



AGE ALLIANCE WALES

The experiences of older people
in Wales following the
introduction of the Social
Services and Well-being (Wales)
Act 2014



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INTRODUCTION

In May 2017, more than a year after the introduction of the Social Services and Well-being (Wales) Act 2014 (SSWBA), Age Alliance Wales (AAW) launched the 'React to the Act: Older People have your say' survey along with the 'React to the Act: Professionals have your say' survey targeted at professionals working with older people.

These surveys aimed to capture the opinions, experiences and voices of older people, their families and their carers, on how the SSWBA had impacted on older people's lives and their experiences of accessing support and care services. It also aimed to capture the opinions of professionals working directly with older people requiring care and support following the implementation of the SSWBA.

It is acknowledged that the survey results reflect the opinions of individuals at a specific point in time. We also note that the research is limited to those who were able to respond to a detailed survey which was primarily circulated online, so the results may not necessarily reflect the views of individuals from seldom heard communities.

Our Findings

AAW is concerned by the picture revealed by these surveys. It has been found that whilst there has been progress and some positive outcomes as a result of the legislation, such as the empowerment of older people and encouragement to identify their own strengths, around half of older people are not being asked what matters to them as part of the social services assessment process, and large numbers of older people are not having their needs reviewed in line with requirements. In terms of advocacy, 48% of older people who experienced an assessment felt they had not been offered support, and 9% of those who had been offered support found that no suitable person or professional was available to provide the assistance required.

Whilst we recognise changes as significant as those required by the SSWBA will take time to become fully operational and embedded, it is of great concern that the older people who responded to our questionnaire about these changes found their services had actually worsened. This point is underlined by the gaps revealed in the availability of appropriate services and the lack of consistent information and advice.

Change is needed across Wales so that older people get the care they need, when they need it, building on the positive progress we have seen in some areas. AAW supports a change of culture that places the older person at the centre of decision making and sees organisations from all sectors working together in order to make sure the appropriate care and support is available to those who need it.

Ceri Jackson
Chair, Age Alliance Wales

METHODOLOGY

Both surveys were issued on the 12th of May 2017 and closed on the 28th July 2017. In both surveys 25 questions were asked. It is estimated this would take respondents up to 15 minutes to complete.

In the survey for older people the questions were constructed around the Welsh Government document 'Care and Support in Wales is changing: I am an older person, what does this mean for me?' published in April 2016 (See Appendix 1). The professionals' survey was designed to reflect the questions asked in the older people survey.

Both surveys were shared through Age Alliance Wales networks and their contacts. They were also published online and shared through social and print media.

It is acknowledged that reports of this nature are reflective of the opinions of those completing the surveys, at the time they do so. There may also be limitations brought about by researchers' ability to access respondents, and respondents' ability to provide information via the online method used. Nevertheless, it is believed the report provides a valid and accurate account of the current position within Wales.

With regard to the ongoing effectiveness of the SSWBA, there is further work to be done to ensure the experiences and opinions of older people, their families and their carers continue to be captured, as well as those of the professionals working with them. Age Alliance Wales will therefore launch additional surveys focusing on commissioning and preventative services within the near future.

Access to appropriate services is impacting on the delivery of care and support to older people in Wales. There is a danger of older people in Wales 'falling through the gaps' and failing to receive the care and support they need.

Assessment Processes

1. Survey responses indicate that although the legislation has led to changes in the assessment processes, there remains a need to continue to grow and embed this practice in order to ensure a consistent experience. It was found that just over half of older people reported being asked about 'what matters' during an assessment – a key point of importance in the Act - and a majority felt that they were 'fully' or 'somewhat' able to express their own views, wishes and feelings. Professionals' views in this area were more critical, however, with over half believing 'what matters' conversations were not taking place effectively with older people. Overall, it is believed these findings show further action is needed ensure consistency is achieved across Wales.
2. Respondents indicated positive progress is being made towards ensuring older people are given an opportunity to identify their own strengths and support networks: half of the professionals who responded believed that older people were 'fully' or 'somewhat' encouraged to do this, and nearly 70% of older people agreed.
3. Signposting to support services appears to be inconsistent. It may be the case that sufficient services are provided by local authorities' Social Services departments, meaning that no signposting is necessary, but there is also a danger older people are simply missing out on opportunities for support. There was an almost equal number of older people who had been signposted to care and support services that would support their well-being and those who had not. Professional opinion was mixed on this point, with a significant percentage indicating that whilst older people may be signposted, they are not always able to access those support services. Furthermore, 30% of professionals believed that older people had been signposted to services which had ended.
4. Finally, respondents indicated there is a lack of consistency in the monitoring and evaluation of 'person-centred care plans'. One third of older people had their plans reviewed on a regular basis, but nearly half stated they had 'not really' or 'not at all' had their plan re-evaluated. Professional opinion of performance in this area was even more concerning, with no respondents believing older people had their care plans reviewed on a regular basis, the majority stating that monitoring and evaluation did 'not really' or 'not at all' happen.

Provision of Services

5. Although only a small proportion of older respondents commented on the provision of services, those who reported witnessing a change in services as a consequence of the Act believed these changes had negatively impacted on the lives of older people. Older people also indicated a general increase in the levels of dissatisfaction in the standard of services they had received after 6th April 2016.

6. Professional opinion on the provision of services was more divided: there was an equal number of those who had, and those who had not, observed a change in services that had directly impacted on older people. Levels of dissatisfaction in the standard of services available to older people, in professional opinion, had increased since April 2016.
7. Responses indicated that whilst the majority of older people undergoing a needs assessment had successfully accessed appropriate support services, over 30% of people had either not been able to access such services, or reported that services have subsequently ended. This indicates a significant gap in service provision, and the danger that many in need of care and support are simply not accessing the services they need.
8. Furthermore, 67% of professionals said that whilst they believed older people are able to access services, these services do not always meet their needs. Additionally, 17% said that they do not believe older people are able to access appropriate services, and none believed that older people are able to access services that *fully* meet their needs.

Information, advice and signposting

9. Respondents indicated a lack of communication which was sufficiently effective to ensure older people were made aware of how the changes made by the SSWBA will impact on them, their family members and their carers, with 76% of older people stating they had seen no information from their local authority. Of those who had received information, just 11% described it as “somewhat useful” and 9% “useful”. With regard to the opinion of professionals, just 31% believed the information provided by their local authorities, designed to enable older people to understand the changes brought about by the SSWBA, was “somewhat useful”. Essentially, this suggests local authorities have lacked effective communication with older people on these matters.
10. There are also concerns regarding the ability to access information and advice: 25% of older people said it had not been easy to access information and advice. This was supported by 38% of professionals, who said there had been no change since the introduction of the Act, and 8% who stated that they felt it was actually less easy.

Respondents also indicated that signposting to other organisations for support is limited, with 44% of older people stating they were not directed to other organisations, and 5% reporting that they were directed but, in their opinion, the support did not meet their needs. Whilst there is the possibility that many older people were accessing appropriate support services elsewhere, and so do not need to be signposted to other organisations, or do not need such services, finding that 44% of older people are not being signposted by local authorities is concerning.

11. Professional opinion on signposting was mixed: 23% believed there had been a change in the numbers of older people directed to other organisations and that these services mostly met their needs. 23% believed there has been a change in the numbers of older people directed to other organisations but support does **not** meet their needs, and 23% believed there had been no change in the number of older people directed to organisations for support. Essentially, there seems to be a lack of consistent and appropriate signposting across Wales.

Advocacy

12. The professionals and older people who had experienced a needs assessment or needs assessment review had varied opinions of the advocacy support provided during those evaluations. Of the professionals, there was an equal split between those who felt older people were given the opportunity of support from an appropriate 'other' or professional advocate, and those who believed they had not. Furthermore, 48% of older people who had experienced an assessment stated they had not been offered the support of an advocate, and 9% had been offered support but no suitable person or professional was available. Only 22% of older people stated that the opportunity had been offered and they had accepted (although there is no indication whether this was a family member or professional advocate).
13. With regard to the availability of advocacy other than at a needs assessment, 41% of older people felt that if it should be required, 'yes absolutely' there was someone who could speak on their behalf, with 23% believing 'yes possibly'. However, a total of 36% said either 'no, not at all' or 'no, not really', indicating a shortfall in provision.
14. Professionals, when asked whether someone may be identified who could speak on behalf of an older person, leaned positively towards 'yes' or 'yes possibly', with just 31% saying 'no not really'.

Co-production

15. Even though the Act requires local authorities to ensure service users have a strong input into service provision, survey respondents indicated this is not always the case: over half of older people, when asked if they had a say in their support services, said 'not really' or 'not at all', and only 10% said "yes fully". Further, when asked whether older people have been empowered to have a voice in the support and services they received, no professionals believed older people 'fully' had a say, and 58% responded 'no, not really' or 'no, not at all'.
16. Whilst the SSWBA clearly discusses the importance of citizen involvement in the design of services, survey responses indicated a lack of knowledge of how to contribute to service design and delivery. The majority of older people felt they did not have a say in the design of services delivered in their area, with 67% saying either "no, not really" or "no, not at all". This was backed by professionals' responses, with none believing older people would be fully able to have a say. Only 7% of older people said they felt fully able to have a say in the design of services delivered in their local area, with 42% of professionals stating that older people do 'not really' or 'not at all' know how to contribute to the design of services. Clearly, this is a problem.

Recommendations

As a consequence of our findings, Age Alliance Wales makes the following recommendations:

1. The experience of older people accessing care and support following the introduction of the SSWBA in April 2016 is inconsistent and varied. To alleviate these experiences strategic relationships should be developed to consistently embed the third sector in health and social care discussions and support integrated approaches to meeting need across sectors.
2. The third sector, health and social care providers need to consistently and effectively work together to share information, to plan and co-design services for older people, with older people, that are appropriate to meet older peoples' needs.
3. There is inconsistency in the approach experienced by older people involved in needs assessments and need assessment reviews. Whilst progress is being made in the changes brought in by the person-centred approach and 'what matters' conversations, there remain differences in user experience. The Welsh Government, local authorities and local health boards need to work together to identify and address barriers to the realisation of a fully integrated care assessment process that is easily accessible to older people. This should include opportunities for joint training and the sharing of knowledge and expertise.
4. The experience of older people in accessing information and advice varies. The Welsh Government and local authorities need to ensure that older people have an understanding of their rights and entitlements with regard to social care.
5. There needs to be a robust and effective programme of monitoring and evaluation to ensure that the SSWBA brings about the changes that are needed to improve the wellbeing of older people in Wales.

Section One: Older People have their say

Demographic information

Responses were invited from older people directly, or from a family member or carer. This resulted in 63% of responses being completed by older people, 10% completed by family members of an older person and 13% as a carer of an older person. Further, 14% filled in the capacity of “other”: this included advocates, friends of the family and neighbours.

The majority of responses related to older people aged 60 and above, with 34% aged 61-70, 29% aged 71-80 and 16% aged 80+.

67% of responses related to females, and 33% males. 44% of respondents considered themselves to have a disability, as defined by the criteria of the Disability Discrimination Act.

Further information can be found in appendix 2.

1.1 Assessment processes

“Assessment looks at what I can do, and what I can do with the help of friends and family, then arranges care and support for me to do what I can’t” (Welsh Government: ‘Care and Support in Wales is changing: I am an older person, what does this mean for me?’)

The SSWBA made significant changes to the social services assessment process. Local authorities now have a legal duty to carry out an assessment of anyone living in its area who may need community care services, once it has become aware of this need. The assessment must take into account all aspects of needs.

1) Had you accessed Social Services before the introduction of the SSWBA on 6th April 2016?



65% had not been in contact with social services before the SSWBA was introduced
28% had contacted social services before the introduction of the SSWBA and had received a service
7% had been in contact with social services before the introduction of the SSWBA but did not receive a service

2) Have you received a needs assessment or needs assessment review from Social Services since 6th April 2016?



25% have received a needs assessment or needs assessment review since April 2016

75% have not received a needs assessment or needs assessment review since April 2016

The charts above show that 75% of respondents had not received a direct needs assessment or needs assessment review since April 2016, although 25% had. Further, 28% of individuals had been in contact with social services prior to April 2016 and had received a service. 7% had been in contact and had not received a service.

Whilst we do not know the full circumstance of the 75% who have not received a needs assessment or needs assessment review, this high percentage could highlight a potential issue around those contacting social service for care and support and those then receiving a full assessment for their needs. As one individual comments *"In lots of cases the social services call centre appears to direct service users to paying for equipment and services that they are entitled to have an assessment for"*.

The issue of local authority call centres (or similar) was a recurring theme. Case Study 1, below, discusses the potential issues around generic assessments and referrals to alternative services without appropriate or sufficient assessment:

Case Study 1



Service users with hearing loss are being referred directly to third sector partners without appropriate screening and assessment. We have had referrals for people who are suicidal which we then have referred directly to safeguarding. We are identifying a worrying trend involving the initial assessment/screening process across many local authorities. Local councils should first of all be establishing if people have the means to help themselves - yet we have had referrals of people who are unable to buy equipment and say they would have to make decisions about heating their home or buying a specially adapted telephone to enable them to keep in touch with friends and family. Action on Hearing Loss Cymru have met with the specific council involved. They feel that steps need to be taken to improve and formalise the telephone based assessments. They also identified that there is capacity in the social care team that is not being utilised, despite members of the public being referred to third sector agencies.

The whole process of initial assessment (what we are hearing called 'proportionate assessment') is causing us significant concern and is causing service users to be incorrectly referred, adding to their frustration and anxiety.

Needs-assessed data

"I am asked what matters to me. I have a strong voice when deciding what I need to achieve well-being." (Welsh Government: 'Care and Support in Wales is changing: I am an older person, what does this mean for me?')

The 25% who had experienced a needs assessment or needs assessment review completed the following 7 questions (questions 3-9):

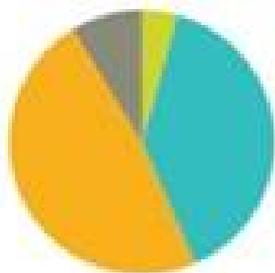
3) At the needs assessment or needs assessment review, were you asked what matters to you?



56% were asked what matters to them
35% were **not** asked what matters to them
9% could not comment

The 'what matters' question posed a significant change in assessment processes. However, the figures shown above indicate there is a need for improvement to ensure this conversation is taking place consistently, although the 56% figure shows positive steps have been taken in this regard. One person commented *"I felt the assessment tool used was more about getting to know the client, and about what they saw as a positive outcome"*. Nevertheless, the data indicates that this area needs to be further developed to ensure consistency in experience across Wales.

4) At that needs assessment or needs assessment review were you / older person able to express views, wishes and feelings?

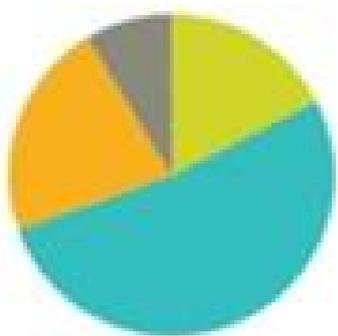


4% said they were not able to express their views, wishes and feelings
39% said **yes** they were **somewhat** able to express their views, wishes and feelings
49% said **yes** they were **fully** able to express their views, wishes and feelings
9% said they could not comment.

It is encouraging to find that 49% of people felt 'fully' able express their views, wishes and feelings. One person commented *'the assessor took the time to understand wishes and feelings'*, showing that an individual-centred approach can positively impact on the quality and feeling of an assessment. The fact that 39% only felt 'somewhat' able, however, shows there is a need for further improvements, possibly in the training of assessors, to ensure

older people, their families and their carers, are viewed as equal partners during an assessment process.

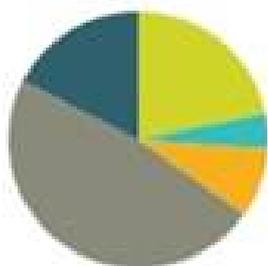
5) At that needs assessment or needs assessment review were you encouraged to find own strengths and support available from family, friends or the community?



17% were **not** encouraged to find their own strengths and support available from family, friends or the community
52% were **somewhat** encouraged to find their own strengths and support available from family, friends or the community
22% were **fully** encouraged to find their own strengths and support available from family, friends or the community
8% said they could not comment or remember

As indicated above, nearly three quarters of responses indicated that individuals had been 'somewhat' or 'fully' encouraged to find their own strengths and support available from friends, family or the community. This may indicate that the empowerment of older people is developing and becoming more commonplace. Nevertheless, the opinions of the 17% who felt they were not encouraged shows a need for the wishes of older people to be further respected and developed.

6) At that needs assessment or needs assessment review were you at any time offered the opportunity for support from an appropriate 'other' person or professional advocate?



22% were offered support and accepted
4% were offered support but declined
9% were offered support but no suitable person or advocate was available
48% were not offered the support of an appropriate 'other' person or professional advocate
17% could not comment

With only 22% of older people accepting the opportunity of support from an appropriate 'other' person or professional advocate, a further 4% being offered support but declining, and nearly half of respondents stating that they were not offered the opportunity for support from an appropriate 'other' person, there is a worryingly low percentage of older people being made aware of the potential for advocate support. It is also concerning to find that 9% of respondents were offered support but no suitable person or advocate could be found. These figures indicate a large percentage of older people are at risk of not having a full voice in the care and support they receive, being unaware of their rights.

7) At that needs assessment were you signposted to care and support services which would support well-being?



43% were signposted to care and support services to support their well-being

52% were **not** signposted to care and support services to support their well-being

4% could not comment

With under half of respondents indicating they were signposted to care and support services, but 52% indicating they had not been signposted, it could be the case that the services provided by local authorities sufficiently meet their well-being needs. However, it may also be the case that there is a lack of information or awareness of services that could further support an older person's well-being. Essentially, the responses indicated a lack of consistency in the experiences of older people.

8) Following that needs assessment or needs assessment review have you accessed appropriate support services?



58% of older people are accessing appropriate support services following a needs assessment

16% had accessed support services following a needs assessment but those services had ended

26% have **not** accessed any support services following a needs assessment

The chart above indicates that the majority of respondents have accessed appropriate support services, but nevertheless it is concerning that a significant percentage of individuals had either not accessed support services, or that those services had ended. Whilst the information does not provide a context, it indicates a potential gap in service provision and a danger that individuals are not accessing the services they may need to maintain or improve their well-being.

9) Following a needs assessment or needs assessment review do you feel the 'person-centred care plan' has been monitored and evaluated?



32% have had their person-centred care plan reviewed on a regular basis

21% have had their person-centred care plan reviewed but not on a regular basis.

21% have not really had their person-centred care plan reviewed regularly

26% have not had their person-centred care plan reviewed at all

With regard to the continued monitoring and evaluation of care plans, as set out in the chart above, it is clear that there is a lack of consistency in people's experiences. Whilst 32% of respondents stated that they have had their plans reviewed on a regular basis this is not a large percentage. Furthermore, although 21% of people stating that although their plans were reviewed, this was not regularly, and 21% stated they had 'not really' had their plans reviewed regularly. This, alongside the 26% who said they had not had their plans reviewed at all, shows the potential for individuals to lack appropriate support and care.

Case study 2, below, highlights the role of the third sector in supporting the needs of older people during and following assessments and ensuring appropriate support and signposting is available.



Case Study 2

Mrs X is a 75 year old woman who has suffered from anxiety for many years. She also experiences poor physical health, and finds her conditions are more prominent over the weekend. Following the death of her son she now has limited family interaction with her family.

Mrs X made multiple calls and visits to NHS Services. She was abusive towards healthcare staff and portrayed inappropriate behaviours towards other service users. She did not respond to interventions which were intended to reduce her inappropriate use of services.

An Age Connects Community Liaison Officer (CLO) represented Mrs X at a multi-disciplinary team meeting, where she was able to discuss her actions. The team agreed to monitor the situation and initially there was a good response. However, the Community Mental Health Team deemed that Mrs X had insight and capacity to make decisions. In discussions with South Wales Police the team felt that Mrs X's behaviour did include an element of anti-social behaviour, and it would be reasonable, should things not improve, for them to look into this issue as a possible means to deal with the situation.

The Age Connects CLO explained the possible consequences of her behaviour to Mrs X and, due to her continued misuse of Emergency Services, an Integrated Management Plan was actioned for her care provision. This plan required the Emergency Unit, the GP (via telephone calls and a weekly appointment), the Welsh Ambulance Services Trust and Out of Hours services, to follow a plan with Age Connects to provide daily monitoring, weekly visits and to research alternative service interventions.

The Age Connects CLO interventions included:

- Accompanying Mrs X's visits to appointments, social activities, support groups and therapy sessions
- Advocacy to rectify housing issues
- Explaining alternative housing choices
- Benefit checks and applications
- Private Service intervention arrangement
- Referrals to Third Sector Agencies and to NHS teams

- Developing preventative coping strategies to reduce anxiety

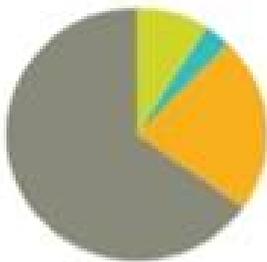
This has resulted in a positive outcome. Mrs X has displayed an improvement in behaviour and has stopped using Emergency Services inappropriately. Mrs X's future goals are to remain registered with the same GP practice and to meet new friends. These goals appear to be motivating the change in behaviour. Pulling together resources from a variety of agencies has contributed to Mrs X making some positive changes in her interactions and has resulted in reduced A&E attendances and inappropriate demands on NHS services. Mrs X continues to have 'Daily Comfort Calls' and a weekly visit from Age Connects.

1.2 Provision of services

'More services are available for me to get help when I need it so problems don't get worse' (Welsh Government: 'Care and Support in Wales is changing: I am an older person, what does this mean for me?')

The following questions explore older people's experience of service provision, and were completed by the majority of respondents:

10) If you received support services before 6th April 2016 have services provided changed and has this impacted on you / older person?



9% said yes they had seen a change in services which had impacted on them directly
3% said they had seen a change in service available but this has **not** directly impacted on them
22% said they had not seen a change in available services
65% could not comment as they had not been accessing service before April 2016

The majority of people could not comment on this question: this may be due to the number of people who were not accessing social services prior to April 2016. Of those that did comment, many had not seen a change in services provided. The 9% that had seen a change in services commented on the direct impact on them:

"She is more isolated and has less access to services".

"There is far less contact and things are not being done on time".

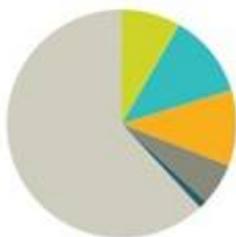
"Disappointed that the care service have been in constant reorganisation, the carers have not been properly training and are not monitored that the standard is below professional guidance".

For some changes in service provision was seen as a positive:

"I was provided with extra care which had greatly improved my ability to look after my husband".

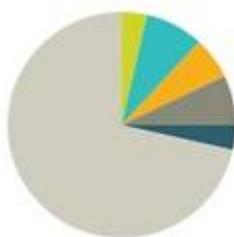
"I now have a call that suits my time and not laying in bed waiting for carers to arrive".

11) If you received support services before 6th April 2016 how satisfied were you with the standard of service received?



8% had been very satisfied
12% had been satisfied
11% had been neither satisfied nor dissatisfied
6% had been dissatisfied
1% had been very dis-satisfied
62% felt unable to comment

12) If you have received services since 6th April 2016 how satisfied are you with the standard of service received?



4% are very satisfied
8% are satisfied
6% are neither satisfied nor dissatisfied
7% are dissatisfied
4% are very dissatisfied
71% felt unable to comment

For those respondents who felt able to comment on the standard of service before and after April 2016, it appears that there has been an increase in dissatisfaction and a decrease in satisfaction.

Those who experienced dissatisfaction made the following comments:

"Things have become worse. A poorer service".

"My dad was in receipt of services following a stroke in 2014. He constantly complained about the number of different paid care workers he saw. He wanted continuity with a few care workers that were known to him".

"Agencies do not work together – referring a service user is like gambling with them getting a response of knowing who has current funding."

"Had many assessments but never received any support".

"They are good, but I could do with more information".

"They did their best with the resources they had".

"We are fortunate to have been allocated wonderful social workers and blessed with cheerful and professional carers provided by the local authority".

Case study 3, below, highlights the impact of the discontinuation of services, and a lack of integration of services, can have on the ability of older people to access appropriate support, advice and care.



Case study 3

An elderly woman with hearing loss who needs assistive equipment to enable her to live independently at home found herself needing support when the equipment broke down. She contacted her local authority but they discontinued the support in late 2016, she contacted the health board audiology team but they are unable to provide this support to her. The woman was advised to buy new TV listening equipment, even though the likelihood is that some low level maintenance would help fix the issue. The audiology team are reporting an increase in calls from the public who now have nowhere to go. The charity Action on Hearing Loss Cymru has met with the council involved and is supporting their work to reshape the service and to ensure staff are appropriately trained.

Further, case study 4 highlights the positive ways a combination of sectors and partnership working can support the needs of older people:

Case study 4



Originally from Somalia, Mr AB, aged in his seventies, lives with his wife and supportive family in an upstairs flat. Whilst visiting his homeland in 2015, he suffered a severe stroke and was admitted for hospital treatment. After discharge he remained in Somalia for eight months as he had high blood pressure and was unable to fly.

When he returned home, his family were unable to cope and he was admitted to hospital for rehabilitation. After six weeks he was discharged home under the care of the Community Resource Team. The physiotherapists advised that, due to the circumstances, he missed out on treatment that he should have received, and they had to work hard to enable further progress with his rehabilitation and recovery. Mr AB was well motivated, but hampered by having to stay in bed permanently. His limbs were becoming contracted and being in bed was also isolating for him.

What was done and outcomes

A specialist hydro-lift chair was ordered by physiotherapists, which was very beneficial. He was able to sit safely in the chair and there was hope that, in time, it would assist in enabling him to stand for transfers. However, the cost of the chair, £2,660, was beyond the reach of the family and it had to be returned.

The physiotherapists' assessment was that Mr AB's recovery would be greatly enhanced by using the chair, even if he had it for only a few weeks. It was established that the hydro-lift chair could be hired for a six-week period for £666. After discussion with the Community Liaison Officer, Age Connects Cardiff & the Vale and the Stroke Association provided grants of £300 each to cover the cost, giving Mr AB the chance of maximum recovery. The family contributed the remainder.

Once the chair had been delivered, an intensive rehabilitation programme was provided by physiotherapists and occupational therapists. As a consequence, over the next six weeks Mr AB's tolerance and strength improved greatly, increasing his balance and improving his posture, enabling safe and independent sitting in his own armchair.

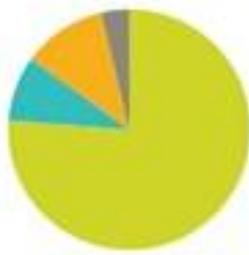
Despite setbacks along the way, Mr AB has made significant progress. The partnership between the Community Resources Team and the third sector, through the temporary provision of the hydro-lift chair, has given him the opportunity to be able to sit with his family in his own armchair, rather than being confined to the bedroom. In time, when he takes delivery of his own powered wheelchair, it is hoped that Mr AB's quality of life will be further improved by the ability to access the outdoors.

1.3 Information, advice and signposting

"I have easy access to information and advice." (Welsh Government: 'Care and Support in Wales is changing: I am an older person, what does this mean for me?')

The following questions explore older people's experiences of accessing information and advice.

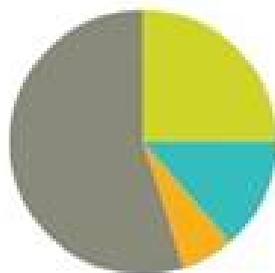
13) Since 6th April 2016 have you seen information produced by your local authority to help you understand how the changes made by the SSWBA will impact you? (This could be online, leaflet or local media)



76% said no, they have not seen any information from their local authority
9% said they have seen information and they found it useful
11% have seen information and in their opinion it was somewhat useful
4% said they have seen information from the local authority but in their opinion it was not useful

As chart 13 (above) shows, a large percentage of older people believed they had not seen any information issued by their local authority to explain how changes made by the SSWBA may impact on their lives. Of those who had seen such information, the data shows a mixed response as to how useful that information was. Essentially, there appears to be a lack of effective communication with older people to ensure that they have access to, and understanding of, the potential changes that the SSWBA would bring, and the impact these changes could have.

14) Since April 2016 have you found it easy to access information and advice in relation to social services and well-being?



25% said **no**, it had not been easy accessing information and advice
14% said **yes**, it had been easy accessing information and advice and that they had been directed to appropriate support
6% said yes, it had been easy accessing information and advice but in their opinion they had not been directed to appropriate support services
55% had not tried accessing information and advice

Chart 14 shows that 25% of respondents had not found it easy to access information and advice, a matter which is of significant concern given the level of importance placed on the easy access of information and advice by the SSWBA.

Furthermore, 6% of respondents stated that they had found it easy to access information and advice, but in their opinion they had not been directed to appropriate support services. Whilst this is a small percentage, questions should be raised as to how an individual could find it easy to access information, only to be directed inappropriately – a problem which could have a direct impact on their care and wellbeing.

15) Since 6th April 2016 have you been directed to another organisation by your local authority to get support? (These organisations could be local charities, community groups or older people services)



44% had not been directed to another organisation for support
10% has been directed to another organisation for support and in their opinion that support met their needs
5% had been directed to another organisation for support and in their opinion that support did not meet their needs
41% could not comment

Figure 15 indicates that a significant percentage of individuals had not been directed by local authorities to other organisations for support, which may possibly being the consequence of authorities being able to address their care and support needs themselves. However, it may also indicate a potential missed opportunity for older people to engage with support agencies in their local community.

Case study 5 discusses the impact a lack of awareness of appropriate support or resources can have on older people.

Case Study 5



We are hearing from vulnerable service users who are not being provided with specialist hearing loss equipment like visible door bells on a timely basis, or not at all in some local authority areas. They are instead taking real personal risks by putting up signs by their front doors saying “I am deaf and can’t hear the doorbell - please come in”.

We have concerns about low awareness of available solutions and how this can reduce the ability of a service user to make good decisions about their own care. For example, members of the public are largely unaware of technology and equipment that can support people with hearing loss to live independently. It is a fast-developing sector with new products available on a weekly basis. How would a member of the public know to explicitly ask for this equipment when contacting local authorities - and how would a generic worker on the advice desk know how to guide them towards suitable options? There is no guidance available for social care staff on this - and we are seeing the results in confusion over referrals.

The importance of appropriate referrals can be seen in case study 6, below, which shows how the third sector can support in identifying and signposting to appropriate care and support packages, helping to ensure an older person's needs are met:

Case Study 6



An 88-year-old widow, who lives alone, was discharged from hospital at short notice. She had recently suffered a fall and had also had cancer treatment in the past for which she still took medication. On discharge from hospital she was referred to the Pembrokeshire Intermediate Voluntary Organisations Team (PIVOT) scheme.

The main concerns identified by the team were the discharge having taken place without carers' involvement, anxieties about the lady being able to take medication appropriately and the risk of further falls due to steps in the property. Further, the lady's sister had been staying in order to help with personal care, so there was family concern around how she would cope alone.

PIVOT liaised with the local pharmacy, who arranged weekly blister packs for medication with times and correct doses marked clearly on the packaging. A referral was made to have a home safety check, resulting in the fitting of grab rails, with a Piper Lifeline system being installed to further alleviate safety concerns for the family. A referral was also made to social services, resulting in carer visits twice daily and a named social worker. As a consequence the family now feel reassured that there are services in place to provide help and support.

Both case studies above highlight the importance of information sharing and referral procedures in ensuring effective support for older people.

1.4 Advocacy

'If I need support to make my voice heard someone will speak on my behalf' (Welsh Government: 'Care and Support in Wales is changing: I am an older person, what does this mean for me?')

16) In your opinion, if needed there is someone who can speak on your behalf? (This can be professional, family member or friend)



41% said **yes absolutely** if needed there was someone who could speak on their behalf

23% said **yes possibly** if needed there was someone who could speak on their behalf

21% said **no not really**

15% said **no not at all** if needed there was someone who could speak on their behalf

Responses to question 16, above, indicate that 36% of respondents would not be able to identify someone to speak on their behalf. This finding, coupled with question 6 that 48% of those who experienced a needs assessment in the last year were not offered the support of an appropriate 'other' person or professional advocate, raises concerns that older people are not being fully empowered to ensure their voice is heard.

Additional comments made in response to this question were:

- *"I have no family and all close friends have died so it is important that I can access reliable support."*
- *"This is the worse part, we do not know who to turn to now."*
- *"Had a stroke 3 years ago. Had therapy for a year. Had two reviews at six monthly intervals. Heard nothing more for 18 months. Informed GP I relied on husbands care. Heard nothing more in terms of assistance."*

Case study 7, below, considers the role of advocacy in supporting integrated working.

Case Study 7



A 93 year old lady had been admitted to hospital. She had been temporarily living in a care home, which had stated that there would be no place available for her on discharge. She had a son who was very involved in her daily care. The son was keen for her to be discharged to a care home and the lady, who had been assessed as having capacity, fluctuated between saying she wanted to go to a care home and that she wanted to return to her flat.

The lady was referred to Age Connects Wales by the hospital discharge team, who requested an advocate attend the discharge planning meeting as there appeared to be differences between her wishes and those of her son. It was hoped that by having an advocate present the lady would feel confident to state her preferred option.

The son was very opposed to the input of an advocate and queried what help an advocate could be. It was agreed that the advocate would be accompanied by the supervisor for the initial visit at the hospital, as the son had shown opposition to advocacy involvement, but the lady herself had expressed her desire for advocacy.

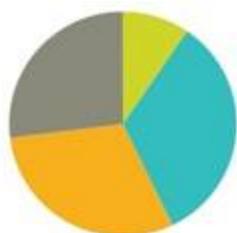
The son got in touch with the advocate, requesting that she be present at a meeting he was arranging for his mother to sign a form relinquishing the tenancy of her flat. The advocate stated that she was unable to do this and that this was not the role of advocates. It was felt that this could have been an attempt at coercion and deprivation of assets by the son, as he had stated that he wished his mother to be discharged to a care home. The lady was in very poor health and very frail so it is probable that a best interest decision would have had to be made, despite an assessment having already been made stating that she had capacity. The son was insisting that she didn't have capacity.

The advocate contacted the Health Board's Protection of Vulnerable Adults (POVA) Co-ordinator. Following input from the advocate, including advice on options for the lady, it was agreed that a further capacity assessment be undertaken so that a decision could be made at the discharge planning meeting which reflect her best interests.

1.5 Co-production

"I have a strong voice when deciding what I need to achieve well-being" (Welsh Government: 'Care and Support in Wales is changing: I am an older person, what does this mean for me?')

17) In your opinion, did you /older person have a say in the support and services received?



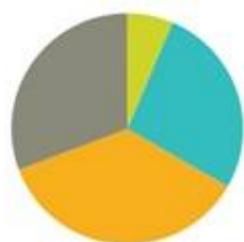
10% yes fully
33% yes to some extent
30% no not really
27% no not at all

The majority of responses to question 17 indicated that older people lack an input in the choice of support and services they received. This is interesting when compared with responses to the 'what matters' conversation (Question 3 - 56% were asked what matters to them, 35% were **not** asked what matters to them and 9% could not comment) which may indicate that there is some disparity between the ability to express views as to "what matters" and the ability to have a say in the support and services received.

Comments from older people on this matter included:

- *“Very frustrating and stressful”*
- *“Yes but only with advocacy”*
- *“never received any support...no support offered or given after please to social services for help”*
- *“The decline in services just makes input, choice limited”*
- *“The support services are so stretched. Older people are not a high priority. The future is worrying when you consider the ageing population and poor resourcing.”*
- *“My husband has a care plan but this gives minimal information and was done without consultation or agreement from him”*

18) In your opinion, you / older person are able to have a say in the design of services delivered in the local area?

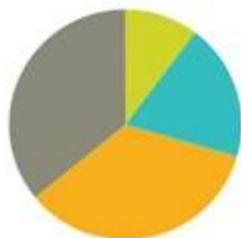


7% yes fully
27% yes to some extent
36% no not really
31% no not at all

Again, responses to question 18 indicate older people are denied the ability to have a say in the design and delivery of services in their local area. Comments from older people on this point included:

- *“NO. This is a total NO!”*
- *“If the person cared for has dementia it is very difficult to be sure of their views with any accuracy. Continuity of care is important. This can only really be provided by the family as things stand”*
- *“I have not seen anything re: consulting the population of older people”*
- *“If the person cared for has dementia it is very difficult to be sure of their views with any accuracy. Continuity of care is important. This can only really be provided by the family as things stand”*

19) Do you / older person know how to have a say in the design of services delivered in the local area?



10% yes fully
19% yes somewhat
35% no not really
36% no not at all.

Responses to question 19 again indicate a lack of empowerment of older people with regard to their ability to tailor services on a local level. The SSWBA clearly discusses the importance of citizen involvement in the design of services, but respondents indicated a lack of knowledge as to how they may contribute. Older people's comments included:

- *"How do I do that?"*
- *"We don't know where to begin."*
- *"Not aware of any consultations."*

1.6 General comments

Respondents were invited to offer general thoughts and comments on the Social Services and Well-being (Wales) Act 2014. A selection of these is shown below:

- *"Disappointed. Although I have accept[ed] that the position elderly people find themselves in is variable."*
- *"The SSWBA seems to me to be a watered down version of an accumulation of other acts and places older people as a pecuniary disadvantage and relies on free help from family members and neighbours, giving the older person a sense of not belonging and [being] forgotten."*
- *"I have completed this on behalf of my father who has vascular dementia. I am pleased with the service we are receiving from our social worker and local authority carers!"*
- *"I do not receive support from Social Services. I am not eligible for the majority of services offered...I think I fall outside of the welfare lottery."*
- *"Service provision is dire."*
- *"It [the SSWBA] is far too generalised and makes little mention of disability or mental illness. Gives the impression that care and support is available to all and it never has been. There is no change in this situation."*
- *"Letting older people know what there is for them not just online but with radio and newspaper [would be beneficial]."*
- *"Families are basically on their own looking after loved ones. It is a nice idea however to have a well-being Act. Maybe it will have some impact in the future."*
- *"Social Services and health don't really seem to be getting on with the integration work and genuine good practice. Co-production and collaboration is still really slow to start – lack of investment in citizens and staff skills and training to enable all to share power to take part equally is embarrassing, as the SSWBA no teeth- surely someone somewhere must be monitoring it to make statutory authorities work in the spirit of the SSWBA – not the absolute minimum they can get away with?"*
- *"Would like to see much more targeted information delivered to ALL residents over 50."*

Conclusion and recommendations

The information collected from the surveys indicate a lack of consistency of experiences for older people. Aspects appear to at least show an indication of success in meeting the aims of the SSWBA, including indications that 'what matters' conversations taking place and that people's views, wishes and feelings are being heard. Aspects that appear to need improvement include the sharing of information and advice and the choices available in the provision of services.

Steps have, and are, being made in the right direction. However, consistent care and support is falling short for some older people. There seems to be a danger of people 'falling

through the gaps' and not receiving needs assessments and access to appropriate services. There is a need to ensure effective and clear communication throughout, including the provision of information on older people's rights and the services and support available to them.

There is a need to question what is happening to allow these issues to occur and what can be done to rectify the situation quickly and efficiently, including the need for public and third sector organisations to jointly work in order to initiate positive change. Additionally, better integration across health, social services and the third sector is needed in order to ensure information is shared and appropriate service provision is available to meet older people's needs, whilst further training for health and social care staff is required to ensure the delivery of a consistency in services delivered across Wales, and to make sure that staff have the necessary access to the right information and advice.

The current environment is challenging, with financial limitations and cuts to services creating additional pressures, but regardless of this there remains a need to satisfy the requirements of the SSWBA, necessitating innovative and cost-effective methods.

Demographic Information

Responses were invited from professionals who work directly with older people. This resulted in 25 professionals responding to the survey, with 88% of those from the third sector, 4% from the private sector and 8% preferring not to say. Whilst the survey was distributed Wales-wide, responses were received from a limited number of areas: 40% came from Cardiff, 8% Rhondda Cynon Taff, 8% Swansea and 8% Vale of Glamorgan, with 4% from Blaenau Gwent, Bridgend, Conwy, Powys and Torfaen respectively.

Whilst the response rate for this survey was lower than hoped the evidence provided gave an indication of the experiences of professionals who work directly with older people, and how the SSWBA is impacting on the lives of older people in Wales.

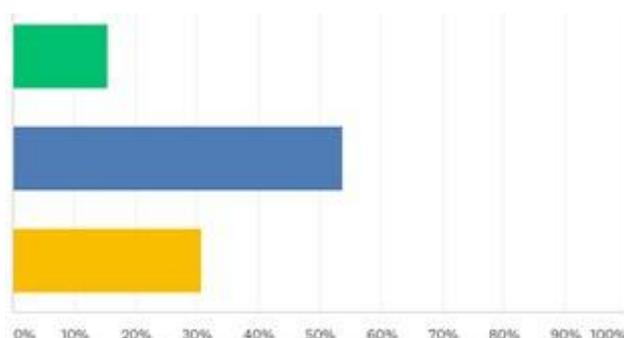
2.1. Assessment Processes

64% of professionals indicated they had directly supported older people who have received a needs assessment or needs assessment review from Social Services since 6th April 2016. One professional responding to the survey clarified the difficulties found with needs assessments:

“We see many clients referred to us whose ‘needs assessment’ is very inadequate. Often they will have phoned a call centre where someone has taken brief details and then advised them that our service is available to them (Live Well with Hearing Loss). When we go out to see clients they often have not had a specialist assessment, they have found the process of using the phone to speak to the local authority very stressful (they all have hearing loss or are deaf) and they do not know why they have been referred to us. Every person is entitled to a proper assessment, and only then can out teams effectively support someone’s needs”.

The 64% of professionals who had directly supported older people who received a needs assessment or needs assessment review since April 2016 completed the following questions:

1) In your opinion, at needs assessments/needs assessment reviews, are ‘what matters’ conversations taking place effectively with older people?



15% said **yes**, they believed that ‘what matters’ conversations are taking place with older people

54% said **no**, they did not believe that ‘what matters’ conversations were taking place with older people

31% could not comment

As the above chart shows, over half of the professional respondents did not believe that 'what matters' conversations were taking place with older people, with only 15% stating that they were. This contrasts with the responses of older people, where 56% said that 'what matters' conversations were taking place. This difference may be due to professional knowledge impacting on the interpretation of these conversations, as that knowledge may cause professionals to believe more could be done to ensure that assessments are person-centred.

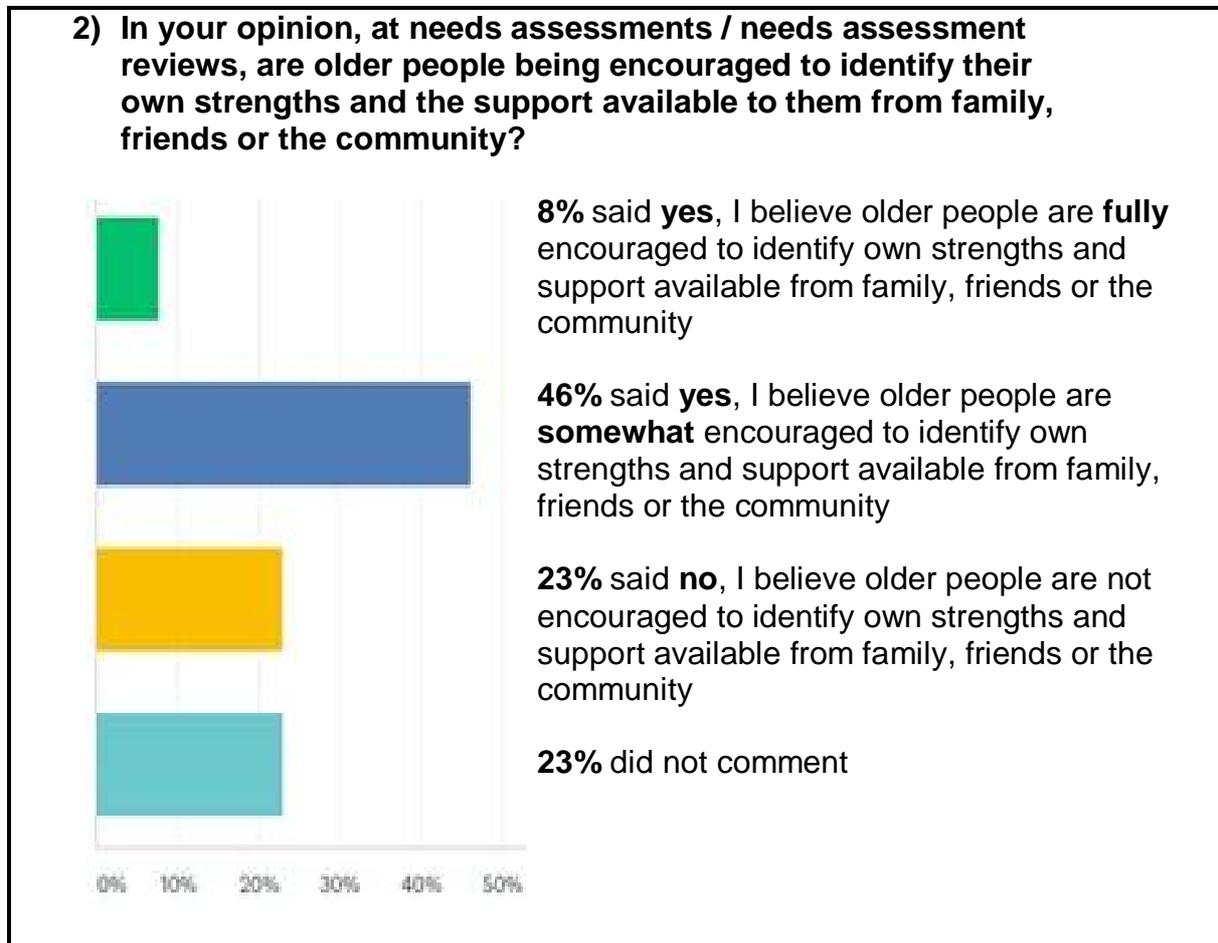
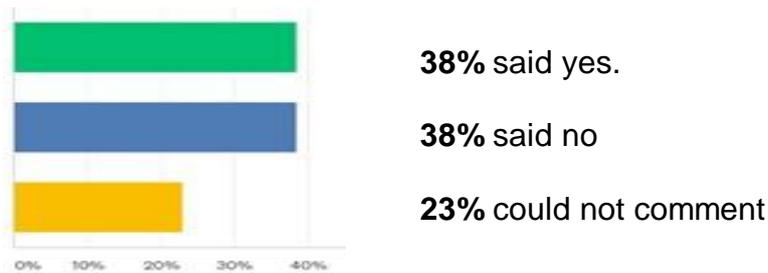


Chart 2, above, shows that just over half (54%) of the professional respondents felt that during needs assessments or need assessment reviews older people were 'fully' or 'somewhat' encouraged to identify their own strengths and support available from family and friends. This is generally more positive than the response to 'what matters' conversations, indicating that professionals may have a view that there is movement towards a strengths-based approach in assessments.

3) In your opinion at needs assessment or needs assessment reviews are older people being given the opportunities for support from an appropriate 'other' person or professional advocate?

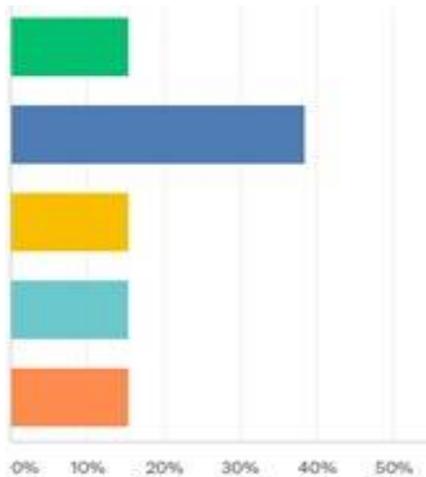


The chart above shows an equal number of professionals who believed older people were given opportunities for support from an appropriate 'other' or professional advocate, and those who did not believe this opportunity was presented. Professionals made the following comments in relation to this matter:

- *"This appears to be happening sometimes, but the actual amount of referrals from professionals responsible for needs assessments for advocacy support are very low when considering the number of older people receiving services".*
- *"I believe that advocacy is not seen as a first line of support, even though it could expedite proceedings...more is being done to employ staff from the third sector into the statutory sector as a means of support, but more can be done with early intervention at primary level".*
- *"There is no suitable advocacy support available – no one to refer to".*
- *"We have come across people, who we believe needed support from an advocate or appropriate other, who appear not to have been offered this. Our work is pan-Wales, not restricted to one local authority area...there are clear gaps in provision".*

These comments highlight professionals' concerns around the inconsistency of professional advocate provision for older people, and the importance of the role advocates can, and should, play in ensuring appropriate care and support for older people. Further, they indicate that there is still much that can be done to ensure advocacy provision for older people is sufficient. This is especially apparent when the response from older people is added to the equation (covered earlier in this paper), with over 50% saying they were either not offered advocacy, or they were offered but no appropriate person was available.

4) In your opinion, following a needs assessment or needs assessment review, are older people signposted to appropriate care/support services for achieving well-being?

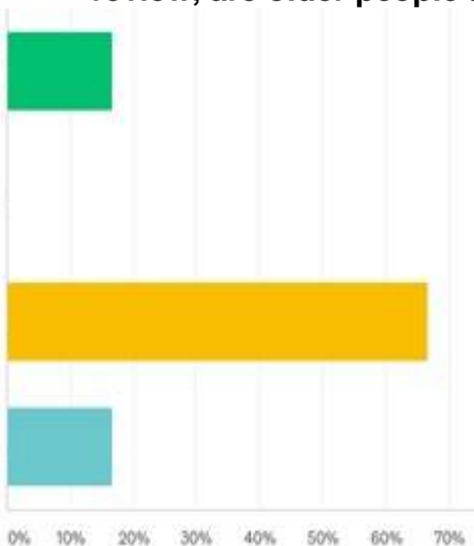


15% said yes, they believe older people are signposted to and accessing support services
38% said yes, they believe older people are signposted to but have not been able to access support services
15% said yes, they believe older people are signposted but support service have ended or are unavailable
15% said no, they do not believe older people are signposted and no support services are identified
15% could not comment

With regard to the level of signposting to care and support services, the chart above indicates that 38% of professionals believed that older people are signposted, but are not able to access the support services that would help them achieve well-being. This figure is particularly interesting when considered alongside the responses to the question below:

When asked if, following a needs assessment or needs assessment review, older people are able to access appropriate support services (as shown on chart 5), 67% said they believed that older people are able to access services but that they do not always meet the needs of older people. 17% said that they do not believe older people are able to access appropriate services and 0% believed that older people are able to access service that meet their needs.

5) In your opinion, following a needs assessment or needs assessment review, are older people able to access appropriate support services?



17% said no, they do not believe older people are able to access appropriate services
0% said yes, they believe older people are able to access appropriate services and that they meet the needs of the older person
67% said yes they believe older people are able to access services but they do not always meet the needs of the older person
17% could not comment

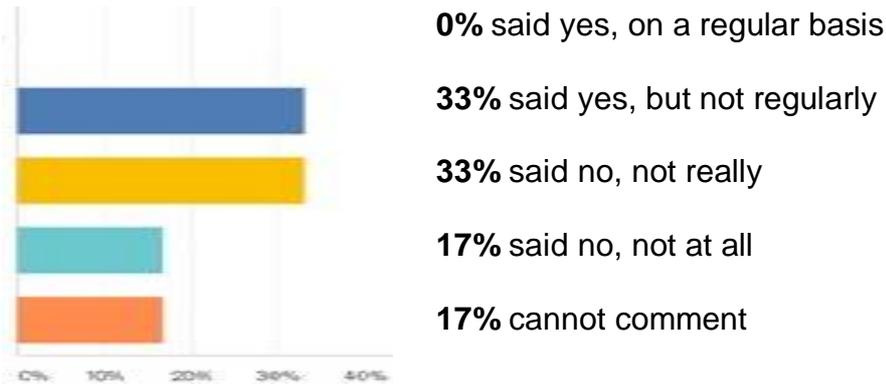
The responses to the two questions above indicate that professionals do not believe the services being offered to older people are appropriate to meeting their needs or supporting them to achieve well-being. They commented:

- *“Action on Hearing Loss’s ‘Live Well with Hearing Loss’ service provides people with support to remain independent through the use of assistive equipment...this can be extremely effective. However, as many of the clients who are referred to us have not had a full/specialised assessment looking holistically at how their hearing loss affects their daily living, and offering them advocacy if needed, we find people are often not in an informed position about how to take control of their own lives and access relevant support.”*
- *“There are many gaps in services for older people. This is because some services are very specific and are not ‘person-centred’. A person may need to be signposted to several different services to meet a need and it is not always easy for older people to engage with this many organisations and understand how each organisation can help”.*
- *“As resources may be limited sometimes the criteria for access is too strict which completely negates the objective of support”.*
- *“Sometimes people need help with the cost of purchasing equipment or procuring support but are referred to us – we help people use equipment provided by social services or self-purchased and we help signpost them to suppliers of suitable of additional alternative equipment. Many people are not getting the equipment and devices they need to remain safe and independent and to be able to communicate with others”.*

These comments are especially interesting when compared with those of older people. Responses to question 7 in the older people’s survey (considered earlier in this paper) show that 52% of older people were not signposted to care and support services to support their well-being. Further, responses to question 8 of the older people’s survey indicate that 26% had not accessed any support services following a needs assessment, whilst 16% said they accessed services that have now ended and 58% stated that they successfully accessed appropriate support services following their needs assessment.

The primary conclusion that can be drawn from this is a lack of consistency in experiences, with indications of gaps in service provision or services which do not meet the needs of older people. This is having a direct impact on the care and support being received by older people.

6) In your opinion, following a needs assessment or needs assessment Review, do you believe 'person-centred care plans' for older people have been monitored and evaluated?

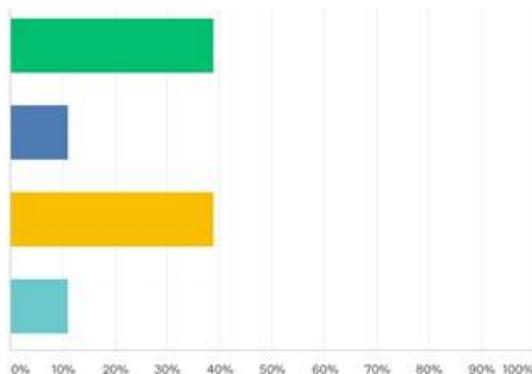


Very concerning responses were received to the above question relating to the monitoring and evaluation of care plans. Amongst the most concerning is the finding that no professionals believed that needs assessments and needs assessment reviews are monitored and evaluated on a regular basis. Just 33% believed they were taking place, but 'not regularly', and 33% said 'no, not really'. Further, 17% said they were not happening at all. Clearly a lack regular monitoring of care plans can leave older people vulnerable and lacking appropriate services, particularly if their needs or abilities change.

2.2. Provision of services

All professional respondents completed the remaining questions in the survey:

7) If you worked with older people before the 6th April 2016 have you experienced a change in services available?



39% said yes, there has been a change in the services available that has directly impacted on older people
11% said yes, there has been a change in services available but this has not impacted directly on older people
39% said no, they had not seen a change in services available
11% could not comment

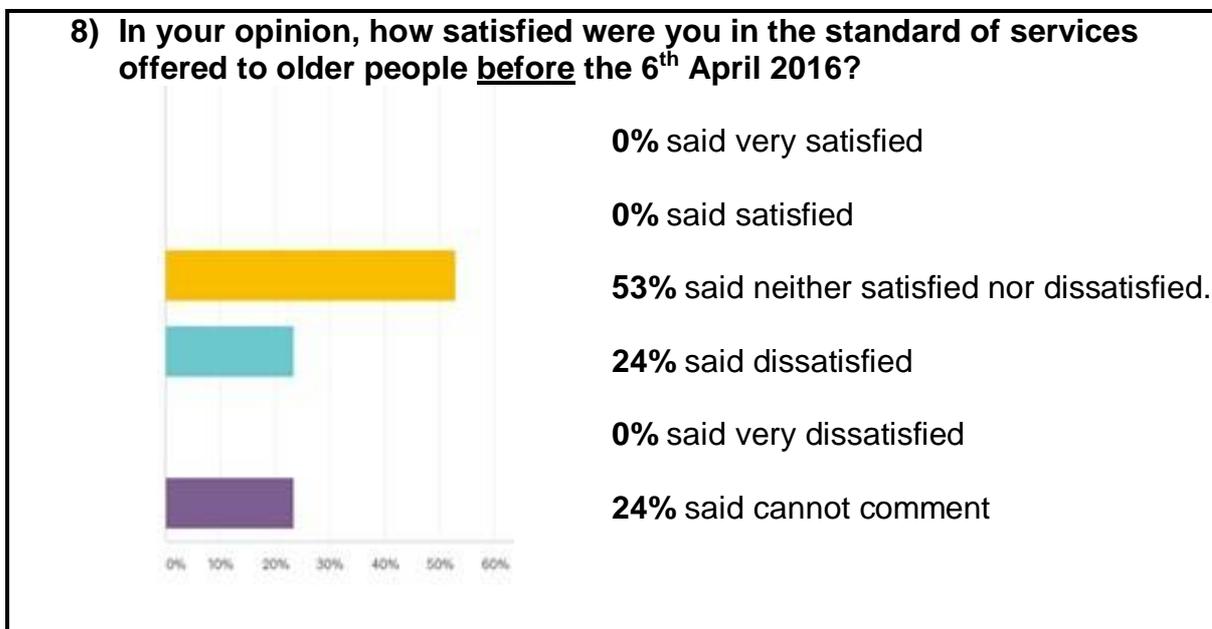
The chart above shows equal numbers of those who believe there has been a change in the services available which has directly impacted on older people, and those who have seen no change in the services available. This lack of consistency of service provision can be seen in the comments below.

- *"There are lots of services available but all these resources need to be added to the DEWIS website so they can be identified and signposted to. Also, older people seem to need more advocacy to help access these services so it is not enough to signpost – support is needed to get them accessing".*
- *"For deaf and hard of hearing people – it appears there may be negative impacts in some areas of Wales".*

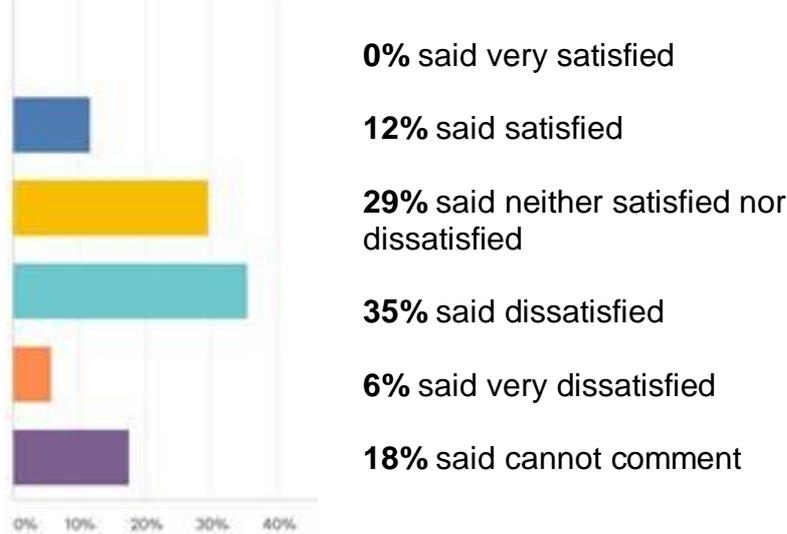
Professionals were also asked what difference the changes in available services (if any) had made to the lives of older people. They made the following comments;

- *“Restricted choice”.*
- *“I haven’t witnessed physical changes but I have witnesses the Government reaching out to older people”.*
- *“I have not experienced any discernible difference”.*
- *“It appears more services are available close to home and based on their needs but there is confusion about how the system works in terms of accessing those services and ensuring people are not ‘lost’ in the system [and left] without the right information and support to access the things they need”.*
- *“More person-centred!”*
- *“While services are more person-centred the support available from other organisations is often not accessible to deaf and hard of hearing people and often doesn’t meet the deficit they want addressed”.*

It may be the case that the opinions of professionals varies due to their differing roles in different areas. However, the lack of consistent opinion from professionals highlights the potential issues faced by older people: if an older person has multiple needs their experience of accessing all of the appropriate services could be varied and complex, adversely impacting on the care and support they receive.



9) In your opinion, how satisfied are you in the standard of services offered to older people since the 6th April 2016?

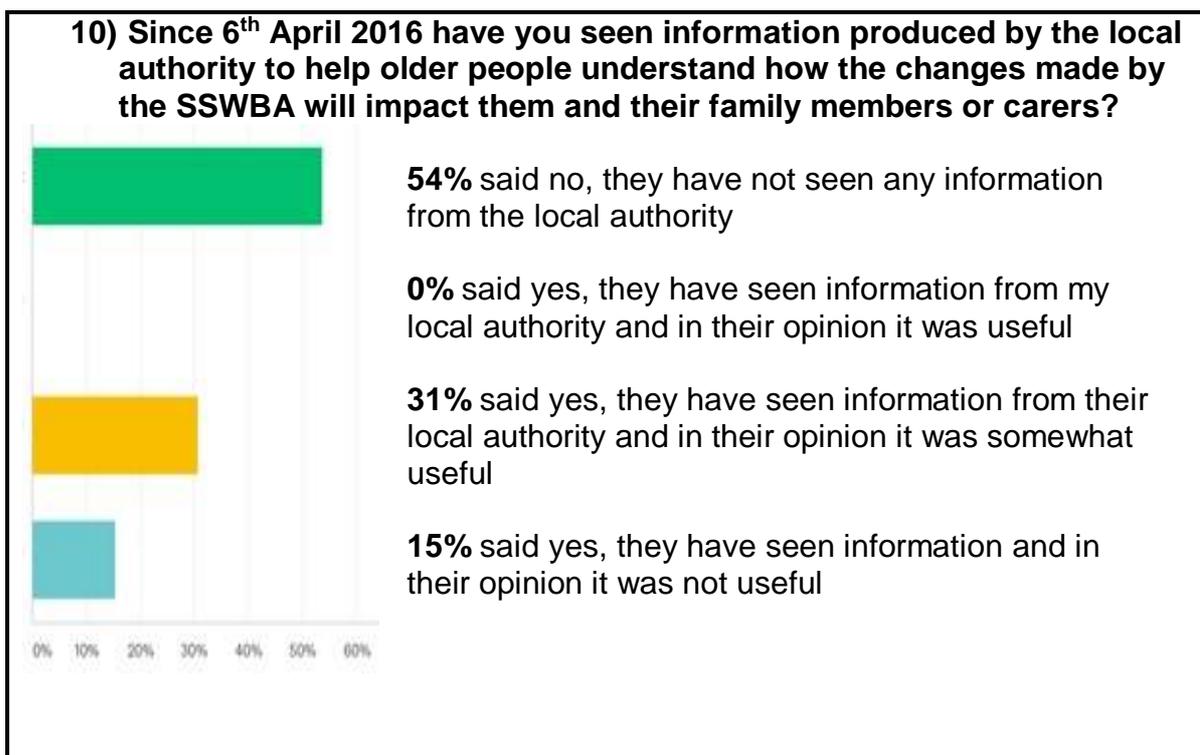


With regard to satisfaction with services offered since and before the introduction of the SSWBA, the charts above shows that no professionals were very satisfied in the standard of services for older people before or after 6th April 2016. Further, the percentage of those expressing satisfaction in the standard of services rose from 0% in the period prior to April 2016, to 12% after the introduction of the Act. There was also, however, a substantial increase of in the number of professionals expressing dis-satisfaction in the standard of services (rising from 24% to 35%), as well as an increase in those claiming to be “very dissatisfied” (from 0% to 6%). As such, the overall picture appears to show a professionals are generally less satisfied with the standard of services since the introduction of the Act.

Professionals commented:

- *“In my experience is it not easy for older people to access services and there are often unreasonable waiting times for the assessment to take place”.*
- *“In our experience, people are not being given the right support to understand what they can access and how to use it to its best effect. A guaranteed specialist assessment and then some advocacy support would be an effective way of addressing this need”.*
- *“We are still not ‘joined up’ with regard to older people’s services”.*
- *“Plenty of promise raises expectations!”*

2.3. Information, Advice and Signposting

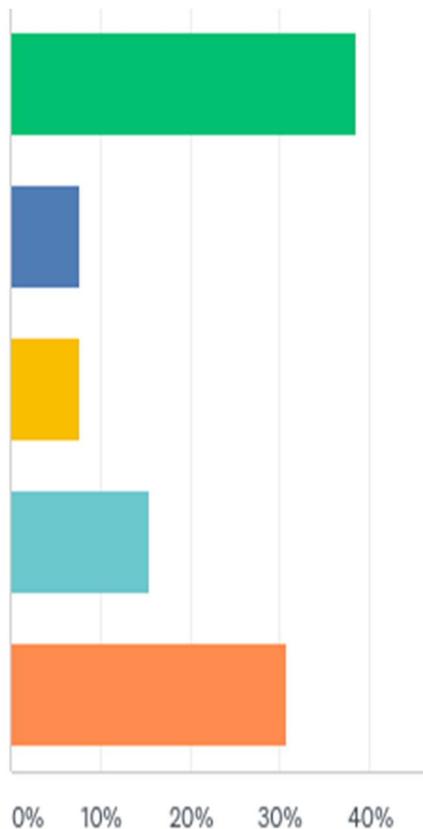


As the above chart shows, no professionals believed that they had seen information from their local authority designed to help older people understand how the changes in the SSWBA may impact on them and their family members which they judge to be “useful”, and over half said they had not seen any information from their local authority at all.

A further 15% indicated they had seen such information from their authority, but did not believe it to be useful, with only 31% stating they had seen information and judged it to be “somewhat useful”.

These responses indicate there remains a lack of effective communication with older people regarding the changes to support and care brought in by the SSWBA. Furthermore, this opinion seems to be supported by older people (see chart 13 of Section 1), with 76% stating they had not seen any information from their local authority regarding the impact of the SSWBA on them, their family and their carers.

11) In your opinion since 6th April 2016 has it been easier for older people to access information and advice in relation to social services and wellbeing?



38% said there had been no change in how easy it is for older people to access information and advice on social services and wellbeing

8% said it is less easy for older people to access information and advice on social services and wellbeing

8% said it has been easier for older people to access information and advice on social services and wellbeing and in my opinion they are directed to appropriate support.

15% said it has been easier for older people to access information and advice on social services and wellbeing but in my opinion they are not always directed to appropriate support services

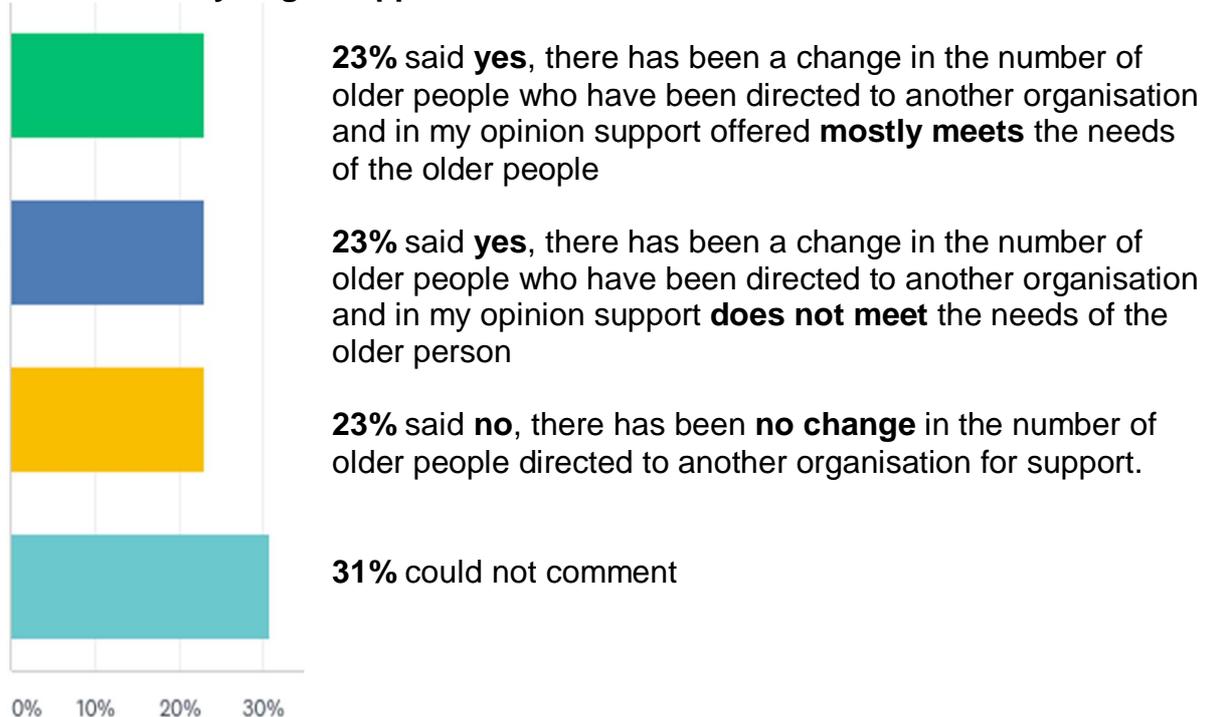
31% could not comment

Chart 11, above, shows that 38% of professionals believe there has been no change in how easy it is to access information and advice in relation to social services and wellbeing. Given the desire of Welsh Government for older people to have “easy access to information and advice”, a matter of great concern. Furthermore, the finding that 15% of professionals believed access to information and advice is easier, but are not always directed to appropriate support services, not only indicates a significant risk of older people accessing zero or inappropriate support, but may be placed in a situation where they feel they are being passed around a variety of services without gaining an adequate response to their needs.

On these issues, professionals stated:

- *“I believe materials have been produced and work is going on to try and inform people, but in reality the people who are hardest to reach (the most vulnerable) are still not aware of what their rights are to support and care.”*
- *“There is a lot of information out there that is appropriate but too much information can be daunting also.”*
- *“Too much emphasis on telephone call centres and online information which is not accessible to deaf and hard of hearing people.”*

12) In your opinion since 6th April 2016 has there been a change in the number of older people directed to other organisation by the local authority to get support?

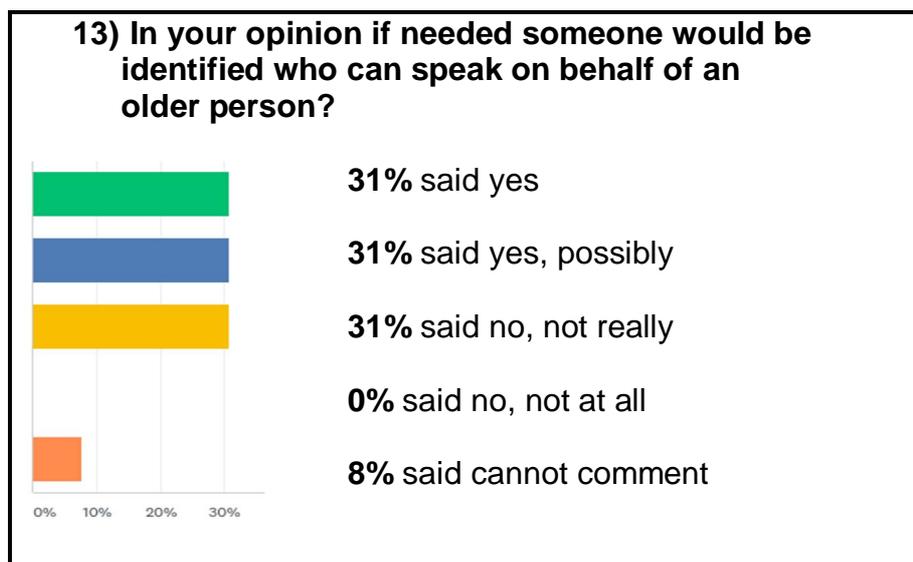


The split in opinion shown in chart 12 (above) again highlights a lack of consistent experience amongst professionals. Furthermore, the findings indicate a potential lack of signposting, or appropriate signposting, from local authorities to other organisations in a timely manner, missing the opportunity for older people to access preventative services for support before their needs escalate. The opinions of professionals are especially interesting when compared to the response of older people, where 44% said that they had not been directed to another organisation for support (see chart 15 section 1).

On these issues, professionals stated:

- *“In our experiences, as one of the organisations to whom older people are referred, this support would not have previously existed and it has the ability to meet the need of the client group which would not have been met before”.*
- *“The third sector has had a positive impact in filling the gaps in community support at a low level”.*

2.4. Advocacy



Professional opinion on the availability of advocacy is again varied. When asked whether someone would be identified who can speak on behalf of an older person, an equal number (31%) responded with “yes”, “yes, possibly” or “no, not really”. These differing opinions are reminiscent of the responses to Question 3 of Section 2 (above), where professionals were asked of the offer of an appropriate ‘other’ at needs assessment or needs assessment reviews: 38% believed that yes, older people were offered the support of an appropriate ‘other’, but 38% believed not.

The comments made by professionals, some of which are shown below, indicate a variety of opinions, but there is a general concern around the availability of professional advocates, as well as concerns around the use of family members:

- *“By visiting care homes / residents I am often able to discover on older persons concerns and need for more support. However, in my opinion, advocacy should be an automatic additional support for older people and particularly for older people with cognitive impairment or dementia at the point of assessment”.*
- *“We have come across family members speaking on behalf of an older person. We have not come across any third party advocates, and this means that (a) for people with no family they have no support and (b) family members’ own views and feelings can often complicate the situation hugely and put a great strain on them as carers – this not always the most effective support for an individual”.*
- *“There is a severe lack of professional advocacy services. Sometimes having family speak on their behalf is not always the best as a family can be biased and seek to influence the views of the older person”.*
- *“Knowing where to source that person is important and also what they can do / limits of their support”.*

The following brief, provided the Golden Thread Advocacy programme, outlines their work on advocacy for older people and their findings with regard to the changes since the implementation of the Act:

The Golden Thread Advocacy Programme

The Golden Thread Advocacy Programme (GTAP) team have been working with commissioners and providers since the SSWBA came into force in April 2016. Our work is to support the implementation of the SSWBA around advocacy which involves:

- Working with commissioning teams to ensure they are meeting their duties around advocacy under the SSWBA so that services are available across Wales
- Supporting providers to build their capacity to go for new advocacy tenders
- Developing a framework to ensure a consistent approach to commissioning Independent Professional Advocacy (IPA) services under the SSWBA
- Develop and deliver an awareness campaign to ensure that people who may need an IPA are aware of their rights to this new statutory advocacy service

12 months on from the implementation of the SSWBA we are aware of the following:

- Only 4 local authorities have actually commissioned an IPA service as defined under the SSWBA. One is a pilot service for all adults for a year, one is a longer term service for all adults commissioned for five years, and the last service which is commissioned across two counties is just for over 65s
- Other local authorities we are working with have a plan to commission by April 2018. In many of these areas, where they already commission various forms of advocacy, they have rolled over contracts until the new commissioning arrangements are in place next year.
- To date, there have been no joint health and social care commissioned IPA services. Current commissioning is by Local Authorities, although in some areas health are part of the conversations.
- Mitigating circumstances as to why there is still a minimum amount of commissioned services under the duty in the SSWBA include:
 - The late introduction of advocacy into the SSWBA
 - The Code of Practice, Part 10 (Advocacy), was not finalised until shortly before the implementation of the SSWBA
 - Differential start points across Wales and the timelines associated with current contracts coming to an end
 - Despite some commissioners having a lot of experience of commissioning advocacy, it is felt by some that this new statutory advocacy is more challenging and requires more

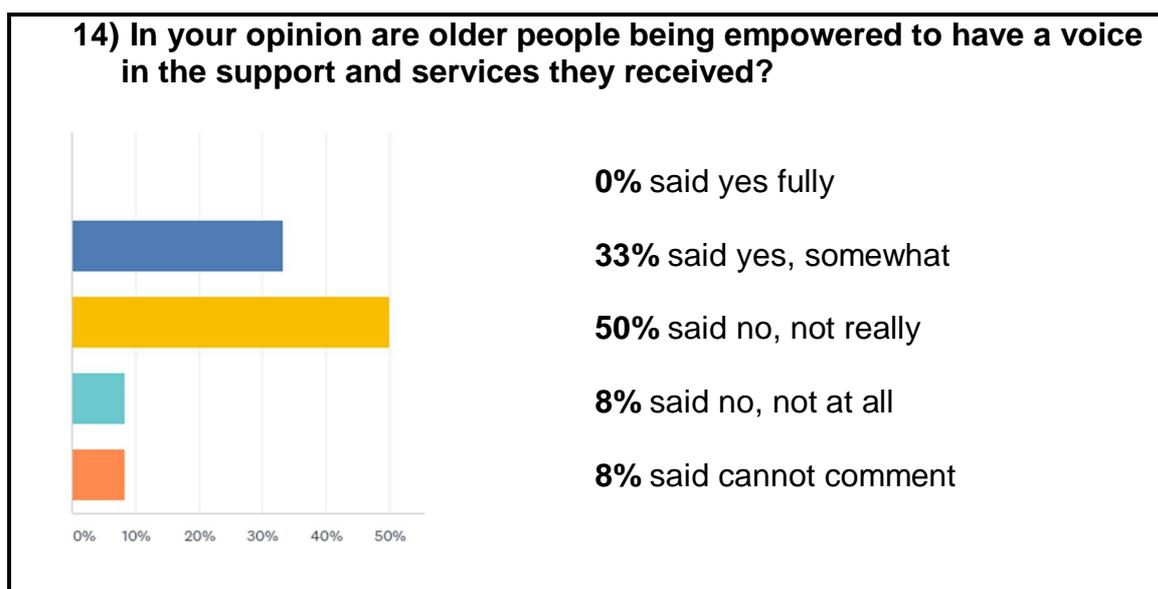
detailed explanations of the requirements on LAs which GTAP have been providing as required.

- Cross-border regional commissioning approaches are being explored in some areas of Wales.
- Some advocacy providers are seeing a rise in referrals relating to support needed under the SSWBA even though they are not commissioned under the SSWBA to provide it

Ongoing challenges:

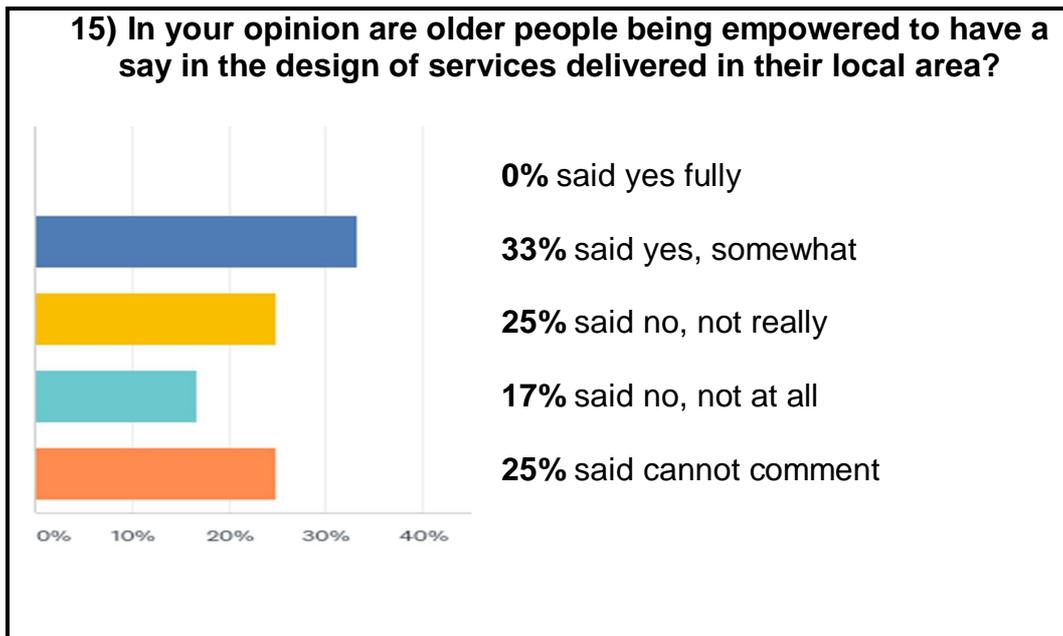
- Establishing accurate need and costings for the services so that specifications can be developed
- Training for health and social care professionals. This is essential to ensure that referrals are made appropriately to the new IPA services. We are aware that this is a challenge for some of the newly commissioned services. Once this training has been undertaken it may then impact significantly on the first bullet point relating to establishing need
- How will the Regulation and Inspection of Social Care (Wales) SSWBA impact on providers and the commissioning of services
- There are expectations in the Part 10 Code of Practice that there will be regional commissioning and joint commissioning with health.
- What are the implications for the broader advocacy providers? How will the commissioning of IPA impact on them? Will there be a decline in the more holistic and preventative services if budgets cannot stretch to ensuring the availability of a range of advocacy?

2.5. Co-production



As the chart above shows, an opinion often expressed by professionals is that older people are not really empowered to have a voice in the support and services they receive. The relatively low figure of 33% of professionals who felt older people are 'somewhat' empowered shows that there is potential to build upon this practice, but as expressed in the comments below there are factors that mean this is not always possible:

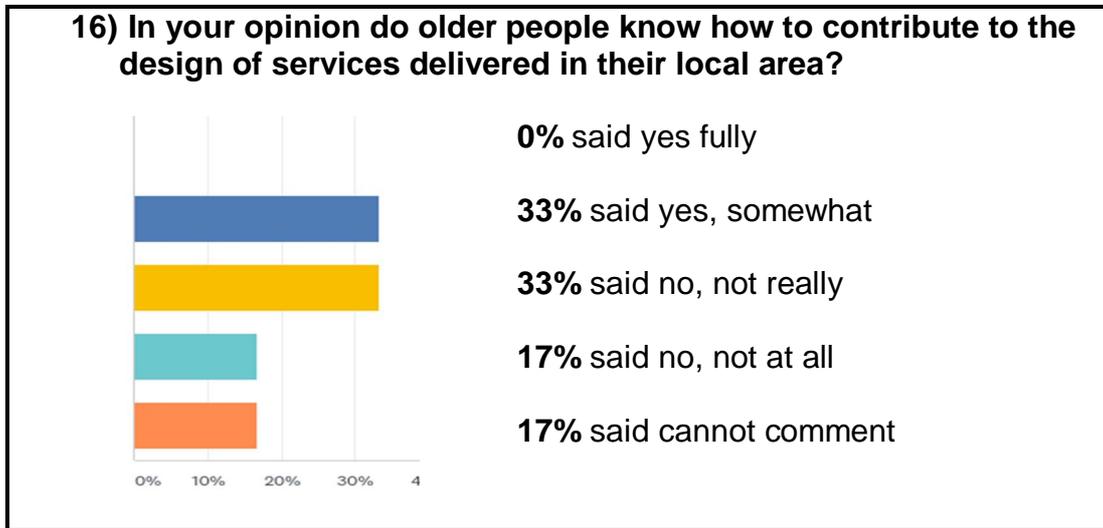
- *“We have not experienced older people feeling empowered to have a voice or talking about having been empowered by any intervention they have received. It should be noted that we do not provide or directly connect with an advocacy service, but this is telling, as it means that clients accessing a variety of services may well not be getting this part of the support that the SSWBA aimed to put in place.”*
- *“Time is always a difficult factor when explaining how they can be involved in their care. Processes take time and time is not always available with a multitude of other things to. This is where advocacy could prove a useful tool.”*



The possibility of older people being empowered to have a say in the design of services delivered in their localities, as shown in the chart above, is of concern: 42% of professionals in total responded with ‘no, not really’ or ‘no, not at all’ when asked whether older people were being empowered. Given the importance placed on coproduction by the SSWBA, and the value added by ensuring older people have a voice in the design of services, this finding is very disappointing.

Professionals’ comments, below, show frustration around this issue, with some believing older people’s opinions are not listened to while others indicate that budget limitations impact on the ability to implement older people’s views.

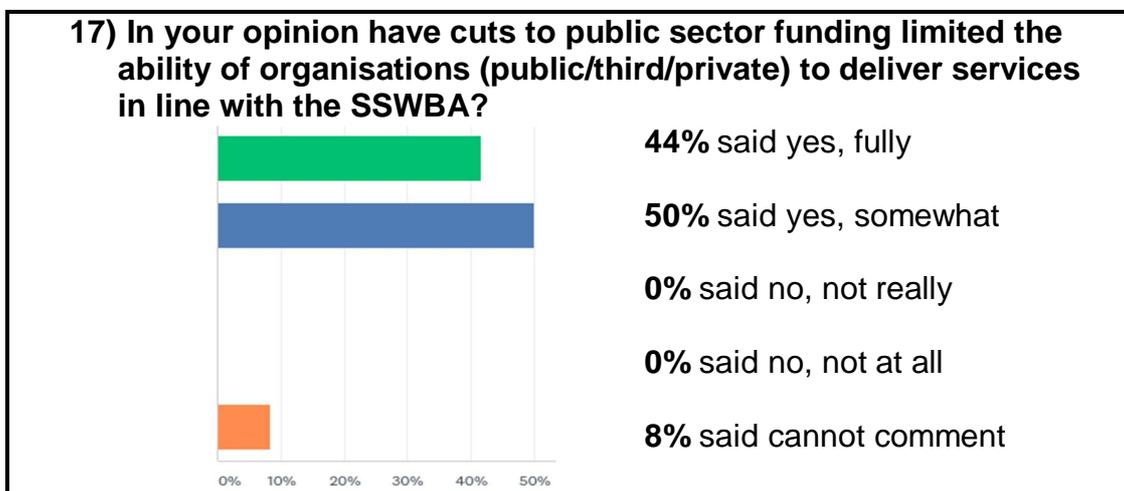
- *“Services are assessed on need but provided through budget criteria. Whilst this division remains it will be impossible for services to be shaped by those receiving them”.*
- *“Shell money out to older people’s forums but don’t listen to them”.*



Again, a substantial percentage of professionals believe that older people do ‘not really’ or ‘not at all’ know how to contribute to the design of services delivered in their local area (50% in total). This reflects the opinions of older people (as shown in chart 18 of the Section 1), where 36% said ‘no, not really’ and 31% said ‘no, not at all’ when asked if they were able to have a say in the design of services. One professional stated:

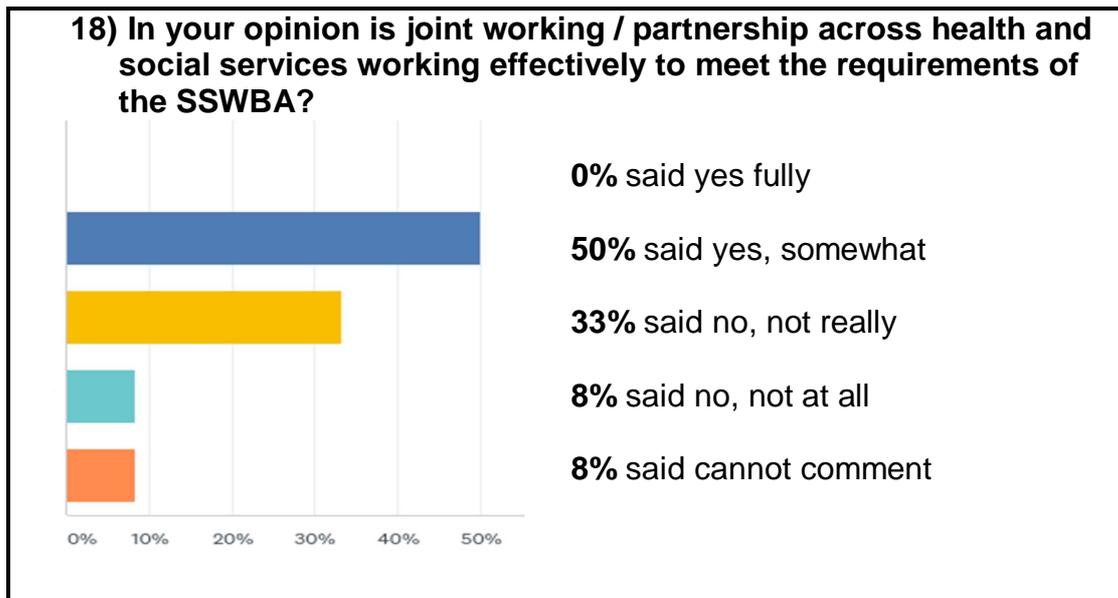
- *“Hardly any of the clients we have seen would know how to contribute to the design of services in their local areas. They tend to be quite vulnerable, isolated and unsure about what is available to them, let alone influence that.”*

2.6. Professional Feedback



Financial constraints upon local authorities was believed to be a significant factor in their ability to deliver the services required by the SSWBA. A total of 94% of respondents said that this was either “fully” or “somewhat” the case, with the remainder not able to comment. Respondents stated:

- *“Our experience suggests that cuts to frontline social services are at the heart of the ‘proportional assessment’ being offered (i.e. phone based screening services after which people are signposted) and that this assessment means people are confused about where they are being sent and are not have their full needs met”*
- *“The pressure on third sector organisations has increased as demand has risen”*



Additionally, as the chart above shows, half of the professional respondents felt that joint working / partnerships across health and social services were working 'somewhat' effectively to meet the requirements of the SSWBA. With no respondents saying 'yes fully', and 33% saying 'no, not really', there is clearly still progress to be made. It may be the case that as Regional Partnership Boards continue to develop, and with the production of Area Plans, there is potential for effective joint working to be further established.

On this area professionals' comments included:

- *"...true joint working and partnership can only exist if public sector and third sector organisations are around the table designing and planning services together. The current system of design by public sector and commissioning out to the third sector means services are sometimes 'round peg to fit square hole', and there is no joined up thinking about how services work hand in hand, seamlessly with the person at the centre."*
- *"Due to different systems, limits in being able to communicate by email and the sheer workload of health/social services staff it is difficult for all staff to be made fully aware of the correct routes for referrals. More engagement is need from health staff."*
- *"More work is being done to address issues in the older populations but differing agendas can lead to a different approach."*

2.7. Conclusion and recommendations

The information collected from the survey of professionals working with older people primarily indicates concerns in relation to service provision. These concerns are focused on the appropriateness of service provision, with a large percentage expressing an opinion that services do not meet the needs of the older person. There is also concern around the integration of the third sector in services' design and planning.

Issues are also raised in terms of access to information and advice: there appears to be a lack of effective information and advice made clearly available to older people, and older people are not being directed to appropriate services.

Professional opinion on older people's access to advocacy is divided, which indicates a danger that older people are exposed to inconsistent offers of support. As such they are at risk of not having their voice and opinion heard in relation to their care and support needs.

General opinion appears to be that older people are not being given an opportunity to contribute effectively to the design of services and service provision in their localities, and moreover do not know how to contribute to the design of services.

It is acknowledged that, due to financial limitations and cuts to services, the current health and social care environment is challenging. The opinion of a large number of the professionals who responded to the survey was that cuts to public funding had impacted on the ability of organisations to deliver services in accordance with the requirements of the Act. Nevertheless, there remains a need to consider and ensure the development of cost efficient and effective services that meet the needs of older people.

As a consequence of our findings, Age Alliance Wales makes the following recommendations:

1. The experience of older people accessing care and support following the introduction of the SSWBA in April 2016 is inconsistent and varied. To help alleviate these experiences strategic relationships should be developed to consistently embed the third sector in health and social care discussions and support integrated approaches to meeting need across sectors.
2. The third sector, health and social care providers need to consistently and effectively work together to share information, to plan and co-design services for older people, with older people, that are appropriate to meet older peoples' needs.
3. There is inconsistency in the approach experienced by older people involved in needs assessments and need assessment reviews. Whilst progress is being made in the changes brought in by the person-centred approach and 'what matters' conversations, there remain differences in user experience. The Welsh Government, local authorities and local health boards need to work together to identify and address barriers to the realisation of a fully integrated care assessment process that is easily accessible to older people. This should include opportunities for joint training and the sharing of knowledge and expertise.
4. The experience of older people in accessing information and advice varies. The Welsh Government and local authorities need to ensure that older people have an understanding of their rights and entitlements with regard to social care.
5. There needs to be a robust and effective programme of monitoring and evaluation to ensure that the SSWBA brings about the changes that are needed to improve the wellbeing of older people in Wales.

Appendix 1: Demographic Information - Older People

I am completing this survey for:
63% myself, as an older person 10% as a family member of an older person 13% as a carer of an older person 14% other

Please indicate your gender:
67% Female 33% Male

What is your ethnic group?
39% White British 34% White Welsh 6% Asian 6% Asian British 5% White English 3% Other White 2% White and Black African 2% Chinese British 2% Chinese 2% Black

Please indicate your age:
5% under 50 16% aged 50 - 60 34% aged 61 - 70 29% aged 71- 80 16% aged 80+

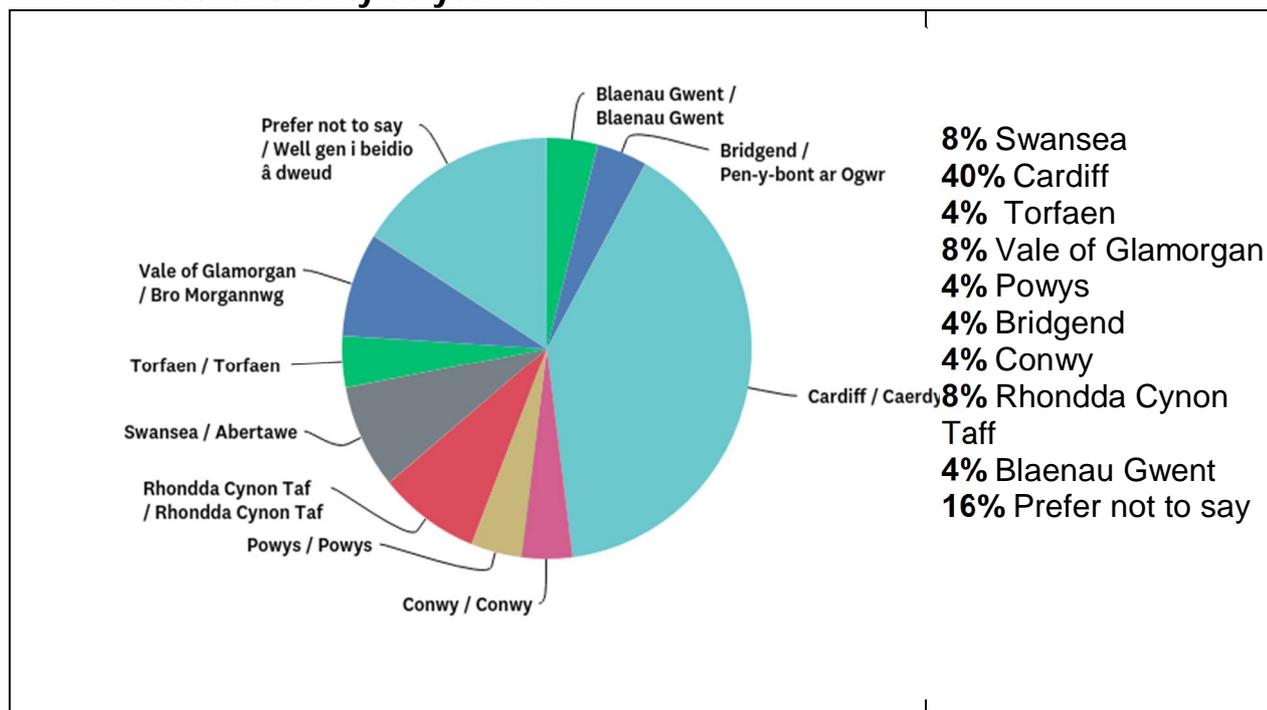
Do you consider yourself to have a disability according to the terms given in the Disability Discrimination Act?
44% Yes 53% No 3% Prefer not to say

What is your religion / belief / non-belief?
23% no religion 57% Christian 8% Hindu 6% Muslim 6% Other

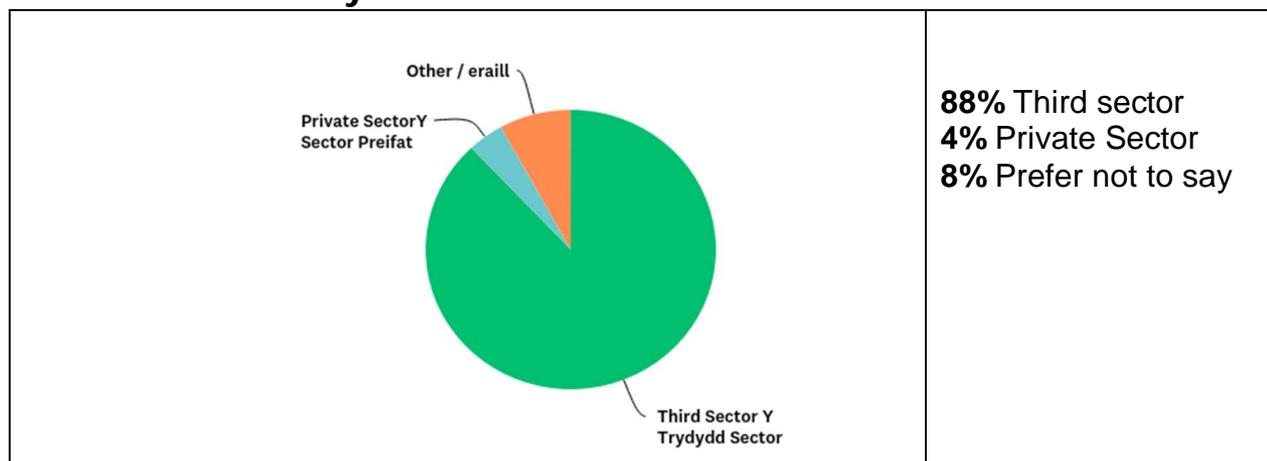
In which local authority do you live?	
24% Swansea 23% Cardiff 7% Torfaen 7% Vale of Glamorgan 6% Powys 5% Bridgend 4% Gwynedd 3% Newport 3% Flintshire 3% Carmarthenshire 2% Monmouthshire	2% Anglesey 2% Conwy 2% Ceredigion 2% Caerphilly 2% Wrexham 1% Rhondda Cynon Taff 1% Pembrokeshire 1% Neath 1% Merthyr Tydfil 1% Blaenau Gwent

Appendix 3 Demographic Information Professionals

In which local authority do you work?



In which sector do you work?





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