

LI 08

Ymchwiliad i unigrwydd ac unigedd

Inquiry into loneliness and isolation

Ymateb gan: MHA

Response from: MHA

## **Health, Social Care and Sport Committee**

### **Inquiry into loneliness and isolation**

#### **Submitted by MHA**

#### **Contact for more information:**

Liz Jones

Head of Policy and Research

MHA

Email: [REDACTED]

Tel: [REDACTED]



#### **I Who is MHA?**

I.1 MHA is an award-winning charity providing care, accommodation and support services for older people throughout Britain. We are one of the most well-respected care providers in the sector and amongst the largest charities in Britain, providing services to older people for more than 70 years. We want to tackle isolation and loneliness among older people by connecting older people in communities that care.

I.2 MHA delivers a range of high quality services to 17,000 individuals:

- 4,350 older people living in 84 care homes - residential, nursing and specialist dementia care
- 2,500 older people living independently in 72 retirement living communities with flexible support and personalised care, with a further ten sites in development
- 10,000 older people supported through 66 Live at Home services in the community.

Our services are delivered by 7,000 dedicated staff and enhanced by the commitment of 5,500 volunteers.

I.3 In Wales, MHA provides the following services:

- Four care homes: Coed Craig in Colwyn Bay, Hafan y Waun in Aberystwyth, Morel Court and Ty Gwyn, both in Penarth.
- Two retirement living schemes: Adlington House in Rhos on Sea, Penrth House in Penarth
- Penarth Live at Home scheme

I.4 MHA recognises that loneliness is an increasing challenge that affects many of us as we age and it is manifested physically, emotionally and spiritually. Our ambition is to ensure that every older person can be connected within a community of their choice so they can live an independent and fulfilled later life as they age. As such MHA is pleased to respond to this inquiry where we can, detailing some of the work we have taking place in Wales.

## **2 Ways of addressing problems of loneliness and isolation in older people, including interventions to specifically address the problems and other projects with wider aims.**

### **2.1 MHA Live at Home schemes**

MHA Live at Home (LAH) Schemes aim to support and enable older people to remain in their own homes and to retain their independence for as long as they wish and are able to do so. The Schemes achieve this by providing a range of preventative services that are aimed at reducing social isolation and loneliness, ultimately aiming to delay the need for more intensive services.

2.2 We have been running LAH Schemes for 25 years. In Wales, we currently run one LAH scheme in Penarth. It opened in 1992 as a befriending scheme and in 1994 it amalgamated with Trinity Church, which provided a lunch club and day centre service. Since then the Penarth scheme has developed to provide a variety of services to older people in the Penarth and surrounding areas.

2.3 The Penarth LAH scheme is run by five part-time staff and approximately 40 volunteers. The services are also highly dependent on volunteers, with recruitment of drivers to assist members attending events, a particular challenge to this scheme.

2.4 Currently the Penarth scheme has 108 members, ranging from 76 years of age to 98. These members mostly live in the Penarth area but also from Cardiff, Sully and Dinas Powys. 87% of members are female. Several members have been referred to the Penarth LAH scheme from local adult social services and health services. The scheme also has close links with Crossroads Dementia Care.

2.5 Services are designed with input from members. However all services are dependent on charitable fundraised income by MHA nationally and locally and commissioned services from the Local Authority.

2.6 Current services provided include:

- Befriending
- Daily lunch clubs Monday to Friday
- Friday Friendship Group
- Weekly LIFT (Low Impact Falls and Trips) exercise group
- Weekly Art Therapy Class
- Monthly Memory Café
- Quarterly Newsletter
- Transport to activities
- Day Trips (on average 5 per year)
- Signposting and information – on issues ranging from health to welfare
- Spiritual support through a dedicated chaplain and local minister, as needed, weekly varied times.

2.7 The Penarth scheme is aiming to increase its membership by 10% over 2017/18. The scheme has identified that the Barry area in particular would benefit from a new LAH scheme and the staff have been looking for suitable venues, as well as looking at other opportunities with other providers. For example, the Scheme has been building

a relationship with HAFOD Housing Association at Golau Caredig in Barry, with the view to start with a weekly event for residents of this sheltered housing accommodation. The residents are currently being surveyed to establish their interest. There are also plans to link up with other voluntary and community sector organisations and other care providers, such as Home Instead to explore future developments. However this is all very dependent on establishing funding streams to support the development of additional LAH schemes.

- 2.8 MHA's 10 year strategy aims to expand LAH schemes nationally to reach 36,000 people. We are looking how best we can do this including building on MHA's existing presence in local areas and establishing local demand.

## **2.9 Loneliness in care homes**

We are aware that moving into a care home often comes at a time of crisis for an older person and requires significant adjustment in people's lives, which can mean some people feel lonely within a care home setting. We have been piloting a new way of offering group and individual activities and meaningful activities for residents in some of our care homes, including our two homes in Penarth. This has involved our care home staff and volunteers taking more time to support residents to take part in personalised activities and increasing opportunities for residents in the evenings and at weekends. The project's key aims include reducing boredom and loneliness among residents; unfortunately it is too soon to be able to provide clear evidence of success.

## **3 Evidence for what works and the outcomes for older people in terms of health and wellbeing**

### **3.1 Live at Home schemes**

In 2015, MHA undertook a research project involving over 5,700 people in quantitative research and over 140 participants in qualitative research, which amongst other things aimed to understand the main issues people highlighted as important when facing their own ageing process or that of their loved ones, and issues facing older people as a group.

- 3.2 Our research involved talking to members of our LAH schemes. They highlighted the combination of friendship and interesting activities as key to their experiences of LAH.

- 3.3 Several Live at Home Members described the improvements that being part of their scheme had resulted in, particularly in helping reduce feelings of loneliness and boredom:

*"I think it's nice that you can get up in the morning and think 'Oh good, I've got somewhere to go', because when you've got nowhere to go it's boring, the day's long...whereas here you've got your Monday lunch club you can come to, you've got your Thursday club, you've got your fish and chips on a Friday...there's always something going on, and then if they've got some trips organised you've got that going on your calendar to look forward to."*

Many members stated that on the days when they went to the LAH scheme, they got up in the morning with a sense of purpose and, as one member described it, “a reason to get up and get dressed”.

- 3.4 The volunteers and staff were clearly key to the success of the schemes, with many members describing the care and support they received, and the way they were valued and treated as individuals.

*“They just really care...if you’re a little bit upset or just need someone to talk to, they’ve got time for you. Last year I lost my dad and they sent me a card and I thought that was really nice.”*

*“And they remember your birthday, you get a birthday card and they sing to us, because there might be some people that come here that perhaps might only get two or three birthday cards”.*

- 3.5 Taking part in Live at Home schemes also had additional benefits for people, with members growing to trust the staff and volunteers and to know they could ask for help with areas of concern. For example, one Manager described being asked for help by a couple struggling to deal with their post, which resulted in her discovering they had considerable financial problems which were, in part, the result of them not claiming their pensions. With her help, they were able to claim the money they were owed, and hence to completely clear their debts.

- 3.6 We are convinced that our LAH schemes provide an invaluable service, however we are currently developing impact measures for all our LAH schemes to better demonstrate the outcomes our schemes achieve for older people, to support our ambition to reach out to more people.

### **3.7 Loneliness and dementia**

As a provider of dementia care, we are very aware of how isolating people with dementia can feel. One way we aim to address this is through the provision of Music Therapy to people with dementia in our care homes, including Coed Craig in Colwyn Bay and Hafan y Waun in Aberystwyth.

- 3.8 We know that music therapy improves the quality of life for our residents with dementia. Our therapists encourage our residents to be interactive with the music, by singing, playing simple percussion instruments or responding to musical cues. Sessions are guided by the residents enabling them to use the music to express how they feel.

- 3.9 MHA’s Chief Music Therapist Ming Hung Hsu recently completed a feasibility study<sup>1</sup> to prove the benefits of music therapy as part of his doctorate and showed that music therapy demonstrably improved wellbeing for a sustained period beyond the therapy, and eased negative symptoms of dementia such as anxiety. We know that music therapy improves wellbeing and quality of life, especially for those at the later stage of dementia, where very little else works to address agitation and anxiety. Our

---

<sup>1</sup> Authors: Hsu, M.H., Flowerdew, R., Parker, M., Fachner, J., and Odell-Miller, H.  
Published: July 2015 (BMC Geriatrics, <http://www.biomedcentral.com/1471-2318/15/84>)

vision is that music therapy should be available to all those with moderate to severe dementia, offered on prescription and referral, in the same way as other better known therapies. At present, we fundraise to provide music therapy for free to our residents with dementia.

**4 Current policy solutions in Wales and their cost effectiveness, including the Ageing Well in Wales programme. The approach taken by the Welsh Government in terms of maintaining community infrastructure and support, and using the legislative framework created in the Fourth Assembly, e.g. the *Social Services and Wellbeing (Wales) Act 2014* and the *Wellbeing of Future Generations (Wales) Act 2015*.**

4.1 We are supportive of any policy solutions that look to develop and support community infrastructure, particularly if loneliness is one of the issues being addressed. We are unable to comment on the cost effectiveness of the Ageing Well in Wales programme, however we are pleased that there is a specific focus on issues affecting older people, particularly in respect of an ageing population and we would like to see the other devolved nations following suit. It would be helpful if such programmes could help bring small locally based voluntary sector schemes together, support them in the development of services and support them to be sustainable in terms of access to resources including funding and volunteers.

4.2 We would like to see social prescribing models adopted more widely. Social prescribing enables GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. It recognises that people's health is determined primarily by a range of social, economic and environmental factors and seeks to address people's needs in a holistic way and support individuals to take greater control of their own health. In some areas of England, e.g. Rotherham, there is a very effective social prescribing partnership between the local Clinical Commissioning Group and voluntary sector, which is adequately resourced and well run. We know that our Live at Home schemes fit well with this model, having both mental and physical health benefits.