

## **Shaping the Future of Care Together Consultation response on behalf of Independent Age**

### **About Independent Age**

Independent Age works to keep older people independent and out of poverty by providing them with practical support, financial help and lifelong friendship.

We focus on supporting those who:

- Are over 70
- Are in financial need
- Are lonely or isolated
- Have made a sustained and significant contribution to society, particularly through voluntary work

The charity has around 6000 current service users across the UK and Ireland. It is currently developing its services in order to better meet the needs of older people in today's society. Our aim is to make sure that all those we help are receiving their entitlements from statutory and other providers and then to provide additional support tailored to the individual's particular needs. This support is likely to be a combination of:

- Regular befriending and support from an Independent Age volunteer visitor
- Financial help in emergencies
- Additional practical support, such as providing household items and toiletry packs for hospital visits
- Membership of the Independent Age community, including regular correspondence, magazines and cards on birthdays and at Christmas
- Increasingly, the opportunity to meet and correspond with other members of the Independent Age community

## Our Research

At Independent Age our experience is specifically in the context of older people. The following response will focus specifically on the consultation questions upon which we have conducted relevant research. Our answers draw on the results of the following:

- I. Our **Annual Survey 2008** and our **Interim Survey 2009**, in which a series of topical questions on life, society, and our services were posed to 6,500 and 3000 of our beneficiaries respectively, to which 3,315 and 1,579 responded.
- II. A series of **focus groups and interviews** conducted by a research agency on behalf of Independent Age in **2008**. Seven focus groups were held comprising between three and seven beneficiaries, and lasted between one and a half to two hours. Eighteen in-depth interviews were conducted involving one interviewer and one respondent, and in some cases respondents were paired, involving some couples. These interviews lasted between 45 minutes and an hour and a half. In total, 69 respondents were interviewed across three regions in England, including the North East, the Midlands and the South West.
- III. A series of **focus groups and interviews** conducted by Independent Age in **2009**. Six focus groups were held comprising between four and nine beneficiaries, and lasted between one and a half to two hours. Four in-depth interviews were conducted involving two interviewers and one respondent, and in some cases respondents were paired, involving some couples. These lasted between 45 minutes and an hour and a half. In total, 45 respondents were interviewed across three regions in England and Wales, including South Wales, North East and South East England.
- IV. In February 2008, Independent Age commissioned **Ipsos MORI** to undertake a survey among 2,000 people in Britain to gain an insight into their attitudes towards older age. A representative quota sample of 2,007 adults aged 15+ in Great Britain were interviewed face-to-face, in home, and using CAPI (Computer Assisted Personal Interviewing). Fieldwork was conducted on the Ipsos MORI Capibus between 8th and 14th February 2008.

We are currently in the process of conducting a series of **12 focus groups and in-depth interviews** in six localities across the UK, and have included some preliminary evidence from our findings to date.

**Question 1: We want to build a National Care Service that is fair, simple and affordable. We think that in this new system there are six things that you should be able to expect:**

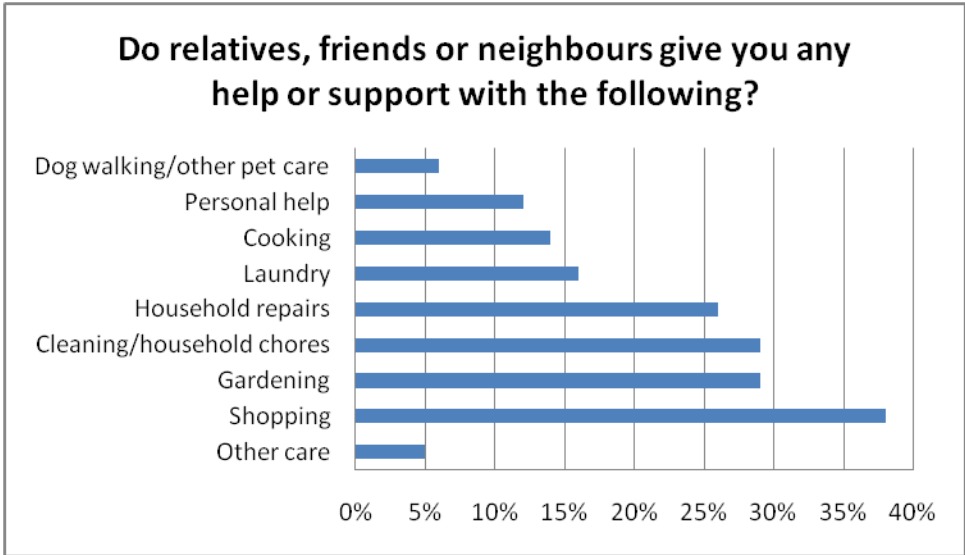
- **Prevention services**
- **National assessment**
- **A joined-up service**
- **Information and advice**
- **Personalised care and support**
- **Fair funding**

- a) **Is there anything missing from this approach?**
- b) **How should this work?**

### **Prevention services**

Independent Age welcomes the recognition in the green paper that a number of services play a part in prevention and early intervention, such as local authorities, GPs and health agencies. However, we would like to see more commitment to incentivising and encouraging these services to properly consider the needs of older people. The willingness of staff to engage in this change is therefore key to its success. Delivery partners and staff at all levels must be properly educated about the needs of older people, enabling them to undertake their work accordingly. In addition, government must facilitate information sharing, and improve staff awareness of this issue. We would also like to highlight the importance of detecting and addressing evident failings, while recognising and rewarding examples of good practice.

Independent Age also welcomes the recognition in the green paper of the need to address low level care needs, and the role that this plays in reducing the need for future support. However, we would like to see more detail on how these will be addressed. In our 2008 Annual Survey, 81% of beneficiaries said that they receive less than 35 hours help and support per week, 9% said 35 to 50 hours and 10% said more than 50 hours. The following question produced some interesting results. We asked:



This suggests that while the vast majority of our beneficiaries receive less than 35 hours per week help and support, they do receive a certain amount, the emphasis being on low level support. In particular, shopping, gardening, household chores and repairs are particularly prominent. All of which, despite representing low level care, are essential to an individual’s wellbeing. It is important to consider what happens to those individuals who have no contact with friends or family.

At Independent Age we have experienced first-hand the importance of addressing social isolation, and the impact this can have on an individual’s overall support needs. In qualitative research conducted by the charity in 2009, social activity was seen by respondents as being vitally important to staying well and happy. Two-thirds of Independent Age beneficiaries live alone and 1 in 20 have contact with friends and family once a year or never<sup>1</sup>. In addition, more than 1 in 4 (26%) have suffered the death of a spouse or a close personal friend in the past year<sup>2</sup>. The opportunity to participate in local social activities has subsequently made an incredible difference to the lives of a great number of Independent Age beneficiaries. One female respondent in a focus group held in London in 2009 described how finding out about a local group geared towards people with mobility problems had had an enormously positive impact on her quality of life:

***“I wish everyone would just look up disabled ramblers association. It’s marvellous, wheelchairs go and scooters go. It’s the most beautiful thing. We have a marvellous man who drives and on the trailer is a disabled loo. It’s wonderful. Wonderful... my son looked it up and he says, ‘Mum, never give up the ramblers, never’”.***

A male respondent agreed:

***“...You have to keep active. If you sit in and look at the four walls, you are definitely going to deteriorate and the reason that I’m saying this is that I’ve seen it happen to friends. They won’t go out...”***

<sup>1</sup> Independent Age Annual Survey 2008.  
<sup>2</sup> Independent Age Interim Survey 2009.

The discussion moved rapidly to an information exchange in which respondents shared their own positive experiences and provided the details of groups and activities that other participants may be interested in. The government should not underestimate the value of this type of activity.

We recognise the potential economic and social benefit represented by the increased use of telecare services. Reductions in staff time and home visits could cut costs in providing social care and in many cases could allow older people to remain independent and in their own homes. However, we are also concerned that an increase in telecare services could result in social care recipients, many of whom are already lonely and isolated, receiving less social contact. Savings made by the use of telecare services should be used to fund an increase in befriending and other services geared towards reducing the social isolation of older people.

Finally, it is vital to stress the importance that adequate and consistent funding is essential here to projects focusing on prevention. Resources must be allocated to sustain successful projects beyond pilot stage. While the green paper recognises the importance of preventative services, this recognition must be matched by an enthusiasm to sustain projects and develop them in the long-term. A great number of successful initiatives have already emerged through pilots such as the Partnerships for Older People Projects. The problem here has not been developing effective initiatives for older people, but rather securing the necessary funding for them. We are concerned that while in some areas a strong and effective infrastructure based on preventative techniques has been allowed to develop, the withdrawal of financial support puts the future of these projects in jeopardy. Greater recognition must be made of successful initiatives already operating in local areas.

## **Information and advice**

### **The nature of advice and information required**

In addressing the advice and information needs of older people in a new “personalised” National Care Service, it is important to recognise the range of advice and information needs that older people may have in this context. This ties in specifically with the need to place greater emphasis on “joined-up” working between departments, which we address in question two. A comprehensive advice and information service presents an opportunity to significantly change the lives of thousands of older people, responding to specific requests but also using a degree of intuition to inform people of their entitlements, or of local services that could make a difference to their lives. However, this is only possible if the service is designed to be proactive and properly takes into account the broad range of advice and information needs individuals may have. Without taking this approach it will be impossible to create a truly person-centred service.

In establishing the kind of information that individuals need, and with particular reference to the green paper’s mention of, “information and advice on the services that are available and how to choose between them”, we would like, for a second time, to draw attention here to the importance of including local social opportunities. As previously discussed, addressing social isolation is a key component of the preventative agenda and should therefore be a significant part of the new National Care Service and the advice and information it offers.

### **How should this advice and information be communicated?**

We have a number of reservations concerning the potential format of any new advice and information service. The first of these is with regard to “signposting”. While Independent Age recognises that signposting is an essential part of any new service hoping to offer a broad and extensive range of information, care must be taken to ensure it is done in the most seamless way possible. Independent Age beneficiaries generally agree that while being pointed in the right

direction is helpful, many “signposting” mechanisms can be frustrating and stressful<sup>3</sup>. A high proportion resent what they term the, “What’s your postcode?” approach of advice and information services. They also complain that some services can be abrupt and inflexible. A male respondent in one of our London focus groups in 2009 said:

***“They can point you in directions to follow, but there’s a big snag with all this ringing this, ringing that, ringing the other – you end up in a muddle if you’re not careful, and a lot of telephone money to pay...there’s nothing like face to face”.***

There is a clear desire for face-to-face contact when possible. Another male respondent said:

***“Nobody sits down and talks to you on a one-to-one basis. It’s very important to ask questions and say, ‘I need help can you help me?’, But then they will answer something specific, and then...somebody else is waiting”.***

It is vital that all staff delivering advice and information are appropriately trained in the varying needs of their customers. The older people we support like the idea of having one point of contact, but in a calm and relaxed environment, enabling them to find out and properly understand what is available to them, or how to resolve their query. Whether discussions take place face-to-face or over the telephone, patience, understanding and a degree of intuition about older people’s needs should be paramount. Older people must not be intimidated or deterred from making the most of the advice and information services available to them.

### **Personalised care and support**

Independent Age welcomes the move towards personalisation in social care, but would like to highlight that poor implementation will negate any potential benefits. We would like to draw attention to a number of points:

It is important to recognise that the concept of personalisation is a new one for many people. A new social care system must, as a matter of course, properly educate older people about what is on offer, how this will become available to them, and how they will be supported during the process. Anecdotal evidence received at Independent Age suggests that many older people are confused by the current system of social care and this can, and does, have a negative impact on their lives. It is vital that adequate advice and information is provided to prevent unnecessary confusion. The system must also be streamlined to ensure that those in need of care are not suffering from the burden of excessive paperwork and bureaucratic delays. It must be made clear to individuals exactly what will happen if their needs change or increase, and how this will be addressed.

Brokerage support is a key issue here, and in particular relates to the implementation of direct payments. Independent Age staff and volunteers working with older people in receipt of social care have expressed considerable concern about this method of support. As an individual in receipt of a direct payment, an older person will assume the role of employer, and will be expected to identify the services they need, find the appropriate providers of these services, and negotiate a service representing good value for money that adequately meets their needs. While Independent Age supports the notion of choice essential to the concept of personalisation, and would like to see older people empowered to shape their care to best suit their needs, the level of brokerage required may not be appropriate in all situations. Indeed, the right to have “choice” must include the right *not* to choose. For example, the system must cater for the needs of older people managing at crisis point. Some older people would rather *not* assume the kind of responsibility required by direct payments. We must consider what help individuals will need to make use of the choice available to them.

<sup>3</sup> Independent Age qualitative research 2009.

Advocacy services are currently very limited in most areas and will take significant time to develop. The government must account for the time and cost of building and sustaining a new market before personalisation can work effectively for all people with varying support needs.

The nature of support required by the personalisation agenda will vary from the current forms of social work available in the present system. A culture change must be effectively facilitated, which will necessarily include the adequate training of social care professionals. In the experience of Independent Age care professionals, the current system of assessment and care management does not allow sufficient time for staff to develop the type of in-depth relationship with social care recipients that is required to fully take advantage of the personalisation and individual budget agenda. Social care staff providing support to enable older people to make the most of the choices available to them, will need more time to acquire a greater understanding of an individual's history, previous choices and preferences, and what is important to them. The concept of personalisation is centred upon recognising an individual's needs, and developing the best way to facilitate those needs. This will often require actions which are currently outside the remit of the social care system, and will extend beyond our current perceptions of what constitutes "care". Further support from families and/or the voluntary sector is therefore likely to be essential, and the development of greater expertise in the voluntary sector will also be required to support this.

It is important to recognise the opportunities presented by enabling care providers greater flexibility in designing care packages. In providing a service to individuals, providers often have a greater relationship with the people in receipt of social care services and support. The knowledge they have obtained about a person's needs over a prolonged period of time could be used to tailor support more effectively.

Safeguarding must be an intrinsic part of any new social care infrastructure that involves the use of a variety of different services, providers and people, including family and friends. It is essential that vulnerable people are not exposed to a deregulated social care market. In the case of the employer-employee relationships occurring as a result of direct payments, it is also important to recognise that this is a two-way relationship. To ensure not only quality, but continuity of care, both parties must be treated fairly and professionally. Mechanisms must be firmly in place to ensure fair treatment for all.

**Question 2: We think that, in order to make the National Care Service work, we will need services that are joined up, give you choice around what kind of care and support you get, and are high quality.**

- a) Do you agree?**
- b) What would this look like in practice?**
- c) What are the barriers to making this happen?**

Independent Age welcomes the emphasis on joined-up working between health, housing, social care and the benefits systems. In exploring the issue of advice and information during our qualitative research conducted in 2009 we found that even those respondents who had already received support from, or liaised with one of these systems or departments, remained unaware of entitlements or services that were available to them. We would like to stress the importance of the following in relation to the concept of “joined-up” working:

- Consistency of response
- Consistency of service
- Consistency in the way that information is presented
- One point of entry
- Recognition of individuals throughout the system, no matter where they have entered it
- An obligation to share information

In the experience of Independent Age, the demarcations between social care, primary care, secondary care, housing support and mental health services prevent older people receiving the more holistic treatment necessary to address their needs in a realistic and effective way. In particular, while entry to one of these support systems may be time consuming and personally taxing on individuals, it does not guarantee easy access to another, representing instead a potential repeat of a similarly taxing and an often duplicative process.

While the green paper states that structural change may *not* be necessary to achieve joined-up working, such structural change is needed to evoke the level of change required in the mindset and behaviour of individual staff and managers. As with the move to personalisation, a cultural shift is required. At Independent Age we are concerned that maintaining the demarcations between the different services could mean that the National Care Service simply becomes an umbrella term for the same system that is already operating. We would like to see greater willingness to not only focus on joined-up working, but collapse the boundaries between different services to allow older people to move more freely between them, according to their individual needs. Greater recognition of the range of older people's needs, and the way in which these needs may interact, confound or conflict with each other must be reflected in the composition of the social care system if it is to truly take a person-centred approach.

### **Question 3: The government is suggesting three ways in which the National Care Service could be funded in the future.**

In February 2008, Independent Age commissioned Ipsos MORI to undertake a survey among 2,000 people in Britain to gain an insight into their attitudes towards older age<sup>4</sup>. The results revealed that 59% of respondents believe that central government should have a role in supporting older people in financial need, 40% believe that local government should have a role, and 35% believe that individuals themselves should play a part. This is consistent with the views expressed to us by older people during the course of our work. We therefore recognise that the "**Partnership**" model is the right basis for the funding of a new social care system.

In order to ensure that individuals adequately prepare themselves to make a social care contribution, we would also potentially be prepared to support a **compulsory insurance element** in the funding model. There is a current lack of awareness in society about the need to make provision for social care in later life, and evident confusion about the distinction between health and social care<sup>5</sup>. At Independent Age we believe that a compulsory contribution is the only viable way of affording a National Care Service with significant stature to break through the current barriers in public consciousness.

However, given the lack of detailed costing in the green paper, we cannot fully endorse a particular insurance option. We can stress, however, that the most appropriate option would be based on the following principles:

- Good value for money.
- Clear options on how much individuals can contribute, and what this would entitle them to.

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<sup>4</sup> Ipsos MORI interviewed a representative quota sample of 2,007 adults aged 15+ in Great Britain. Interviews were carried out face-to-face, in home, using CAPI (Computer Assisted Personal Interviewing). Fieldwork was conducted on the Ipsos MORI Capibus between 8th and 14th February 2008. Data are weighted to be representative of the GB population.

<sup>5</sup> IPPR, "Expectations and aspirations: public attitudes towards social care", May 2009.

- Clear guidance on how much the government is willing to provide and how much they are expected to pay.
- Clear education on why these contributions are necessary.
- Adequate provision for those who are unable to make a contribution.