

# THE CONCERNS OF PEOPLE IN LATER LIFE

## FOCUS GROUP RESPONSES: 2018/19

From November 2018 to January 2019 Age Alliance Wales and Age Cymru carried out a series of focus groups across Wales, visiting venues in Bangor, Wrexham, Swansea, Cardiff and Newport.

Opinions and comments were sought on a range of issues from people aged 50+, with additional meetings specifically aimed at BAME and LGBT+ people, details of which are set out in additional reports.

This report contains the findings of the events.

<b>Paying for care</b>	<b>2</b>
<b>Community Participation</b>	<b>9</b>
<b>Transport</b>	<b>19</b>
<b>Housing</b>	<b>23</b>
<b>Preparing for the Future</b>	<b>31</b>
<b>You and your rights</b>	<b>35</b>



## **Paying for care**

The number of people in Wales aged 65 and over is projected to increase by 292,000 (44 per cent) between 2014 and 2039. The proportion of people over the age of 75 years in Wales is projected to increase by more than 40% by 2030, and by more than 70% by 2040. By 2040 the number of people over 85 is projected to more than double. This ageing population means that there will be greater calls on local authority social service provision. However, given the financial constraints on local authorities, and the likelihood that this situation will exist for some time to come, concern has been growing over past years as to how the requirements of the Social Services and Well Being Act (Wales) 2014 can be fulfilled.

Professor Gerald Holtham of June 2018 “Paying for Social Care, *An independent report commissioned by the Welsh Government*”, set out a range of suggestions including the possibility of funding the future provision of social care via including a tax increase or social care “levy”. We therefore asked respondents for their thoughts on this possibility.

### **General thoughts on current position**

There was some confusion over the nature of social care and health care and how they co-exist and interact: to many people they are each part of a greater “care service”, and they are not particularly concerned about which body may be required to provide that service. They simply believe that if they require assistance from the state, the state should provide it.

During the course of discussions we heard a range of opinions regarding the NHS in Wales (rather than local authority social care provision – perhaps a reflection of people’s confusion around the system): some felt health should not have been devolved to Welsh Government, believing there is too much bureaucracy in the NHS and not enough improvement in services. Inefficiencies in the NHS were seen as being very costly: we were told of people living in Wrexham being referred to a hospital in St Helens (just outside Liverpool) for eye operations. Whilst respondents noted these

operations would be provided sooner than would be the case at a Welsh hospital, the inconvenience of being further from home was criticised, as was the LHB spending £250 per patient on taxi fares to St. Helens (although it is not known where this figure was obtained).

Additionally, respondents in Wrexham were aware of three individuals who were currently in hospital, with a care package in place, who were unable to go home as there were no carer workers available to provide the services they need. Participants did not really concern themselves about which body is responsible for this: it was simply seen as a fault in the system.

Participants were conscious of the financial difficulties faced by local authorities, but many were critical of the position authorities had taken with regard to the choices made as a result of these financial constraints. It was said that the closure of local authority day centres and care homes was a major error (it was said that all local authority homes had been closed in one county, as had all but one day centre), as were cuts said to have been made to care services. Respondents told us that local people had been approached by the authority to take on the running of community centres, but the community couldn't afford their upkeep without authority assistance, so they simply closed. They felt this may have let the authority "off the hook" to some extent, as rather than accept responsibility for the decision this instead allowed members of the community to be "blamed".

There was also criticism of Welsh Government and its elected representatives: some in the north of Wales felt that too much finance is spent in the south, particularly Cardiff, and expressed a belief that prior to the introduction of Welsh Government a greater level of finance was spent in the north, and in a better way (although the basis for this belief is not known). Assembly Members were felt by some to be of poor quality, with claims that they do not appreciate "the situation on the ground". Some told us they thought their MP provided a better service than their AM, when approached with various concerns.

The standard of local authority councillors was also criticised by some. It was claimed that some had lost their drive and desire to make a genuine improvement (given the

financial constraints upon councils) and “may not even attend meetings”. Indeed, some believed that rather than having a desire to represent their ward members it was felt by some that a number of councillors have chosen to remain in their role for the financial benefits alone.

Several respondents felt there has been a change in the language around the provision of finance and services, (e.g. state retirement pension now commonly being called a “benefit” rather than simply a “pension” in government documentation). They felt this change in terminology may be an attempt to make people “feel grateful to receive what they have paid for”, an approach which may be impacting on the provision of social care too, creating a situation where people may be more amenable to suggestions that they should not be “taking from the state”, and therefore not asking for help when they really need it.

## **The need for more finance: Would you be willing to pay more?**

It was generally felt that local authorities had inadequate finance to ensure their social services provision could be improved, but we received a range of opinions on whether people would be willing to pay more.

Some felt that social care should be entirely free at the point of delivery, akin to NHS services, so were totally against any form of additional payment. Given that levies aren't used elsewhere, they asked how their introduction for social care could be justified - some simply believed that it cannot, particularly given the financial difficulties many people already have in supporting themselves and their families. These individuals felt that costs should be covered by the current taxation and/or National Insurance system. They felt that social care should be properly funded in the first place, rather than by supplementary “ham-fisted patches”.

Some believed that wealthy individuals and organisations which don't pay a fair amount of tax should be pursued first, rather than "tax" the wider population. Any "legal loopholes" to enable tax avoidance should be closed too, it was suggested.

A number of contributors maintained that they did not appreciate the manner of the what they perceive to be the government's stance at all, feeling that they were being "blamed for living longer". One person stated "I worked all my life, we paid our own costs, bought our own homes. I resent being called a drain on the economy", whilst another said "I feel I am being blamed for getting older ... I've already paid my way".

Numerous other contributors agreed with the notion of a levy, but believed it should be ring-fenced, so that it provides exactly what was expected of it, rather than being subsumed into a "bigger pot". Furthermore, it was stated that any finance raised by a levy should add to that already provided by government: government should not cut back their investment in response to any finance provided by a levy. However, even though they accepted the notion of a levy, there were some concerns that it would lead to further calls on their finances in the future: they were concerned that it may be "the thin edge of the wedge" on paid-for services.

One contributor felt that government's approach on this issue is fundamentally wrong. He believed that all aspects of social care provision need to be considered afresh, rather than attempt to "fix" what he considered to be a broken system, stating "Things are done badly everywhere. The whole thing needs to change ... This is tinkering with a failed system".

This individual was also critical of management of social service departments, stating "far too many incompetents are in charge", with "unaccountable senior civil servants and politicians". It was suggested that local authorities, UK and Welsh Government and LHBs need to introduce "ISO 9001:2015", which sets out the criteria for a quality management system (although it was felt that even with its introduction it would be a slow process to improve services). Essentially, he felt that it was necessary to "Inflict good management on them" and not allow for "inefficiency" or "incapability". The ultimate impact of such standards is unknown, however.

## **How should this be paid?**

Some stated a levy would only be acceptable only if it were essentially a form of progressive taxation. Others said it would be better to instead raise income tax. However, whatever the method of collection, it was felt that any additional payment in respect of social care should provide services which are easily identifiable and fully reflective of the additional payments made.

There were some suggestions for alternative ways to raise funding for social care: some felt that a tax of some nature on unhealthy foods, particularly fast foods, could be introduced, believing that unhealthy eating may be a contributory factor in the need for social care. Such funding could also be used to provide education on healthy eating, enabling people to better care for themselves, it was suggested, so reducing the future cost of social care (or at least extending the period until an individual may require that care).

## **Who should pay, and how much?**

There was a range of opinion on this. Some respondents suggested that taxation is much too low in this country, leading to underfunding of public services. They suggested we could take on a Scandinavian approach, increasing taxes but providing higher quality public services as a result. However, they noted that those currently of working age may not take this view, and thought it unlikely that any political party making such calls would be elected.

Some contributors felt that it is unfair to expect “people with money” to pay for personal care, whilst “those on benefits” do not. One woman stated that she retired 21 years ago, but is still paying what she considered to be “a lot of tax”.

There was also discussion around the suggestion that a levy would not be payable by people under the age of 40. Numerous people agreed with this, recognising the financial difficulties of getting on the housing ladder, obtaining a university education (and therefore not starting work until a greater age than may have once been commonplace), having difficulty finding secure work, being reliant upon food banks, and not being able to afford to pay into a pension scheme to any significant amount,

can lead to financial strain. One person said “I’ve had the best of it. I worry for the young. The things they have to have now have changed”. It was felt that expecting them to pay towards a levy would be “a disruption to family life”.

However, on the other side of this discussion, some felt that contributions should simply be a form of universal taxation based upon income levels, as is the case with National Insurance and Income Tax, so that those who could afford to pay do so – without age being a factor (although it was recognised that such measures do not take into account people’s outgoings).

Many contributors believed that as we have an ageing population with increased needs we need to share the risk amongst the whole population, rather than only a certain percentage. However, it was also felt that it may be difficult to encourage younger people to pay into a system which they may not benefit from for many years, if at all.

## **What services would you like to see as a result?**

If people were to be expected to pay more, we were told, they would expect to see a corresponding improvement in services. If such improvements were visible it was thought to be more likely that people would accept this and feel comfortable about maintaining future payments, but if no improvements were evident it was felt that there would be growing resentment. It was suggested this could be the case for younger people in particular, who may generally be less likely to benefit from their contributions for some time.

Respondents said they would also expect to see a universal availability of care provision: what may be available in one authority should be available through all of Wales. People also felt that if there should come to a time when they may need social services it should match what was envisaged or promised when paying into the system. They would not want to see services or qualifying requirements significantly changed at a later date.

People also suggested any additional payments could be spent on provisions such as social prescribing, reintroducing “meals on wheels” services in authorities where these have been passed to the private sector, or improving training for those working in social care.

Further, it was felt that it would be acceptable to improve pay and conditions of employment of those working in social care which, it was hoped, would lead to a corresponding increase in the quality of services provided by care staff. Recruitment programmes, aimed at securing a more sustainable workforce, were also thought to be a potential area of investment by some – along with moves to ensure care work is seen as an attractive field with a worthwhile career path. Domiciliary care work should be made more rewarding, and the value of workers should be properly recognised, both financially and professionally. Workers should be able to do more within the course of their visits, providing a more social aspect, not just physical care assistance.

It was felt that the work carried out by care workers should be widened. We were told that local authority contracts do not allow care workers to take people to the GP or social visits, for example: it was felt this sort of assistance should be provided if required, even if it’s on a one-off basis, rather limited solely to contracted services. Some people called for improvements to provisions for those with mental health issues, with one person, who receives such services, believing mental health services are seen as the “poor relation in the system”.

It was also felt that government needs to invest more on preventative measures (ensuring exercise opportunities are available, for example). Respondents were aware of a range of activities which would benefit from support (such as community walking groups) and asked why, if they are able to reduce the possibility of a person requiring care, they should not be seen as a good investment.

Finally, a number of contributors felt that it is important to include younger people in these discussions, stating “it’s unfair to expect younger people to bail us out” without offering the opportunity to provide their viewpoint.

## **Community Participation**

Later life should represent a time of enjoyment and fulfilment, when people are able to participate in the community, learn new skills or take up new activities.

### **Opportunities in the community**

Meeting places such as community and day centres enable older people to socialise, attend lunch clubs, carry out activities, take up learning opportunities and volunteer, and as such play a vital role in combating social isolation and loneliness amongst older people, allowing social contact, exercise and opportunities to engage with wider society. Such services can vastly improve older people's quality of life, promote their health and prevent or delay the need for more costly interventions.

Similarly, lifelong learning and the opportunity to take part in educational and cultural activities are important for many older people, offering real benefits in terms not only of personal enjoyment, but also for physical and mental health, social engagement and the ability to better manage their lives.

Despite these benefits, however, there were found to be a variety of reasons why older people may be excluded from taking part in local educational activities. Firstly, we were told there is a comparative lack of educational courses available, and if they are available they can often be expensive: we were told that fees (sometimes around £120 per term) are out of reach of many. Further, transport is a huge problem: we were told that people should "Forget about evening classes in Flintshire if you have no car: you can't get about." It was stated that if classes end after 6pm they are ruled out by many individuals.

The provision of evening classes was also seen to be problematic, having dropped in number and becoming increasingly expensive over past years. It was also felt that they tend to be concentrated in town centres, making them inaccessible for those without adequate transport facilities in their areas, and often don't cater for what people want: one respondent said he would like to do DIY and mechanics courses, but they aren't available in his area.

Further, the advertising of courses is not good, it was felt: we were told they may be advertised online, but not in more traditional ways, such as notice boards. Whilst some local authorities provide free newspaper for all residents it was felt these often contain only “self-promotion” articles, rather than information on local activities. It was felt there is scope to improve these LA newspapers, to better reflect the needs of readers, such as telling them about local opportunities for community learning and activities.

Knowledge of other local activities was also found to be a problem: there was said to be a lack of information across each of the areas we visited. Some suggested that individuals could do more to help themselves in this respect, but it was also thought that more needs to be done to let older people know about local activities more easily. However, some respondents had signed up for emailed newsletters from local authorities and third sector organisations, but received nothing in response. Others said they only hear of events only after they had taken place, usually by word of mouth. All in all, a lack of appropriate advertising and communication was a problem for many.

Added to these difficulties, participants told us of a range of difficulties they face in their attempts to leave the home. These covered a range of circumstances, from negotiating streets to using public transport. Indeed, public transport, particularly bus services, was the dominant issue for many older people: we were told that north and mid Wales is particularly inadequately served by public transport, with poor links and few buses or train services – this will be considered further in this paper.

The ability to remain mobile was seen as crucial by respondents, with one woman stating “You’ve got to keep your mobility. If you lose your mobility you’ve lost it”. However, it was highlighted that there are often insufficient seating areas in public places and a poor quality of pavements, and it can also be difficult to get wheelchairs through town. A lack of public toilet provision was seen as hugely problematic too, impacting upon the places people choose to visit or the routes they may take. Indeed, we were told of a range of matters which need to be addressed across Wales: access to public toilets is seen to be crucial, public seating should be increased, community centres need to be accessible (with suitable drop off points for those with limited

mobility) and pavements need to be clutter free, gritted when icy and leaves swept. Parking on pavements is also a problem for many people.

It was thought that the opening up of toilets in cafes and other businesses in town centres was a positive move, but it presently does not occur in a many towns. We were told of an older woman who relies on visiting a succession of cafes in one North Wales town, using toilets in each of them, in order to do her shopping. Without their availability she would simply be unable to do so.

Many participants felt their local authority should be compelled to ensure there are adequate toilets available, with councils being provided with the money needed to do this by Welsh Government. Further, there was a willingness to pay a small fee for the use of a toilet, if that would mean they would be regularly cleaned (one respondent told us she thought many free-to-access toilets are “disgusting”), and should be staffed, at least part time.

There were also many concerns around the reduction in the provision of libraries, banks and post offices, both in terms of their number and their opening hours. Such facilities provide an important social, cultural and educational resource, as well as serve a practical role. Their loss has negatively impacted on many communities and individuals, we were told, particularly those living in more rural areas. Furthermore, it was felt that the level of consultation with older people when organisations are considering closure was minimal, if any. Some felt they were a “tick box exercise” at best.

The issues above are of concern to a wide range of people aged 50+ in Wales. However, many respondents were still very active in their communities: One woman said she had plenty of opportunity to do things in her locality, such as adult colouring classes, the U3A in her library, attending gardening club monthly, choir weekly, and also attending singing events and women’s guild. However, many acknowledged others were not as able to engage.

We have seen the introduction of “hubs” and similar across Wales, incorporating a range of services including libraries and other local authority services. Whilst many

people were satisfied with such places, preferring to have them than nothing at all, we were told by many former library users that these new venues are simply too noisy for their liking, and they question the ability to satisfactorily co-host some of the services offered in one venue.

Further, it was felt that local hubs could “swallow up” smaller community initiatives, and offer less privacy than stand-alone facilities. Many areas do not (as yet at least) have hubs, but those living in such places thought they could be beneficial, especially in areas which had seen cuts in library services. One respondent, however, stated that individual services are “rubbish” when combined in hubs.

It was also thought that older people should have a greater say in the design and provision of local activities and services (including hubs): it was said that co-production opportunities are to be found, but they aren’t truly co-produced. One person said “they expect us to agree to what they say, rather than be involved at the very start”. It was felt that “lip service” is being paid to public opinion, and that people are still relatively powerless as individuals.

As there are numerous people unable to leave their homes some contributors felt there should be an increased number of befriending services, so those who are unable to leave their homes can be visited or telephoned occasionally. However, it was thought that befriending service provision has gone down over past two or three years. Furthermore, it was felt there is a lack of information for older people regarding befriending services: whilst some locations had Community Agents or Community Connectors to inform residents about such services, not all places have an agent.

People also called for increased numbers of lunch clubs and friendship groups, and volunteers to accompany older people (which they believed would be especially useful in rural communities), to assist those with limited mobility.

For some of those who retain good mobility their treatment when out and about was a concern: whilst not fearful for their personal safety, some respondents told us they were concerned about the way society is changing. We were told that people aren’t caring, and are “tied up with computer games and mobile phones”. Essentially, they

believed that many young people are unsociable, rather than problematic, and suspected that they would be more likely to become lonely in later life as a result. We were also told that there can be a “general lack of respect and lots of racism out there”. People told us that they are uncomfortable with people swearing on the street, and were particularly critical of those who swear in front of children – one woman spoke of a neighbour who would routinely swear around her own children, which she found to be entirely wrong.

## Transport

Older people rely on public transport far more than other age groups. Indeed, respondents stated that buses were by far their most often used service. Bus passes were appreciated by the vast majority of respondents, with comments such as “Bus passes are the best thing since sliced bread” being commonplace.

As well as being vitally important in helping older people to maintain their independence and well-being, both public and community transport services help to ensure communities are well-connected and that services, facilities and amenities are accessible, reducing the risks of isolation and loneliness. However, problematic bus services were a recurring theme at the focus groups, where older people told us of a range of problems:

The general opinion was that the quality of bus services is worsening. Respondents noted that timetabling and timekeeping can be irregular, and it was generally felt that there are nowadays far fewer buses and fewer useful routes, with a belief that a lack of adequate bus services is leading to social isolation. For example, we were told of individuals waiting at stops for an hour for their rural buses, or bus stops being removed without consultation with bus users. Further, we were told of a range of problems across the country, with vital services being withdrawn, or timetabling which makes a service virtually useless: we were informed that for those living on Anglesey the earliest bus to Abergele requires a 9.00am pick-up, arriving at the destination at 11.00am. However, the last return bus of the day leaves Abergele at 11.30am, so passengers have to carry out their business within a 30 minute window. The service is therefore essentially useless, unless the passenger wishes to stay in Abergele overnight.

Such problems cause difficulties in accessing services across the country, and whilst taxis may be an alternative for some, but the cost can be prohibitive. It was claimed that in the north of the country a number of larger bus service providers have taken control of the key routes, and that these larger companies have “been greedy and grabbed all the profit making routes”, making it more difficult for smaller companies to

survive. Services on these less profitable routes can be sporadic as a result, although some felt the use of local companies, with perhaps a better understanding of their users, added a personal element which large national companies could not match. Smaller firms' drivers often live within the communities they serve, and are essentially seen as friends, we were told.

Furthermore, some respondents believed that local authorities are more concerned about the maintenance of services in urban areas than rural. Whilst these urban routes may be used by a greater number of people than rural services, those living in rural areas were thought to have fewer (if any) alternative options.

The transport issue was also said to create problems for those needing to visit hospital, particularly for the North Wales respondents. Journeys from villages to hospital can be time consuming, with it being especially difficult during winter. Given the problems with public transport, in some areas GPs had established voluntary driver schemes, whilst in others residents had been given the opportunity to telephone the local bus company and arrange for a bus to detour into their estate (just off the usual route) if required, avoiding the need for older people to make their way to the bus stop on the main road. It was felt such schemes could and should be extended further afield.

There were some hospital routes which were highly praised, however. For example, one hospital, located in the north of the country, operated a park and ride service, allowing drivers to park for free and use a free shuttle bus to the hospital entrance. It was suggested that such schemes should be rolled out across Wales, helping people avoid the difficulties experienced with hospital parking.

We were also told of some issues with community transport, these mainly being difficulties around the booking arrangements, requirements for the bus to have a sufficient number of bookings before it would be able to travel and recognition that bus passes cannot pay for these services. Further, we were informed there are few taxis within villages in North Wales, making it impossible to travel even a few streets if immobile, as they tend to be based around the larger towns.

The above issues would potentially impact upon all older people across Wales, but there are a range of factors which were said to impact on LGBT+ and BAME people more than others:

## **Housing**

During our focus groups we found that people aged 50+ across Wales had a range of concerns about housing for older people:

### **Choosing to stay in your own home**

It was generally believed that people should be able to keep living in their own home, rather than move to a smaller or more appropriately sized home, for as long as they felt able to do so. Further, any other options have to be attractive enough to make people want to move, rather than be a “last resort” option.

It was stated by a great many that any decision to move into sheltered accommodation must rest with the individual concerned. There should be a real choice about downsizing – it should not be forced upon a person, as a house may be very important to a person: it is far more than a simple building. For example, one person told us that a friend had buried her husband’s ashes in her garden – to coerce her to move would be “cruel”, she believed.

Two younger contributors (both aged in their 50s) suggested that some people may be encouraged to stay in their homes beyond a time which is reasonably practicable, despite agreeing with the overall concept of people choosing their own living arrangements. It was felt that remaining in one’s home may not be good for the family or the individual, as well as being costly (in terms of making adaptations to the home, which would potentially be used only for a very short period of time).

Some people thought it important to maintain relationships with younger people, having no desire to be segregated, and so would be reluctant to live in accommodation which could not facilitate this. Some suggested it would be worthwhile looking into the potential of “home-share schemes”, with older people renting a room to a young person, allowing them to share costs and spend time in one another’s company.

### **Moving to a smaller home**

It was believed there are too few small homes suitable for older people, a consequence, it was suggested, of developers preferring to build larger houses in order to make a greater profit: social need isn't necessarily a concern to them.

Although there were concerns about amount of social housing being built (for all members of society, not just older people), and the location of that housing, some older respondents told us that in their experience housing associations and local authorities make it reasonably easy for people to move into a more suitably sized home if they should be living in one which no longer meets their needs. This was seen as particularly useful as the more secure tenancies offered by housing associations and councils (as opposed to private landlords), were very valuable in later life.

However, it was recognised that moving home can be a very taxing process, so it was thought some form of advocate, to assist a person to make a move (helping them to find a suitable home, organise the moving of belongings and dealing with utility companies, for example), would be of great help. Group members were careful to add that any decisions regarding a possible move should be made by the residents: they should not be forced into making any decisions by third parties.

### **Moving to supported housing or residential care**

Many respondents were open to the idea of entering supported housing or a residential care home, if they should need to receive their services, but stipulated that they would still like to maintain their autonomy. People thought that the ability to maintain their independence and lifestyle is a very important factor when considering whether they may choose to live in sheltered or supported accommodation.

Another person felt that they would only consider moving from their own home if her physical abilities reduced substantially, explaining "If I couldn't get out and about I'd consider it, to keep around people".

The ability to carry out their hobbies for as long as possible, such as gardening, and maintaining their mobility (including the ability to retain the use of a car) were seen as

essential. One woman explained “I have a garden, and would like to keep gardening”, whilst another said she would like to be able to keep her car, but had found that often sheltered accommodation does not have parking provision residents. For another, the ability to simply live in a location which would enable her to get “out and about”, to pop to the shops or buy a newspaper, was essential.

They would also want their homes to be comfortable, exude a sense of belonging, and be situated close to town centres (it was believed that many new schemes built on out of town sites where land is cheaper). Further, they should be secure: there was a feeling that security-cutbacks have led to there being fewer wardens on duty.

Some older people indicated they would like, if they were to consider moving into sheltered or supported housing aimed at older people, to live in small communities of 15 to 20 older people, allowing them to share different skills or experiences. Others preferred the idea of even smaller properties, with around 6 people sharing facilities. This would ensure they were not lonely, and not living in something which feels like an “institution”. However, people would also like to have their privacy, with one respondent stating that there are some “irritating older people” too – I wouldn’t want to share my life with some of them!”

However, we were informed that there is a lack of warden-controlled flats in some areas, meaning that some people have had to go into a “full care home”, which was really not what they needed or wanted.

Some of those we met had already moved into supported housing, and not all were happy with their situation. One woman, who had moved into sheltered accommodation operated by a housing association, regretted her choice, saying that she “hated” her new home. It was said by a number of respondents that the owner of this accommodation, a large social housing provider, was particularly problematic, as they are not an organisation dedicated older people, but a general housing provider. She explained: “I regret moving into [named accommodation]. It says you have a community room, but during the day it’s a warden’s office. They don’t give your freedom if its warden controlled. You cannot have a pet, you can only do your washing at certain times, and it’s expensive.” She added that a residents’ association had

recently been established, but she felt that its members had been “cherry picked” by the housing association staff, being the most compliant residents. Further, she said she had been threatened with eviction if her care needs change. She stated “At 83 should I be worrying about where I’m going to die? I can’t imagine anything worse”.

Other respondents were critical of other sheltered housing schemes too, describing one as having a feel of a hotel, rather than a person’s home, and another facility refusing to allow visitors into the bedrooms – residents instead have to book a visitors room. One person noted that a sheltered housing provider in North Wales had employed a Cardiff-based company to deal with emergency phone calls, who then transfer the call to a local enquiry centre. However, it appears there have been numerous problems with this system, as the staff in Cardiff are not aware of the local geography.

The location of housing provision for older people was also sometimes problematic. Numerous contributors were concerned that housing developments aimed at older people are often built in poor locations, away from town centres and their facilities, and with poor, if any, bus services. Older people told us that they would like to continue to contribute to society for as long as possible, but housing in poorly chosen locations would deny people the opportunity to spend time in the community, and essentially force them to stay within the confines of the housing development. This is not only an issue for those living in there, but also those who may wish to visit: whilst social interaction with visitors is good for residents, a lack of public transport may make visiting very difficult for many. Indeed, we were told of an individual who spent around two and a half hours, on three or four buses, to visit a friend with dementia in a care home, and then spend a similar amount of time to return home. Given the nature of the resident, and as our respondent couldn’t be sure that his visits could be remembered, he was beginning to doubt whether it was worth the trouble – a situation which would not occur if the bus service was of a better standard.

Finally, it was felt that where housing has been set aside for older people greater consideration should be given before changing allocation policies which may allow younger people to reside there. It was acknowledged that some older housing stock intended to meet the needs of older people didn’t suit its purpose, perhaps being on

an upper storey, but it was felt that allowing younger people to live in those homes may create tensions: it was said that younger people's lifestyles may be at odds with those of older people (noise levels being of highest concern), so housing providers should take these matters into account.

In addition to issues of this sort, which may apply to all sections of society, there were particular concerns expressed by both LGBT+ and BAME people about the difficulties they face around supported housing and residential care.

## **Preparing for the Future**

### **Employers and the need to adapt to the needs of older workers**

Focus group respondents, who were generally older people who had retired from paid employment but often continued to carry out a range of voluntary roles, believed that employers could introduce a range of changes for older employees, including more flexible contracts for those aged over 50 and more part-time opportunities. We were told by one respondent that his previous employer offers staff financial assessments every 2 years, from the age of 50, so people could ensure they were aware of their financial situation on retirement and to discuss their options – it was believed that such a scheme should be rolled out by all other employers.

It was felt that older people should be in a position to “Carry on working as long as you are able and want to”. It was noted that physical work often becomes more difficult as people age, and as such employers need to be willing to adapt roles to ensure the individual can remain employed as far as they are fit to do so, or alternatively find more suitable roles (giving the examples of mentoring of younger workers or providing less physically demanding roles).

Furthermore, whilst many believed that working beyond the “usual” retirement age is of interest to some, and the loss of a compulsory retirement age is a very good thing, it was also felt that this entirely depends upon the individual: there was no desire for older people to have to remain in work and be unable to retire, if that is what they should wish to.

It was accepted that it may be the case that some employers aren't able to adapt to a particular individual's needs, so there may be a need for older people to receive help in finding more suitable employment or to access training opportunities elsewhere. Those we spoke to felt there was no reason why people could not begin a new career in at any time of life, if they should desire, but it was believed that adult training and education (other than through the University of the Third Age) had “virtually disappeared”. Additionally, it was felt that more help could be provided by local

authorities to assist people who wish to set up small community enterprises based on individuals' existing skills, such as catering and sewing.

### **Preparing for retirement from paid work**

The older people we met recognised their need to keep active and socially connected in retirement, and were generally supportive of a notion of employers being encouraged to educate their older staff about the opportunities available to them, and the preparation they may need to undertake, as they move towards retirement. Many advocated the introduction of structured courses or programmes on “preparing for retirement” to achieve positive results.

Further, it was recognised that as smaller employers may have fewer opportunities and resources to do this. It was suggested by some that larger employers could be encouraged to assist by offering their services as a form of “corporate pay-back” across the communities in which they are based (it was believed by one individual that some large supermarkets already do this as part of “giving back to the community”). Others felt that such schemes could be funded or facilitated by Welsh or local government, who could commission larger employers to provide services to all people living within a given region.

It was felt that whilst people may end their paid employment, there was no reason why people, if they should wish, shouldn't carry on working in a voluntary capacity. An 82 year old woman explained “I haven't retired, I've just swapped jobs”. The value of working, whether in a voluntary or paid capacity, was seen as very important in ensuring people do not become lonely. One person said “Social isolation is the main problem”, and felt that maintaining everyday contact, and therefore avoiding isolation in retirement, is key to many people's wellbeing. It was said that it is extremely important to “make sure you have something to do” and “Keep your brain active”, whether that's volunteering, an allotment or hobby.

In order to carry out voluntary work it was felt that people may need some initial encouragement, and may also need training to give them with the skills they need. It was suggested that employers should make information available to workers about volunteering or hobby opportunities in their community, and for individuals to take up

hobbies before retirement, and then increase involvement in retirement. Essentially, people should “taper off from work”, rather than simply finishing paid work immediately and then seeking new pastimes.

There needs to be a transition, with employers allowing people to make a gradual change, or offer the opportunity to share positions in later life, if that should be desired by the employee. However, a small number were concerned that if this should become commonplace, it may result in younger people being unable to access career progression opportunities as readily.

It was believed that there is a shortage of volunteers as people are often working longer or are acting as carers, but for those who are unable to volunteer, it was felt that more can be done to ensure they are made aware of local volunteering opportunities. It was felt that methods of communication had shifted dramatically in the last few years, and those seeking volunteers believe they have adequately communicated if they’ve posted information online – but many people would not be aware of online information.

Further, the Dewis Cymru website, which should enable people to find volunteering opportunities locally, was said to be “clunky”, and much of the information on it was thought to be out of date. More traditional methods of communication, such as notice boards, are not used as often as they once were, meaning that information is not being provided to those who rely on them. All in all, people felt there were significant shortcomings in advertising volunteering opportunities.

In addition to the above issues, older LGBT+ and BAME people told of a number of additional areas of concern:

## **You and your rights**

### **General awareness of rights**

The older people who attended the focus groups generally felt that they had a reasonable grasp of their human rights, although not a detailed knowledge: several said they were unsure whether their knowledge around rights was up to date, but felt comfortable with it nevertheless.

There were also concerns about people's ability to gather information if they do not have access to the internet, with several people noting that the ability to get online can be expensive, as well as daunting: PCs, smartphones and an internet connection are out of reach of many, it was felt. It was also noted that such people are also unable to access information on alternative utility providers, insurance companies and similar, as this is often only possible online. As such, people who may already be struggling financially are dealt a second blow.

Whilst many people were satisfied with the level of their knowledge, they thought it could be beneficial to educate all people about their rights throughout their lifetimes, and the context in which these rights could be utilised, such as when leaving hospital and in need of a care package from the local authority, rights in residential and care homes and information about welfare benefit and pension entitlement. Some indicated a desire to know more about the rights of people experiencing mental health difficulties and dementia, as it seems this is something of a "taboo subject". Respondents appreciated much of the information already available, but stated "There's no point just printing a million leaflets": they would like a proper opportunity to learn more over the life course

### **Awareness of the means to enforce rights**

One man noted that although he would prefer to live in a position where he does not have to make complaints, he is glad that he has the opportunity to complain about a range of matters without risk. However, he felt that people often don't know what to do even when they are aware their rights have been breached, and also don't complain when they do know how.

Some said they would like to know more about their councillors, Assembly Member, Members of Parliament and the Older People's Commissioner, so they could make appropriate use of them in times of difficulty.

Many respondents did know of the work of the Older People's Commissioner for Wales, and a small number were aware of the Commissioner's booklet, Know Your Rights: An Easy Guide, published around 6 weeks before the focus groups took place. They generally appreciated this document, but felt that individuals should take responsibility to better inform themselves too. It was stated that there is an obligation on all of us to share our knowledge with others in order to ensure we can all benefit.

The ability of people to fight for their rights was a point of concern for many: whilst people welcomed funding for the Older People's Commissioner and the work she can do, there was concern about more traditional avenues of assistance. In particular, there was concern that "blue-collar" workers' unions in particular had lost their strength (although that the unions serving "white-collar" workers seem to have been more resilient). As such, some of the support structures people may have once been able to rely upon in later life have dwindled significantly.

People's ability to find out about their rights and entitlements regarding local authority provision was felt to be lacking. Their enquiry centres were felt to be poor, with people getting "bounced around" and having "not a good experience", being unable to contact specific individuals if they should need to phone on more than one occasion on a matter. Further, there was concern that there are very limited numbers of advocacy services available - certainly not enough for everybody's needs.

A number of people said that older people need to be more active about promoting or defending their rights, and to ensure they have their say, and to "take to the streets" if they are able (one respondent had been a prolific campaigner for a range of local and national issues for many years, and continued to do so wherever possible).

### **Other concerns regarding rights**

It was stated that some sections of the media have attempted to turn people against the idea of “human rights”: they portray them as being for “prisoners”, for “foreigners” or “foreign prisoners and criminals”, and link rights to a “compensation culture”. However, respondents believed that when people who may have been influenced by these stories are told the facts about human rights they don’t object to any of them, but only to certain specific inflammatory cases reported in the press (which in reality are often not matters related to human rights in any case).



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