



Ask for: Kay Goldsmith  
Date: 17 September 2018

Dear Member

**SELECT COMMITTEE - LONELINESS AND SOCIAL ISOLATION - MONDAY, 24 SEPTEMBER 2018**

I am now able to enclose, for consideration at next Monday, 24 September 2018 meeting of the Select Committee - Loneliness and Social Isolation, the following reports that were unavailable when the agenda was printed.

**Agenda Item No**

- 1                    **Diane Aslett (Development Officer, Age UKs in Kent Consortium)**
- Social Isolation & Loneliness in Kent – Older People Presentation (Pages 3 – 16)
  - Age UK & Age Concern Client Survey Nov 2017 (Pages 17 – 58)
- 3                    **Ken Scott (The Older People's Task and Finish Group) and Paul Clarke (Maidstone Borough Council) (Pages 59 - 72)**
- Older People's Task and Finish Group Presentation to Select Committee (Page 59 – 72)

Yours sincerely

Benjamin Watts  
General Counsel

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Age UKs in Kent Consortium

# **Social isolation and loneliness in Kent – older people**

**Age UK/Concern perspective**

# Extent of loneliness in older people – evidence – national and local

- Over 1 million older people say they always or often feel lonely
- Nearly half of older people (49% of 65+ UK) say that television or pets are their main form of social contact
- Public health Observatory did some work for Age UK Folkestone
  - 23.9% of Folkestone residents are in single occupancy households compared to 19.2% in Kent. single occupancy rates increase up to age 94, and then decline as the likelihood of needing care need increases
  - Folkestone residents age profile to survey results, an estimated 3,617 (18.9%) of those aged 50 and over would regard themselves as lonely some of the time or always.

# Rural and urban social isolation

- Rural populations suffer greater reliance on car ownership and lack of public transport
- Rural communities are increasingly older.
- Reductions in resources to care for the older population, issues of access to health and care services, travelling and transport issues and lack of community support
- Urban isolation – linked to deprivation, poor quality housing, overcrowding, noise pollution, lack of familiar neighbours.

# Impact of loneliness on Older People

- Health conditions lead to reduced independence and limit social activity, resulting in feelings of loneliness.
- Chronic feelings of loneliness can result in deterioration of health and well-being, and shorter lifespan
- Vicious circle: lonely people likely to view social encounters with more cynicism and mistrust, rate others and themselves more negatively, and expect others to reject them.
- Lonely people tend to adopt behaviours that increase likelihood of rejection.
- Depression, anxiety, health deterioration



# Strategies to address loneliness/social isolation

- Independence-maintaining activities lead to reduced isolation and foster feelings that their community is supportive.
- People with social networks are less likely to feel isolated (may still feel lonely)
- Fund activities that bring people together
- Taking the above into account, any strategy needs to incorporate measures to bring people (like minded) together and enable access
- Projects that work in one area do not always work in others (urban/rural)

# What works?

- Centre based activity – day care – social groups
- Befriending
- Meals on Wheels
- Personal Independence Programme
- Lunch Clubs & Social Groups
- **Key to all of this is human contact and support to access whatever somebody feels will help them**





# Personal Independence Programme

- Patients referred to Personal Independence Coordinator by GP surgery/MDT
- PIC enables patient to access social activity/support
- Patient accesses social activity – reduces isolation and wellbeing improved



# Case Study

- Sandra referred to PIP by GP Has diabetes, Chronic Obstructive Pulmonary Disease and osteoarthritis, lost confidence after several Transient Ischaemic Attacks (TIAs). Attending GP surgery regularly, had rung for an ambulance on several occasions and experienced several unnecessary emergency admissions to hospital.
- lost social network, was depressed and anxious, isolated and lonely.
- PIC suggested that once a week they try something new in the local area, along with a volunteer. They started with a knitting group which Sandra enjoyed, so they went together a few times to help Sandra gain confidence and she is now attending regularly on her own.
- Sandra has started to regain her independence and is feeling 'more like her old self'. She now drives again, goes out daily, is supporting local fundraising events, and has become an active member of the local community again.

# Age UK/Concerns Kent – Impact of services

- Client Survey October 2017
- 730 + clients took part (across Kent)
- Comments demonstrate how much older people value / depend on Age UK/Concern services.
- Services described as a 'lifeline', 'life-enhancer' making 'life more bearable', offering hope and 'something to look forward to'. Isolation and loneliness recognised as things that are 'soul destroying' which undermine their 'will to live

# Impact of Age UK/Concern services

- Meals, refreshments, centre, as a hub of social contact, -highly valued and most frequently cited aspects.
- Age UK/Concerns seen as safe and secure place for people to meet, relax, form friendships, and have company 'outside of their own four walls'; something that many solitary, frail, older people, would otherwise not have.



# Impact continued

- 85% 'strongly agreed' or 'agreed' that they 'would feel very isolated' if services they use at Age UK / Age Concern were not available to them beyond July 2018
- 81% of respondents 'strongly agreed' or 'agreed' that they 'welcome having some company and it's the only real chance they get to socialise'
- 56%, 'strongly agreed' or 'agreed' that the only people they meet are the people they meet at the Age UK / Age Concern centre



# Cost of services

- PIP costs £268,730 = 9 PICS (Plus a Manager) covering Canterbury/Ashford and covers over 2000 people per year – sometimes more
- Day centre places = £40 .00 per person per day – KCC grant subsidises cost and in general people pay £15.00 per person
- Befriending costs approx. £36,000 per year – 500 people supported with 200 volunteers



# Loneliness Watch

- Based on Neighbourhood Watch model
- Volunteers that “watch out” for lonely people and refer to relevant support – eg Community Wardens, Police Support Officers, Age UK
- Series of training sessions to raise awareness and “empower” local people to address the issues of loneliness.



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# 2017 Age UK & Age Concern Client Survey

Fay Blair  
November 2017

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Age UKs in Kent Consortium

## **Foreword**

At a time when 'even more is expected from less' and the prospect of ongoing reductions in local government and public funding to support many of the critical services that make the lives of older people bearable and brighter, the Age UK / concerns in Kent felt it was timely to undertake this survey.

Over the months of attending the market engagement events led by Kent County Council, to help them define the detail of their tender for 'Older Persons and People Living with Dementia Wellbeing Core Offer of Services', the Programme Management Office Team (of Age UK/Concern Chief Officers) felt this survey would yield important information. Indeed it has.

The data gathered in this survey from 14 out of the 20 Age UK /Concerns in Kent, provides some very useful customer insight. It provides valuable evidence to define what matters to older people and what they feel is critical to their health and wellbeing. What matters to them matters to us, in shaping the future to make the best, and most creative use of our resources, and by working more closely in partnership with others too.

The findings help us understand our client base and their needs better and help to inform our contingency, business planning processes and development into 2018 and beyond.

## **Acknowledgements**

A very big thank you to all the Age UK /Concern Chief Officers, staff and volunteers who speedily and efficiently helped and supported clients to complete this survey at such short notice.

And, a very big thank you to all the 730 + clients for taking the time and trouble to share their views and experiences.

**Diane Aslett, Development Officer, Age UKs in Kent Consortium, November 2017**

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The Client Questionnaire

### APPENDIX 2:

The number of Age UK / Concern questionnaires completed

### APPENDIX 3:

Age UK / Concern Matrix of Client Groupings

### APPENDIX 5:

Excel spreadsheet of all collated responses (separate document)

### EXECUTIVE SUMMARY

- In July 2017 the Age UKs/Concerns in Kent devised and conducted a detailed customer insight survey. A questionnaire form (*Appendix 1*) was distributed and gathered in by fourteen out of the twenty (70%) of Age UK/Age Concerns in Kent (*Appendix 2*).
- The survey was designed to find out what Age UK/Concern 'in-centre' and 'at home' support services their clients are using, and to get their feedback on these with suggestions for improvement or ideas for new services; and, to understand what they value and regard as critical to their health and wellbeing. The questions were designed for ease of completion with using mainly a tick box format. Even though the question formulations were not adjusted for bias, this report offers a useful 'snap shot' of clients' experiences and what they value about Age UK / Age Concerns.
- 731 forms were analysed. Geographically, just over half (58%) of the respondents live in East Kent, and just under half (32%) in West Kent. No questionnaires were received from North West Kent area. Over half (60%) of respondents were aged 81 years and over a third (36%) aged 86 and over. Just over half of respondents were male (60%). The majority are very elderly and frail, and (62%) live on their own. Many are vulnerable and have multiple, complex needs and conditions and need support. A minority of appear to represent the 'active ageing' people who are highly independent, well and engage in volunteering to help maintain and contribute to their own, and others', wellbeing (*Appendix 3*).
- The survey was also a chance to alert clients of imminent changes that Age UK/Concerns face in prioritising their future service offering. This was prompted by Kent County Council's projected reduced levels of funding and their intention to commission services via contracts, to replace the grants-based award system.
- The majority (87%) of respondents 'strongly agreed' or 'agreed' that they 'rely heavily and depend on the Age UK / Concern services to maintain their health and wellbeing'. The majority (79%) of respondents 'strongly agreed' or 'agreed' that they use these services, or access this support, because the services they use are local and transport is provided'.
- Significantly, the hundreds of written comments to the open questions demonstrate how much older people value - and say they depend on - the Age UK/Concern services. They see them as a 'lifeline', 'life-enhancer' making 'life more bearable', offering hope and 'something to look forward to'. Isolation and loneliness were recognised as the things that are 'soul destroying' which undermine their 'will to live'. Comments were then categorised under one of seven themes, presented below in the 'Findings' (pp 13-18) but many cross relate to several themes.

## Kent Age UK / Concern Client Insight Survey 2017

- Having services or support with social contact at home, on a one-to-one basis, is not a substitute for meeting friends, and socialising and feeling part of social network or community.
- The level of trust that people place in the AgeUK/Concerns is remarkably high: 99% 'strongly agreed' or 'agreed' that they 'value the staff and/or volunteers and feel comfortable and at ease with them'. The vast majority are very happy with the services and feel comforted to know that Age UK/Concerns will help them as their needs change over time.
- The provision of meals and refreshments and the day centre, as a hub of social contact, are highly valued and were by far the most frequently cited aspects. Age UK/Concerns are seen as providing a safe and secure place for people to meet, relax, form friendships, and a place to have some company 'outside of their own four walls'; something that many solitary, frail, older people, would otherwise not have.
- The range of specialist (dementia) services and other recreational activities are appreciated for their cognitive stimulation (and enabling carer respite), and also for fun, social contact, interest and enjoyment. Overall, there is a call for more staff, for one-to-one support when needed and for more dementia support (COGs) sessions.
- Of the services and support that people access at home, the domiciliary services (especially cleaning, shopping and befriending) are among those most commonly mentioned amongst the Age UK/Concern diverse offerings.
- The day centre and outreach services are also a means of respite and support for carers too, many of whom are frail and elderly and would not be able cope without this 'invaluable' support. Other 'essential' or 'critical' client services are co-delivered 'in centre' which people can access, combining a with a lunch or coffee club visit (eg foot and nail care, hairdressing).
- The transport services that Age UK/Concerns provide are seen as a 'lifeline' and are welcomed by many who cannot walk easily (or at all), or do not live on bus routes, or have friends or family available to help, or who cannot afford taxis to help them get around. 'Getting out and about' is hugely significant for many; it makes them still feel connected to their community and part of society.
- Whilst Age UK/Concerns are not seen as perfect, of the client suggestions mentioned for improvement, many related to extending the coverage for more, and more frequent, reliable mini-bus services with expansion of routes, as well as offering more shopping trips and days out.

## Kent Age UK / Concern Client Insight Survey 2017

- There is some demand for more diverse, creative, arts and other recreational activities (games) and skill building in IT. A few wanted the 'in centre' menus and quality of food improved.
- The 'in centre' experience, is highly valued, with the commitment, compassion and companionship offered by AgeUK/Concerns' staff and volunteers. Scores of comments relay the long-term, consistent help and advice that many have received from staff, to access funds, benefits, to access practical help and moral support. For many and their families, this has been 'life-changing'. For some it has prevented suicide, trauma and costly clinical intervention.
- The volume of responses to the question, 'key messages to KCC' about what matters to them, is remarkably high, with over 560 comments. It reflects also what older people feel would be lost if Age UK/Concerns were financially destabilised, with loss of services and staff cuts or price increases. Many of the clients' comments reflect the demanding, often desperate and complex nature of their circumstances, and explain how Age UK/Age Concerns have made a significant and on-going, positive difference to their lives, at moments of crises or low ebb, over the years.
- The power of relationships with people and places that older people trust, is immense. Kent AgeUK/ Concerns have much to feel proud of. There is scope for the Age UK/ Concerns to collaborate more together and with others in the voluntary and community sector. This would extend the outreach to older people and enhance the offering to help meet needs and growing demand, including more for the 'active ageing'. Upskilling and attracting new volunteers, given the demographic increase in the numbers very elderly and frail, is a challenge and an opportunity.
- The value of what the Age UK / concerns could further achieve, in protecting and enhancing the wellbeing of Kent's ageing population should be more widely recognised, supported and strengthened.

### INTRODUCTION

The survey was developed by the Age UKs in Kent Consortium Programme Management Office (PMO) team, led by the Development Officer (Diane Aslett) with the support of a consultant (Fay Blair).

- The questionnaire (*Appendix 1*) featured questions to establish baseline information about the client base, their values and views on the Age UK/ Concerns and the information and advice, and range of practical support services they receive.
- A covering sheet explaining the context, to help Age UK/Concerns prioritise and plan, also invited clients to ask for help in completing the form if needed.

Questionnaires were handed out and or posted from Age UK /Age Concern centres, with staff volunteers and carers often assisting clients in completing the forms, where help was requested. The final closing date for receipt of all client returns is 21 August 2017.

### The aims of the client survey

The questions were designed:

- To find out what Age UK/Concern 'in-centre' and 'at home' support and services clients are using;
- To get feedback with suggestions for service improvements or new service ideas;
- To understand what clients value and regard as critical to their health and wellbeing;
- For ease of completion with mainly tick boxes against statements and some open questions. Questions on ethnicity and sexual orientation (LGBT) issues were specifically not included.
- To give clients a chance to talk about their own circumstances, living and health challenges, if they so wished and what they regard as a key message to KCC;
- To gauge the client's overall strength of feeling across a range of issues affecting their independence, mobility to get out and about, and affordability of services.

The survey was also a chance to communicate to clients the imminent changes that Age UK/Concerns have to consider, about what services are prioritised in future. This appraisal and business contingency planning by the Age UKs was prompted mainly by Kent County Council's announcement of their reduced levels of future funding and KCC's intention to commission services via contracts, awarded via tenders, which will replace the current grants-based system.

The Age UK/ Concern group also felt it was timely to conduct their own consultation with their clients. KCC's own consultation exercise with older people was with a limited sample. It is hoped that the findings of this survey will provide a more robust evidence base to help plan more effectively for the future and contribute to quality assurance.

Even though the questions, and 'multiple-choice' answers were not adjusted for bias, the findings offer a useful 'snap shot' on client perceptions, feelings and experiences, about what is important and matters most to them.

### RESULT HIGHLIGHTS

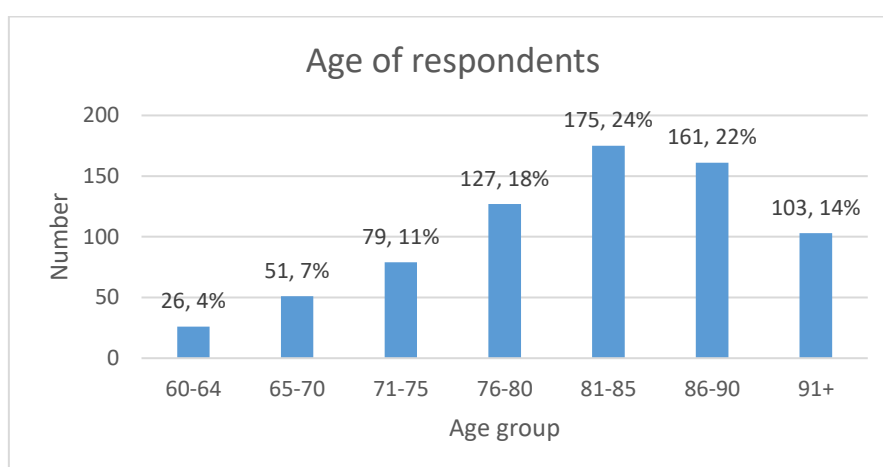
Headline results from the client survey provide insights to: the respondents, giving an understanding of their profile and home living circumstances; what they think about range of AgeUK/Concern services they use, both 'in-centre' and 'at home'; and, what they feel is critical for their health and wellbeing. Highlights are presented below.

Each AgeUK/Concern was presented with a complete spreadsheet set of data with their own data sets grouped (*Appendix 4 – separate document*).

### About the respondents

Of the 731 forms analysed:

- 42% were from people who live in West Kent; 58% from East Kent (*Appendix 1, p. 9*)
- 62% live alone; 25% with a partner; 7% live with a son/daughter and a further 4% live with other family members or relatives;
- Approximately just over half (60%) of respondents were male;
- 60%, over half of the respondents were aged 81 and over; 36% and just over a third were aged 86 and over; and, 14% were 91+ years of age (See the graph below);
- The majority of respondents could be classified as 'very frail and elderly and vulnerable, with complex needs and chronic conditions';
- Often, one frail partner is supporting a frailer and more vulnerable partner (husband/wife) or the other partner is now living in a care home as they can no longer cope with caring.



- Of the client forms, **423** were from East Kent: Herne Bay, Whitstable, Faversham & Sittingbourne, Deal, Thanet, Dover, Canterbury and Folkestone; and **308** were from West Kent: Ashford, Sevenoaks & Tonbridge, Maidstone, Tunbridge Wells, Tenterden and Malling. (*Appendix 2*).
- North and North West Kent area Age UK/Concerns did not take part in the survey.



### Health and wellbeing

- **87%** of respondents 'strongly agreed' or 'agreed' that they 'rely heavily and depend on the Age UK / Concern services to maintain their health and wellbeing' (Q.9).

### Isolation

- **85%** of respondents 'strongly agreed' or 'agreed' that they 'would feel very isolated' if the services they use at Age UK / Age Concern were not available to them beyond July 2018 (Q.22a).

### Getting out, socialising & having some company

- **81%** of respondents 'strongly agreed' or 'agreed' that they 'welcome having some company and it's the only real chance they get to socialise' (Q.11).
- **56%**, over half, 'strongly agreed' or 'agreed' that the only people they meet are the people they meet at the Age UK / Age Concern centre (Q.12).

### Help and where to go for alternative sources of help/advice

- **70%** of respondents 'strongly agreed' or 'agreed' that they would not be able to manage without the help they currently receive by attending the centre (Q.22c).
- **Over half, 55%** 'strongly agreed' or 'agreed' that there was no one else to help them (Q.10d)
- **Few, only 15%** of respondents 'strongly agreed' or 'agreed' that they 'know where they could go elsewhere to get the help and support they need' (Q.24b).

### Communication means/media regularly used by clients from home

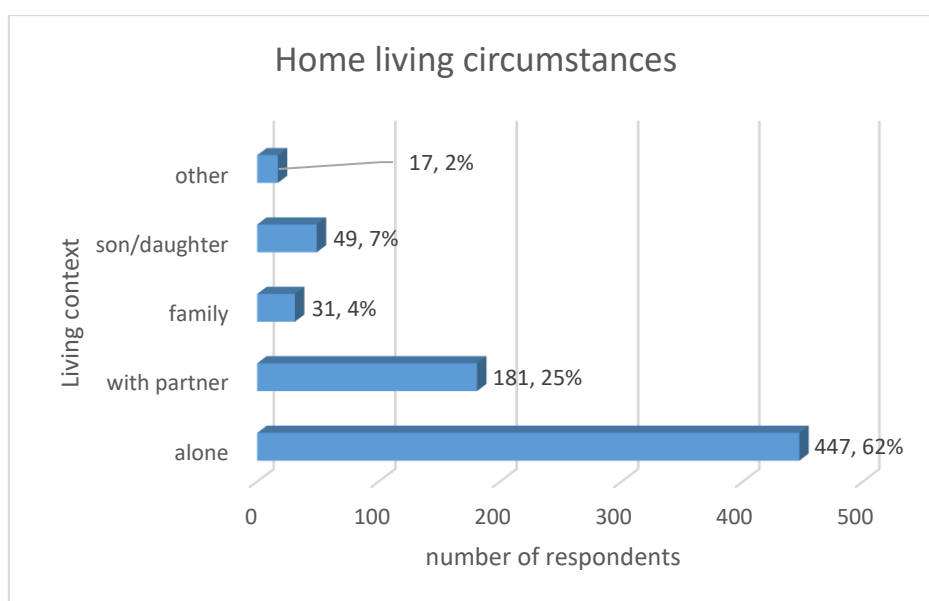
- The majority, **87%** of respondents, regularly use the telephone at home; 34% use a mobile and 30% use a laptop/computer /tablet/i-pad device.

### Staff, volunteers and advisers

- **99%**, all 'strongly agreed' or 'agreed' that they 'value the staff and/or volunteers at Age UK / Age Concern and feel comfortable and at ease with them' (Q.15).
- **98%**, all respondents 'strongly agreed' or 'agreed' that they feel comfortable with the people who advise or help them to be people they can recognise and trust at Age UK / Age Concern (Q. 13).
- **97%** of respondents 'strongly agreed' or 'agreed' that they like to deal with people they recognise and are familiar to them (Q.14).

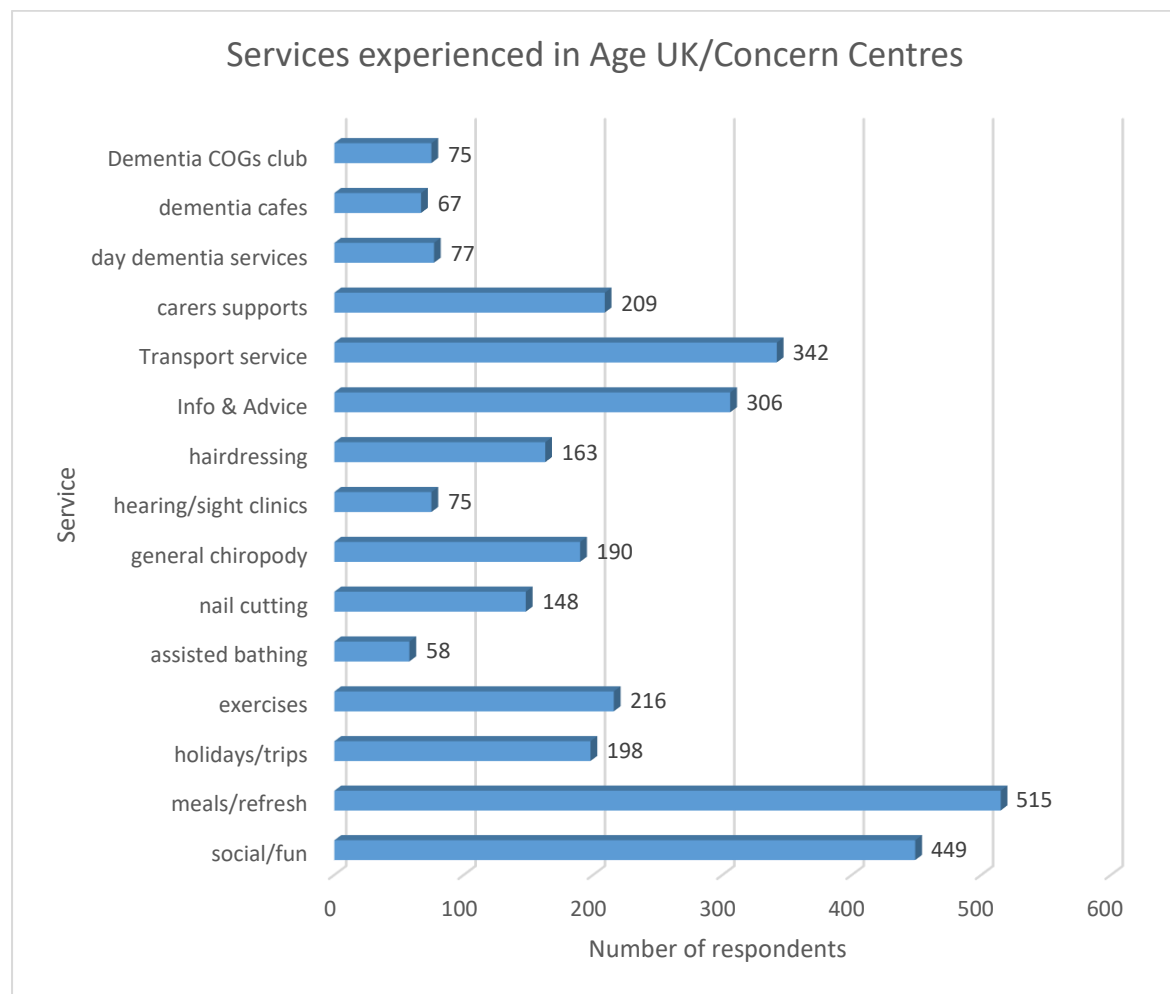
### About the AgeUK / Concern Services

- The graphs (pp: 9 - 10) illustrate the diversity of Age UK / Concern services offered and used by clients. These, when considered with the clients written feedback to the open questions, begin to 'tell a story' and offer a 'snapshot'.
- Several clients wrote long statements detailing the complexity and desperate nature of their personal circumstances and how 'life enhancing' and 'life changing' the AgeUK/Concern support had been for them, not just at one point in their lives, but on an ongoing basis. (Appendix 3)



### Services used in Age UK and Age Concern Centres ('in centre')

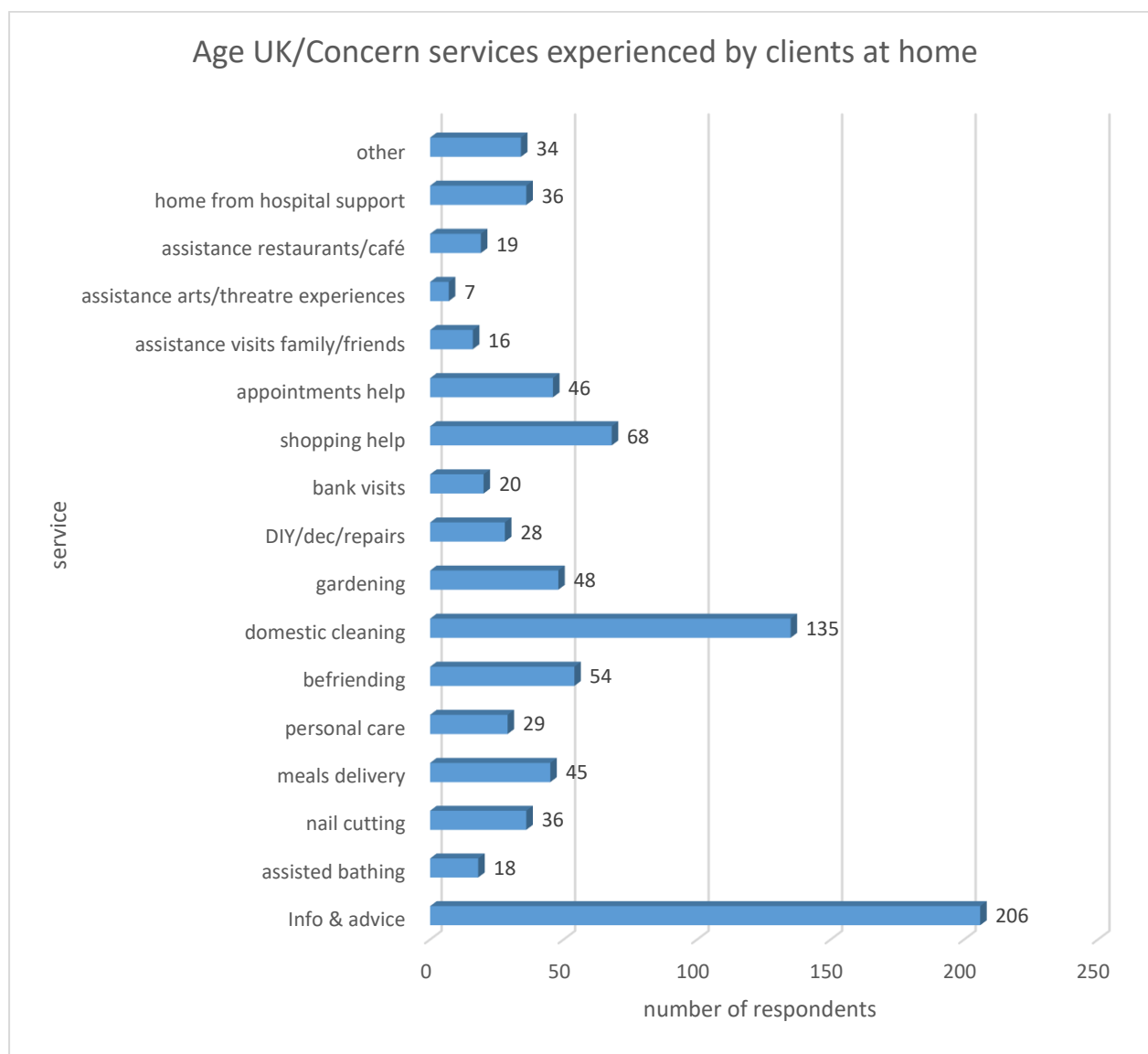
A wide variety of services are offered and are well used across the centres, as shown in the graph below. The most commonly used services, as reported by the respondents, were meals and refreshments followed by fun and social activities. Roughly half of the respondents said they use the transport service and the information and advice services. Other services commonly used are carers support, exercise classes, holidays/trips, and general chiropody and hairdressing.



### Age UK or Age Concern services experienced by people 'at home'

The most frequently cited services by respondents that they have delivered in their own home are:

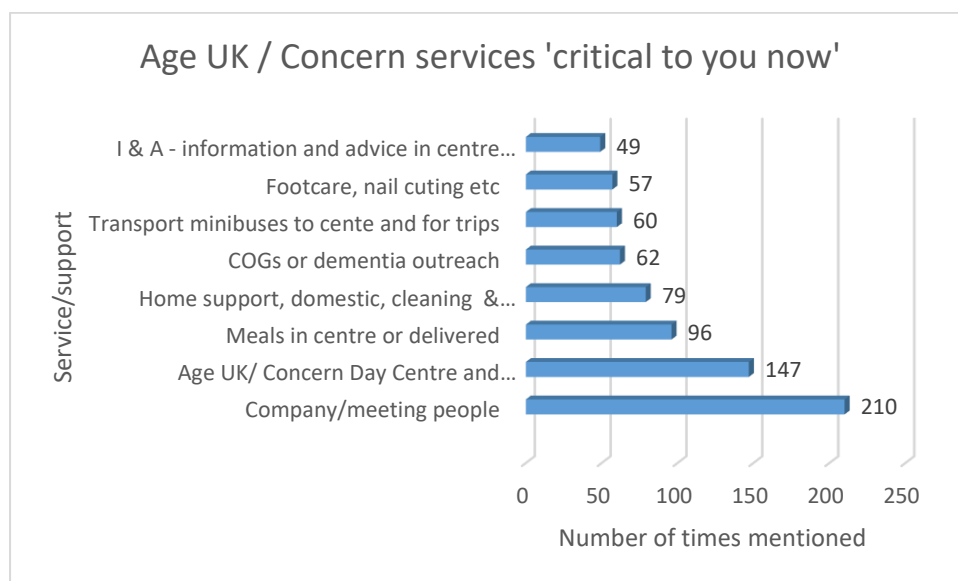
- Information & Advice (I & A), domestic cleaning and help with shopping;
- The next most frequently cited were; befriending, gardening, help with attending appointments, and meals delivery to their homes and home from hospital help;
- The service least frequently cited was assistance with arts/ theatre experiences.



### Services regarded by clients as critical to their health and wellbeing now

The service or issue that was mentioned most frequently by clients as 'critical to their wellbeing now' (Q.25 an open question), was having some company and meeting people. Many regarded this as bolstering their wellbeing, keeping other problems, challenges and ailments, at bay.

Whilst people are getting used to personalisation of care and managing personal budgets, they recognise that gatherings, a social context and 'getting out and about' helps maintain their independence and resilience. In other words, having services or support delivered at home on a one-to-one basis, is not a substitute for meeting friends, and socialising and feeling part of social network or community. Socialising appears to yield an array of multiple benefits that people say 'keeps them going'.



### Mobility, Local access/transport

- **79%** of respondents 'strongly agreed' or 'agreed' that they use these services or access this support because the services they use are local and transport is provided' (Q.10a).
- **A third, 33%** 'strongly agreed' or 'agreed' that the centre is easy to get to and on a bus route (10.b).
- **38%** 'strongly agreed' or 'agreed' that they can walk and travel on their own to the centre.
- **65%** 'strongly agreed' or 'agreed' that they cannot walk and are not confident on their own (Q.10e).

### Service improvements to Age UK / Age Concern

- **28%** of respondents 'strongly agreed' or 'agreed' that there are service improvements that could be made to the services on offer that they use at AgeUK / Age Concern (Q16). In many instances the suggestions related to clients asking for more sessions, or greater availability of the service. The vast majority were very satisfied with the services they received and were offered.

### New services ideas suggested by clients

The majority of comments to the series of open questions (Q.16. Q.17, Q.20) related to:

- Transport - better, more reliable minibuses, more frequent bus transport services.
- More staff on hand to help in centres to give more one-to-one attention when needed.
- New service suggestions related to: more trips out, including shopping trips

- More, and a greater diversity of recreational activities for stimulation: arts/creative/craft activities, music, singing and games, and exercise classes and some training such as IT training.
- More variety and better quality/value for money for some meals services offered in centre.
- More COGS, dementia club days, were requested and more appropriate activities and peer contact for people who have early onset dementia.

### **Affordability/ preparedness to pay for future services**

- **84%** of respondents 'strongly agreed' or 'agreed' that they would only be able to continue to use the services if they could afford to pay, if it was within their financial means' ... (Q.23b).
- **23%** of respondents 'strongly agreed' or 'agreed' that they would *not pay* any increased charges because these services *are not that critical* to their health and wellbeing at the moment (Q.24a).

### **What clients consider as priority services vital to their health and wellbeing**

- 562 responded to Q.25: 'the services that critical to my health and wellbeing now'
- 564 responded to Q.27: the one message to KCC on 'how you feel about the services or support you get from Age UK/ Concern'.
- Clients' responses often cross relate to many themes featured and discussed in the 'Findings' below.


## FINDINGS

### Profile characteristics of the AgeUK / Concern clients

There is no one definitive type of 'older person'. From the data obtained through this survey, it was possible to evolve a matrix that characterises a range of older people types, defined according to the main dimensions that are about:

1. Resilience, self-esteem and being socially connected;
2. Independence, mobility, financial security and affluence.

Within the matrix diagram shown below, with explanatory notes (and in *Appendix 3*), various profiles of older person are described. These are not intended to be definitive or comprehensive but rather a way of enabling more focused dialogue about the older people types to better appreciate their circumstances, their pressures and needs.

AGE UK / AGE CONCERN: CLIENT GROUPINGS – INDICATIVE CHARACTERISTICS			
 Increasing resilience, self-esteem, socially connected	(13)	(14)	(15)
	(9)	(10)	(11) Recently relocated or moved to a new house/home, area/ location, with no established network of friends or social support, little established networks but with confidence to engage
	(5) Physically reasonably well, but has Learning difficulties; may live alone with little or distant family support or community support network, may live in supported accommodation but is socially isolated, low self esteem	(6) Recently injured through a fall, in post-operative recovery rehabilitation, but little family/friend support network to help support at home; isolated.	(7) Recently bereaved but physically 'fit' but at low-ebb mentally, non-car driver/owner but public transport user, lives on public transport route, little or established social networks
	(1) Very frail, elderly, lives with dementia maybe not yet diagnosed; lives alone, no family support; long-term conditions, chronic, multiple, complex needs (physical /mental health, struggling financially; 'invisible' to support organisations until reaches crisis point	(2)	(3)
			(4) Frail, elderly, but lives in a community, city, town or village with strong, diverse community support networks; is 'visible' to care/support providers so crisis points averted and intervention provided
			(12) Still has to be in paid employment work, perhaps a carer (over 55 years) of another elderly person frail partner/ parent who lives with them at home, or nearby, or perhaps in a sheltered housing scheme.
			(16) Active Ageing; retired (over 65 yrs) 'out and about' physically and mentally well, highly socially connected in and with community; regular volunteer and perhaps part-time support carer for another elderly person; seeking purpose recreation, financially affluent
			(8) Over 55 yrs, diagnosed with early onset dementia, or emerging physical long-term conditions and having to transition out of paid work; visible to care support organisations.

- The cell profiles are fictitious, 'pen-pics' of a stage in 'life course' that could form profiles of older people. The matrix could be filled out with more profiles to fit other characteristics and circumstances.
- The bottom left-hand corner cell (1) represents the most needy, complex profile of older person with low quality of life and little wellbeing.
- Diametrically, the top right hand corner cell (16) , represents the most independent, profile of older person, leading a fulfilling life, enjoying a high level of wellbeing, without any struggles (physically, mentally or financially).

## Kent Age UK / Concern Client Insight Survey 2017

- The type of advice, support and how/where this is accessed and delivered will differ radically for profile in cell (1) compared to profile in cell (16).
- The energy, skills, capabilities, time, goodwill of older people will vary, in terms of how much their efforts can contribute 'as assets' to help themselves, or for the more able, to help and support others, and this will change over their life course.
- Time of life, stressful or traumatic events \*such as characterised profiles in cells (6), (7) or (11)\* will impair/ impact on a 'transient' basis and perhaps there is scope for this profile of person to recover, to a higher level of resilience, independence/wellbeing, with timely support.
- Other life-changing circumstances may present a foreclosing or reduction in quality of life experience due to their nature, diagnosis and learning to adapt to a long-term, chronic, and perhaps degenerative conditions (physical or mental).
- In all cases, having advice, help, practical support and socialisation, feeling connected to a community and engaging in some kind of group gathering, matters for people's wellbeing (beyond fulfilling the basic health/life needs – food, shelter, safety).
- Just having one-to-one interventions, is not for most people, a substitute for social gatherings. It is appreciated that opportunities for group socialisation, for those with the most challenging complex needs, is difficult and can be costly.
- For wellbeing, the 'at home' versus 'engaging in the community' socialisation that matters, will vary from person to person.

The AgeUK / Concerns through follow-up questioning, were asked to approximate what percentage of their client audience/ service users fall within each grouping type.

- The results of this mapping exercise suggest that the main core of Age UK/ Concern client audience (of respondents) is polarised; dominated by 'the very frail and elderly', who have low independence and resilience, little mobility and are isolated with financial insecurity (grid cells 1, 5 and 6 above). Many have complex multiple health needs and chronic illnesses.
- Overall this 'very fragile and elderly' cluster is extremely vulnerable. It is arguably the case, that without the current network of support they receive from Age UK/ Concern and others, sometimes family friends and neighbours, they would not be able to live at home. Many of these people otherwise would encounter acute crises, needing hospital care. They would then following assessment, undoubtedly would be moved into a care or nursing home to protect their health and wellbeing.



## Kent Age UK / Concern Client Insight Survey 2017

- Other main groupings highlighted as the other distinctive audience grouping types were the more 'active ageing' (grid cell 16 above). These are older people who are highly independent, socially connected, mobile, resilient, and financially secure, who tend to be younger, physically active. Doing voluntary work in their communities often with charities like Age UK gives them a sense of purpose, enjoyment and fulfilment that maintains and enhancing their health and wellbeing.
- Having knowledge of and contact with the support services that AgeUK /Concerns offer means that as these 'active ageing' group age and encounter challenges, they have more chance of getting 'the right kind' of help and support early on. This prevents, or slows down their physical and mental decline and the need for costly medical or primary care intervention.

### The value of what Age UK and Age Concerns deliver: Common themes

A range of themes and issues emerged from the clients' responses to the open questions. These are:

- a. Avoiding the need for costly clinical intervention;**
- b. Overcoming loneliness and isolation, maintaining connectedness and a sense of community belonging;**
- c. Relieving stress, anxiety, fear and despair through facilitating timely information and support;**
- d. Alleviating financial stress, for a more stable, quality of life;**
- e. Providing respite for carers by offering day care services for the cared-for, and building the emotional resilience of carers;**
- f. Sustaining and enhancing wellbeing through offering engaging and stimulating, participatory activities;**
- g. Maintaining independence for as long as possible, delaying the need for care or nursing home provision.**

These seven generic headings (a. to g.) help to define a range of outcomes that are pertinent to clients' needs and aspirations, are discussed in more detail below.

The clients' actual written comments often cross relate to many of these headings. This suggests the holistic nature of the support needed maintain and support their health and wellbeing.

In particular, the knowledge that AgeUK /Age Concern 'is there'; means a lot to sustaining their sense of confidence, and wellbeing. This aspect, 'peace of mind', and 'reassurance' for the future, should not be underestimated in helping to combat anxiety, fear, depression and isolation. This is set in a context of socio-economic challenging times, with turbulence and 'crisis' in the social care and NHS system, that is struggling to meet people's healthcare needs and expectations.

## Kent Age UK / Concern Client Insight Survey 2017

Many client statements were effusive in their appreciation and thanks for what Age UK / Concerns have done for them. Considered overall the comments demonstrate how clients value what Age UKs and Age Concerns do in Kent.

A small selection of clients' *verbatim* responses have been included from the 1,000 comments.

- a. Avoiding the need for costly clinical intervention** helping those who are desperate, feel they have 'little to live for' and have lost the motivation and 'will to live' and 'do not wish to be a burden' to anyone. This manifests in many ways but is about practical and social support with having someone to turn to and rely on, who knows how to refer to get the right kind of specialist support to avert personal crises.
- *Without these services and support my mental and physical health would deteriorate and I wouldn't have anything to live for. Before I went to Age UK I used to have black moods and at times felt suicidal but since going to the centre they have become less frequent.*
  - *Without these services many things would become unbearable*
  - *I have been in and out of hospital due to recurrent anxiety and depression disorder, however having been able to attend the day centre run by AgeUK, 2 days a week, I have been able to remain out of hospital*
- b. Overcoming loneliness and isolation, maintaining connectedness and a sense of community belonging** especially for those who live alone, people whose wellbeing would otherwise rapidly degenerate. By offering them companionship in a safe and secure community, a day centre, this enables friendships to flourish and it's a chance to regularly socialise, to take part in group gatherings and activities. This provides something to look forward to for many. Shopping trips and fun days out provide that broader added interest that many elderly lack because they are too frail have low self-confidence to venture out on their own, unassisted.
- *The day centre is all I have. I would feel lonely without it. I go 7 days a week all day.*
  - *[I am] In fulltime care but allows me to go out of the house to socialise*
  - *I wouldn't have known about any of these services. I have also been able to meet and make lots of new friends by attending lunches.*
  - *I have no bus route to get out therefore need Age Concern Transport*

- *Since I joined Age Concern it changed my life and look forward to getting out and meeting people*
- *I'd feel rather at a loss, maybe devastated, as it is the only I get out of my home apart from hospital visits. I've looked forward to coming ever since my very first visits about six years ago which was in a rather dreary church hall, though the welcome was warm and I was made to feel at home.*

**c. Relieving stress, anxiety fear and despair through facilitating timely information and support** such as practical help that prevents self-neglect in situations where family or friends or neighbours may be unaware of, or are unable to offer help, such as following hospitalisation, the bereavement of a spouse, or the relocation of a partner to a care or nursing home. This helps people to cope, offers hope and enables people and their families to adapt their ways of living that are safer, more bearable and comfortable for the future

- *Very valuable, helps me, all information has been amazing. Caring for my husband and myself has been difficult, support given on outreach has made it easier.*
- *The Care Centre has transformed my health, mobility and ability to cope with my dementia. I have been widowed three times and this support enables me to positively enjoy my last years despite the limitations of my dementia*
- *Services I use are absolutely essential AgeUK is out first line of defence as we have less and less access to GPs now I rely on Age UK locally for support*
- *Since I started at AgeUK it was more for my husband, since he passed I managed to get through it by carrying on at AgeUK. I have my meals, hair, foot-care. I love seeing the staff.*
- *In addition AgeUK have provided a dementia learning curve course which has certainly been extremely beneficial as it has helped me to gain a better understanding of mum's condition and how to deal with the daily challenges.*
- *Visits from outreach service allows my wife and I to go through our concerns and difficulties. I can't use the telephone and my wife struggles with her words eg they get sharps box renewed/ phone*

*hospital etc.*

- *This is my lifeline and I would be frightened without it. Being able to come to the centre is good for me.*
- *Although at present I only use COGs it is reassuring to know AgeUK's other services are there to help me in the future*
- *The group and assistance with transport has given me some confidence back, stopped me feeling so isolated. You trust AgeUK*

**d. Alleviating financial stress, for a more stable, quality of life** for the cared-for, their partners or their son/daughter, relatives or friends who are carers, by helping them to navigate and access financial support and practical help, to make life safer and easier and meaningful.

- *That I can get help and support with things that I would not be able to do for myself. I have been awarded full rate Attendance Allowance which I am delighted about*
- *Since becoming an unpaid carer for my mother the support I have received from AgeUK has been invaluable. I have a dedicated Support Worker whom I meet regularly to go to go through my concerns and challenges.*
- *AgeUK have also visited my home and have implemented the following to ensure both my mother and I are in a safe environment: lifeline device; additional stair rail; smoke and carbon monoxide alarms, grab rails on exit doors; portable step so mum can get out of the front door more safely. Bath chair so mum can safely wash herself.*
- *As I am now on a limited income I would not be in a position to fund these services which would then have an impact on both mum's and my own health and wellbeing.*
- *If it wasn't for Age UK I would not know where to get any of this support and would find my role far more challenging than it already is.*
- *My mum relies on these services which help me know she is safe and looked after as I have ill health*

- e. **Providing respite for carers by offering day care services for the cared-for and building the emotional resilience of carers** so carers are able to continue with regular paid employment or take periodic breaks for rest and recuperation, or have time to catch up with their own lives, and perhaps the chance to chat to other carers too. This protects carers' wellbeing keeping them fitter so they have psychological and physical energy to continue with their caring role. On-going moral support through all stages of decision-making in emotionally turbulent and distressing situations is important. This is often associated in managing multiple, complex, chronic and degenerative conditions, and the aftermath of life-changing incidents that are draining and debilitating.

- *In addition AgeUK have provided a dementia learning curve course which has certainly been extremely beneficial as it has helped me to gain a better understanding of mum's condition and how to deal with the daily challenges.*
- *I now need the relief from being a carer to my husband for 1 day a week. I feel free from the stress.*
- *I am the main carer for my husband and if I could not send him to the centre I think I would be looking to put him in a nursing home as the days he goes to the centre gives me time to rest so I can continue to look after him, so saving the KCC.*
- *Also in using contact centre service I was able to leave my husband at home knowing Age UK would be visiting daily to check my husband is safe, enter and social contact was invaluable as I wouldn't have been able to go on holiday...if 121 hadn't been visiting regularly.*
- *This is my lifeline and I would be frightened without it. Being able to come to the centre is good for me.*
- *Although at present I only use COGs it is reassuring to know AgeUK's other services are there to help me in the future*

- f. **Sustaining and enhancing wellbeing through offering engaging and stimulating, participatory activities:** Group recreational, cultural, creative and artistic activities generate, cognitive and physical stimulation, mood uplift and often a sense of fun and achievement that is vital for maintaining health and wellbeing

- *COGS is enjoyable makes you feel you are not alone and makes you feel you belong. It replaces things you can't do anymore so it would*

*make me feel very sad if it wasn't available. I really want more transport provided*

- *Enjoy COGS and singing; I find activities at Daybreak club mentally stimulating*
- *Think it's very important; makes my life a lot more liveable; love coming here*
- *I use this centre 1-2 times per week. It gives me male company which I do not really have at home. It also provides a much needed break for my wife who provides all my current care needs which are substantial*
- *I thoroughly enjoy the exercise club...the highlight of the week. Have a nice chat with the other members!*

**g. Maintaining independence for as long as possible delaying and averting the need for care or nursing home provision**, by creating a support network, with help and guidance which is a 'lifeline' and 'life enhancer' for many. Especially relevant to the many elderly and frail that live alone and those that care for them. This reduces the number of very frail and elderly that otherwise would need full-time care home provision which is significantly more costly.

- *AgeUK has helped us over the last 6 years since my husband had a haematoma over the last year he has vascular dementia. AgeUK has been wonderful with all the help and support we have received. Don't know what we would do without them*
- *These services are vital to allow me to live at home and maintain my independence*
- *The people that assist me are my lifeline and In the main are the only visitors I have*

## CONCLUSIONS

- Significantly, the hundreds of written comments to the open questions demonstrate how much older people value - and how many depend on - the Age UK/Concern services, and see them as a 'lifeline', 'life-enhancer' making 'life more bearable', offering hope and 'something to look forward to'.
- The value of the Age UK / Concern centres should not be underestimated. Having services or support delivered at home on a one-to-one basis, whilst essential for many, is not a substitute for meeting friends, and socialising and feeling part of social network or community. Socialising appears, from what many clients say, to yield an array of multiple benefits that 'keeps them going'.
- The level of trust that people place in the AgeUK/Concerns is remarkably high: 99%, 'strongly agreed' or 'agreed' that they 'value the staff and/or volunteers and feel comfortable and at ease with them'.
- The vast majority are very happy with the services and feel comforted to know that Age UK/Concerns will help them as their needs change.
- The provision of meals and refreshments and the day centre, as a hub of social contact, are highly valued and were by far the most frequently cited aspects.
- Age UK/Concerns are seen as providing a safe and secure place for people to meet, relax, form friendships, and a place to have some company 'outside of their four walls' that many solitary, frail older people would otherwise not have.
- Isolation and loneliness were recognised as the thing that is 'soul destroying' and undermines their 'will to live'.
- The range of specialist (dementia) services and other recreational activities are appreciated for their cognitive stimulation (and enabling carer respite), and also for fun, social contact and enjoyment.
- Of the services and support that people access at home, the domiciliary services (especially cleaning, shopping and befriending) are among those most commonly mentioned amongst the Age UK/Concern diverse offerings.
- The day centre and outreach services are also a means of respite and support for carers too, many of whom are frail and elderly and would not be able cope without this invaluable support.

## Kent Age UK / Concern Client Insight Survey 2017

- Other 'essential' or 'critical' services are co-delivered 'in centre' which people can access, combining a with a lunch or coffee club visit (eg foot and nail care, hairdressing).
- The transport services that Age UK/Concerns provide are seen as a 'lifeline' and are welcomed by many who cannot walk easily (or at all), or do not live on bus routes, or have friends or family available to help, or who cannot afford taxis to help them get around.
- 'Getting out and about' is hugely significant for many; it makes them still feel connected to their community and part of society.
- Whilst Age UK/Concerns are not seen as perfect, of the suggestions made for improvement, many related to extending the coverage for more, and more frequent, reliable mini-bus route services, as well as offering more shopping trips and days out.
- A few suggested the 'in centre' menus and quality of food could be improved.
- There is some demand for more diverse, creative, recreational activities and training in IT.
- Overall, there is a call for more staff for one-to-one support and more dementia support (COGs) sessions.
- The 'in centre' experience, is highly valued, with the commitment, compassion and companionship offered by AgeUK/Concern's staff and volunteers, highly prized.
- Scores of comments relay the long-term, consistent help and advice that they have received from staff, to access funds, benefits, to access practical help and moral support. For many and their families this has been 'life-changing'. For some it has prevented suicide and costly clinical intervention.
- The volume of 'key messages to KCC' about what matters to them, is remarkably high (over 560 comments). It reflects also what older people feel would be lost if Age UK/Concerns were financially destabilised, with loss of services and staff cuts or price increases.
- Hundreds of the clients' comments reflect the demanding, often desperate and complex nature of their circumstances, and how Age UK/Age Concerns have made a significant and on-going, positive difference to their lives, at moments of crises or low ebb, over the years.



## Kent Age UK / Concern Client Insight Survey 2017

- The power of relationships with people and places that older people trust, is immense. Kent AgeUK/ Concerns have much to feel proud of.
- The value of what the Age UK / Age Concerns could further achieve, in protecting and enhancing the wellbeing of Kent's ageing population, should be more widely recognised, supported and strengthened.

### Considerations for the future

The power of relationships with people and places that older people trust, is immense. The evidence gathered through this survey demonstrates that Kent Age UK/ Concerns have much to feel proud of.

Looking to the future, there is scope for the Age UK/ Concerns to collaborate more together and with others in the voluntary and community sector. This would help to extend the outreach to help a greater number of older people, to meet growing demand, and to engage more with the 'active ageing'.

Upskilling and attracting of new volunteers, given the demographic increase in the numbers very elderly and frail, is both a challenge but a great opportunity. This is about ways and means to keep those who are fit, well and active, as independent for as long as possible whilst using their talents and energy, as volunteers, to help others too.

The value of what the Age UK / concerns could further achieve, in protecting and enhancing the wellbeing of Kent's ageing population should be more widely recognised, supported and strengthened.

- **The 'Age UK /Concern client groupings – indicative characteristics' matrix** offers a useful tool to more closely define and target user groups. It also provides focal points for setting specific, defined health and wellbeing outcomes relevant for each of these groupings, linked to relevant, effective, practical interventions.
- **The suggested ideas for service improvements** could be followed up by the Age UK/Age Concerns, particularly where three or more comments of the same issue were raised by clients (e.g around transport, minibuses, service routes, upgrading 'in centre' décor, types of chairs, 'value for money' lunch and refreshment options and menus choices, call for more frequent COGs sessions etc).
- **New service ideas** could be more broadly discussed between Age UK/Concerns to see if there are economies of scale to be achieved by combining and sharing resources, and what other providers, social enterprise opportunities this might provide. There is scope to develop arts, crafts and heritage and cultural programmes that could benefit from collaborative partnerships, bidding for external funds.

## Kent Age UK / Concern Client Insight Survey 2017

- **Closer collaboration with others in the community** sector, who share the Age UK / Concern mission, and plan and work strategically on joint initiatives. This could be particularly to help more with in centre activities to support the 'elderly and frail' including those who live with dementia, and for those who need and welcome more befriending at home or support to help them get 'out and about'.
- **Expanding options for the 'active ageing'**. There is an opportunity to expand and extend the offer for the 'active aging' group. This is to help maintain their health and wellbeing. There is scope perhaps for some Age UK / Concerns to diversify what happens 'in centre' in the evenings, for this grouping, and elsewhere by working with other organisations offering recreational learning activity programmes.
- **Programmes to focus on older people who are very isolated**, by organising activities in other community venues, particularly in more remote areas, is worth investigating. Given the ageing demographic, developing a broader volunteer base supported and guided by charities such as Age UK/ Concern, will be vital to meet the growing needs of people to maintain their health and wellbeing.

## APPENDIX 1: THE CLIENT QUESTIONNAIRE



Age UKs in Kent Consortium

### Help and support you currently receive from AgeUK / Age Concern: Client Consultation 2017

Thank you for agreeing to answer our questions. This survey is being conducted by all the Age UK and Age Concerns in Kent (including those named Day Centres such as Romney Marsh and Tenterden).

The reasons for conducting this survey are as follows:

- KCC currently provides a grant that contributes towards the cost of running our centre/service. This helps us to keep costs low and provide a range of services.
- KCC is now changing the way that it funds services in Kent. As a result of this, some services that are provided by Age UKs / Age Concerns, may need to be changed or be delivered differently.
- We would like to know what is important to you and your family so that we can take this into account when we are planning our future services.
- What you tell us could make a difference as to what is prioritised. Please could you kindly fill out the form below as soon as possible and return or leave it with us. If you would like some help filling it in please ask.
- **All those completed forms we receive by Tuesday 1st August 2017 will be collated and the interim findings presented to KCC on 4th August.**
- **The final closing date for return of all completed forms to be with us will be Monday 21<sup>ST</sup> August 2017.**
- *Any personal information - names and addresses - will only be shared among the Age UK and Age Concerns in Kent. All information will be stored and used in accordance with the Data Protection Act 1998.*



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**A: ABOUT YOU**

1. Your FULL Name: .....

2. ADDRESS: .....

.....POSTCODE.....

3. Your age group: *(please tick the age relevant category)*

[ ] 60- 64 [ ] 65-70 [ ] 71-75 [ ] 76-80 [ ] 81-85 [ ] 86-90 [ ] 91+

4. Anything else you would like to say about your health and wellbeing?

.....

.....

**YOUR HOME LIVING CIRCUMSTANCES**

5. Your living arrangements: you live*(please circle the appropriate answer)*

[ ] On your own [ ] with a partner

[ ] with other family relations/ in-laws [ ] with your son or daughter

[ ] other: *please say*

.....

6. Which do you use regularly at home? *(tick as it applies to you)*

Telephone [ ] Yes [ ] No [ ] Sometimes [ ] Never

Mobile [ ] Yes [ ] No [ ] Sometimes [ ] Never

Computer [ ] Yes [ ] No [ ] Sometimes [ ] Never  
/laptop/ i-pad

Continued....

.....



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**B: SERVICES YOU USE AT THE MOMENT** – *please tick all the boxes that apply*

---

**7. Services you use at an Age UK or Age Centre**

- ☐ a. variety of social and fun activities
- ☐ b. Meals & refreshments
- ☐ c. Holidays and days out
- ☐ d. Exercises
- ☐ e. Assisted bathing
- ☐ f. Nail cutting
- ☐ g. General Chiropody foot care
- ☐ h. Hearing & sight clinics
- ☐ i. Hairdressing
- ☐ j. Information & Advice
- ☐ k. Transport service
- ☐ l. Carers support
- ☐ m. Day Services for people living with dementia
- ☐ n. Dementia Cafes
- ☐ o. Dementia COGS club

**8. Services you experience in your own home delivered by Age UK or Age Concern**

- ☐ a. Information & Advice
- ☐ b. Assisted bathing
- ☐ c. Nail cutting service
- ☐ d. Meals delivery service
- ☐ e. Personal Care
- ☐ f. Befriending
- ☐ g. Domestic cleaning
- ☐ h. Gardening
- ☐ i. DIY, decorating or repairs
- ☐ j. Assistance with getting to the bank
- ☐ k. Assistance with shopping
- ☐ l. Assistance to attend appointments
- ☐ m. Assistance to visit friends and family
- ☐ n. Assistance to attend theatre or other arts experiences
- ☐ o. Assistance to attend a restaurant or café
- ☐ p. Home from Hospital support
- ☐ q. **Other** (please explain).....



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**C: SERVICES YOU USE and why you use them** (tick one answer that best fits)

**9. I rely very heavily and depend on these services to maintain my health and wellbeing**

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

**10. I use these services / or access this support because.....**

**.....a. The services I use are local and transport is provided**

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

**.....b. The services I use are easy to get to on a bus route**

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

**...c. The services I use are not too far away from where I live and I can get walk or travel there on my own, at the moment**

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree



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*....d. I have no-one else available, nearby who can help me, so I need outside help*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

*....e. I cannot walk or am not confident to travel on my own, without help.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

**D: SOCIALISING – having some company**

***11. I welcome having some company and it's the only real chance I get to socialise***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

***12. These people I meet at the centre, groups, are the only people with whom I socialise, otherwise I wouldn't see or socialise with anyone***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree



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**E: STAFF, VOLUNTEERS AND ADVISERS**

**13. *I feel comfortable with the people who advise or help me to be people, I know, I can recognise and can trust at Age UK / Age Concern***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

**14. *I like to deal with people I can recognise and are familiar to me***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

**15. *I value the staff and /or volunteers at AgeUK / Age Concern and I feel comfortable and at ease with them***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

**F: SERVICE IMPROVEMENTS**

**16. *I think there are improvements that could be made to the services on offer that I use at Age UK / Age Concern***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree





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**17. If you 'agree', or 'strongly agree' above, please tell us how you would like the services to be changed or improved?**

**Name of Service(s):**

.....  
.....

**18. If you have tried this service, do you still use this service at the moment?**

☐ Yes      ☐ No

**How could the service be improved for you?**

.....

**19. Services you don't currently use:**

*I think if improvements could be made to the following services on offer, then I would use them*

**Name of Service(s):**

.....

**What improvements in the service would make you want to use it?**

.....

**G: NEW SERVICES**

**20. What new services would you like to see offered that would make a big, positive difference to your health and wellbeing?**

.....

**21. How would this service best be provided to you?**

- ☐ At the centre you currently use, now  
☐ At home  
☐ Somewhere else, and if so, where? Please tell us your ideas:

.....

.....



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**H: CHANGE IN SERVICE PROVISION**

**22. If any of the services you use (at or via Age UK / Age Concern) were not available to you beyond July 2018, how would you feel?**

***....a. I would feel very isolated***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

***....b. I would feel my health and wellbeing would suffer greatly***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

***...c. I would not be able to manage without this help I currently receive by attending the centre***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

***...d. I would not be able to manage without this help I currently receive by someone visiting me in my home***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree



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**I: THE COST OF SERVICES**

**23. If the costs, the price, you have to pay to use these services or support were significantly increased (*because the services were not being supported by KCC*) :**

***...a. I would definitely still want to keep using these services as I have sufficient money, financial means***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

***...b. I would only be able to continue to use the services if I could afford to pay, if it was within my financial means***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

***...c. I would only be able to use the services if the cost was subsidised and I was entitled to some kind of a benefit.***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

**24. I would not pay any increased charges because.....**

***...a. These services are not that critical to my health and wellbeing at the moment***

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree



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*...b. I know where I could go elsewhere to get the help and support I need*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

*...c. I don't have much more I could financially contribute to any increased charges, given my pension, income*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

**J: SERVICES THAT MATTER TO YOU MOST**

**25. The services which are critical to my health and wellbeing now are:**

Please tell us here:

.....

.....

**26. Services which you would like to access, or are likely to need in the near future (next six months), but which you currently don't use yet are: please tell us here:**

.....

.....

**K. YOUR KEY MESSAGE**

**27. If there was one message that you feel KCC should know about how you feel about the services or support you get from AgeUK/ Age Concern, what would that be?**

Please tell us here:

.....



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28. An opportunity to talk further

- a. Would you like someone from AgeUK / Age Concern to telephone you to give you more information about any of the services and support they offer?

☐ Yes                      ☐ No                      ☐ Don't know

- b. What is the best way to contact you?

- ☐ By telephone  
☐ By letter to fix a visit to come and see you

What is a good time of day to call you? .....

Thank you for your help.

*Your personal information will remain confidential to the Age UK / Age Concern group in Kent and will be stored and used in accordance with the Data Protection Act 1998.*

*In the findings of this survey, names and personal information will not be mentioned.*

If there is anything you would like to discuss or would like someone to help fill in this form with you, please ask for help at your local Age UK / Age Concern

Please return this completed form to your local Age UK / Age Concern as soon as possible.

The final closing date for all completed forms is Monday 21<sup>st</sup> August 2017

THANK YOU

**APPENDIX 2 : AGE UK / AGE CONCERN - NUMBER OF COMPLETED FORMS**

<b>CLIENT SURVEY</b>	<b>28-September 2017</b>	
<b>Age UK /Concern Area</b>	<b>Number of completed forms returned</b>	
Malling	24	
Sevenoaks	72	
Tunbridge Wells	45	
Maidstone	51	
Tenterden	32	
Ashford	84	
<b><u>WEST KENT</u></b>		<b><u>Sub Total 308</u></b>
Folkestone	10	
Deal	36	
Dover	30	
Whitstable	78	
Canterbury	26	
Herne Bay	159	
Thanet	32	
Faversham, Sittingbourne	52	
<b><u>EAST KENT</u></b>		<b><u>Sub Total 423</u></b>
		<b><u>GRAND TOTAL 731 forms</u></b>

### APPENDIX 3 : AGE UK/CONCERN CLIENT GROUPINGS

AGE UK / AGE CONCERN : CLIENT GROUPINGS – INDICATIVE CHARACTERISTICS			
 Increasing resilience, self-esteem, socially connected	(13)	(14)	(15)
			(16) Active Ageing; retired (over 65 yrs) 'out and about' physically and mentally well, highly socially community; regular perhaps part-time another elderly peer recreation, financially affluent <b>4-5%</b> <b>(7 AgeUKs)</b>
	(9)	(10)	(11) Recently relocated or moved to a new home location, with network of friends support, little but with community engagement <b>1-5%</b> <b>(5 AgeUKs)</b>
	(5) Physically reasonably well, but has Learning difficulties; may live alone with little or distant family community support supported accommodation isolated, low self-esteem <b>5-10%</b> <b>(8 AgeUKs)</b>	(6) Recently injured through a fall, in post-operative rehab family network home, isolated <b>4-10%</b> <b>(8 AgeUKs)</b>	(7) Recently bereaved but physically 'fit' but at low-ebb mentally, no public transport established <b>3-10%</b> <b>(6 AgeUKs)</b>
	(1) Very frail, elderly, lives with dementia maybe not yet diagnosed; lives alone, no family support; long-term conditions, chronic, multiple, (physical /mental /financially; 'invisible' organisations until <b>35-85%</b> <b>(11 AgeUKs)</b>	(2)	(3)
			(4) Frail, elderly, but lives in a community, city, town or village with strong, diverse community support networks; is 'visible' to care/support professionals averted and intervened <b>4-10%</b> <b>(3 AgeUKs)</b>
Increasing independence, mobility, financial security/affluence			

#### Explanatory notes:

- Above in the table or grid, are simple, fictitious, 'pen-pics' of a stage in 'life course' that could form profiles of older people. The matrix could be filled out with more profiles to fit other characteristics; these are purely indicative and purely for suggestive purposes.
- The bottom left-hand corner (1) represents the most needy, complex profile of older person with low quality of life and little wellbeing
- Diametrically, the top right hand corner (16) , represents the most independent, profile of older person, leading a fulfilling life, enjoying a high level of wellbeing, without any struggles (physically, mentally or financially).
- The type of advice, support and how/where this is accessed and delivered will differ radically for profile (1) compared to profile (16).
- The energy, skills, capabilities, time, goodwill of older people will vary, in terms of how much their efforts can contribute 'as assets' to help themselves, or for the more

able, to help and support others, and this will change over their life course.

- Time of life, stressful or traumatic events \*such as characterised profiles (6), (7) or (11)\* will impair/ impact on a 'transient' basis and perhaps there is scope for this profile of person to recover, to a higher level or resilience, independence/wellbeing, with timely support.
- Other life-changing circumstances may present a foreclosing or reduction in quality of life experience due to their nature, diagnosis and learning to adapt to a long-term, chronic, and perhaps degenerative conditions (physical or mental).
- In all cases, having advice, help, practical support and socialisation, feeling connected to a community and engaging in some kind of group gathering, matters for people's wellbeing (beyond fulfilling the basic health/life needs – food, shelter, safety).
- Just having one-to-one interventions, it not for most people, a substitute for social gatherings. It is appreciated that opportunities for group socialisation, for those with the most challenging complex needs, is difficult and can be costly.
- For wellbeing, the 'at home' versus 'engaging in the community' socialisation that matters, will vary from person to person.



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# Older People's Task and Finish Group

Report to Kent County Council, Select Committee on  
Loneliness

24<sup>th</sup> September, 2018

# Content

- Introduction
  - Importance of a proactive, prevention focused approach
- The needs to
- Create a voice for older people
  - Establish Older People's Champions
  - Establish a well maintained and extensive services data base
  - Improve resilience to deal with critical life challenges
  - Improve support for people living with dementia and their carers



# Introduction

- Loneliness does not only affect older people , but many of the causes of loneliness are more prevalent in our older population.
- Key factors – health and disability, widowed, living alone, income, caring
- It is one of the biggest concerns for older people
- Measuring loneliness is not straightforward. 6 -13% of older people feeling lonely often or always
- Around 3,000 lonely older people in Maidstone, and 30,000 in Kent?
- Most studies have concluded that loneliness increases with age
- Highest risk cohort – women, over 75, widowed, living alone
- 49% of over 75s live alone, and over 75 is the fastest growing age group
- Loneliness likely to be a growing problem

# Approach

- The approach should be proactive, preventative and personalised
  - Loneliness is an individually determined, subjective state - partially determined by nature. Not simply determined by external factors.
  - Lonely people can be disillusioned, distrustful, difficult ,disengaged- part of a vicious circle known as maladaptive social cognition
  - Older people are more stoical, do not want to be “trouble”
  - Risk factors are known and identifiable and afford an opportunity for preventative intervention

CAB, health and social care co ordinators and community wardens

- Needs to be part of and integrated with an holistic approach to active ageing
- Needs to have the capacity to deal with its own success



# Voice for Older People

- Not a homogenous group, great variety of need
- Any approach should reflect need, and have desired outcomes relevant to those needs
- Recognised that co production is a desirable way to develop meaningful services
- Work stream led by Involve
  - Link existing sources of information – Older People's Forum, Age UK, Active Retirement Associations, U3As, etc
  - Create or support existing forums in parishes
  - Identify individuals who could form customised focus groups to contribute both to defining need and developing solutions
  - One such group could be on loneliness

# Older People's Champion

- Establish Older People's Champions as step to provide a voice & an agent of change for older people in the local community
- This is part of a recommended approach contained in NICE guidance note 32
- Experience of Ageless Thanet indicates that securing suitable volunteers to develop this approach is problematic.
- Following their advice we have contacted parish councils and have identified 3 parishes that are prepared to discuss a pilot approach
- If there is sufficient support, we will explore funding.



# Services Data Base

- There are around 10 databases covering service provision in the Maidstone area. They
  - Overlap
  - Have significant gaps
  - Are not always well maintained
  - Are generally not shared, or publicly available
- We need a more comprehensive publicly available , well maintained data base that includes activities that promote social inclusion – arts, sports and leisure – small and local.
- Involve are leading on this, and the database required to support the social prescribing activity with WKCCG is seen as the best solution
- Gap analysis will identify service improvement activity

# Critical Life Challenges

- Establish a process to identify older people facing critical life challenges e.g. retirement, bereavement, divorce, the onset of limiting long term conditions and caring
- Strong evidence that these events are significant risk factors that impact on mental health, wellbeing and loneliness – NICE QS 137
- Limited processes exists and there is limited support to deal with these challenges
- To be led by Age UK with Involve & Kent Fire & Rescue Services
- Proposal is that rather than develop a process, that all agencies that come into contact with people facing these challenges should
  - a. Be aware of the potential risks to mental health and wellbeing
  - b. Use new data base to promote awareness of existing support services and be able to sign post to them
  - c. Fill gaps in training & support relevant to critical life changes



# Retirement

- Develop a strategy to determine how training & support prior to retirement could provide opportunities for self & Community development.
- The very great majority of people embark on their Third Age without any consideration of their next 15 -30 years of life
- They therefore fail to consider options that might be of personal and community benefit
- Having established current practice, trying to make contact with employers and employer facing organisations
- Volunteering is a key activity both for individual and community wellbeing - Our Work of Art/HOPE with art.
- Application for funding of this activity will be needed

# People Living with Dementia and Carers

- Help build a Dementia Friendly Maidstone and encourage Maidstone businesses to be both Dementia and Age Friendly
- The improvement in our approach to dementia will be worked in partnership with “Building Dementia Friendly Maidstone”
- The development of Age Friendly businesses will be based on achievements in County Monahagn and Thanet, and it is proposed that work will be in partnership with One Maidstone



# Other Workstreams

- Improve hospital discharge processes to reduce time spent in hospital by older people
- Frail and elderly interventions including falls prevention.

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# Next steps

- Establish desired outcomes and implementation plans for each workstream within 4 -6 months
- Agree creation of project manager to integrate workstream activities, and oversee implementation.





# Questions?

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