

The Cross-Party Group on Older People and Ageing

Tuesday 30 April 2024, 12.15 - 13.15pm

On-line meeting

Meeting Note

Attendees

Mike Hedges MS (Chair)	Gareth Parsons, Wales Seniors Forum; National Pensioners Convention (NPC) Wales
Mark Isherwood MS	Hannah Peeler, Care & Repair Cymru
Ryland Doyle, office of Mike Hedges MS	Jeremy Sharpe, Linking Lives UK
Andrea Cooper, Older People's Commissioner for Wales	Professor John Williams, Chair Age Cymru
Ceri Cryer, Age Cymru (Secretariat)	Polly Winn, RNID
Dr Bernadette Fuge, President Age Cymru	Sam Young, Age Cymru
Jackie Marshall-Cyrus, Jackie's Revolution	

Apologies

Melanie Minty, Care Forum Wales	Dereck Roberts, National Pensioners Convention (NPC) Wales
George Parish-Wallace, Alzheimer's Society	Ross Saunders, Alzheimer's Society
Michael Phillips, Age Cymru	Helen Twidle, Age Cymru

Cross-Party Group on Older People and Ageing

Mike Hedges MS, Chair, welcomed everyone to the meeting.

Minutes of the last meeting and matters arising

The Minutes for the meeting held on 12 December 2023 were approved.

We invited the Minister for Social Care, Dawn Bowden MS, to give an update to the Cross-Party Group on Welsh Government's National Action Plan to Prevent the Abuse of Older People, which was launched on 29 February 2024. The Minister was unable to attend today's meeting, and wished to convey apologies to the Chair and members, and subject to our invitation the Minister intends to attend a future meeting of the Cross-Party Group to update on the Plan when it is further advanced. The Minister very kindly provided a written update on the Plan.

Ceri Cryer read out the Minister's written update (Highlight report), which was circulated to members with the Minutes of the meeting.

Mike Hedges, MS - we can invite the Minister along to a future meeting.

Update on the Older People's Commissioner for Wales' work on preventing the abuse of older people, and the abuse support services directory – presentation by Andrea Cooper, Safeguarding Lead, Older People's Commissioner for Wales
(Powerpoint presentation was circulated to members with the Minutes)

Stopping the abuse of old people in Wales is a key priority for the Commissioner. Older people experience all the same kinds of abuse as those in younger age groups and that they may actually be at increased risk of abuse because of the particular circumstances. This could be loneliness and isolation, for example, or it could be illnesses like dementia. These figures, although not insignificant, are probably lower than they ought to be, because we know that many older people don't report abuse for all sorts of reasons.

Stopping the abuse of older people has been a long standing priority of this and previous Commissioners. During the pandemic there were real concerns that the levels of abuse faced by older people would rise, which was the case, and the Commissioner set up the Stopping Abuse Action Group. There are over 35 organisations in the group, and I'll talk about some of the key areas of work.

Public awareness of the abuse of older people is very low. We produced the Get help Stay safe leaflet which describes the different types of abuse. Copies of these leaflets are available either digitally or hard copies from Andrea.Cooper@olderpeople.wales.

We've undertaken research, mapping services available to older people experiencing abuse across Wales. There are lots of reasons why older people aren't accessing services - if those services are only advertising themselves online, then it can be difficult for some older people to know about them. Particular groups of older people including LGBTQ+, those in rural communities and Black, Asian, minority ethnic groups are even less likely to access services for a variety of reasons. We produced an online directory of services and support which can be accessed through the Commissioner's website.

Our most recent piece of research was on the domestic abuse of older men. It can be difficult for these men to reach out for support because many feel very ashamed and embarrassed. They need practical and emotional help, but it's not always available. We made recommendations to both Welsh Government and across other organisations to improve the support available.

We work with the Welsh Government around their VAWDASV work on the Older People's Needs substream to look specifically at the issues facing older people experiencing abuse. We're looking at how we can increase older people's access to criminal justice because many older people don't have that parity of access. We worked closely with the Welsh Government in the development of the National Action Plan to Prevent the Abuse of Older People, and we'll closely monitor the actions arising from the Plan.

When the Commissioner sets out work priorities we speak to older people, and many older people were worried about scams and fraud. Financial fraud and scams is one of the most prevalent forms of abuse. The Commissioner set up a round table in conjunction with Dyfed Powys Police to look at scams and fraud, and looked at contributory factors, such as closures of banks, COVID, and cost of living. We're working with older people to review existing scams resources.

Ageism is a contributory factor in abuse. When there's a lot of disrespect, people can feel more legitimised in abusing an older person or neglecting them or not providing them with adequate care, for example. Ageism can affect the way that professionals respond to the abuse of older people. There's a tendency for responses to abuse to be welfare-ised. If it's thought that it's about carer's stress, daycare or respite care may be offered, and we don't necessarily offer older people the full range of VAWDASV services, and access to criminal justice is very limited. We had a roundtable event with different organisations and academics and the Equality and Human Rights Commission. We're looking to develop a document to encourage frontline practitioners to think about ageism.

Questions and discussion

Mike Hedges MS - one thing you didn't mention and that's probably due to time is family financial abuse where you have the children, grandchildren, using the parent, grandparent as an additional source of money.

Andrea Cooper - the focus of our work is on scams which are perpetrated largely by an unknown person whether that's via the telephone or a rogue trader. But we're very aware that financial abuse sometimes occurs within families as well, and that's something that Welsh Government did a campaign on. It's a very difficult issue to deal with because many older people don't want to report it because that might mean a loss of relationships.

John Williams – regarding access to the criminal justice system, the number of prosecutions we see for cases of elder abuse is abysmally low. That's not to say every case should be prosecuted, but it's certainly more than the number we've got at the moment. The other aspect of justice is civil justice and particularly in the context of domestic abuse and older people and a feeling that maybe older people are diverted away from or not informed of some of the civil remedies that may be available in domestic abuse cases, such as occupation orders, non-molestation orders. Is that something your groups have picked up?

Andrea Cooper – this is something that we've just started looking at as part of the VAWDASV substream work. We've had an initial meeting to talk about these issues and to look at how we can influence the work of criminal justice boards and how we can increase special measures. I will take those points along to our next meeting.

Mark Isherwood MS - at the beginning of the pandemic I was contacted by Hourglass Cymru, the charity that focuses on these matters, probably the only charity that's exclusively does so, concerned that in the initial pandemic response there appeared to be no recognition of the explosion and demand for their support which occurred in lockdown, and the consideration of that has not been hardwired into, in this context, Welsh Government systems, but presumably UK Government and others also, which was alarming despite all the rhetoric about the need to ensure that we prioritise support for those most vulnerable in such circumstances. Has that improved in your view? Or what action do we still need to encourage to hardwire consideration of such issues into the system when particular crises arise?

Andrea Cooper - it's an important point and we don't yet know the extent of the pandemic in terms of the increases in abuse. The Action Plan will be important in considering this type of issue and going forward because when there are crises of whatever type, older people are more isolated. With changes in the way services are provided, that risk increases, which is something that needs to be taken into consideration now and going forward.

Jackie Marshall-Cyrus - I would be interested in understanding if the research/findings on financial and other forms of abuse included people living in institutional care?

Andrea Cooper - the recent work on abuse has focused on abuse in personal relationships (i.e. domestic abuse). There has been previous work undertaken on abuse in institutions by the Older People's Commissioner for Wales.

Preserving what matters – integrating mental health in care home transitions - presentation by Sam Young, Policy and Projects Officer, Age Cymru. (Powerpoint presentation sent to members).

During the pandemic it became increasingly recognised that people living in care homes were experiencing the heaviest restrictions to their daily lives. At the same time, there was a lot more discussion in the public sphere around mental health, including the mental health of older people, something that had often been overlooked in the past.

After COVID, Age Cymru received funding from the Welsh Government to undertake a project into the well-being of care home residents. We produced a report 'Supporting good mental health of older adults in care homes' (March 2023), and a key finding was that the transition into a care home was a critical moment in determining the mental health of a new resident during their time in care.

This transition is so important is because it represents a disruption. It's a new space, new people, new routines, with the removal of old jobs, hobbies, responsibilities, an entire way of life. This disruption creates a danger of losing the things that give an individual meaning in life, which can have a very serious effect on their mental health in the long term.

Most care homes do have a formal transitional process, which tend to focus on clinical needs rather than non-clinical things that play quite a key role in people's lives and consequently in their mental health. This project looks into this transitional moment and how it could be explored further as a way of improving mental health and care homes, and looking at how people could retain these meaningful aspects of life as they move into care home life and minimise the sense of disruption.

We spoke to care home staff, well-being officers, activities coordinators, nursing staff, managers and members of regulatory bodies, Care Inspectorate Wales, Social Care Wales, as well as some academic researchers, to gain an idea of what things give people a sense of meaning in life. This resource is primarily aimed at care home staff, managers and volunteers <https://www.ageuk.org.uk/cymru/our-work/care-homes/good-mental-health-in-care-homes/> (English and Welsh available; hard copies also available). There are eight key themes.

Open questions - these are broad and non-clinical questions that give the new resident a chance to reflect on the things that are important to them.

Language - losing our ability to communicate in our chosen language can greatly impact on our mental health, so it's important to establish the linguistic needs for residents early. Many care home residents in Wales speak Welsh as their first language but are unable to use it, usually through the lack of available staff. Those living with dementia may lose the ability to speak in English as a second language. We looked at ways that care homes could address this by having the active offer of

speaking Welsh, or having Welsh integrated into their care, eg Welsh language activities, S4C, Radio Cymru, newspapers and magazines.

Anchoring the new home in the old - looking at how care homes can help residents to feel in control of their new living space and to design it around the things that matter to them. This might be bringing in furniture and decorations from their previous home, which is something that a lot of care homes do already, and also giving residents more autonomy over the space they live in.

Maintaining relationships - family, friendships and community are important to our daily lives. Relationships are key to our identity and to our mental health. We explored ways that care homes could map out the important relationships outside and inside a care home. When we were launching this resource Woody's Lodge gave a presentation on their work in care homes and with veterans.

New responsibilities - carrying out responsibilities gives us meaning in life, motivates us and gives us a sense of importance. It's key facet of mental health. It could be work, gardening, shopping etc. The move to a care home disrupts this because responsibilities are largely taken away and the person is disempowered. We spoke to care homes about considering how somebody could maintain responsibilities – are there certain things that residents can continue to do, eg could residents be helped to do cooking in a care home setting?

Consulting with residents - some people love a busy social schedule, others don't. Neurodiversity came up during the research in that some autistic people, for example, find socialising really exhausting. People have very individual approaches to socialising and consulting with residents was based on the point that most people value their autonomy. We heard ideas of forums, discussion groups, including residents in the management of the home, and voting on activities.

Acknowledging end of life - people arrive at care homes with their own views on how death can be made personally meaningful to them, how they can die in a way that matters to them and to their family. It's important to have these conversations early on in a safe, relaxed environment to break down the taboo around discussing this.

Evaluation of the resource - there are quite a few areas that need more research, including:

- The role of language in care – other languages aside from English and Welsh
- Experiences of people both from ethnic minorities and of LGBTQ+ backgrounds in care homes
- Neurodiversity is an emerging field in mental health; care home staff we spoke to wanted to see more research and more information to be publicly available about this.

Aims for this resource - it isn't meant to be a prescriptive guide; the aim is to start conversations around meaningful living. It's a step towards a more person-centred care system that acknowledges the mental health of individuals.

Questions and discussion

Andrea Cooper - transitions are processes that occur over time, and it's important that those conversations happen at the time of the move. People are sometimes admitted to care homes in crisis and there is not always opportunity, but it's important to continue those conversations because people's needs change, and to

support their well-being. You talked about the importance of maintaining relationships and the challenges when people have to move out of their geographical areas because of a lack of care homes. It's a key point - particularly if transport links aren't good, a lot of people can find it really difficult to maintain those relationships.

Sam Young - the point about meeting before and continuing to track over time came up a few times. A lot of people come straight from hospital in an emergency situation, and there isn't always time for these discussions in terms of tracking the mental health of the individual once they get there. A lot of care homes will have a tracking system in place for wellbeing in general, and not necessarily mental health. A good example we saw was from the veterans network with the idea of care homes asking the question if somebody's a veteran so that it's on record when they arrive, so they can then pair people up together and create more of a community within the care home, even if they've been moved to a different part of Wales.

Mark Isherwood MS - in terms of the gaps in research you referred to, what if any further work will you be doing on those areas? If you do pursue the language issue, please could you engage with the Cross-Party Group on Deaf Issues which I chair, in the context of BSL. In the context of neurodiversity, of course neurodiverse conditions are lifelong neurodevelopmental conditions, not in themselves mental health conditions, to engage with the Cross-Party loyalties and group both of which incorporate most of the lead organisations and communities within those demographics.

Sam Young - I'm not sure what the next few steps are because a lot of it is dependent on funding. But the language issue and the neurodiversity issue, both things I'd like to push forward and we'll make a note to engage with the Cross-Party groups, and it would be really useful to hear from those organisations.

John Williams - that's an important piece of work and highlighting a particular problem that's been maybe neglected for far too long. My point relates to language, and we know that in some areas significant numbers of older people are primarily Welsh speakers. It's their preferred language. As you pointed out, the ability to communicate in English may sometimes be reduced as people get older, particularly people living with dementia. It's a concern that when we're assessing, say, somebody's mental capacity, we're doing it very often in a language in which they are not comfortable. The implications of doing that can really intrude very heavily on that person's autonomy, that person's human rights. It also goes with hearing impairments, visual impairments. It is a major problem, and I suspect that there are significant numbers of older people who are quite seriously disadvantaged by not being able to be assessed in the language with which they are comfortable.

Sam Young - there are issues around having somebody else coming along to your assessment who's answering on your behalf because they speak better English, which means certain information might be missed out. Also being unable to explain to a doctor or emergency staff a physical health problem because they were no longer able to communicate in English. We've also noticed that certain mental health conditions aren't acknowledged by family members, which would have been important for care home staff to know about these before the person arrived.

Mike Hedges thanked Andrea and Sam for their presentations.

Any Other Business

Jeremy Sharpe - Linking Lives UK is a national charity working to address loneliness and social isolation, mainly through setting up befriending projects. Most of those are in partnership with churches across the country, and we work with other charities, statutory bodies, social prescribers and social workers to identify suitable referrals.

We've recently received some funding to specifically develop our work within Scotland, Wales and Northern Ireland. We've appointed a national development manager for Scotland, and looking to appoint a national development manager in Wales and Northern Ireland. We've got roughly 50% of funding for a three-year project. What we're doing over the next six months is to look for a consultant who can begin to do some of the research around where are some of the gaps within this field of loneliness and social isolation amongst older people, identifying potential partners. We want to avoid duplication of effort. We want to find out things are already going on within this area and where could our project helpfully slot into that. We're particularly aware of rural areas where it may be that churches are the only organisations within that area, and that could be a helpful way for something like this to develop.

I've got an advert for the consultancy role, the deadline is the 24th May for proposals, and we're aiming for the project to end by the end of August / early September. The webpage <https://linkinglives.uk/addressing-loneliness-in-wales/> has got more information and could we send the advert around with the Minutes.

Date of next meeting

The next meeting will be held in June or early July and will include the AGM.