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ALONE ECC Quarterly Report

Q2 2026



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Executive summary

This report provides an overview of ALONE's service delivery to older people across Ireland during Q2 2026 within the Enhanced Community Care (ECC) programme. It demonstrates ALONE's continuous role in strengthening connections between older people, communities, and support services, thus helping older people remain connected, supported, and independent in their own homes.

■ Who ALONE supported

Throughout the quarter, ALONE newly supported 4,451 older people (60% female, 40% male). The largest age group continued to be those aged 76–85 years (42%). In total 3,949 older people received assessments. Of these, two-thirds lived alone, while 78% owned their own home. Among those who did not own their home, more than half lived in Local Authority housing.

■ Identified needs, service delivery and outcomes

Physical health remained the most frequently identified need nationally, reported by 58% of respondents, followed by loneliness (41%) and mobility (40%).

ALONE continued to respond quickly to identified needs through Support Coordination interventions¹. In Q2 2026, 90% of those assessed also received at least one intervention. Overall, ALONE delivered 14,178 Support Coordination interventions to 4,450 older people, averaging 3.2 interventions per person, consistent with Q1 2026. Housing, physical health, and support and befriending accounted for the largest proportion of interventions. Overall, 79% (11,168) of interventions were completed successfully with the intended outcomes achieved during the quarter.

Partnership remained central to service delivery, with 51% of interventions delivered through partner organisations that included the state, social and health services.

■ Regional highlights

Regional differences were evident, with physical health needs highest in HSE South West (72%) and HSE West and North West (71%), compared with 46% in HSE Dublin and North East. HSE Midwest recorded the highest level of loneliness (48%).

Similar to last quarter, HSE West and North West had the highest average number of needs per person (3.1), suggesting greater complexity of needs in that region. Moreover, this area continued to have the highest level of engagement with ALONE, despite representing only 16% of Ireland's population aged 65 years and over.

HSE Dublin and North East delivered the largest number of assessments (867) and continued to have the largest volunteer base (2,371 volunteers), contributing 18,632 volunteer hours during the quarter.

■ Conclusion

Overall, the findings highlight the continued demand for ALONE's services and the importance of responsive, community-based support for older people. The consistency of key needs across quarters, alongside regional differences in levels of need and service delivery, demonstrates the importance of using local insights to inform planning and ensure supports are targeted where they are needed most.

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

34,359

older people supported²
across services

20,437

unique older people
supported

14,178

new Support Coordination
interventions

3,678 Referrals to ALONE from:

Community Organisations/ Primary Care (49%)

Acute Hospitals (27%)

Self Referrals from Older People (15%)

Friends/ Family/ Members of the Public (8%)

Main issues across 3,949 older people assessed:

58% Physical Health

Mainly requests for assistive technology and support with falls

41% Loneliness

Main request for ALONE's visitation support & befriending service

40% Mobility

Mainly mobility technology devices

35% Housing

Mainly housing adaptations

30% Social Prescribing and Personal Care³

Mainly nutrition issues

- 10,189 volunteers engaged year to date
- 75,144 active volunteer hours, valued at €2.5 million (Average Hourly Earnings)

4,425

calls made to
National Support
and Referral Line

3,939

check-in calls
made to older
people

32,980

Visitation Support &
Befriending visits

46,538

Telephone Support
& Befriending calls

188

CIN members

² For the purpose of this report, this term refers to the number of services provided to older people. This figure also includes 1,761 unique individuals calling National Support and Referral Line (NSRL) YTD.

³ ALONE's role is to advocate for, facilitate and support older people to access appropriate personal care services. In the context of ALONE's services, personal care is typically delivered by regulated home support providers or health services.



“ **Compassion and willingness to help**

I just wanted to say a sincere thank you for all your kindness and support. We are so grateful for everything you have done for Mum, especially arranging her personal alarm and helping with the funding towards her heating oil. Your help has made such a difference to her, and to our family, during what has been a very difficult time. Your compassion and willingness to help have meant more to us than you know, and we truly appreciate all the time and effort you have put in to support Mum. ”

“ **Services like ALONE are truly invaluable**

I wanted to express my sincere gratitude for the outstanding support that ALONE has provided to my mother and to our family. It is difficult to put into words just how much this service has meant to us during what has been a very challenging time. My mother was diagnosed with early-onset dementia and epilepsy... from the moment we were introduced to the Support Coordinator, we felt we were no longer facing it alone. She has been nothing short of exceptional. She took the time to explain every support available to my mother, ensuring we were aware of services that could genuinely improve her quality of life... visits have become an invaluable part of my mother's week. As she is no longer able to drive because of her condition, having someone call to spend time with her gives her companionship, social interaction, and something to look forward to. It has brought a sense of normality and connection that simply cannot be measured... we will always be grateful for the difference the Support Coordinator has made to my mother's life. ”



ALONE and Enhanced Community Care (ECC)

This report presents ALONE's key activities and achievements during Q2 2026 as part of the organisation's fifth year supporting the HSE's Enhanced Community Care (ECC) programme. It highlights how strategic partnerships and community-based approaches are transforming care for Ireland's rapidly ageing population.

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

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

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

In line with Sláintecare, the ECC objective is to deliver increased levels of healthcare with service delivery refocused towards general practice, primary care, and community-based services. The emphasis is on

'ageing in place' through the delivery of an end-to-end care pathway. This supports care for people at home, prevents admissions to acute hospitals when it is safe and appropriate to do so, and enables a "home first" approach.⁴

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.⁵ This is further supported by ALONE's Transforming Ageing at Home report⁶ 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.⁷

4 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/>

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

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

7 <https://www.gov.ie/en/press-release/1ca58-minister-for-health-stephen-donnely-publishes-the-slaintecare-progress-report-2021-2023/>

ALONE's key objectives as part of the ECC programme

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.

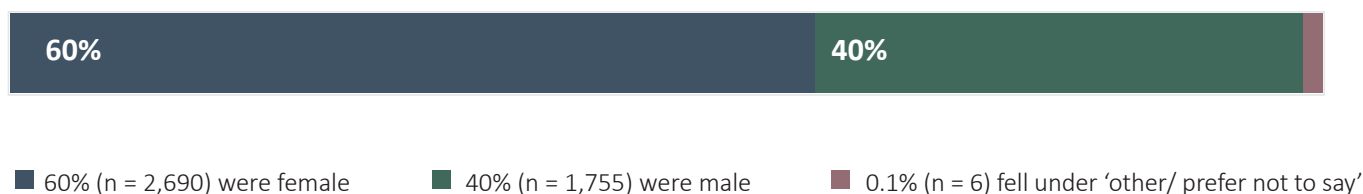
05

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 Q2 2026, 4,451 older people were newly supported⁸ by ALONE.



Of these, 42% (n = 1,881) were aged between **76 and 85** years old, similar to Q1 (Figure 1).

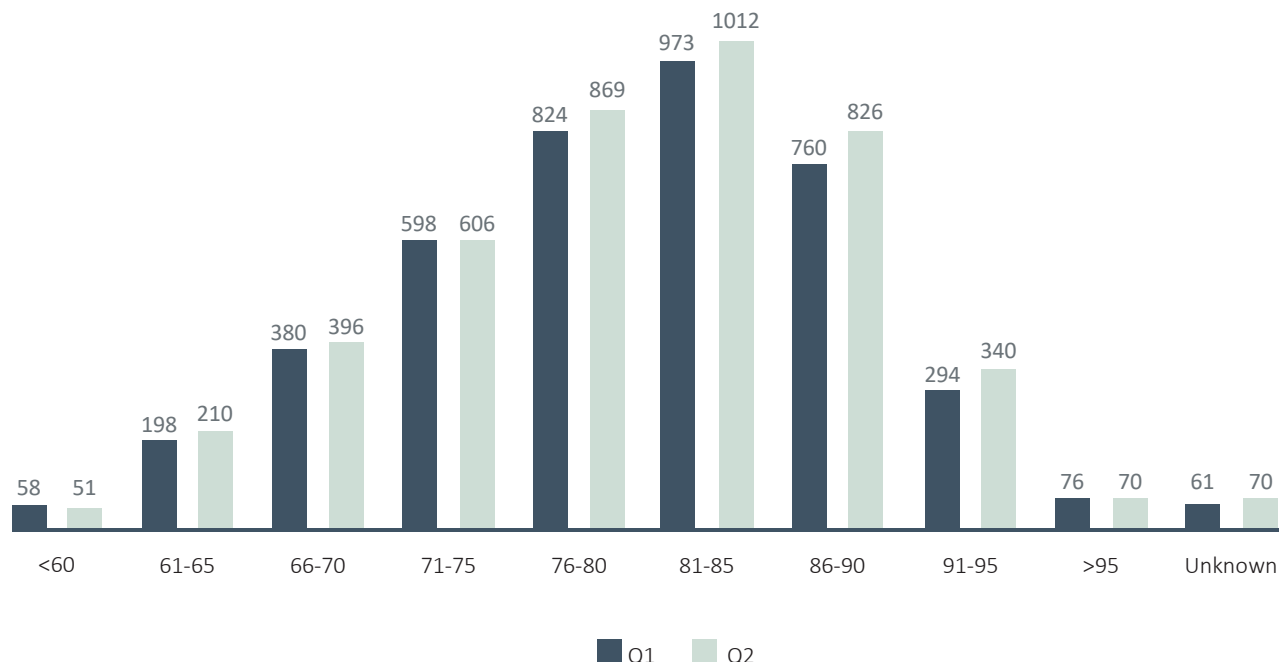


Figure 1: Individuals supported by age range, Q1 v Q2 2026

⁸ This includes new, re-engaged or existing older people who received new support during the quarter.

■ Home ownership and living arrangements

Of those who provided information on home ownership and living arrangements (n=3,949), the proportion of homeowners/non-homeowners remained consistent with Q1 2026:



- 78% (n = 3,065) owned their own home
- 22% (n = 884) did not own their own home

Of these individuals who were not homeowners;

- 52% (n = 460) were living in Local Authority accommodation, slightly lower than in Q1 (56%)
- 11% (n = 100) were renting in the private rented sector

Similar to trends observed in Q1 2026:

64% (n = 2,526) lived alone

22% (n = 875) lived with their spouse/partner

13% (n = 515) lived with other family, friends, or a lodger

Presenting issues reported by older people

All older people receiving ALONE Support Coordination undergo an assessment with a Support Coordinator. During this process, individuals are encouraged to share the challenges they are facing in different areas of daily life, as presented in Figure 2, enabling a tailored response to their needs.

In Q2 2026, ALONE Support Coordinators assessed 3,949 older people, similar to Q1 2026.

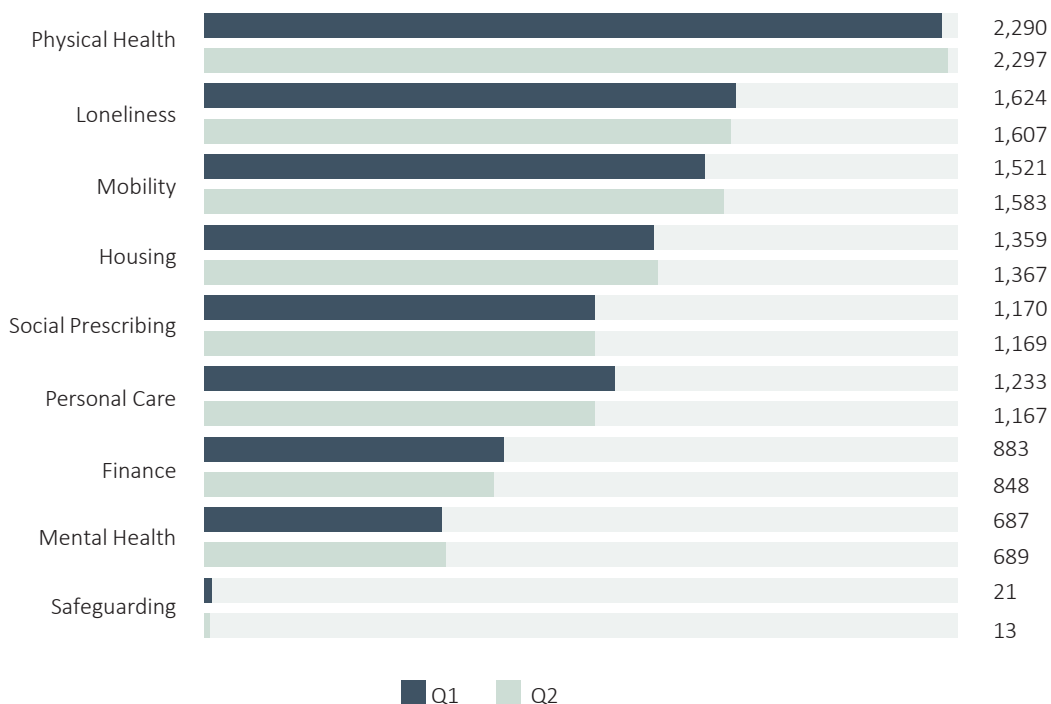


Figure 2: Issues presenting in assessments Q1 v Q2 2026

■ Physical health

58% (n = 2,297) of older people assessed reported physical health issues, in line with Q1 2026. Of these:

- 29% (n = 673) expressed an interest in technology to support their physical health.
- 27% (n = 610) reported issues with falls, slightly lower than Q1 (31%).
- 11% (n = 251) reported dementia or Alzheimer's issues.
- 9% (n = 201) reported issues with their GP or primary care.

■ Loneliness

41% (n = 1,607) of older people reported feeling lonely, similar to Q1 2026. Of these:

- 62% (n = 1,003) needed in-person Visitation Support & Befriending.
- 30% (n = 478) needed Telephone Support & Befriending.

Similar to trends observed in Q1 2026, of the 1,267 older people who responded to questions regarding social outings:

- 16% (n = 199) had not been out socially in the last six months.
- 5% (n = 69) had not been out socially in over a year.

■ Mobility

40% (n = 1,583) of older people specified issues with mobility, in line with last quarter. Of these:

- 27% (n = 425) expressed an interest in mobility technology devices.
- 11% (n = 181) reported a need for mobility aids such as a new rollator, wheelchair, etc.
- 10% (n = 157) reported a need for mobility fixtures like grab rails, wheelchair ramp, etc.
- 4% (n = 62) reported needing mobility furniture like an orthopaedic chair, shower seats, etc.

■ Housing

35% (n = 1,367) of older people reported housing-related issues, mirroring Q1 2026 figures. Of these:

- 39% (n = 532) needed housing adaptations. The most common of these were bathroom adaptations (n = 327) and access ramps (n = 132).
- 16% (n = 217) needed external home repairs. The most common of these were garden clear up (n = 113) and windows and doors (n = 54).
- 9% (n = 120) expressed an interest in technology for safety and security.



■ Social prescribing

30% (n = 1,169) of older people required some form of social prescribing support, in line with Q1 2026, where staff supported older people to access non-medical activities within their community. Of these:

- 70% (n = 822) expressed interest in engaging with local community groups.
- 18% (n = 211) expressed interest in attending one-off events.

■ Personal care

30% (n = 1,167) of older people assessed reported issues with personal care, in line with Q1 2026. Of these:

- 31% (n = 361) reported struggling with nutrition.
 - * The most common issues within this category were a need for alternative food options (n = 217), 'Meals on Wheels' related support (n = 118).
- 12% (n = 140) said that they needed more help than they are getting.
- 2% (n = 21) expressed interest in Technology for Personal Care.

■ Finance

22% (n = 848) of older people assessed indicated they had issues with their finances, similar to Q1 2026. Of these:

- 27% (n = 227) had issues with benefits (e.g. Fuel Allowance, Household Benefits Package).
- 23% (n = 195) had issues with entitlements (e.g. Living Alone Allowance, Carers allowance, pension).

■ Mental health

17% (n = 689) of older people assessed reported experiencing mental health challenges, in line with Q1 2026. Of these:

- 35% (n = 239) indicated that they had visited a GP, nurse, or medical practitioner.
- 28% (n = 195) were prescribed medication
- 22% (n = 154) reported depression.
- 21% (n = 147) reported anxiety issues.
- 18% (n = 127) reported bereavement issues.

■ Safeguarding

13 older people assessed indicated they were at risk of abuse, a decrease from Q1. Figure 3 presents safeguarding issues by type:

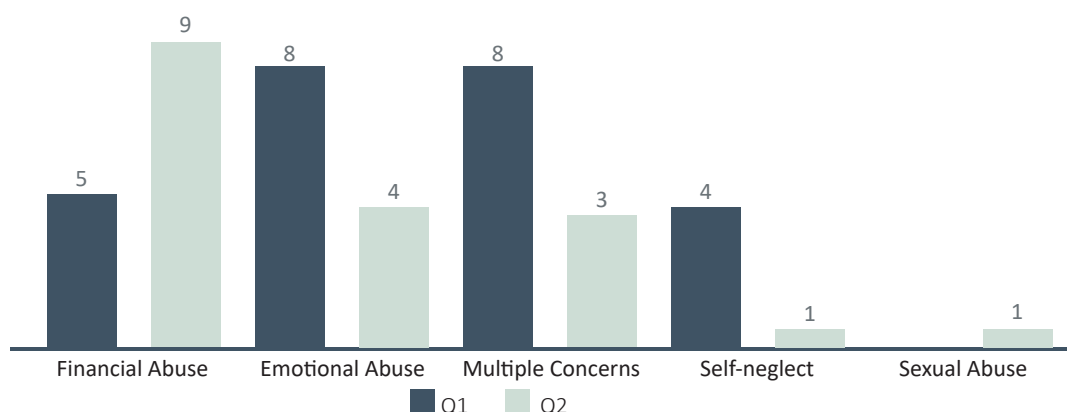


Figure 3: Safeguarding issues by type, Q1 v Q2 2026

Note: No individuals in Q1 indicated they were at risk of sexual abuse

In the following sections, the relationship between identified needs and age and gender is explored in more detail to better understand emerging patterns.

■ Relationship between needs identified and age

Figure 4 shows the relationship between different needs identified and age group.

Finance, housing, mental health and social prescribing needs were most common in younger respondents. In contrast, mobility, loneliness, and personal care needs generally increased with age. Moreover, 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. On the other hand, physical health needs and social prescribing show very low correlation with age.

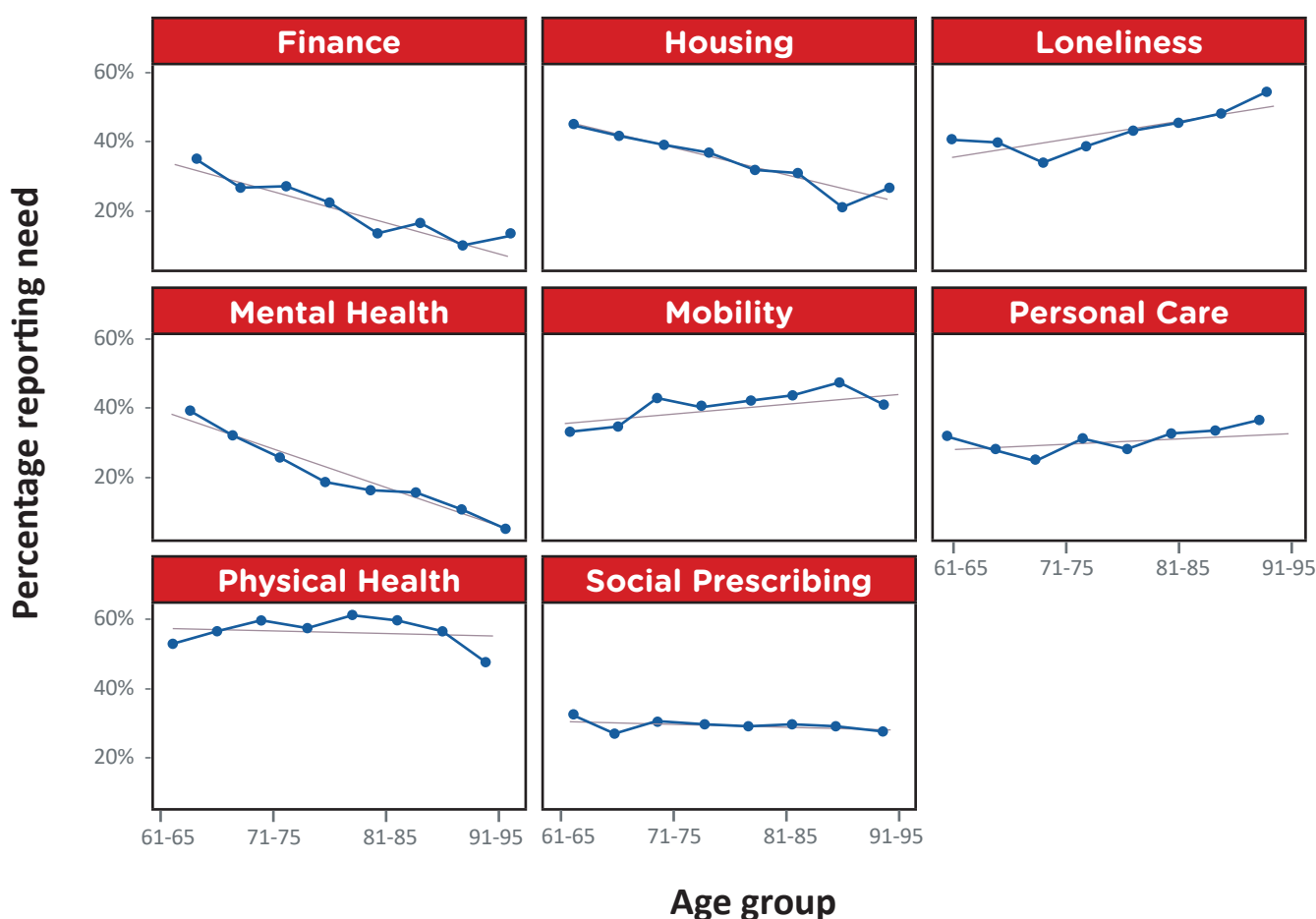


Figure 4: Relationship between needs identified and age

Note: Records under 60 and with no age recorded have been excluded from this chart and Safeguarding is not shown because of the small number of cases.

■ Relationship between needs identified and gender

Figure 5 shows the relationship between different needs identified and the gender of the respondents. Overall, the pattern was similar to the national picture, with around 60% of respondents identifying each need being female and 40% being male. There was a slightly higher proportion of women reporting all needs, particularly social prescribing, loneliness, mobility and mental health needs.

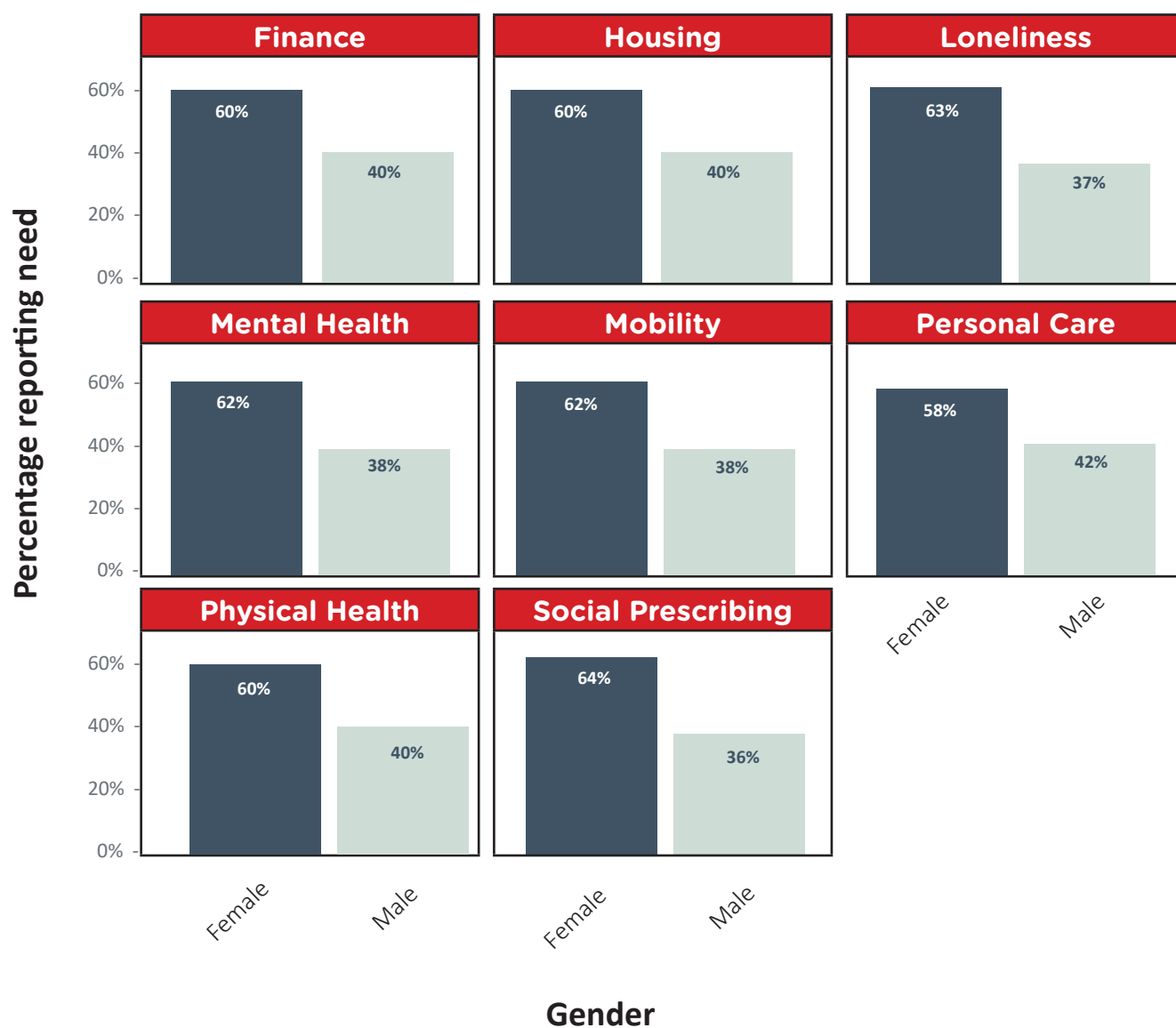


Figure 5: Relationship between needs identified and gender

Monitoring delivery

■ Driven by the needs of older people

A key strength of the ALONE model is that it delivers holistic support plans that consider the overall needs of each older person. This comprehensive approach is underlined by the diverse range of Support Coordination interventions offered, each designed to address the multifaceted needs and interconnected aspects of older people’s wellbeing.

In Q2 2026, ALONE provided a total of **14,178 new interventions** (Figure 6) to **4,450 older people** engaged with ALONE services, averaging **3.2 interventions per person**. This is similar to Q1 2026.

- **79%** (n = 11,168) of these interventions were completed within the quarter with outcomes being met.
- **4%** (n = 596) of these were closed with the outcomes not met. The main reasons for this were:
 - * Service no longer required (37%)
 - * Disengagement of older person (27%)
 - * Gap in service provision (12%)

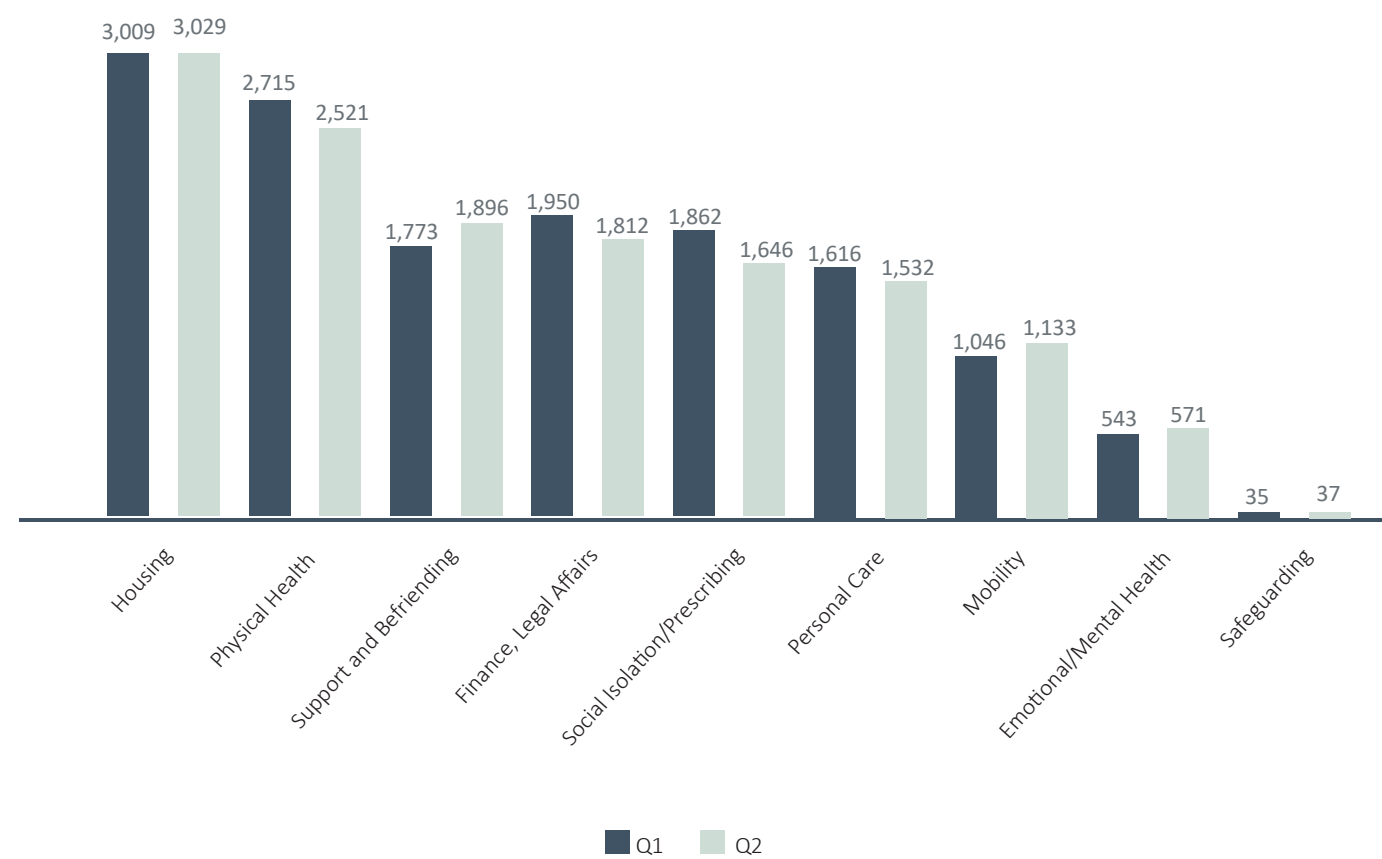


Figure 6: SC interventions by type, Q1 v Q2 2026

As illustrated in Table 1, approximately 90% (n = 3,569) of older people assessed in Q2 2026 received at least one Support Coordination intervention from ALONE, reflecting sustained responsiveness to identified needs.

Area of need	Q1 2026			Q2 2026		
	No. Assessed	SC intervention received	%	No. Assessed	SC intervention received	%
Physical health	2,290	2,179	95	2,297	2,140	93
Loneliness	1,624	1,569	97	1,607	1,539	96
Mobility	1,521	1,440	95	1,583	1,490	94
Housing issues	1,359	1,333	98	1,367	1,331	97
Personal care	1,233	1,181	96	1,169	1,130	97
Social prescribing	1,170	1,154	99	1,167	1,112	95
Finance	883	862	98	848	823	97
Mental health	687	653	95	689	640	93
Safeguarding	21	20	95	13	13	100
Total assessed	3,910	3,588	92	3,949	3,557	90

Table 1: No. of Individuals assessed within each category, No. of people who received an SC intervention, Q1 v Q2 2026



Critical link between older people and services

Strong partnerships with community and health services remain central to ALONE's model of care. In Q2 2026, ALONE received **3,678 referrals**, reflecting its key role in connecting older people with the support they need. 87% of those referred went on to receive support during the same quarter.

Table 2 shows a breakdown of the referral types in Q1 and Q2 2026

Referral type	Q1 2026		Q2 2026	
	No. *	%	No. *	%
External Agency (Community, incl. Primary care)	1,678	36	1,817	49
External Agency (Acute Hospitals)	1,301	28	994	27
Family/public/other	1,199	26	305	8
Self	491	10	562	15
Total referrals	4,669		3,678	

Table 2: Referral type, No., %, Q1 v Q2 2026

Note: *This is the total referrals through different referral type. An individual person may be referred through more than one referral, therefore there may be overlap across all referral types.

76% (n=2,811) of referrals to ALONE in Q2 were made by named External Agencies, highlighting ALONE's strong partnerships within the ECC programme and its role as a key provider of coordinated, person-centred care for older people. These are presented in Table 3.

External referral agency	Q2 2026	
	No.	%
Hospital	994	55
Community Care Professionals	547	30
HSE (non-specified)	285	15
ICPOP	163	9
Charitable Organisations / NGO	111	6
Mental Health Service	29	2
Other	12	1

Table 3: External referral agencies, Q2 2026.

Note: The %* is based on the referrals made by a named External Referral Agency, where the same person may come through the service via more than one referral pathway. Q1 2026 data is not comparable due to changes in the referral data collection process. 'Community Care Professionals' include Social Workers, Social Prescriber, PHNs, GPs, Public Health Centres. 'Charitable Organisations/NGOs' include national organisations such as the Alzheimer's Association of Ireland, the Simon Communities, Vision Ireland and more specialised and/or local-level groups.

In Q2 2026, 7,179 Support Coordination interventions relied on ALONE’s partnerships, accounting for 51% of all interventions, in line with Q1 2026. As shown in Table 4, the largest share of partner-supported interventions in Q2 2026 related to state (24%), social supports (23%) and physical health (21%), together making up 68% of all partnership activity, broadly mirroring the previous quarter.

Partner Supports	Q1 2026		Q2 2026	
	No.	%	No.	%
Getting Help from Government Services	1,624	22	1,732	24
Staying connected with Social Supports	1,799	24	1,673	23
Getting Support for Physical Health	1,786	24	1,502	21
Support from Charities and Nonprofits	465	6	431	6
Accessing Financial Supports	483	7	372	5
Advocate for Healthcare Supports	395	5	329	5
Support for Mental Health and Wellbeing	108	2	294	4
Accessing Personal Care Supports	275	4	289	4
Transport Support	198	3	255	4
Housing Support	182	3	189	3
Getting Legal Advice or Support	102	1	113	2

Table 4: Partner Supports, No. and % of SC interventions, Q1 v Q2 2026



Maximising the impact: the financial and social value of volunteers

Volunteers make an invaluable contribution to ALONE’s work, enabling the organisation to support more older people and deliver meaningful social connection alongside practical assistance.

■ By the end of June 2026

10,189

volunteers had engaged with ALONE

1,761

older people had contacted the NSRL

■ In Q2 2026

32,980

Visitation Support & Befriending visits were conducted

46,538

Telephone Support & Befriending calls were conducted

3,939

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

4,425

calls were made to the NSRL (information on ALONE supports and services was the most common theme discussed)

75,144 hours of support were contributed by volunteers, valued between **€1M** (National Minimum Wage) and **€2.5M** (Average Hourly Earnings)

Health Regions⁹

Table 5 shows the total population of each Health Region in Ireland, the estimated number of people aged 65+ and the number of older people supported by ALONE across each region, including those newly supported, receiving ongoing support¹⁰, and the total supported in Q2 2026. These figures are benchmarked against the estimated population aged 65+ in each region. For example, the 4,707 older people supported in the HSE West and Northwest region represent around 4% of that region's population aged 65+. This region continued to represent the largest share of ALONE's service delivery, with the highest numbers of older people supported YTD.

■ Regional comparisons

	Population (Census 2022)	Proportion of people aged 65+ years (%)	Estimated Population aged 65+	Total supported YTD
National Average	5,149,139	15.1	781,300	20,414 (2.6%)
HSE West and North West	759,652	16.5	125,343	5,329 (4.3%)
HSE Dublin and North East	1,187,082	13.1	155,508	4,074 (2.6%)
HSE Dublin and Midlands	1,077,639	13.2	142,248	3,195 (2.2%)
HSE Midwest	413,059	16.5	68,155	1,389 (2.0%)
HSE Dublin and South East	971,093	16.4	159,259	2,818 (1.8%)
HSE South West	740,614	16.1	119,239	3,609 (3.0%)

Table 5: Regional population distribution, Census 2022 and older people supported by ALONE in Q2 2026.

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

⁹ <https://www.hse.ie/eng/about/who/healthwellbeing/knowledge-management/population-profiling-maps.html>

¹⁰ This refers to older people already engaged with ALONE before Q2 2026 who remained active on ALONE's CRM during the period.

■ Presenting needs reported by region

Figure 7 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.

As this shows, the types of needs reported vary across regions. HSE West and North West is above the national average for most needs, except for loneliness, mental health and social prescribing. HSE Dublin and North East is below the national average for most needs, with the exception of social prescribing, finance and housing. HSE Midwest has higher rates of loneliness, personal care, and physical health needs. HSE South West has the highest rate of physical health needs.



Figure 7: Proportion of older people reporting different types of needs by region

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.

■ Key observations

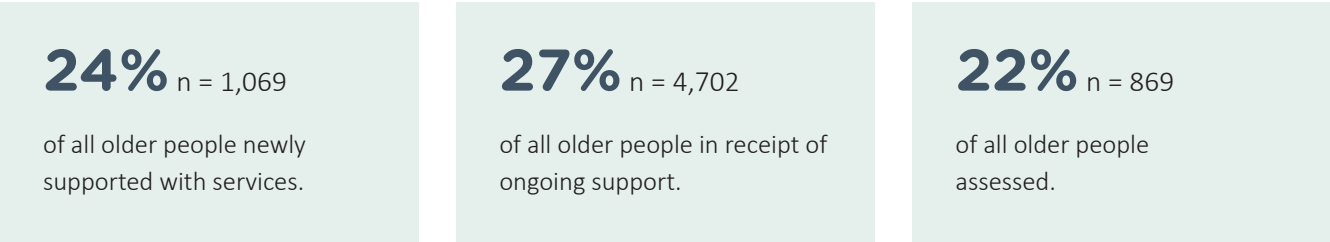
A brief overview of the support provided within individual health regions is outlined in the following section. Key observations include:

- HSE West and North West continued to have the highest average number of needs per person, with an average of 3.1 needs, while HSE Dublin and North East had the lowest (2.4).
- Loneliness was most prevalent in HSE Midwest at 48%, followed by HSE Dublin and Midlands (46%). In HSE Midwest region, there was also a higher level of need for both in-person Visitation Support & Befriending (71%) and Telephone Support & Befriending services (43%), compared with the national average of 62% and 30%, respectively.
- Housing accounted for 25% (n = 762) of Support Coordination interventions in the HSE Dublin and North East and 24% (n = 1,176) in HSE West and North West region. The largest support category being housing adaptations which includes bathroom adaptations, stair lifts and plumbing.
- Mental health needs were lowest in the HSE Dublin and North East region (11%), remaining 35% below the national average. Although this marks a slight increase from Q1 2026, when the region was 44% below the national average.
- Nutrition needs were higher in HSE Dublin and South East, where 47% of older people reported a need, compared with the national average of 31%.
- Overall, 8% (n = 302) of older people did not report any needs during their assessment. Similar to Q1 the majority of these were in the Dublin regions: HSE Dublin and Midlands (30%), HSE Dublin and South East (26%), and HSE Dublin and North East (21%).
- Across all regions, there was a higher proportion of female engagement. The highest proportion was in HSE Dublin and South East, where 65% of respondents were female.



HSE West and North West

This region contributed to



In this region

- 60% of those newly supported were female, and 40% were male, in line with the national average.
- 24% of those newly supported were younger than 76, below the national average of 28%. This shows a somewhat older age profile in this region.

As the chart below shows, physical health is the top need followed by mobility and housing in this region. This is similar to Q1 2026, reflecting the needs associated with an older age profile of the population. Of those reporting housing issues, 54% needed housing adaptations (above the national average of 39%).

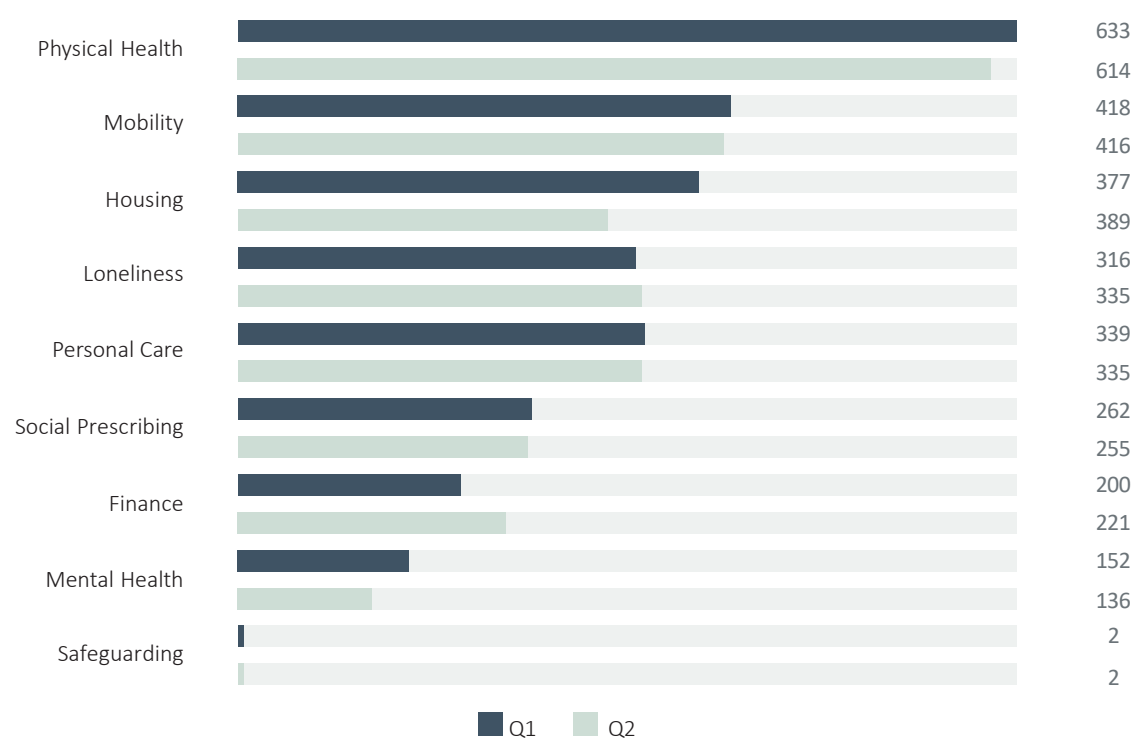


Figure 8: Issues presenting in assessments, HSE West and North West, Q1 v Q2 2026

In Q2 2026, the West and North West region accounted for 35% (n = 4,956) of all Support Coordination (SC) interventions nationally, consistent with Q1 2026. Of these, 85% were successfully completed with the intended outcomes achieved, the highest rate of any region. The figure below shows that housing interventions were the most frequently delivered, followed by physical health, and finance and legal affairs, and mobility interventions, somewhat aligning with the needs identified in the assessments.

Physical health interventions saw a decrease compared with the previous quarter, followed by decreases in personal care and social isolation/prescribing interventions.

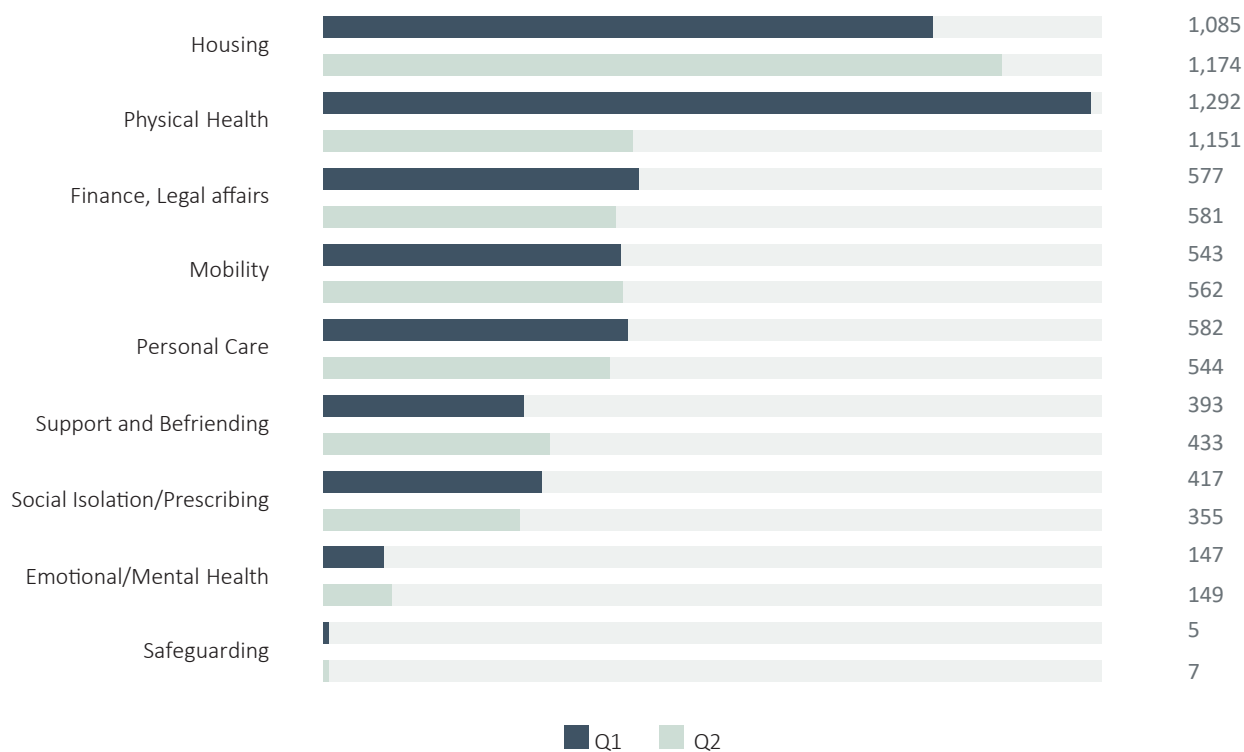


Figure 9: SC interventions by type, HSE West and North West, Q1 v Q2 2026

■ This region also accounted for

20% n = 1,997

of all volunteers engaged with ALONE

22% n = 7,316

of all Visitation Support & Befriending visits

21% n = 9,762

of all Telephone Support & Befriending calls

21% n = 15,888

of all hours contributed by ALONE volunteers

HSE Dublin and North East

This region contributed to



In this region

- 60% of those supported were female, and 40% were male, consistent with the overall average
- 31% of newly supported older people were under the age of 76, (11% higher than the national average). This shows a relatively younger age profile.

As the chart below shows, physical health, loneliness, social prescribing and housing were the most frequently identified needs among older people in this region, closely followed by mobility challenges, consistent with the previous quarter. Moreover, housing has moved down from the second most common need in Q1 2026, to the fourth most common need in Q2. Of note, among those reporting loneliness in this region, 66% expressed the need for Visitation Support & Befriending visits from ALONE (higher than the national average of 62%).

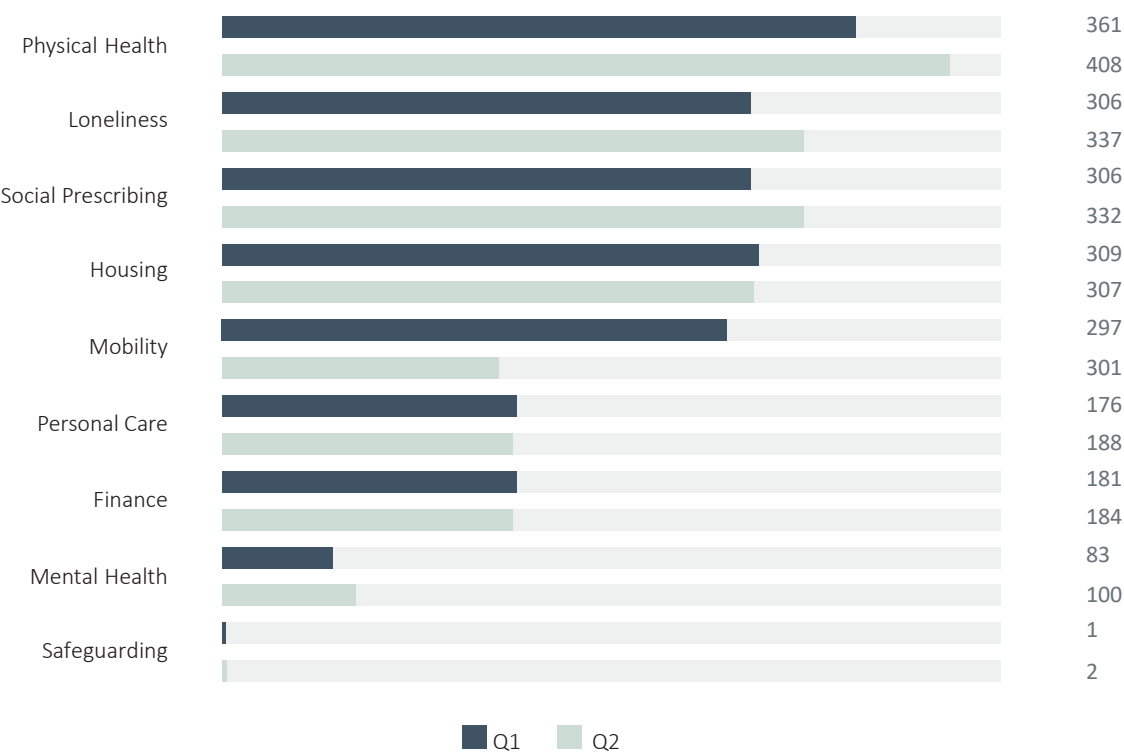


Figure 10: Issues presenting in assessments, HSE Dublin and North East, Q1 v Q2 2026

In this quarter, the Dublin and North East region accounted for 22% (n = 3,067) of all Support Coordination interventions nationally, a slight increase from Q1 2026. Of these, 85% were successfully completed with the intended outcomes achieved.

As the figure shows, housing was the most common Support Coordination intervention in this region, followed by social isolation/prescribing supports, similar to what was observed in Q1 2026. However, although physical health was the most frequently identified need, this was not mirrored in the level of Support Coordination interventions delivered, suggesting these needs may be more complex to address. On the other hand, while finance was relatively low among the needs identified during assessment, interventions relating to finance were the third highest.

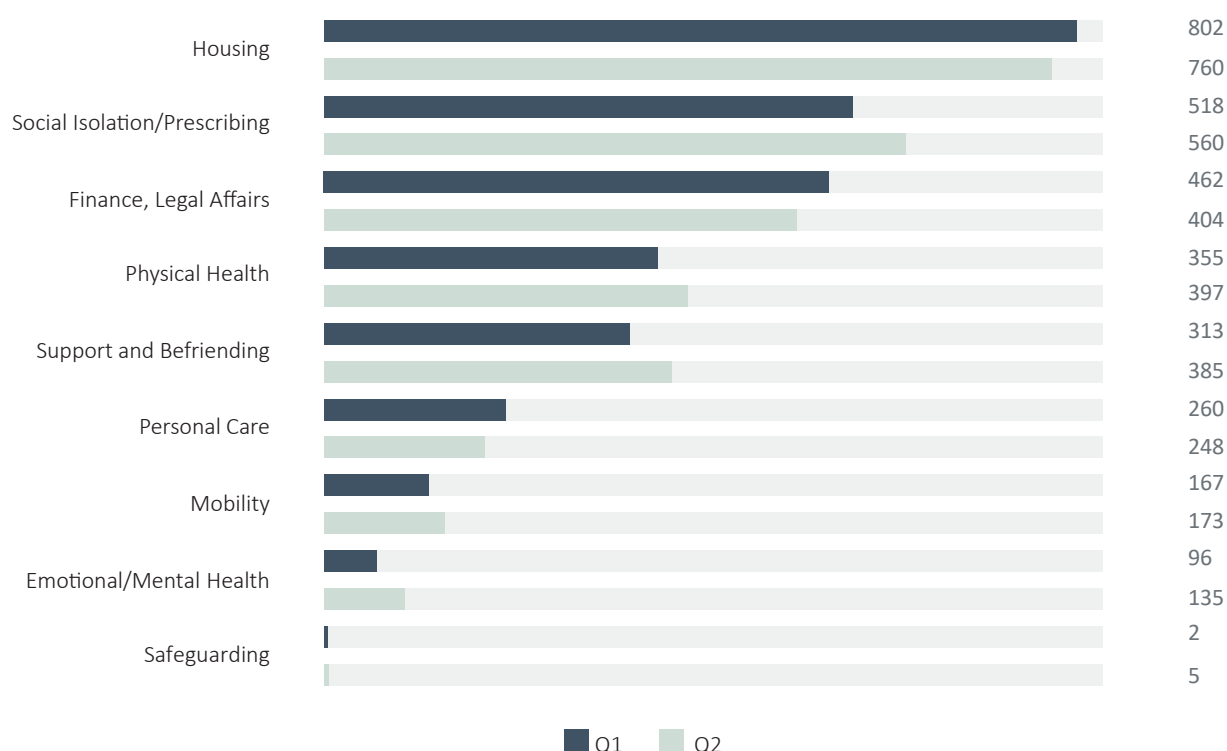


Figure 11: SC interventions by type, HSE Dublin and North East, Q1 v Q2 2026

■ This region also accounted for

23% n = 2,371

of all volunteers engaged with ALONE

24% n = 7,908

of all Visitation Support & Befriending visits

27% n = 12,639

of all Telephone Support & Befriending calls

25% n = 18,632

of all hours contributed by ALONE volunteers

HSE Dublin and Midlands

This region contributed to

15% n = 679

of all older people newly supported with services

16% n = 2,783

of all older people in receipt of ongoing support

18% n = 722

of all older people assessed

In this region

- 58% of those newly supported were female, slightly less than the national average (60%)
- 31% of newly supported older people were under the age of 76, (11% higher than the national average). This shows a younger age profile.

As the chart below shows, physical health, loneliness, and mobility remained the three most common needs identified for older people in this region, similar to Q1 2026.

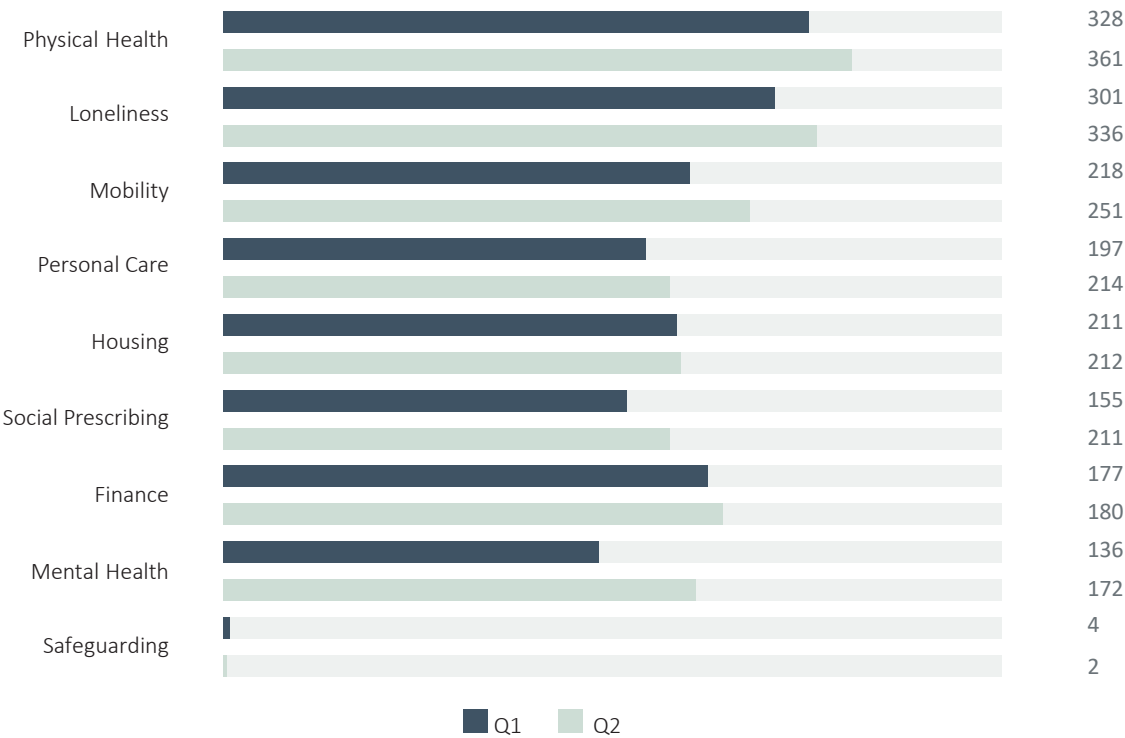


Figure 12: Issues presenting in assessments, HSE Dublin and Midlands, Q1 v Q2 2026

In Q2 2026, the Dublin and Midlands region accounted for 15% (n = 2,151) of all Support Coordination interventions nationally, in line with Q1 2026. Of these, 73% were successfully completed with the intended outcomes achieved. The figure below shows a slight decrease in Support Coordination interventions delivered this quarter. Housing remained the most common intervention, followed by finance and legal affairs, support and befriending, social isolation/prescribing and personal care following the same pattern as Q1 2026. Physical health was the most frequently reported need, closely followed by mobility as a key area requiring support. These needs were not reflected at the same level in the Support Coordination interventions delivered which was also observed last quarter and potentially suggests that they may be more difficult to address. Conversely, finance needs were relatively low, while interventions relating to finance were the second highest intervention delivered.

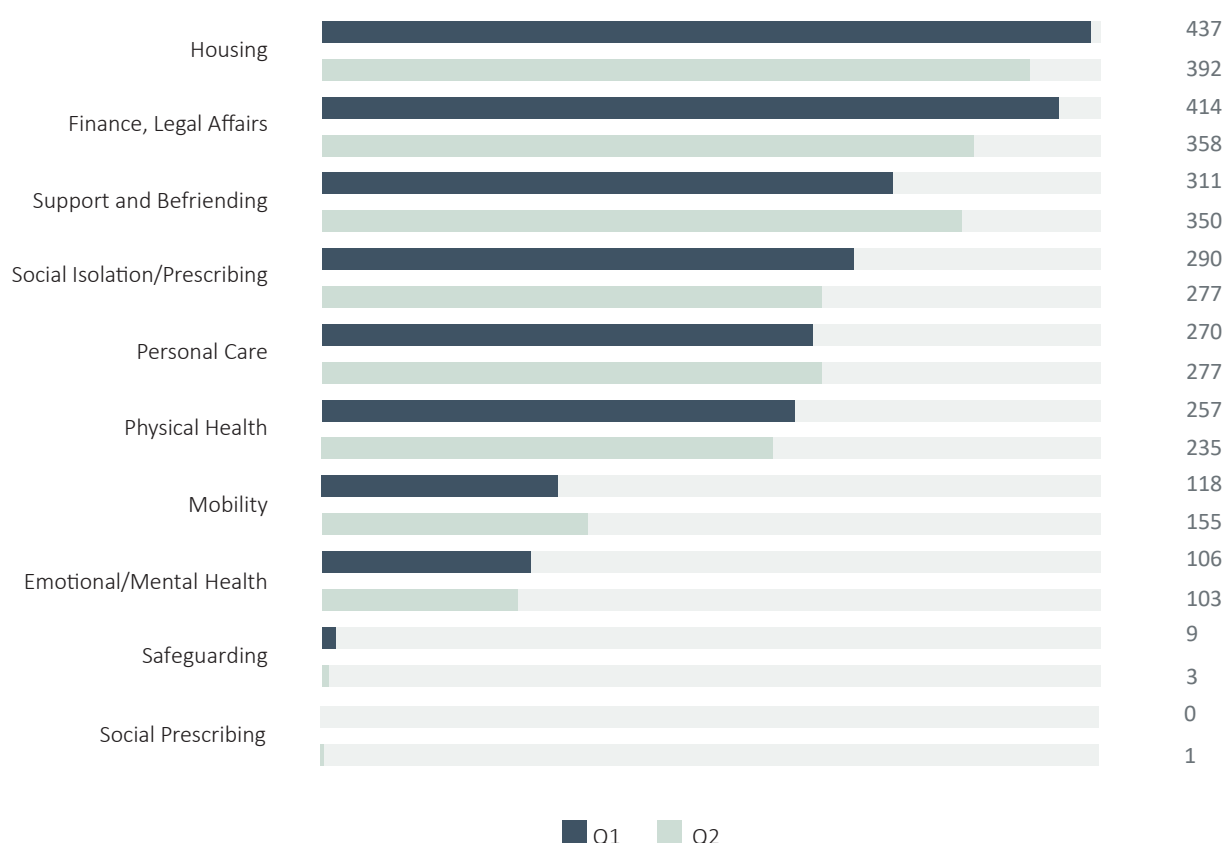


Figure 13: SC interventions by type, HSE Dublin and Midlands, Q1 v Q2 2026

■ This region also accounted for

19% n = 1,912
of all volunteers engaged
with ALONE

18% n = 5,844
of all Visitation Support &
Befriending visits

18% n = 8,601
of all Telephone Support &
Befriending calls

18% n = 13,584
of all hours contributed by
ALONE volunteers

HSE Dublin and South East

This region contributed to



In this region

- 65% of those newly supported were female, higher than the national average (60%).
- The age profile of those newly supported is largely in line with the national average.

As the chart below shows, physical health, mobility and loneliness challenges were the top needs for older people in this region, similar to Q1 2026. Of note, among those who reported physical health concerns, 32% reported a recent fall which was higher than the national average of 27%.

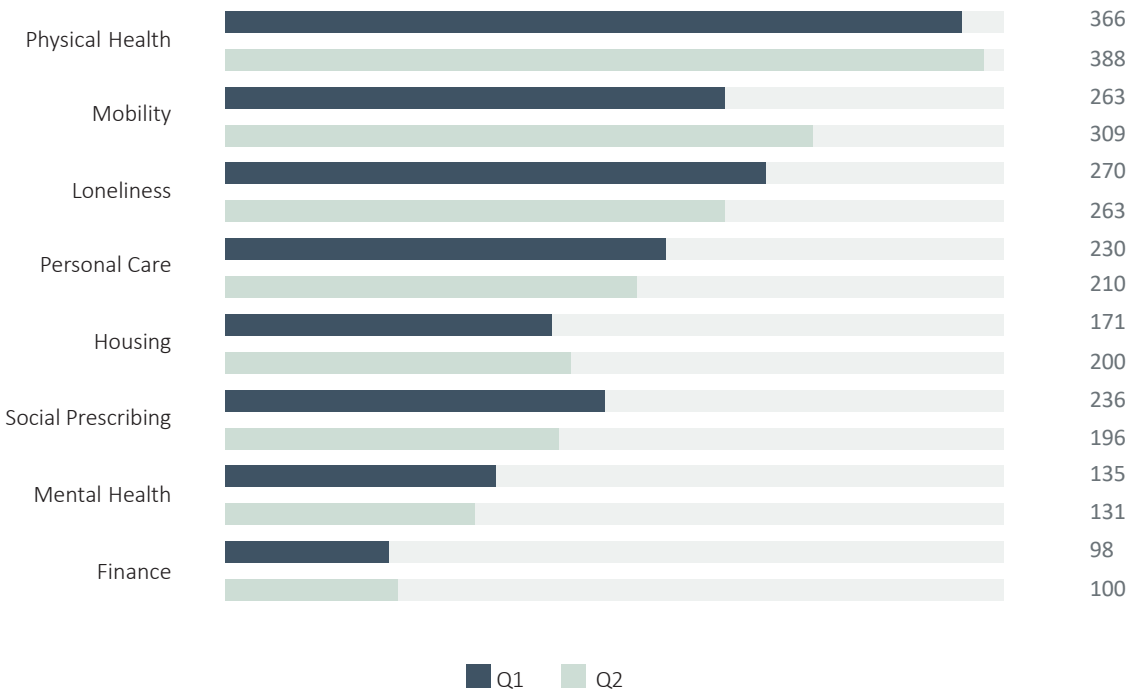


Figure 14: Issues presenting in assessments, HSE Dublin and South East, Q1 v Q2 2026

In Q2 2026, the Dublin and South East region accounted for 12% (n = 1,714) of all Support Coordination interventions nationally, consistent with Q1 2026. Of these, 77% were successfully completed with the intended outcomes achieved. As shown in the chart, support and befriending, housing, and physical health were the most common areas of intervention, while mobility emerged as a significant identified need, it accounted for a comparatively smaller proportion of interventions delivered. While housing was a less commonly identified need, it accounted for a relatively high proportion of interventions delivered. In contrast, mobility was one of the most frequently reported needs but accounted for a much smaller proportion of interventions. This difference may reflect the challenges involved in addressing mobility needs through SC intervention.

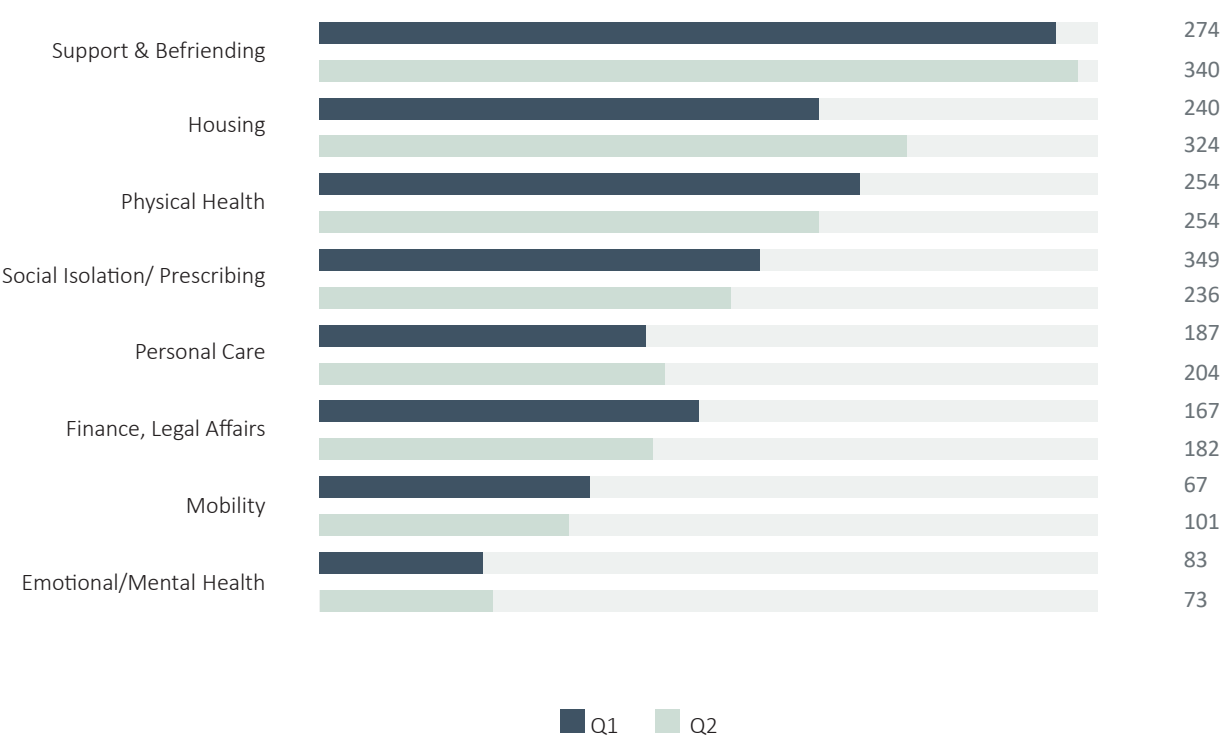


Figure 15: SC interventions by type, HSE Dublin and South East, Q1 v Q2 2026

■ This region also accounted for

17%

n = 1,700

of all volunteers engaged with ALONE

15%

n = 4,948

of all Visitation Support & Befriending visits

13%

n = 5,959

of all Telephone Support & Befriending calls

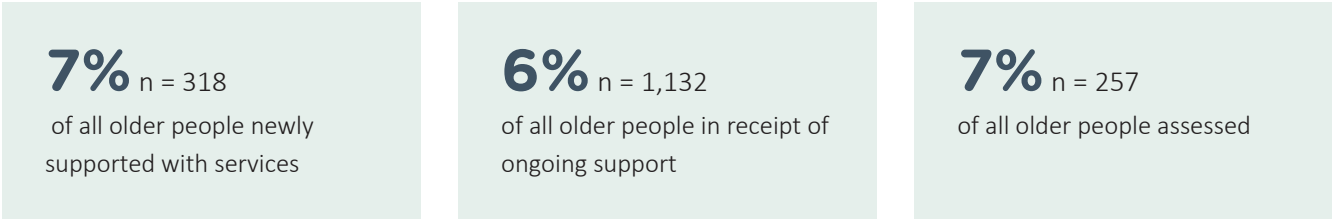
16%

n = 11,704

of all hours contributed by ALONE volunteers

HSE Midwest

This region contributed to



In this region

- 57% of those newly supported were female, slightly less than the national average (60%).
- 30% of newly supported older people were over the age of 85, which is 6% higher than the national average. This shows a relatively older age profile.

As the chart below shows, physical health, loneliness, and personal care were the top needs identified for older people in this region, broadly mirroring Q1 2026. However, the number of older people who had a needs assessment decreased slightly by 14% in Q2 in comparison to Q1, while most other regions recorded an increase. Of note, among those reporting loneliness in this region, 71% expressed the need for Visitation Support & Befriending Visits from ALONE (higher than the national average of 62%).

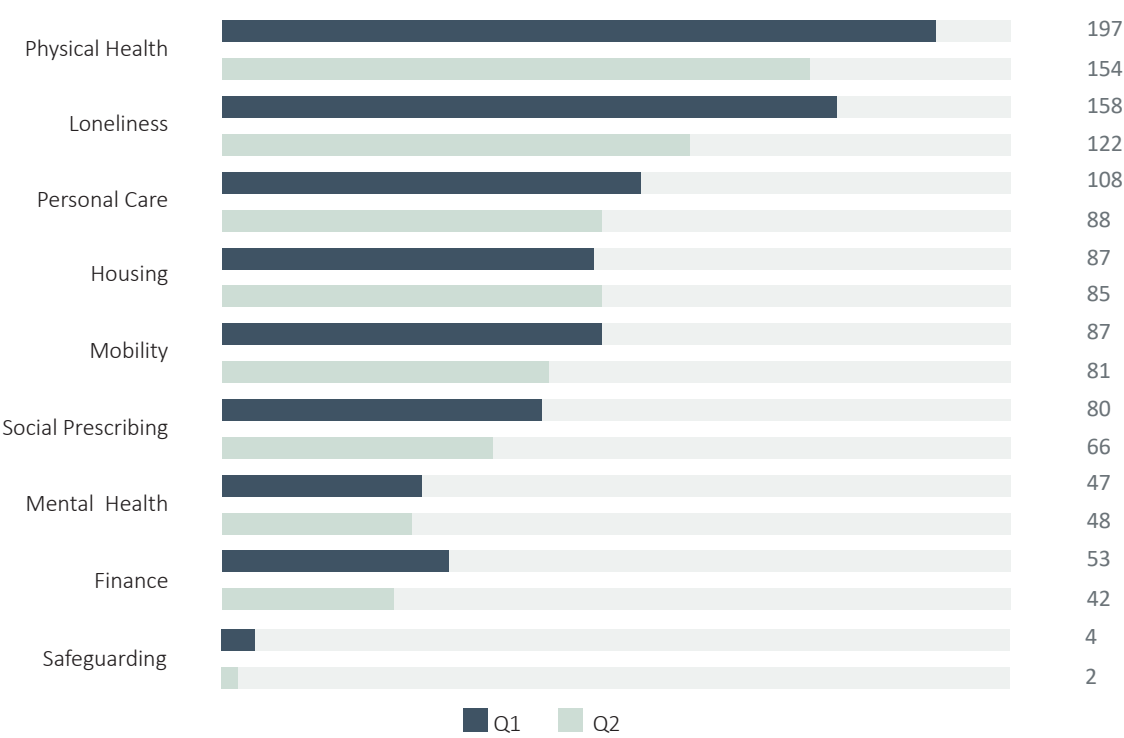


Figure 16: Issues presenting in assessments, HSE Midwest, Q1 v Q2 2026

In this quarter, the Midwest region accounted for 6% (n = 838) of all Support Coordination interventions nationally. Of these, 69% were successfully completed with the intended outcomes achieved. As the chart shows, support and befriending, personal care, and physical health were the most common Support Coordination interventions. This aligns with the needs identified in the region and is similar to the pattern seen in Q1 2026, although we see a decrease in the interventions delivered in almost all areas except mobility and mental health.

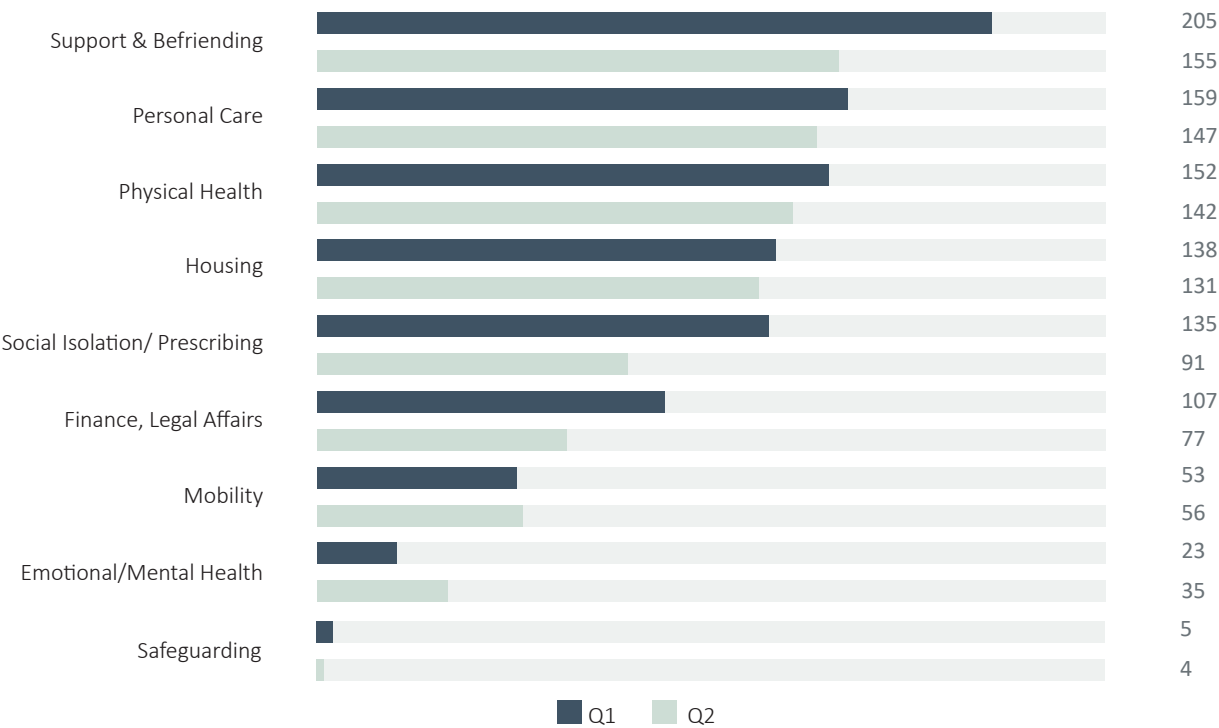


Figure 17: SC interventions by type, HSE Midwest, Q1 v Q2 2026

This region also accounted for

8% n = 822
of all volunteers engaged with ALONE

8% n = 2,536
of all Visitation Support & Befriending visits

7% n = 3,067
of all Telephone Support & Befriending calls

7% n = 5,488
of all hours contributed by ALONE volunteers

HSE South West

This region contributed to



In this region

- 62% of those supported were female, and 38% were male, broadly consistent with the national average.
- The age profile of those newly supported in this region is in line with the national average.

As the chart below shows, physical health, mobility, and loneliness were the top needs identified for older people in this region, similar to Q1 2026, although the number of assessments carried out decreased slightly by 14% in comparison to the last quarter.

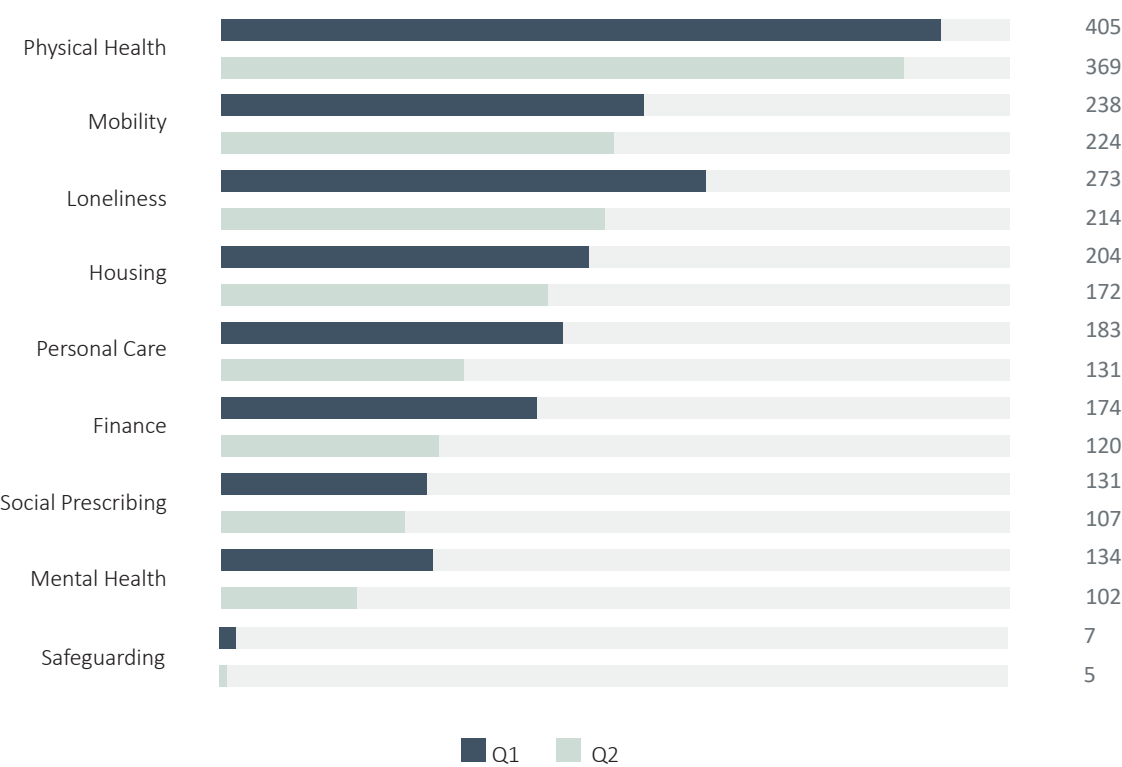


Figure 18: Issues presenting in assessments, HSE South West, Q1 v Q2 2026

In Q2 2026, HSE South West accounted for 10% (n = 1,445) of all Support Coordination interventions nationally, a slight decrease from Q1 2026 (12%). Of these, 62% were completed successfully with the intended outcomes achieved, the lowest rate across all regions. The region recorded fewer Support Coordination interventions across all areas. Physical health, housing, and support and befriending were the most common interventions, similar to Q1 2026. However, although mobility was identified as a high area of need, it was not reflected at the same level in the interventions delivered, a finding which also aligns with Q1 2026.

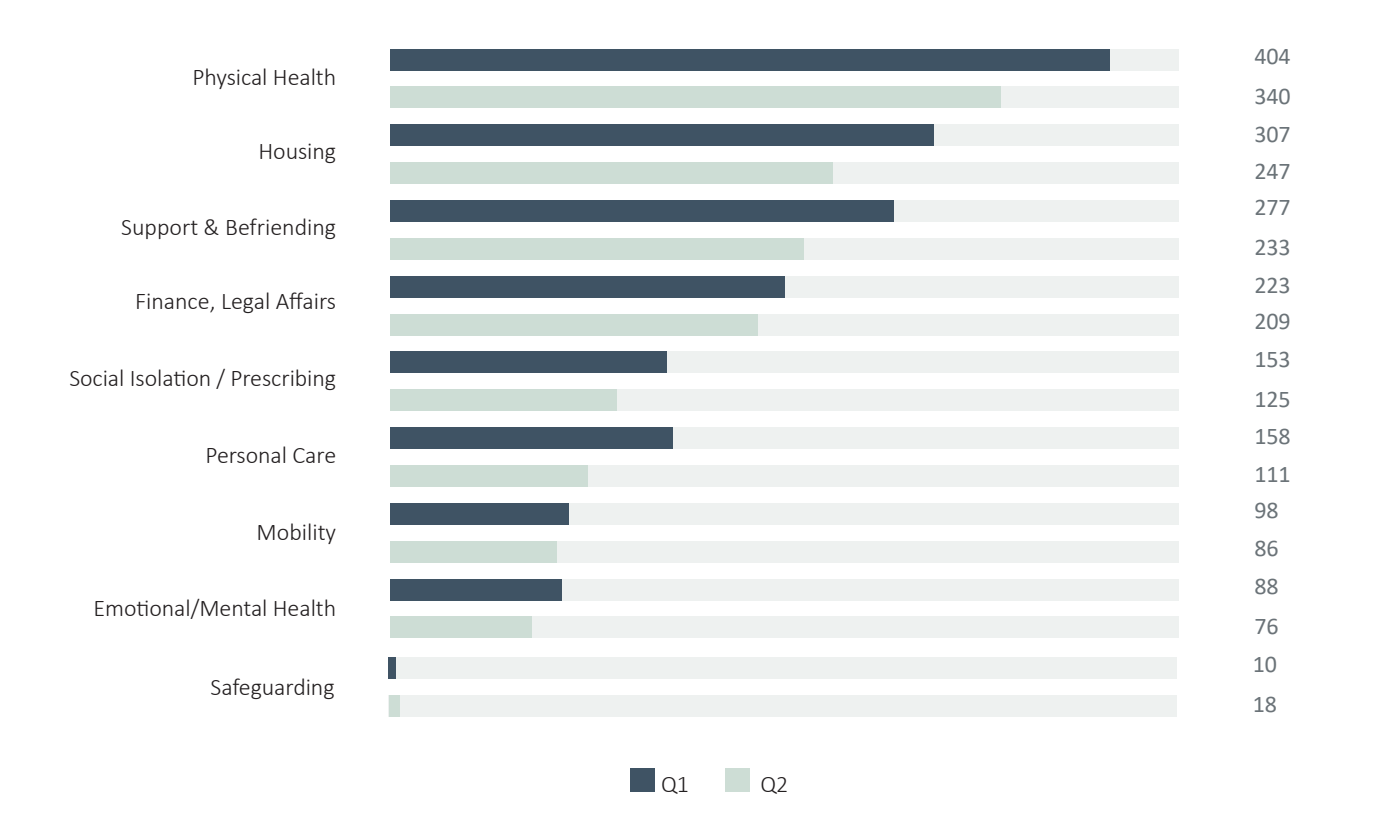


Figure 19: SC interventions by type, HSE South West, Q1 v Q2 2026

This region also accounted for

14%

n = 1,387

of all volunteers engaged with ALONE

13%

n = 4,428

of all Visitation Support & Befriending visits

14%

n = 6,510

of all Telephone Support & Befriending calls

13%

n = 9,848

of all hours contributed by ALONE volunteers

Enhancing ECC delivery

■ 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 achieved through the implementation and formal close-out of a redesigned referrals system, alongside the launch of annual feedback surveys. ALONE's annual survey of older people has drawn 682 responses, resulting in a strong evidence base for service development and advocacy. The department also deepened partnerships with researchers on housing, home support, and the cost of living, reinforcing ALONE's commitment to evidence-based advocacy.

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

This included:

- Engagement with the Joint Oireachtas Committee on Social Protection, and a formal appearance before the Joint Oireachtas Committee on Health.
- Strengthening relationships at ministerial level, including a meeting with the Minister for Housing, Local Government and Heritage.
- Wider cross-party activity through parliamentary questions, debates, and constituency-level referrals into ALONE services, underpinned by completion of a full Constituency Training programme across the country.
- Securing civic and political participation for upcoming strategic events, including the Strategic Plan launch and our 2027 Pre-Budget Submission launch.



■ Community, Innovation and Enterprise

Community Impact Network (CIN)

ALONE's CIN continues to grow steadily and now comprises of **188** member organisations who support **46,289** older people across Ireland. The membership of the CIN ranges from small community groups and services to larger national organisations. All member organisations have the common goal of supporting older people. The CIN provides members with training and networking opportunities as well as access to resources such as policies and procedures.

The key highlight of the quarter was the delivery of direct support to 215 older people through 16 'Saving Money by Understanding Your Energy Bill' workshops. The workshops are in high demand and feedback from attendees is consistently positive.

'Very interesting and informative.'

'Lovely day very useful information.'

'All the information was valuable.'

Other key CIN activities in this quarter include:

- 3 new member organisations from Dublin, Kilkenny and Limerick.
- Students from SETU University in Waterford and DKIT in Dundalk successfully completed a series of digital skills sessions delivered in local libraries, supporting hundreds of older people across their communities.

National partnerships

ALONE's national partnership work supports the HSE Enhanced Community Care programme by strengthening referral pathways and improving older people's access to specialist community supports. During quarter 2, planning advanced for upcoming pilots with the HSE Virtual Care team, National Ambulance Service and the Irish Hospice Foundation, all of which will create new referral routes into ALONE. Several other partnership agreements also progressed at various stages:

- The Irish Cancer Society
- COPD Support Ireland
- AWARE
- Dementia Ireland
- The Irish Heart Foundation
- Irish Rural Link
- Meals on Wheels
- Mental Health Ireland
- Siel Bleu
- The Asthma Society of Ireland

■ Q2 at glance

- 8 press releases
- 12,000 Subscribers
- 331 media mentions across broadcast, online and print
- 28 million estimated media reach

Keeping older people's voices visible:

Communications activity this quarter focused on advancing ALONE's advocacy priorities and ensuring the experiences of older people remained central to national conversations. Media engagement supported the launch of ALONE's 2026–2029 Strategy, the publication of the Q1 Enhanced Community Care report, and a pre-Budget campaign, calling for greater investment in services and supports that enable older people to age well at home.

Coverage also highlighted key awareness campaigns, including Mental Health Awareness Week and National Volunteering Week, while reinforcing the importance of tackling loneliness, strengthening community supports, and improving social inclusion. Through sustained broadcast, print and online media engagement, ALONE continued to raise awareness of the challenges facing older people and advocate for meaningful policy change.



Conclusion

The findings from Q2 2026 reinforce the important role ALONE plays in supporting older people through the Enhanced Community Care programme. The report demonstrates the strength of ALONE's integrated approach, combining personalised support, strong partnerships, and volunteer involvement to help older people remain independent and connected to their communities.

Demand for support remained high, with physical health, loneliness, and mobility continuing to be the most common needs identified. While these needs were consistent across the country, regional differences in both the level and complexity of need highlight the importance of delivering services that are responsive to local communities.

High levels of engagement were observed across ALONE's services, particularly in the HSE West and North West region as observed in previous quarters. Differences in the age profile of older people supported across regions also highlight the importance of flexible service delivery. Some regions such as HSE Dublin and Midlands and HSE Dublin and North East are supporting relatively younger cohorts, while others like HSE Midwest have a greater proportion of older adults aged 85 and over, emphasising the need for supports that can help them adapt to different stages of ageing.

As Ireland's older population continues to grow and their needs become increasingly diverse, understanding regional patterns will remain essential for planning and delivering effective services. The findings from this report provide valuable evidence to support future service development and ensure that older people continue to receive timely, person-centred support that enables them to age well at home.



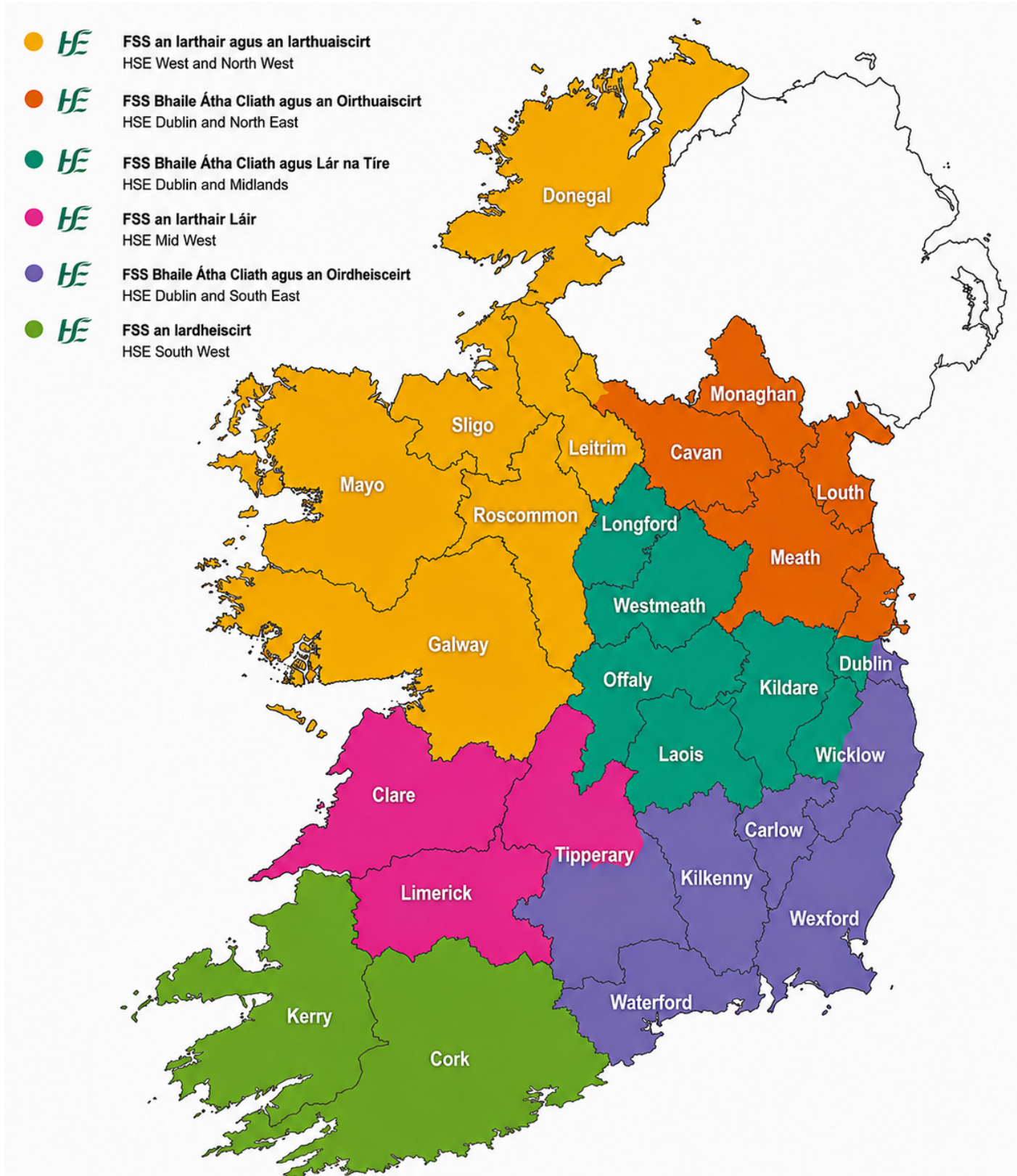
Appendix 1: Glossary of terms

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 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 Regions¹¹:** 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.
- **Personal Care:** ALONE's role is to advocate for, facilitate and support older people to access appropriate personal care services. In the context of ALONE's services, personal care is typically delivered by regulated home support providers or health services.

¹¹ [HSE health regions](#)

Appendix 2: Health regions



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

Figure 20: Geographical distribution of Health Regions in Ireland



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ALONE ECC Quarterly Report

Q2 2026