

Age Connects Cardiff and Vale – Written Submission for Meeting 3rd February

1 Background

In the first six weeks of the pandemic the Charity responded to 3,500 calls for direct support, for information and signposting. The main practical support requested was shopping, collection essential items such as medication and prescriptions. See Case study, Appendix 2.

The vast majority of clients were isolated elderly women, worried about how they were going to cope with the impact of the pandemic may have upon them. Many, initially, did not want to receive the shielding food parcels, preferring to remain as independent as they could, with some practical help.

The Charity went from delivering 30 essential shops as part of our normal business to 315 shops a week. In the initial three weeks our Volunteer Programme was overwhelmed with calls for assistance. This resulted in some of our part time staff working additional hours and we redeployed staff in our social nail cutting service and other LA/LHB funded contracts to help meet the increased demand whilst we maximised our social media appeal for volunteers.

Our appeal for assistance resulted in the recruitment 200 extra volunteers bringing our total volunteer workforce to over 500.

In our follow up work we contacted 950 clients to see how they were and if there was anything we could support them with including a regular telephone contact. As a result, 400 clients requested a regularly call each week. We believe this demonstrates the ongoing need to provide reassurance and respite from feelings of isolation and loneliness. It should be noted that these weekly calls were in addition to follow up responses made by staff in our public sector funded services.

2 Experiences

It is very clear to us that we could not have dealt with the initial volume of demand without key elements coming together at the right time, that included:

- The released staff from other duties to support the Volunteer Programme. LA and LHB agreements for this, meant we did not furlough these staff.
- The commitment of staff and volunteers to go far beyond their remit and duties to address the demand
- Significant new volunteer recruitment
- Being able to work remotely, with new investment and staff commitment
- Our Board of Directors prepared to underwrite escalating costs from our reserves
- The external funding from our charitable foundations, businesses and supporters
- Welsh Government grant programmes, communicated and supported through Councils for Voluntary Service (CVC)
- Some good examples of improved lines of communication with the public and third sector organisations

3 Conclusion - Perspective on how social isolation for the older population can be best addressed by local authorities and how local authorities could engage with partners.

Our engagement with older people between November 2019 and April 2020 included a focus on those who are ageing without children. We have continued this engagement work throughout this pandemic and have received some research funding from the Wales Lottery Board to expand this work given the impact of the pandemic.

It is estimated (UK wide) that 1 in 5 people over the age of 50 do not have children and it is further estimated that by 2030, there will be 2 million people in the UK over 65 years of age without children. Wales specific data is not available.

People ageing without children will include:

- People who have never had children
- People whose children have predeceased them
- People who are estranged from their children

We held an initial event with 55 staff and volunteers to gather their thoughts and views of priorities for the Charity.

This work has identified the need to focus on older people ageing with little or no family support. We explored this further by conducting 14 focus groups involving 104 older people and 12 focus groups involving 59 professionals and people working with older people. This was followed up by a survey of 85 clients. The challenges they identified fell into three main categories. Health and Social Care; Accommodation and Finance. See at appendix 1,

We are following up on these issues and believe that partners should focus their efforts on effective relationships that maximise the opportunities to address the wider factors highlighted in the table that contribute to isolation and loneliness.

4 Recommendations

- Telephone triage arrangements through call centres to improve responses and reduce costs in the third sector
- Better links to 'silver' and 'gold team' planning arrangements
- Communications plan across key partners to explain what actions/initiatives are underway e.g. shielding coordination – different approaches in the Vale of Glamorgan
- Strategic commitment to volunteering programmes to support fast track but safe recruitment processes

Appendix 1

<u>FINANCE</u>	<u>ACCOMMODATION</u>	<u>HEALTH AND CARE</u>
Lack of mental capacity Lack of choice Reliance on online services Banks closing – no one to speak to in person Lack of support to navigate the system Banking facilities not accessible There is support but not knowing the right agencies to support and what capacity they have Who will help pay bills? Who will take me to the bank? Falling for scams Power of Attorney Learning computer skills Advocating “talking” but not easy If worried having someone to speak to	Remaining at home Home maintenance Access to transport Need for trusted tradespeople Moving to suitable accommodation Making home safe and comfortable Lack of support to navigate the system Moving to a care home or no-one to settle you in. No closure with family home Downsizing Disabled Facilities Cleaning Proximity to shops and community facilities Dealing with rubbish and waste Climbing stairs and steps – access to home Gardening Shopping	Ill health Planned and unplanned admission into hospital Visitors in hospital, laundry Discharge to home or care home Opportunity to make lifestyle choices Loneliness, isolation and keeping connected Remaining active Developing networks and support groups Lack of support to navigate the system Personal Assistants and Getting Reliable Care Carers need to be consistent in the approach. Some are good some not. Where there is a SW involve them. Some agencies provide poor quality services. No support for self-funders.

Appendix 2 Case Study. Ronnie and Jules

Sara, the niece of 80 year old Cardiff client, Ronnie has taken the time to email her thanks to Age Connects volunteer Jules.

Ronnie fell just before the coronavirus outbreak resulted in him being very immobile – effectively housebound, unable to use the stairs in his maisonette. With Sara living in the Midlands, Jules was allocated to support Ronnie to be able to continue living independently.

Sara wrote: ‘Thank you – to Age Connects and, more specifically, to Jules for being an absolute lifeline to Ronnie over the past few weeks. I honestly dread to think what the outcome would have been if you had not come to the rescue.

‘Jules has been a constant in his life the past few weeks. Her phone calls and shopping deliveries have been extremely supportive and her approach has been so kind and thoughtful. Jules has gone the extra mile and assisted with things such as taking out his rubbish as well as ensuring that he has all the basics to keep him going. She has been invaluable to both Ronnie and myself, an extra pair of eyes and ears.’ Sara added that: ‘this service has been superb and was up and running smoothly from the outset ... Ronnie and I are both extremely grateful, you have been a true godsend. Thank you – you are very much appreciated.’