

AGE ALLIANCE WALES

*working together to support older people in Wales/
cydweithio i gefnogi pobl hŷn yng Nghymru*



Age Alliance Wales is the alliance of 20 national voluntary organisations committed to working together to support and inform the development of legislation, policy and resource frameworks that will improve the lives of older people in Wales. Our members also provide extensive direct support to older people in Wales.

Life expectancy is increasing – it is predicted that within the next 25 years, the number of people in Wales aged over 65 will increase by 33%. Although recent research by WRVS found that people aged over 65 made a net contribution of over £1 billion to the Welsh economy in 2010, levels of long-term illness and disability are higher in Wales than in the rest of Britain. Even though half of all sight loss is preventable, 1000 people in Wales go blind each year. Furthermore, at a time when an increasing number of public services in Wales are accessed online, 57% of people in Wales aged over 65 have never used the internet .

Age Alliance Wales is calling for action on the following areas:

Key message 1

Older people and carers must have access to early intervention and preventative care services to help to maintain their health and wellbeing both when older and when growing older.

As people in Wales live longer, early interventions will be needed which target people before the age of 50 and which help them to reach old age in the most robust state possible.

Proposed outcomes:

- Health boards, Social Services and social care agencies publish explicit plans that outline the support they will provide to prevent hospital and A and E admissions, reduce the need for NHS treatment, reduce use of residential care, minimise the risks and impact of poor health, and maximise wellbeing.
- The Welsh Government builds on the good work of the Older People's Well Being Monitor by funding a long term study into the benefits of early intervention and publishing a report every two years into the wellbeing of older people in Wales.
- The training of health and social care staff becomes an integral part of the Dignity and Respect Agenda, with user feedback published on a regular basis.
- An assessment of how effectively care homes support and promote the independence of residents becomes an integral part of any inspection regime.

Key message 2

Basic skills for life - Older people must be able to access the learning and training they need to develop the skills that are needed to support wellbeing in later life.

Although older people with low level basic skills are more likely to experience difficulties in managing their finances, the number of older people accessing basic adult numeracy and literacy classes is low. Only around 10% of those aged over 60 in Wales are engaged in adult learning.

Proposed outcomes:

- Action plans put in place which aim to return the numbers of older people accessing learning opportunities to previous levels.
- A range of basic skills courses for older people are developed which include adult literacy, numeracy, basic skills for work and basic skills for health.
- Digital literacy is promoted as a means to narrow the digital divide and increase essential skills amongst older people. Examples of good practice in essential skills and digital literacy courses shared.

Key Message 3

Older people must have the support, information and access to re-ablement services they need to re gain their independence, inclusion, wellbeing and quality of life.

Statistics show that 5 out of 10 people in Wales between the ages of 60 and 85, and 8 out of 10 people over 85 currently have a limiting long-term illness. One third of people over the age of 60 in Wales are worried or very worried about their financial future. Action needs to be taken that ensures people who are experiencing health or financial difficulties are able to access a range of support and information services.

Proposed outcomes

- Legislation is introduced that ensures that the NHS, Social Services and social care agencies provide relevant information on the support available for older people who are being discharged from hospital or receiving social care support, to help them return to a safe and secure home environment.
- Mandatory waiting time targets for access to care, services and support are introduced, monitored and published.
- The Welsh Government develops and delivers a financial inclusion strategy for older people to enable them to maximise their incomes and ensure that they have the skills and support to manage their finances effectively.
- Assessment processes in relation to accessing support fully take into account the impact of the individual's disability and local authorities publish clear statements that show how this will be achieved.
- People entitled to concessionary travel in Wales are able to access a non means tested allowance for use on community transport.

For more information on Age Alliance Wales, visit the website: www.agealliancewales.org.uk, or contact Rachel Lewis. Tel: 029 2043 1554, email rachel.lewis@agealliancewales.org.uk

Age Alliance Wales – Evidence to Inquiry into Residential Care for Older People

Older people and carers must have access to early intervention and preventative care services to help to maintain their health and wellbeing both when older and when growing older

- Providing better housing services can prevent or delay admission to residential care, saving Local Authority Social Care services millions. A good example of improving housing services to reduce demand and need for residential care is better provision of Disabled Facilities Grants (DFG).
- The Wales Audit Office/NPT LEAN review on their DFG administration concluded that a timely DFG delays entry into residential care by an average of 4 years. This gives a cost saving of around £72,000 per DFG case (based on residential care costs of £19760 per year, and the average cost of a DFG of £7000). Using these figures, each year's delay in providing a DFG costs social care services around £18,000
- **Rapid Response Adaptations Programme (RRAP)** is a fast track way of undertaking small but essential adaptations that keeps people at home and out of residential care. The scheme saves £7.50 for every £1 invested. However, need and demand outstrips funding available so the benefit and cost savings are not being maximised.
- One of the factors causing people to enter residential care is the lack of adequate support in the community to meet specialist needs related to sensory loss and other conditions. Rapid identification of need and provision of adequate reablement and long term support could reduce the need for residential care
- Age Cymru Swansea Bay note that there are good alternatives to residential care like sheltered housing or extra care housing, but a lack of awareness and availability in the area can mean that professionals often suggest residential care rather than looking at other options.
- Older people should be enabled to make more informed decisions through the use of independent advocates, and where possible, be able to visit residential care settings, and the alternatives, and speak with current residents and service users before making decisions about appropriate living environments and care provision.

Older people must be able to access the learning and training they need to develop the skills that are needed to support wellbeing in later life

- With government policy now demonstrating a much stronger focus on prevention and on services to improve the health, wellbeing and independence of older people, it is evident that the provision of learning opportunities for older people should play a central role in achieving this objective.
- Older people in residential and nursing care are in many ways society's most excluded group. Up to 50 per cent have clinically severe depression.¹

¹ Department of Health (2009) New Horizons: Towards a Shared Vision for Mental Health, p.88–89

- In research conducted by the Alzheimer's Society², 54% of people said that their relative in a residential care home did not have enough to do during the day.
- Although many care settings offer activities for older people that are designed for enjoyment and occupation, much of this provision lacks a learning or personal development structure to it. As a result, older adults in care settings are even less likely to be engaged in learning than other adults of the same age³. Identifying suitable learning activities should form part of any person centred plan.
- Age Cymru Swansea Bay has found that the reduction in group based activities in some local homes has resulted in residents becoming passive and there has been a reduction in their participation in meaningful activity and social interaction. This in turn has had a great impact on their emotional and physical well-being. Four of the care homes included in Age Cymru Gwynedd a Môn's research⁴ had a designated activities coordinator, which was shown to result in a more extensive programme of activities compared to those that did not have a designated member of staff.
- It was also apparent that many residents would appreciate having more interaction with persons from outside the 'enclosed' care home environment, particularly with someone who came from the same area as them and knew the same people so that they could keep up to date with local events or reminisce about the past. Intergenerational projects can encourage contact with wider community and also foster improved relationships.

Older people must have the support, information and access to reablement services they need to re gain their independence, inclusion, wellbeing and quality of life

- It is estimated that at least a quarter of care home residents are stroke survivors and that approximately 11% of stroke patients are discharged from the hospital ward into residential care.
- Critically, amongst these factors is the absence of a recognised and agreed outcome measure to assess the quality of long term care for stroke survivors in residential care. In addition, despite guidelines from The Royal College of Physicians (RCP), there is no requirement for care home staff to be trained to identify and/ or meet the specialist needs arising from stroke.
- The provision of clinical psychology services for stroke survivors is also of concern. In this regard, Wales has scored persistently poorly in past RCP audits. A key, yet often underestimated factor in stroke survivors' recovery is their psychological well-being. Depression, loss of self identity, confidence and self esteem are common and significantly debilitating side effects of a stroke. At least one-third of stroke patients have depression at some stage after their stroke.
- Stroke survivors can continue to make a good recovery long-term by receiving appropriate assessments and the right interventions with dignified care. The supported involvement of family and carers should be a key element of this approach.
- Staff working in care homes should receive stroke-specific training, and be able to meet, at least, basic stroke specific needs, such as: management of pain; management of swallowing and communication

² Home from home: A report highlighting opportunities for improving standards of dementia care in care homes, Alzheimer's Society, 2007

³ Enhancing Informal Adult Learning for Older People in Care Settings, NIACE

⁴ Dignity in Care Survey, Report to Gwynedd Council by Age Concern Gwynedd a Môn, Age Concern Gwynedd a Môn, 2011

problems. Care home staff should establish links and be able to spend in their local stroke unit as part of their continued professional development. This has proven a successful model in other parts of the UK.

- Access to these specialist therapies can become more restricted for stroke survivors living in residential care. As a consequence, continuing rehabilitation can be severely compromised.

Accessing external services and support

- A frequently identified issue is the lack of information, advice and advocacy that is available to people and their families during the process of choosing and entering residential care. The process is often not clearly explained and in many cases there is a lack of support and assistance in making decisions about care options or choosing the right residential or nursing home.
- **The most common type of enquiry to Age Cymru's information services relates to social care.** Independent advice and advocacy services are essential in enabling people to make choices on the care and support services that are right for them at any given time. However current provision of information and advice services is patchy across Wales, largely as a result of unequal funding and support in different areas.
- The Welsh Government should work with local authorities to ensure increased and consistent levels of funding for high quality independent information, advice and advocacy services for older people across Wales to help them through the process of entering the system.
- Care homes do not often access the wide range of external organisations that could support residents, e.g. local visual impairment societies, Age Cymru, University of the Third Age, Action on Hearing Loss Hear to Help and Hear to Meet Schemes and Sense. This support could reduce isolation and help individuals to maximise wellbeing.
- Person Centred Planning – people should be given choice and control. Service users need to be at the centre of the care planning process from the beginning and they need to be provided with clear information so they can make informed choices.
- An assessment of how effectively care homes support and promote the independence of residents should be an integral part of any inspection regime

Resources and case studies

- The Eden Alternative⁵ is a very positive model of care provision. The Eden Alternative is an international not-for-profit organisation dedicated to transforming care environments into habitats for human beings that promote quality of life for all involved. The Eden Alternative's principle-based philosophy empowers care homes to transform institutional approaches to care into the creation of a community where life is worth living, and could be replicated.
- “My introduction to computers came just two years after I’d lost my wife. I was feeling very low, everything had become an effort; my body ached, I was depressed and lonely. When the trainer came to the sheltered house where I live and said in the introduction session that after seven weeks I would be able to get on the Internet, send email and do this all on my own, I was very sceptical. But it was all true. Pretty soon, I’d go down to the market and not feel any aches and pains, because I was just thinking what I was going to do on the computer when I got back. The experience started to put back into my life then enthusiasm and interest that I always had for living”.⁶
- **Inspirations: Enhancing Informal Adult Learning for Older People in Care Settings** . Free booklet containing inspiring case studies of learning opportunities for older people in care settings.
<http://shop.niace.org.uk/care-settings-inspirations.html>
- **Enhancing Informal Adult Learning for Older People in Care Settings** – activity guides for care home managers and staff, local authorities and learning providers. Free downloads available:
<http://www.niace.org.uk/current-work/informal-adult-learning-for-older-people-in-care-settings>
- **Galleries engaging with Socially Isolated Older People**. Evaluated art projects in care settings:-
http://www.engage.org/projects/cymru_older_people.aspx

⁵ <http://www.edenalt.org/>

⁶ Len Kitson, 81, Genesis, East London (taken from CSHS Good Practice Guide No. 5: Digital Inclusion and Older People); also quoted in DWP (2009) Building a Society for All Ages