



**Cynulliad Cenedlaethol Cymru
The National Assembly for Wales**

**Y Pwyllgor Cyfle Cyfartal
The Committee on Equality of Opportunity**

**Dydd Iau, 2 Hydref 2008
Thursday, 2 October 2008**

Cynnwys
Contents

- 3 Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introduction, Apologies and Substitutions
- 4 Ymchwiliad i Faterion Pobl Hŷn
Inquiry into Older People's Issues
- 17 Cynnig o dan Reol Sefydlog Rhif 10.37 i Benderfynu Gwahardd y Cyhoedd o'r
Cyfarfod ar gyfer Eitemau 4 i 6
Motion under Standing Order No. 10.37 to Resolve to Exclude the Public from the
Meeting for Items 4 to 6

Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynndi yn y pwyllgor. Yn ogystal,
cynhwysir cyfieithiad Saesneg o gyfraniadau yn y Gymraeg.

These proceedings are reported in the language in which they were spoken in the committee.
In addition, an English translation of Welsh speeches is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Eleanor Burnham	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Ann Jones	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
Helen Mary Jones	Plaid Cymru The Party of Wales
Nick Ramsay	Ceidwadwyr Cymreig Welsh Conservatives
Joyce Watson	Llafur Labour

Eraill yn bresennol
Others in attendance

John Carter	Pennaeth, Cangen Oedolion Agored i Niwed a Gofalwyr, Yr Adran Iechyd a Gwasanaethau Cymdeithasol Head of Vulnerable Adults and Carers Branch, Department for Health and Social Services
Steve Milsom	Pennaeth dros dro, Y Gyfarwyddiaeth Polisi Pobl Hŷn a Gofal Hirdymor, Yr Adran Iechyd a Gwasanaethau Cymdeithasol Acting Head, Older People and Long Term Care Policy, Department for Health and Social Services
Gwenda Thomas	Y Dirprwy Weinidog dros Wasanaethau Cymdeithasol Deputy Minister for Social Services

Swyddogion Gwasanaeth Seneddol y Cynulliad yn bresennol
Assembly Parliamentary Service officials in attendance

Steve Boyce	Gwasanaeth Ymchwil yr Aelodau Members' Research Service
Tom Jackson	Clerc Clerk
Rita Phillips	Dirprwy Glerc Deputy Clerk
Helen Roberts	Cynghorydd Cyfreithiol y Pwyllgor Legal Adviser to the Committee

Dechreuodd y cyfarfod am 9.36 a.m.
The meeting began at 9.36 a.m.

Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introduction, Apologies and Substitutions

[1] **Ann Jones:** Good morning, everybody, and welcome to the Committee on Equality of Opportunity. This is its first meeting since the summer break.

[2] I welcome Nick Ramsay as a new member of the committee. I place on the record my thanks, and those of the committee, to Mark Isherwood for all his contributions. It is nice to see you here, Nick.

[3] We have Rita Phillips as our new deputy clerk. This is Rita's first meeting of this committee. Welcome, Rita. We place on the record our thanks to Claire Griffiths for the way

in which she carried out her duties as the former deputy clerk and for the way in which she helped the committee so much. So, a big thank-you to Claire for that.

[4] We have apologies from Bethan Jenkins this morning. It is nice to have Helen Mary Jones with us again as her substitute. Thank you for substituting, Helen.

[5] Do Members have any interests to declare before we move on? I see that you do not.

[6] The usual housekeeping rules apply. We are not expecting a fire alarm test, so if it sounds, follow me, because I know where the exit points are, although we will take our instructions from the ushers if necessary. I also remind you to switch mobile phones, BlackBerrys and pagers off. Translation facilities are available if required.

[7] I intend to propose a motion to exclude the public for items 4 to 6 on our agenda. I will propose it formally when we reach those items. I am just giving you notice of my intention.

9.38 a.m.

Ymchwiliad i Faterion Pobl Hŷn Inquiry into Older People's Issues

[8] **Ann Jones:** Welcome, Gwenda, the Deputy Minister for Social Services, and welcome to your officials, John and Steve. You are most welcome. Thank you for your paper. We are looking forward to the discussion on how we can move forward. Gwenda, would you like to say anything about your paper first, and then we will go to questions?

[9] **The Deputy Minister for Social Services (Gwenda Thomas):** I thank the committee for the opportunity to talk to you. As you say, the paper has been made available to you before today, so I do not think that there is anything to gain from me speaking to the paper at this point.

[10] Yr wyf yn gweld bod y papur yn I see that the paper has been produced ddwyieithog. bilingually.

[11] The time would best be used by having me answer any questions that you have or deal with any points that you wish to make on this important agenda.

[12] **Ann Jones:** Thanks for that, Gwenda. I think that Members will have some questions. I am hopeful that the committee will decide later in the meeting to undertake an inquiry into issues affecting older people. We hope that this will help us to formulate our views.

[13] I will start the questions. How do you see the Welsh Assembly Government ensuring that older people who live in residential care receive the same standards of healthcare and enjoy the same quality of life as the rest of the community and which, if they were out in the community, they could expect to enjoy? Do you have any views on that?

9.40 a.m.

[14] **Gwenda Thomas:** Certainly. Work is ongoing on this subject. For example, there is an initiative called My Home Life for care homes. Through the health improvement voluntary sector grant scheme, the Welsh Assembly Government is funding Help the Aged in Wales for a three to five-year period, to pilot this initiative for residents of care homes. My Home Life aims to improve the quality of life in care homes for residents, staff and visitors, through

sharing good practice and the publication of web-based resources. The initiative will focus on eight main themes: moving into a care home; a sense of identity; creating a sense of community; shared decision-making; creating opportunities for meaningful activity; a healthy outlook; health and care responses; and care at the end of life. It is also about making improvements and creating a positive culture, focusing on staff development.

[15] The programme is due to start during this financial year—2008-09. It was developed through collaboration between Help the Aged, the National Care Forum, which represents the interests of not-for-profit health and social care providers in the UK, and the National Care Homes research and development forum, which facilitates contact between researchers and practitioners involved in care home work. This involves many UK universities, including, I am glad to say, the University of Wales. We had a presentation yesterday from Help the Aged, which works to improve the quality of life of older people. Therefore, this is an important initiative.

[16] **Ann Jones:** Thank you, Gwenda. Do Members want to come in on those, or any other, issues?

[17] **Eleanor Burnham:** My mother-in-law developed dementia; we were fortunate to find her the most fantastic home, which would probably not be viable now, because it was such a small affair, run by what was then a state-registered nurse. That was top-quality care. However, that is not always available, particularly because of financial constraints and the fact that a great deal of care is business, as opposed to care, and there are many difficulties around getting the right calibre of staff, who perhaps are paid only the minimum wage. How on earth will we resolve all those kinds of difficulties?

[18] **Gwenda Thomas:** We have many initiatives to safeguard people in the residential setting; I believe that that is what you are getting at, is it not—that some homes are excellent, some are mediocre and some are unacceptable? We have the ‘Dignity and Respect in Care’ programme, which I have announced, the national service framework for older people in Wales, the adult protection project board, and the inspection and regulation processes. Therefore, these all link together to provide this protection and to seek to provide the best possible care that we can in the residential setting.

[19] **Eleanor Burnham:** Can you remind us how often a care home is inspected by the Care and Social Services Inspectorate Wales? Are you happy that oversight of the worst care homes, despite all your good intentions, is not insufficient? When I looked around before finding my mother-in-law the wonderful place that we eventually found, we went into one care home—and I have a strong nose—where there was the most horrendously overpowering smell of urine; the whole thing was awful. Our kids were quite small then, so they were part and parcel of the choice that we made eventually. How do you ensure that the best standards are maintained? Would you envisage perhaps even shutting some homes down, when they are totally unacceptable?

[20] **Gwenda Thomas:** That does happen and the regulation and inspection process is thorough. There are national minimum standards and regulations that are applicable to care homes for younger and older adults. A care home for adults is an establishment that is expected to provide accommodation together with personal or nursing care. That is a serious issue to consider when people intend to provide that service.

[21] The inspection process is thorough, and all homes are inspected every year. If weaknesses are found, a strict plan is followed either to support the home to put things right, or, in extreme circumstances, to bring forward prosecution. So, the inspectorate has a wide range of alternatives available to it.

[22] **Helen Mary Jones:** O ran gallu'r arolygiaeth i fynd i mewn i gartrefi gofal, a ydych yn hyderus bod gan yr arolygiaeth ddigon o adnoddau? Mae pobl wedi dweud wrthyf—a dim ond sôn yw hyn—bod digon o adnoddau i gynnal yr arolygiadau rheolaidd a gynlluniwyd, ond os canfyddir problem mewn cartref gofal, fel y disgrifiasoch i Eleanor Burnham, rhaid mynd yno'n gyson, ac mae sôn bod rhai swyddfeydd yn ei chael hi'n anodd cael y cydbwysedd yn iawn rhwng yr arolygiadau rheolaidd y mae'n rhaid eu gwneud a'r elfen o ddisgresiwn sydd ynghlwm wrth arolygiadau dilynol. A ydych yn hyderus bod gan yr arolygiaeth ddigon o adnoddau ar hyn o bryd, ac a ydych fel Llywodraeth yn adolygu hynny o bryd i'w gilydd er mwyn sicrhau bod digon o bobl ar gael i wneud y gwaith, a bod ganddynt ddigon o sgiliau i wneud hynny?

Helen Mary Jones: Regarding the power of the inspectorate to go into care homes, are you confident that the inspectorate has adequate resources? People have told me—and this is just hearsay—that there are adequate resources to do the regular inspections that have been programmed, but if a problem is found in any care home, as you described to Eleanor Burnham, you have to go there regularly, and some have said that it can be difficult for some offices to strike the right balance between the mandatory regular inspections and the discretionary element of the follow-up inspections. Are you confident that the inspectorate has adequate resources at present, and are you as a Government reviewing that from time to time to ensure that there are adequate numbers of people to do the work and that they have the necessary skills?

[23] **Gwenda Thomas:** Ydwyf. Yr wyf yn cwrdd yn gyson â Rob Pickford, prif weithredwr yr arolygiaeth, ac os bydd pethau'n codi, byddwn yn siarad amdanynt. Nid wyf yn gwybod am unrhyw anawsterau mawr ar hyn o bryd. Mae galw bob amser am fwy o adnoddau, ond mae'r cyfarfodydd cyson â Rob yn golygu fy mod yn gwybod am y pethau sy'n codi.

Gwenda Thomas: Yes. I meet regularly with Rob Pickford, the inspectorate's chief executive, and if things do arise, we discuss them. I am not aware of any great difficulties at present. There are always demands made for increased resources, but the regular meetings that I have with Rob ensure that I am kept up to date of any issues that arise.

[24] Yr wyf hefyd yn fodlon ag ymrwymiad llwyr yr arolygiaeth i sicrhau bod pethau'n gweithio fel y dylent. Os oes angen cefnogaeth ar y sawl sy'n darparu'r gwasanaethau hyn, mae Rob a'i dîm yn gwneud pob dim i'w cynorthwyo, neu'n cymryd y camau angenrheidiol i sicrhau ein bod yn amddiffyn y bobl sy'n byw yn y cartrefi.

I am also content that the inspectorate is absolutely committed to ensuring that things work as they should. If those who provide these services need support, Rob and his team will do everything that they can to assist, or they will take the steps necessary to ensure that we protect the people who live in these homes.

[25] **Joyce Watson:** Thank you, Gwenda, for your comprehensive paper that tells us about the good work that the Assembly is doing. I would like to raise a couple of points. The first is to do with the quality of staff, the qualifications that they might need, and any evidence of weaknesses and how we are going to address that. I am not saying that it is the case now, but, in the past, people have come into the care regime with few qualifications and little understanding of what it means for the people whom they are looking after. Often, that ignorance has resulted in unfortunate outcomes. That is my first question.

[26] Leading on from that, I am mindful of the fact that the majority of people in care homes are vulnerable and they may not have a voice—sometimes, literally so. So, I am particularly interested in advocacy services for those people. How do they get their message across when they are not happy, and, more importantly, once they do that, how are their concerns acted upon?

9.50 a.m.

[27] **Gwenda Thomas:** On the quality of staff, Joyce, I take the point that you are making. There are very good examples of action that the Welsh Assembly Government is taking. One of them is the establishment of the Care Council for Wales, through which we are seeing the registration of social care workers; first of all, social workers, but the aim is to roll out the registration process to include all people who work in the care sector. The care council is also responsible for training staff and is expected to provide a report on its work. We have just had a recent report from the care council that shows its commitment to training. I think that that training is now making its mark on the sector.

[28] On the issue of unsuitable people finding their way into work in the social care sector, we have worked closely with the UK Government and we now have a list, which is published, that names any unsuitable people. I know that it is in the development stage, but a great deal of work has been done on that. As that rolls out, I am sure that that process will be far more watertight. In the event of people who are already working in the sector being found unsuitable, there is a process for that as well. The care council can take action against those people, and very serious consideration is then given to ensuring that those people do not turn up again in the social care workforce. That reassures me and I hope that it reassures you that things are happening.

[29] I do not know whether Steve wants to add to that or comment on the issues around registration and inspection and the other initiatives that we are taking on dignity of care and the protection of vulnerable adults, which we have set up a group to look at.

[30] **Mr Milsom:** To supplement the Deputy Minister's advice, I think that, additionally, you need to look at the statutory position designated through the regulations and standards. The standards have set benchmarks for qualifications at the various NVQ levels and have sought, over a period of time, to raise the level of qualifications held by staff. Additionally, the care council that the Deputy Minister mentioned has produced a workforce action plan that is part of the social services strategy that it is developing. We are also working with the care council and funding an older person's workforce network, which is meeting tomorrow, to develop an older person's workforce strategy. So, there are a number of things in the pipeline that, I think, will address the points that you have raised.

[31] **Gwenda Thomas:** On the second part of the question, Chair—

[32] **Ann Jones:** May I just interrupt? Nick, did you want to come in on something?

[33] **Nick Ramsay:** I would like to seek a point of clarification on Joyce Watson's question. Do you think that, at the moment, the regulations are tight enough and that the registration system that you mentioned is working? There are clearly things in the pipeline, but, at this moment in time, are you happy with the standard that you are at?

[34] **Gwenda Thomas:** I am happy with the progress that we are making. We can never be 100 per cent satisfied; there will always be the issue of some things happening, and I am sure that that will continue. I am happy, Nick, that the actions that are being taken to tighten up the registration, the training and the calibre of the people who are working in the sector are definitely moving us in the right direction.

[35] **Ann Jones:** Thanks. Sorry, Gwenda, to have cut across you. Please return to the second part of Joyce's question.

[36] **Gwenda Thomas:** Vulnerability is a very serious issue indeed. You will know about the complaints procedure that is specifically available to people in residential care and on a

wider social-services basis. There is a statutory obligation to bring in advocates to speak up for people who are not able to do so for themselves. The advocacy process is important, and it is mainly provided by the voluntary sector, which is developing excellent services for older people. The social services complaints procedure has been strengthened: there were three clear stages to the process, but the independent aspect has now been brought into the third stage. The first stage seeks a local resolution, and the second stage involves more of an independent look at the complaint, but the third stage is always there and has an independent aspect to it, which is important. My concern is that we need to raise awareness of that. Throughout the process, the question of advocacy is extremely important. Advocates are made available for the most vulnerable, or people who cannot speak for themselves.

[37] **Joyce Watson:** I am greatly reassured by what the Deputy Minister has said, but my real concern is whether an independent advocate is always available at the first point at which someone feels that things are not right for them. People find themselves living where they are living and, for the most part, they will enjoy that. However, statistics show us that very elderly people cannot be moved from a situation without the risk of dying. That is a fact. What I am trying to dig down to is how someone who is not happy and who is afraid of moving can find their voice at the first point?

[38] **Gwenda Thomas:** There is already a statutory obligation to do that in a residential care setting, and providers must display clearly within their setting that that service is available. There is also protection in that it is a requirement to respond to that first point within 28 days, and providers, in the main, are aware of that. If you have examples of when that has not happened, it is difficult, but I do not think that it would be a matter for the Welsh Assembly Government alone, or the police, statutory sector or the voluntary sector alone; it is a matter for all of us. The greatest safeguard is if we all have clear lines of responsibility to deal with concerns if anyone thinks that something is not right. However, it is difficult to say that you can protect every vulnerable person all of the time. That is why it is important that we all use our eyes and ears.

[39] **Mr Milsom:** I have two points of relevance to add to that. First, as part of the inspection process, the inspectors ensure that they speak to the family and staff as well as to the visitors to the care home, and therefore the lay visitor plays an important part in that respect. On a statutory basis, you must also take account of the work of the community health councils, which also go into care homes on a separate independent basis from the Care and Social Services Standards Inspectorate Wales. So, there are protections in place, as the Deputy Minister said. There is room to develop that, but initiatives such as My Home Life are bringing out ways of doing that.

[40] **Gwenda Thomas:** The Minister for Health and Social Services, Edwina Hart, has also said this week that she is reviewing the role of the community health councils, with the aim of strengthening their role, and that is to be welcomed.

10.00 a.m.

[41] **Eleanor Burnham:** When listening to Radio 4 a couple of weeks ago, I heard that, in the UK—although possibly just in England, and hopefully not in Wales—there has apparently been some concern about the possible level of ‘overzealousness’ in medicating some vulnerable people. I have to be careful about what I say, but I think that that was the word used by the medical people on the programme. Sometimes, there is an inappropriate element of overzealousness in the strength of the medicines administered to older people, which is done to make life easier in care homes and to make them easier to run. I think that you know what I am saying. Are you content that that is not happening in Wales? We are talking about swathes of very vulnerable people.

[42] **Gwenda Thomas:** Yes, indeed. Specific regulations are in place to ensure that all medication is handled, administered, stored and recorded safely. The national minimum standards expand on these requirements and cross-reference relevant legislation, including that dealing with the misuse of drugs and the handling of controlled drugs. In addition, to help to improve the safe management of medicines in care homes, the Welsh Assembly Government has drawn together a team of pharmacists to work with the Care and Social Services Inspectorate Wales to advise on the appropriateness of the services being provided and to advise care homes on general medicines management issues. In addition, 'Community Pharmacy National Enhanced Services Competency and Training Framework', the current pharmacy contract, deals specifically with care homes. All community pharmacists who wish to provide care home services as part of a national enhanced service must demonstrate their competence prior to the commencement of those services. So, that is a positive initiative.

[43] Recently produced funding has been offered to enhance the services to extend the GP contract to provide a proactive approach to prescribing management for residents of care homes. That will include a six-monthly review of medication, with a written record being kept of the review. Unused medication will be checked and discontinued where appropriate, and the assessments will be provided in addition to the essential services under the routine GP contract. That is just at the developmental stage and will be very much for GPs to respond to it. I think that the team of pharmacists is a very positive development.

[44] **Eleanor Burnham:** How does this fit in with the restricted hours that GPs now work, as compared with the hours that they used to work? Now, different people will be attending at night, depending on the sort of on-call service that you have. Is this completely foolproof, in your view, given the set procedures for medication?

[45] **Gwenda Thomas:** All residents in care homes have the same right as any of us to receive the attention of a GP when needed. These are people who cannot take themselves to out-of-hours centres, and they have that right to a service. Beyond that, however, making this funding available to GPs to enhance their services is a positive move, but we have to wait to see how that develops.

[46] **Helen Mary Jones:** Yr wyf am ofyn cwestiwn penodol am raglen Urddas Mewn Gofal Cymru. Yr wyf wedi dod ar draws achosion lle mae pâr priod, y naill ag un lefel o anghenion gofal a'r llall â lefel arall, wedi cael eu gwahanu. A fydd y rhaglen hon yn mynd i'r afael â'r broblem honno? Gwn ei bod yn anodd, a gall olygu bod rhywun y mae angen llai o ofal arnynt yn byw mewn cartref sy'n darparu lefel uwch o ofal, ond, wrth siarad â'r Cadeirydd ynghynt, dywedodd Ann ei bod wedi dod ar draws problemau tebyg, felly, mae'n rhywbeth sydd yn digwydd. A oes modd i'r rhaglen ymateb i sefyllfa o'r fath? I bobl sydd wedi bod gyda'i gilydd am hanner canrif neu fwy, mae'r effaith ar eu gofal ac ar eu teimladau os cânt eu gwahanu—yn enwedig os yw'r ddau mor fregus fel na allant ymweld â'i gilydd—yn sylweddol. Bu imi ymdrin ag un achos o'r fath pan fu farw un o'r pâr priod. Dywedodd ei theulu, '*She died of a broken heart*'. Efallai bod hynny ychydig dros ben llestri, ond dyna

Helen Mary Jones: I want to ask a specific question about the Dignity in Care Wales programme. I have come across cases of married couples, one of which has one level of care needs and the other with another level, being separated. Will this programme respond to that problem? I know that it is difficult, and that it can mean that someone who requires less care is living in a home where a greater level of care is delivered. However, I was speaking to the Chair earlier, and Ann mentioned that she had come across similar problems, so it appears to be something that does happen. Is there a way for the programme to react to such situations? For people who have been together for half a century or more, the effect on their care and their feelings if they have to be separated—especially if both are too frail to visit one another—is considerable. I came across such a case where one of the couple died. Her family said, '*She died of a broken heart*.' That may be over-egging the pudding

sut oedd y teulu yn teimlo.

slightly, but that is how the family felt.

[47] Byddai'n bositif pe gallech, drwy safonau a lefelau cenedlaethol, osod disgwyliad bod pobl yn gallu aros gyda'i gilydd, os oes unrhyw fodd.

It would be positive if, through national standards and levels, you could set an expectation that people can stay together, wherever that is at all possible.

[48] **Gwenda Thomas:** Mae hwn yn fater pwysig. Yr wyf innau wedi dod ar draws achosion o'r fath, lle mae pobl wedi bod yn briod am flynyddoedd mawr ac yn wynebu sefyllfa fel hon ar ddiwedd eu bywydau. Efallai bod un ohonynt yn gwybod yn berffaith beth sy'n digwydd a'r llall yn dioddef o demensia—neu'r ddau yn dioddef o demensia. Mae hwn yn fater pwysig a rhaid inni ei wynebu.

Gwenda Thomas: This is an important issue. I have also come across similar situations, where people have been married for a great number of years and then face a situation like this at the end of their lives. One of them might be perfectly aware of what is going on but the other might have dementia—or both of them might have dementia. This is an important issue that we must face up to.

[49] Fel rhan o'r rhaglen Urddas Mewn Gofal, yr wyf wedi sefydlu grŵp i edrych ar y mater hwn, a phenodwyd y Dr Win Tadd o Brifysgol Caerdydd i gadeirio'r grŵp. Mae gwaith y grŵp yn datblygu. Gwneuthum ddatganiad ynghylch y rhaglen ddechrau mis Hydref, ond mae'n bwysig i'r grŵp ystyried yr hyn sy'n digwydd i barau priod. Da o beth fyddai bwydo'r cwestiwn hwn i waith y grŵp er mwyn iddo benderfynu a fyddai'n addas gwneud argymhellion yn ei gylch.

As part of the Dignity in Care programme, I established a group to look at this whole issue, and Dr Win Tadd from Cardiff University has been appointed to chair the group. The group's work is developing. I made a statement on the programme at the beginning of October. It is important for the group to consider what happens to married couples. It would be good to feed this issue into its work so that it can decide whether to make recommendations regarding it.

[50] Yr wyf yn dod ar draws achosion o ddydd i ddydd o bobl sy'n byw yn hapus gyda'i gilydd mewn cartref preswyl, ond pan fydd yr asesiad yn golygu bod anghenion un ohonynt yn wahanol i'r llall, mae'r cwestiwn hwn yn gallu codi.

I come across cases on a daily basis where people live together happily in residential homes, but when the assessment finds that the needs of one of them are different from those of the other, that is when this issue can arise.

[51] **Ann Jones:** Thank you for raising that, Helen. As you said, we were discussing this earlier. Such cases are becoming more commonplace, so I thank the Deputy Minister for that helpful answer. Does anyone else have any questions? If not, I will indulge myself, as Chair.

[52] Regarding elder abuse, we have seen the figures on that increasing, year on year. Is that because of better reporting or because people are more aware of the process? If the incidence is increasing, that is worrying. Does the Welsh Assembly Government plan to commission any research into why the number of cases is up in residential care settings and elsewhere? I know that we have concentrated on residential care settings, but elder abuse can happen in people's own homes.

[53] **Gwenda Thomas:** People are far more confident about bringing matters to the attention of statutory bodies, when abuse is seen. Abuse in the home can be difficult to identify sometimes, because some people who are abused are not known to the services. Where they are known to the services, and abuse takes place, it is totally intolerable, and we have to aim for zero tolerance of abuse. Achieving it is easier said than done, but we have to aim for it.

10.10 a.m.

[54] In 2000, we issued the Welsh Assembly Government's national framework guidance, 'In Safe Hands'. That guidance was on developing and implementing local arrangements for the protection of vulnerable adults. We now have the protection of vulnerable adults group, which is working closely with all providers, statutory bodies, the voluntary sector and the Welsh Assembly Government. The members of that group include representatives of the police, the Care and Social Services Inspectorate Wales, the voluntary sector—sorry, not the voluntary sector—and the Welsh Assembly Government. I will ask Steve Milsom to give you specifics about the group's work.

[55] The question of how we ensure that we are doing the best that we can is a matter for this group to report on. We are expecting its report by spring 2009, and that work includes research that will help us to develop policies for the future. I will ask Steve to give you more specific information on the make-up of that group and its terms of reference.

[56] **Mr Milsom:** The move to establish the group in the first instance has put a further spotlight on adult protection, coupled with a review of the 'In Safe Hands' guidance that is about to get underway and a thematic inspection by the Care and Social Services Inspectorate Wales on adult protection and abuse issues.

[57] The group has met throughout the year since January, and it has another meeting in November. It has concentrated initially on residential settings. So far, the group has concluded that there are no significant gaps in the current arrangements, although it has made a range of more detailed proposals that will lead to recommendations. We have also issued a full consultation on draft statutory guidance as a result of escalating concerns in respect of care homes. We are seeking to put guidance on a statutory footing for the first time. That will strengthen the position around this issue, and the work of the group is moving on to the question of adult protection in the NHS context. As the Deputy Minister said, we will continue this work and will report in the spring.

[58] **Gwenda Thomas:** In England and Wales, the Mental Capacity Act 2005 has come into force, and this Act specifically includes an offence of ill-treating or wilfully neglecting a person who lacks capacity.

[59] Wales has also led the way with the appointment of Ruth Marks, the first ever Commissioner for Older People in Wales, and yesterday we received her first report. I see Ruth developing her role, although it is not for me to tell her what to do, because she is, importantly, an independent commissioner and she will also be looking at these issues of concern to older people. That provides additional scrutiny of the Welsh Assembly Government, and I have been heartened by the awareness of the commissioner's post. As the role develops, I think that the commissioner and her office will provide extra protection to older people across the board, but, I hope, specifically with regard to abuse.

[60] **Nick Ramsay:** The question that I was going to ask has pretty much been answered already. It was really just to going back to the figures, which leapt off the page, I think, for most members of the committee. There is quite an increase on the 2003 figures, so I think that it is important that we know how that breaks down—Huw says that he will go into that—and the extent to which that is a result of better reporting. I think that, from what you are saying, you believe that the increase is due in part to more cases being reported and people feeling more confident to report cases of abuse, which, clearly, is a good thing.

[61] **Gwenda Thomas:** There are many aspects of abuse, from physical abuse to financial abuse and neglect—it goes right across the board. The most vulnerable people probably suffer from many kinds of abuse and the issue is to identify abuse wherever we possibly can. There

is a difficulty there in relation to people living alone who are not known to the services, as I said. In that regard, we very much dependent upon people being neighbourly and showing an interest in what happens to their neighbours. To get to the root of that specific abuse, we need that kind of commitment from people.

[62] **Nick Ramsay:** Two thirds of the overall figures relate, as you say, to people living in their own homes, so it is more difficult to engage with that.

[63] **Gwenda Thomas:** It is very much harder to identify such cases, and I do not think it matters how many times we repeat that it is a matter for all of us.

[64] **Joyce Watson:** My question follows on nicely from that comment, that it is a matter for all of us. You said that the group that is informing how we look at these issues does not have anybody from the voluntary sector on it, but is made up of representatives from the police and other statutory bodies. Do you think that there would be value in having a key organisation representing the voluntary sector on the group to inform its work at that level?

[65] **Gwenda Thomas:** I am sure that we could consider that. The group is very open to any evidence that the voluntary sector or indeed any individual would like to make available to it. The issue is to be aware of the work of the group and for that feedback to take place. I would endorse what you say: the voluntary sector organisations have much to offer. I will take that back and respond to the committee.

[66] **Mr Milson:** We have corresponded with the voluntary sector and invited representatives to approach the chair of the group if they want to submit evidence and to come to present it.

[67] **Joyce Watson:** That is fine, but we all know that this is about setting the agenda, and if you are not there to set the agenda, your item will never be on the agenda. I know that the Deputy Minister and the Assembly want to set the right agenda. I see that as a possible weakness.

[68] **Gwenda Thomas:** We will take that away, Joyce, and respond to the committee.

[69] **Eleanor Burnham:** Yr ydym oll yn ymwybodol o'r ffaith bod llawer o bobl hŷn am gael aros yn eu cartrefi eu hunain. Mae'n amser anodd i awdurdodau lleol, gyda phwysau ar eu cyllid. A ydych yn hyderus bod digon yn cael ei wneud? Yr ydym wedi bod yn sôn am fudiadau gwirfoddol, ac yr ydym oll yn gwybod am y gwaith gwych a gaiff ei wneud yn ein hardaloedd. Fodd bynnag, yn y pen draw, gwyddom fod pwysau ar y mudiadau gwirfoddol i gynnal eu hunain ac mae cyrff megis Gofal a Thrwsio sydd yn gwneud eu gorau i alluogi pobl i aros yn eu cartrefi, ond mae pwysau. Sut yr ydych yn sicrhau bod digon o arian ar gael i'r mudiadau a'r cyrff hyn i helpu pobl i aros yn eu cartrefi eu hunain?

Eleanor Burnham: We all know that many older people want to stay in their own homes. This is a difficult time for local authorities, with huge pressures on their finances. Are you confident that enough is being done? We have mentioned voluntary organisations, and we all know that excellent work is being done in our areas. However, at the end of the day, we know that there is pressure on the voluntary organisations to sustain themselves and there are organisations such as Care and Repair that are doing their best to enable people to stay in their homes, but there are pressures. How are you ensuring that sufficient funding is available for these organisations to assist people to stay in their homes?

10.20 a.m.

[70] **Gwenda Thomas:** It is the responsibility of local authorities to assess the needs of

residents. The ability to stay in your own home is important, and I would like to reflect on the debate yesterday on the reform of the health service. The Deputy Minister gave an absolute commitment—in response to Jonathan Morgan, I believe, who had also raised the issue previously—that there would be consideration of the social care agenda in support of the health reforms. That is exceedingly important. She also gave a commitment yesterday that the new director of social services would be part of the delivery board, and that the proposed advisory board would include a social care element. So, that is the way forward.

[71] I would think that the vast majority of people would prefer to stay in their own homes, and to enable that, we have to develop good community services, develop the role of primary care, and ensure that adaptations of properties are done quickly. We have made considerable progress on that. The role of Care and Repair Cymru, as well as the local care and repair organisations, cannot be underestimated. The Assembly Government is availing itself of Wendy Bourton's expertise by bringing her in on secondment, and perhaps it would help the committee if Steve were to explain the role that she will take in supporting the development of these services. It is not an easy matter; this is a multidisciplinary issue that requires the involvement of local health boards, local authorities and the Welsh Assembly Government, and we need strong partnership working, with joint planning and budget sharing. We have taken great strides on that agenda and progress is being maintained. However, perhaps you would be interested to hear from Steve about Wendy Bourton's role.

[72] **Mr Milsom:** The Deputy Minister for Housing has appointed Wendy Bourton, who is chief executive of Care and Repair, on a part-week secondment to the Assembly Government. She is developing a housing strategy for older people, and looking at the housing needs of older people today and tomorrow in the broadest sense. This is very much a cross-cutting piece of work for Wendy, looking at both the social housing sector and the private housing sector. There is a high level of home ownership among older people in Wales, but those properties are relatively poor. There are issues around maintenance and decisions about when to move on in terms of housing, and about the use of telecare in the home, which the Assembly Government is supporting. There is a raft of issues to be considered in that piece of work.

[73] **Eleanor Burnham:** May I ask a quick question?

[74] **Ann Jones:** I just want to inform the committee, before we go further down this road, that we have already written to the Deputy Minister for Housing to ask her about adaptations to allow people to stay in their homes. We are awaiting a response on that. So, that work is ongoing, and we have dealt with that one.

[75] **Eleanor Burnham:** Telecare is an important development. I went, with others, to see a demonstration of its possibilities, but what struck me about it was the cost. It will be quite expensive. However, it was a wonderful system, particularly the possibilities around the security element. For example, if a person is not moving around, after a certain number of hours, alarm bells were ringing, and so on. However, the cost is prohibitive. Who will be looking at the practical application of telecare, and who will help to fund it?

[76] **Gwenda Thomas:** To finish off on the previous point on the Deputy Minister for Housing, it is exciting that Wendy Bourton has been brought in. There is a distinct overlap here between housing and social care. It is good to show that we work across portfolios in the Welsh Assembly Government, and, tomorrow, both of us will be at the opening of an extra care housing development in Torfaen. That covers accommodation and social care, and the provision of this extra care is a fine way forward. There is a fine example of that in my county—in Aberafan. Therefore, this link is there, as it should be.

[77] On telecare, we have made grants available to all local authorities to develop this

resource; we could supply the committee with details of the exact breakdown of these grants. I have visited many local authorities to see the results of how they have developed this resource, and I have been impressed. As you say, some things are expensive, and others are not, and, often, the simple things can be helpful. However, the important thing is the assessment of needs within that process, which this grant has helped authorities to develop. I have visited individuals in Carmarthen and Merthyr who have told me how much difference this has made to their lives and their peace of mind. I believe that we were all familiar with Lifeline, but developments from that are very welcome. I was reading this week about a Japanese invention, where people can wear something that is similar to the airbags that are found in cars; however, that might be in the future. I do not believe that there will be a break on developments, but I take your point on the cost of resources.

[78] **Eleanor Burnham:** I agree that this is exciting, Deputy Minister—

[79] **Ann Jones:** You will have to hurry, Eleanor, because someone else wants to come in on this.

[80] **Eleanor Burnham:** Okay. In many respects, the preventative issue is a serious one—including if you fall over and have an airbag to alert someone. Given the cost of breaking femurs among older people—to hospitals, or whatever—I am all for a preventative role, so thank you for that.

[81] **Helen Mary Jones:** I have two questions about the response to incidents of abuse; I am taking us back slightly, for which I apologise. Again, arising from constituency casework, it strikes me that the system for making a report, and for seeing how that report follows through, is quite complex, especially perhaps for family members to understand who is undertaking what parts of the investigation. I have been aware of occasions where the police are waiting for the inspectorate to do certain things, and the inspectorate is waiting for the police to do certain things, and people are getting lost in the system. Will new guidance simplify the process, and is there a job that needs to be done to raise public awareness?

[82] I believe that most people have an idea what to do if they think that a child is vulnerable or is being abused, even if they only know to phone the NSPCC helpline, which is a starting point. However, I am not sure that, if someone thought that an elderly neighbour was vulnerable, they would know what to do in the same way. Does the Government have plans to try to raise awareness about that issue, and to ensure that the system works as simply as possible? I realise that it is difficult, because these are complex issues.

10.30 a.m.

[83] **Gwenda Thomas:** The police and CSSIW are members of the group that is looking at the protection of vulnerable adults. I would expect a recommendation to come from that group on the clarity of procedures. However, where there is a criminal offence, I believe that the prosecution process takes precedence, and we have seen examples of that in other matters. I take your point that people out there need to know. A lot of people are talking to Age Concern and Help the Aged, I am aware of that—people are aware of those organisations. However, I agree that there needs to be more clarity and public awareness of the procedure.

[84] **Helen Mary Jones:** That is helpful, but I will now turn to a different point. Nick Ramsay has already alluded to the fact that 65 per cent of the reported victims of abuse were living in their own homes or in the community. That leads me to think that some of that abuse must be coming from carers. In terms of the guidance around response to abuse, it may be the right thing to remove that person from that person's care, but I know from professional experience that some incidents of abuse happen when you have a person who is actually very loving, who is trying to look after an elderly person with high levels of dementia who is very

difficult to control. Is there national guidance on what support might be put in place, rather than the elderly person being removed as an automatic response? Such a response will often be right, but it will not always be right. Is there any guidance on that or will this process be developing any guidance on the sort of support that could be provided? For example, when you find a child abuse case, you do not always remove that child; you often work with the parents to try to change the parenting and to give the parents support to do the job better. Do we have a similar system in place to support a carer who may really want to look after that elderly or disabled relative, but who may have stepped across the line and ended up being violent because they were frustrated and did not have the support that they needed?

[85] **Gwenda Thomas:** I think that preventative services are the way ahead, but I also think that there can be effective interventions. Steve may be able to help on this point.

[86] **Mr Milson:** John Carter is our policy lead on carers and protection issues, so he may wish to comment; he has not had a chance to say anything yet.

[87] **Mr Carter:** The difficulty is always in trying to generalise, because each case is specific and sits within a context. You are right on how you deal with situations; the initial primary concern of the adult protection teams within social services, as with child protection teams, is to stop the abuse. If that requires somebody to be removed from a home or away from a carer, then life is very difficult. We have considered this before, but trying to find a single model or prescription that fits every single context has proved to be extremely difficult. The adult protection arrangements do not work in isolation from the care management arrangements and I think that that is where the key comes in. It may be that an individual, in a moment, in response to a very stressful situation, has done something to somebody that they love very dearly that they could never imagine that they would have done. However, the judgments that have to be reached are so difficult that I am not sure that we could provide guidance in the way that you are describing, other than to say that each situation is unique, that the context needs to be looked at, and that the care management linkages must be made. The difficulty for the local authority or the adult protection team, as with children, is how to prevent a reoccurrence. That is part of these very complex issues. We recognise exactly what you are saying, but I think that the answer is that there is not an easy solution.

[88] **Helen Mary Jones:** I used to be a social worker; I know that there are not any easy solutions. However, in terms of how we deal with the abuse of children, we do have training for staff that presumes that, if possible, you will try to keep a child with his or her family, if you can put the support in. That is particularly the case if we are talking about the lower levels of things like neglect and so on, which would also apply to elder abuse. We are not always talking about violence; we are also talking about people not being properly fed and all of those sorts of things.

[89] **Mr Carter:** People may be being financially abused.

[90] **Helen Mary Jones:** Yes, they may be financially abused. The assumption with children nowadays is that if you can keep the child within the family, you do so, obviously with great vigilance, and if things do not change, you have to take the child out. When it comes to the protection of vulnerable adults, I am seeing some sort of knee-jerk reaction in that, when a person has been hurt in his or her home, that person is put into residential care. Given the points that people made earlier about how moving a frail, elderly person can be enough to precipitate the end of that person's life, I suggest that we consider changing the ethos to a situation in which a vulnerable elderly person is being cared for by a family member, so that the emphasis is on putting the support in to try to prevent a recurrence. Removal for children is now a last resort. When I was active in the field, it was not, and we were hoicking kids out of families that were capable of change and putting them in foster homes; that was very difficult.

[91] I feel that, quite rightly, staff are much more aware of the protection of vulnerable adults than they were five or 10 years ago, and I sense that we may be getting to the stage we were at 10 years ago with children. I am just throwing that idea into the mix, really—I do not expect a definitive answer. That is something that should perhaps be considered, at the earlier, preventative stage, as the Deputy Minister said, and even after problems have been identified, so that the first reaction should be to work with the carer in the home to see if we can improve the situation, and then, if that does not work, obviously, you remove the carer or you remove the vulnerable person.

[92] **Gwenda Thomas:** Where people are able to speak for themselves, it is for them to do so, but there are circumstances in which people cannot speak for themselves, so I would say that the protection of the vulnerable person must be paramount in any consideration. It may be of interest to the committee to know that the Communities and Culture Committee has been reviewing domestic violence—I do not know whether it has finished that work—including violence towards vulnerable people. I have given evidence to that committee, and so have other Ministers. It would be good to share the work of that committee, and to consider any recommendations that come out of that work. Officials in my department will be doing that.

[93] **Ann Jones:** We are way over time, but there is one issue that we have not mentioned that warrants being mentioned, and that is the issue of continuing healthcare for vulnerable adults. I realise that this is rather a big subject, Deputy Minister, so perhaps you can share some initial thoughts with us and then provide us with some details of where you think continuing healthcare is going. It is a problem when you have people who are desperate to stay in their own home, and whose families are desperate for them to stay in their own home, but who just cannot physically manage it. Will that be a big issue if we are looking at the protection of vulnerable adults?

[94] **Gwenda Thomas:** It is one of the biggest issues facing society, in fact. We expect a Green Paper for England to be published at Westminster shortly, and its implications for Wales will have to be considered. Providing and paying for care will be an issue into the next decade and beyond. It is an issue for all of us, so we will be giving serious consideration to the Green Paper when it is published.

[95] There is also the matter of what we mean by ‘continuing healthcare’, and the issue of the need for social care as well and what triggers the need for care. All of this poses a huge question, and I will be saying more about it, as will the Minister for Health and Social Services, in due course.

[96] **Ann Jones:** Thank you for your answer—I am sorry for having mentioned such a big issue at the end. I thank you for coming to the committee, and for the interesting debate. I thank you, Steve and John for giving us your time. We appreciate it. You are welcome to stay for the rest of the meeting if you like.

[97] **Gwenda Thomas:** I am now going to celebrate yesterday’s UN International Day of Older Persons at the intergenerational centre, and that is a very interesting subject indeed.

[98] I thank all the members of the committee for your interest—diolch yn fawr.

[99] **Ann Jones:** Diolch, Gwenda.

Ann Jones: Thank you, Gwenda.

10.39 a.m.

**Cynnig o dan Reol Sefydlog Rhif 10.37 i Benderfynu Gwahardd y Cyhoedd o'r
Cyfarfod ar gyfer Eitemau 4 i 6**
**Motion under Standing Order No. 10.37 to Resolve to Exclude the Public from
the Meeting for Items 4 to 6**

[100] **Ann Jones:** Items 4 to 6, which I propose we discuss in private session, are on the content recommendations of our draft report on issues affecting migrant workers. We will also look at issues for our next report. I propose that

the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order No. 10.37(vi).

[101] I see that the committee is in agreement.

*Derbyniwyd y cynnig.
Motion carried.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 10.40 a.m.
The public part of the meeting ended at 10.40 a.m.*