting an additional service.
- **Older people supported:** For the purpose of this report, this term refers to the number of services provided to older people. This figure also includes 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.

1 HSE health regions

Appendix 3: Health regions



West county Wicklow continues to be aligned with Kildare for health services, and a small portion ofwest coun ty Cavan continues to be aligned with Sligo/Leitrim for health services, in recognition ofexis ting patient flow patterns.

Figure 20: Geographical distribution of Health Regions in Ireland