Comisiynydd Pobl Hŷn Cymru
Older People's Commissioner for Wales

The impact of the Covid-19 pandemic, and its management, on health and social care in Wales

April 2022

Introduction

Since the start of the Covid-19 pandemic in 2020, the Older People's Commissioner for Wales has been talking and listening to older people, carers, community organisations, volunteers, care home workers and many more about the impact of the pandemic on their lives, their health and wellbeing and their access to and experience of health and social care.

Older people and their families have told the Commissioner about the impact of becoming infected with Covid-19, about the impact of having their treatment and care paused because of the pandemic, and about avoiding accessing services. Older people have provided insight into their experiences of using NHS and social care services over the last two years, including in particular the staffing pressures in social care which are leading to unprecedented levels of delayed hospital discharge, adding to the demands on unpaid carers and curtailing care home residents' ability to exercise their rights.

Lack of transport to appointments and digital exclusion are long-standing problems which have been exacerbated by the pandemic, while levels of abuse of older adults seem to have risen without a corresponding rise in support services. People whose mental and physical health have been deteriorating silently in the community need an increased emphasis on prevention and early intervention and access to support services.

Health care

People who have had Covid-19

People who are recovering from extended time in critical care and hospital and those with prolonged symptoms of Covid 19 recovering in the community do not as a rule contact the Commissioner about their clinical condition. The Commissioner does hear from people who have been unable to visit their loved ones in hospital because of a Covid outbreak, and

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people whose loved ones have caught Covid in hospital, some of whom have died. The Commissioner has also heard from people whose loved ones could not be discharged back to their own home, to a care home where they were living, or to a care home of their choice, because of a Covid outbreak.

For example, the Commissioner's Advice and Assistance Team heard that an enquirer's 103-year-old mother lived in her own home with her great grandson. The enquirer provided over 30 hours' care to her mother every week and spent the majority of her day in her mother's home. Her mother also had a domiciliary care package that had been NHS Continuing Health Care funded since August 2019In February 2020 the enquirer was diagnosed with breast cancer and, as she was unable to offer the level of care her mother required, it was agreed that she would be moved to a Nursing Home for "extended respite" on a temporary basis. The enquirer had her last cancer appointment in August. It then took five weeks to get her mother home. She returned home with Covid and died two days later. The enquirer did not want this happening to anyone else.

The harm of Covid infection therefore extends beyond the individual themselves, and indirectly causes great anxiety, distress and grief to their relatives and friends, many of whom are older people t, and to others. This should be acknowledged as a contributory factor to the prevalence of mental ill health among older people.

People awaiting paused care

The Commissioner has received considerable evidence of the impact of paused care on older people, both directly and indirectly through the emotional and practical impact of harm which has happened to a loved one.

"At the moment, I don't have the Christmas spirit, my son died of cancer in August aged 43, cancer treatment cruelly stopped for him and hundreds of others, resulting in an early death because of it. It was difficult writing that because I know my life will never be the same without him."[1]

A disabled older person unable to access physiotherapy told the OPCW Advice and Assistance Team about "closures of the facilities that … enabled myself and many other disabled people [to be] independent [we] became immobilised physically as well as our mental well-being [we were] robbed of everything we has all worked [for we] had to fight becoming Second Class Citizens. Possibly many of us had thoughts of bring our lifeless lives to an end to stop the pain in so many ways."

Other older people said they were lacking basic preventative services to keep them well and active: for example, lack of eye tests and nail cutting services were mentioned during the Commissioner's engagement events.

People avoiding accessing services

Many older people have said they have avoided accessing any health, social care or other services during the pandemic, even when they have required care, because they were concerned about their safety or because they did not want to be a burden to the NHS at a time of crisis. Others were also reluctant to access their wider community services.

Experience of services in the current environment

The Covid-19 Pandemic has created significant challenges for health care services.

Primary Care

Access to GP surgeries was an issue prior to the pandemic, and for many older people the pandemic made things worse, especially those living with dementia and those who may be isolated and especially when there is no-one nearby who can help them. Other people have had difficulties accessing their GP or not been able to see their GP at all.

People contacting the Commissioner's Advice and Assistance Team report: an inability to get through to a GP practice by telephone (and, in one case, being threatened with removal from the practice list if they did not contact their GP, after days of trying to do so); having to queue outside the practice in the heat or in the cold and rain; telephone-only consultations; being required to book appointments and order medication online and not being able to do so, or being hesitant to share personal information on the internet; requests to take and send digital photographs, which people were unable to do; problems arranging follow-up procedures after hospital discharge; not being able to see their preferred clinician. This has left some older people feeling neglected and anxious, and needing support and reassurance which has not necessarily been forthcoming.

Early in the pandemic, the Commissioner's office heard numerous examples of pharmacies running low on supplies and restricting collection times for prescriptions, which caused difficulty for some older people. In some cases, older people reported problems with getting their medication delivered even though they had been told to self-isolate, and this had led some people to go several days without their medication.

Older people have mentioned being unable to find a dentist at all or being asked to pay private patient fees, delays in routine dental appointments, and having to spend time in pain. One person with disabilities living in a care home experienced the failure of her few remaining teeth, which meant that her dental plate was not supported, leaving her unable to eat, with cuts to her mouth and a serious infection. Although her GP attended promptly, her private dentist was not insured to attend the care home and the NHS emergency dentist service also refused to attend.

Other older people have reported lack of routine eye tests, including diabetic eye screening, and having to pay private patient fees to an optician.

Ambulance services

Older people and their families have approached the Commissioner's Advice and Assistance Team with distressing evidence of people waiting many hours, in pain and suffering, for an ambulance to arrive. One older man said that his wife had fallen down the stairs one night and sustained serious injuries, but the ambulance did not arrive until the following morning, over eight hours later. His wife died a few days afterwards.

Secondary care

Accompanying vulnerable people to and in hospital

Many older people approached the Commissioner's Advice and Assistance team with concerns about their inability to accompany their vulnerable older relatives to hospital, to provide practical information and to advocate for them during their stay, even though they were the main carer. Several of them pointed out that people with advanced dementia would not understand what was going on, would not be able to provide accurate information about themselves and that being admitted to hospital was very frightening for them.

One carer was concerned about how the admission questions could have been answered without their being there, and asked, if rapid tests could be done for students, why they could not be done for carers, to allow them to accompany patients for admission. Another older person pointed out that they could if they wished to go to a night club as restrictions had been lifted, but not to visit their relative in hospital, and asked, "what dignity is this for Older People?"

Visiting restrictions have challenged the ability of family and friends to build relationships with clinical staff and input meaningfully into the treatment and discharge process. One enquirer was allowed to attend a consultation and help her mother make an informed decision, but only after she argued her case that it was crucial for her to do so. She thought it was essential for patients like her mother, whose decision making was impaired by illness, to be accompanied to significant consultations.

One inquirer said: "Although I stressed to the Paramedics that [name] had Alzheimer's and I was not only her partner but full time and only carer and had LPAs, I was not allowed to accompany her into A&E. In fact [name] was in hospital 10 days and I was not allowed to visit, and apart from 1 phone call from A&E the afternoon of her admission, I was not contacted by any staff. She was in 5 days, when I took in clean clothing, before I was asked for permission to use the Butterfly scheme on her notes so everyone would know she had dementia and also on that day I was advised they normally asked for loved one to complete This Is Me form. This was after I had found it on Alzheimer's Society website and taken it in

to the ward that morning. I reached out to PALS, Carers Trust and Crossroads and was eventually contacted by a Consultant Nurse for Dementia North Wales who arranged for a Dementia Support Nurse from another ward to visit X and contact me."

Several inquirers said that their relatives either were or could be at the end of their life and they wanted to do their best for them.

Visiting

Even where older people were not so vulnerable, many relatives approaching the Commissioner's team were distressed that the hospital was not allowing them to visit their loved one, and about the inadequacy of communication with them and with the hospital about their loved one's condition. Some spoke of being limited to virtual visiting once a week for 30 minutes, facilitated by a Health Care Assistant.

In one case, there was disagreement between a hospital and a care home about whether or not an inquirer could visit her father, a care home resident with dementia who had been admitted to hospital. The inquirer approached the Commissioner's office for accurate information, on the care home's advice.

Enquirers understood that the visiting restrictions were due to high infection levels and acknowledged that the hospital had many other patients besides their relative for whom they had to care. However, they were concerned that, even where their relative had a mobile phone, it could be out of reach, in a handbag or accidentally switched off, and that their relative kept the phone switched off if they were feeling unwell. One said that, when they asked ward staff to facilitate other forms of contact, they were told it was too much trouble.

Inquirers reported great difficulty in getting updates from hospital staff. One inquirer has struggled to be kept informed about her mother's wellbeing and found it very difficult to access the doctors. She had instead been raising issues with the nurses, who took the matter to the Ward Manger and reported back. The inquirer was frustrated that the Ward Manager did not make herself available for discussion.

People who had not seen their relatives in person for weeks or even months were upset that, when they were able to visit in person in the hospital, they had to wear full PPE and meet their loved one in a designated room, sitting two metres apart and supervised by a member of staff who was also wearing PPE. When the relative entered the room, they were then dismayed by their relative's frail appearance.

One inquirer said, "I feel that one of the reasons for this deterioration is his feeling of abandonment by his family, and a feeling of isolation due to his inability to have conversations with other people around him as a result of his hearing difficulties." She felt that the Heath Board should allow visits. One inquirer thought that visiting in open spaces would be beneficial.

Visiting restrictions and communication difficulties have had a great emotional impact on people with loved ones in hospital. Relatives have said they worry about their loved one's mental and physical wellbeing when they cannot get through to the ward. One inquirer said she would worry all day not knowing if her mother were distressed. She feared receiving a call to say that her mother had not survived surgery, which the enquirer had not known was going ahead until just beforehand.

Rights

Many inquirers expressed grief and anger, believing that their relative's rights had been denied while they were in hospital. One inquirer said that the ward manager had stated to them that "all our rights at this time as guardians of law have been taken away." Another said she felt that older people in the same position as her partner were without a voice.

Some inquirers did not understand why they had been prevented from visiting and taking part in decision making, that they were not consulted about their loved one's treatment and care, and that their opinions were disregarded by clinical staff, even though they held Lasting Power of Attorney for their relative.

Several inquirers did not know whether a Do Not Attempt Resuscitation order was in place. One had requested her husband's medical records to find out, believing that the circumstances of his death "amounted to 'euthanasia by the back door' but they classed it as 'palliative care'."

One inquirer asked, "what rights do a patient and their family have about being discharged from hospital when they feel that they are not strong or well enough to be discharged back to their own home?" The inquirer's mother had been discharged and readmitted three times over a few weeks and had also spent a day in A&E following a fall. This had led the inquirer to conclude that "our elderly non virus people are being forgotten…. and I would like to know our rights (my Mum and her family) in advance of her discharge."

Other inquirers complained that their relative had been discharged to a care home, either without the inquirer's knowledge or against their wishes. One said, "My Mother this morning has been sent to a home in a Hospital Gown and in a very undignified way with no support, no explanation to her or ourselves and with no dignity."

Standards of care

Some inquirers were unhappy with the care their relative received during their hospital stay. This might be due to deterioration in someone who had been "fit and healthy" before the illness which resulted in their admission, or in someone who had been continent before admission becoming incontinent. It could also be due to the inquirer's interpretation of terms used in their relative's notes. This led some people to suspect medical negligence or ageism.

One inquirer said, “After my father passed away in hospital, I was concerned so I contacted the Coroner and asked to see his notes before he was cremated. Among other things of concern was the note ‘He was not a candidate for intensive care treatment’. I thought that was a curious remark. Not, would not benefit from intensive care treatment. Candidates are selected. Was this due to his age?”

This underlines the need for clearer communication in layman’s language with relatives about their loved one’s condition and the reasons for the treatment proposed.

Discharge

Unsafe discharge

The Commissioner’s office has heard from people who have felt pressured into having their older relatives stay with them after discharge. The team has heard that clinical staff have been “a bit abrupt” with them and that clinical staff have told relatives that support would be in place for when their relative went home; support which has not necessarily been forthcoming. One inquirer said that the local social support service refused to attend her father, who had been diagnosed with Covid-19, as they did not have PPE. This meant that the inquirer had to provide the care herself. A week later her father became unwell and had to be admitted to hospital, where he died a few days later.

One older man was unexpectedly discharged from hospital without any of his family being aware. He had no home to go to and was extremely vulnerable. He was discharged in thin cotton pyjamas, dressing gown and slippers and sent to the Local Authority by taxi. A stranger found him frozen and confused, standing in a doorway in the High Street with bags he was incapable of carrying.

Delayed transfers of care

The Commissioner’s Advice and Assistance Team has received many enquiries about delayed transfers of care due to a lack of social care support.

One enquirer's 92-year-old father who had dementia and normally lived in a care home suffered a heart attack and was admitted to hospital. The hospital was not treating him but seemed reluctant to discharge him back to his nursing home. His daughter believed that his nursing home could provide the care that he needed and that he did not need to be in hospital.

An enquirer’s mother experienced a 6-week delayed hospital discharge as there were no domiciliary carers to support her needs. The enquirer could not visit his mother as the hospital were restricting visiting due to high infection levels on the wards.

Another relative was “desperate” to get her relative home, after he had been discharged to a care home where he was very unhappy. The relative had gone into hospital in August 2021, had a ‘Best Interest’ meeting in November 2021 and had been in a care home for a considerable time since then.

An enquirer's sister with terminal cancer and without mental capacity was an inpatient in a ward that was closed for two weeks due to a Covid outbreak. This meant that a planned Best Interest meeting was postponed. The enquirer was deeply concerned that her sister was "languishing in hospital" and that the delay meant that a decision on where her sister should be discharged to would come too late for her.

Health boards have put in place discharge improvement teams, and initiatives like the step-down wards created at St David's Hospital Cardiff and Ysbyty Aneurin Bevan are helping to improve people's confidence to go home, but the numbers of people with delayed discharge are still very concerning.

Transport to appointments

The Commissioner's report "Accessing Health Services in Wales: Transport Issues and Barriers"[2] set out the findings of research into older people's experiences of accessing health services in Wales and the difficulties they often face due to issues relating to transport, even without the Covid-19 pandemic.

The findings – based on evidence captured from hundreds of older people throughout Wales and key stakeholders – highlight the significant barriers and difficulties older people may face when travelling to health services, often as a result of the limited transport options available, and issues relating to quality, accessibility and reliability. These problems have been exacerbated by the pandemic.

Many people rely on friends and family for help with getting to medical appointments during normal times. However, under Tier 4 restrictions, people were not able to get help from friends and family with transport to appointments as they would under usual circumstances. People have concerns regarding the safety of using public transport systems and this has caused an issue for some. Increasingly bus providers have come under pressure with staffing issues due to Covid affecting their ability to maintain certain routes.

Older people seeking help from the Commissioner's Advice and Assistance Team raised the difficulty of accessing clinical specialties which had been moved to other hospitals as part of the pandemic response, and of the difficulty they had navigating multiple hospital sites to attend regular appointments for a range of conditions. Some spoke of long journeys taking several hours to and from the hospital, where they then had to wait for long periods on uncomfortable chairs with no access to water. Others raised the difficulty they were having accessing vaccination during the early stages of the programme, although transport to vaccination centres improved as the vaccines roll-out gathered pace.

One inquirer said she was under the long-term care of the dental hospital. Last February she had been given an Xray but her follow up appointment was cancelled because of the pandemic. She was eventually invited for an appointment, which she asked to be by phone. The appointment arrived and was for an in-person appointment. The inquirer would have

needed to travel on two buses to get to the appointment, which she was reluctant to do because of the pandemic. The hospital said that if she failed to attend, she would be relegated to the bottom of the waiting list and it would take two years to be seen by a doctor. The inquirer felt she had no choice but to attend, travelling by bus as she does not take taxis alone.

Another enquirer said, “My husband was sent an appointment for 1.15 on a Sunday … at the … hospital … we do not own a car, my husband has dementia ….. I rang the appointment line and was given another appointment on a Tuesday to get to this I booked a taxi the journey there and back with driver waiting cost us sixty pounds so as I have not been jabbed and as we both have to go twice we are looking at a potential cost of two hundred and forty pounds. We were not the only people using taxis as the … hospital is nowhere near a bus stop so unless you have friends who are willing to take you or family the only option is a taxi. We found the money, but many other carers and elderly people may not be able to afford this and may miss their jabs putting themselves and others at risk of infection.” The Health Board did subsequently provide improved transport facilities for people coming forward for vaccination.

Restoring NHS services in Wales

Permanent service change

The Commissioner is concerned that the service changes which health boards introduced in response to the pandemic should not become permanent without the usual public consultation required by law, to enable people to influence service change in the longer term. This may require capacity building within some NHS planning and engagement teams, as they are generally small teams and may not have been designed to deal with this scale of change. This lack of capacity needs to be addressed if the voices of people using NHS services are to be heard in the design and delivery of services in the future.

Digital services

The increasing use of digital technology has accelerated during the Covid-19 pandemic, with remote consultations now being delivered by the NHS throughout Wales. Whilst these appointments will be suitable for many people, there is still a significant number of older people who do not have access to the internet or lack the confidence and skills to engage in this way – the latest figures from the National Survey for Wales show that 31% of people over 75 do not have access to the internet at home.[3] Older people have shared concerns with the Commissioner about access to health services as more has gone online. Whilst moving services online and introducing new ways of interacting with the public can offer potential benefits to those who can access them, it is also important to recognise the risk of excluding those who do not want to, or are unable to, access services in this way, which

includes a considerable number of older people.

Health boards must also overcome the challenges of digital exclusion and to ensure that the expansion of digital services is done with people in mind. Digital technology helps the NHS to see more people, but the delivery of good quality services through digital means is variable. Digital works best where it is integrated with whole service provision.

The NHS should not assume that all staff are confident with technology, any more than it should assume that patients are. If people want to talk about sensitive issues, they usually want to do so face to face. Staff must still demonstrate active listening and a caring approach, ensure that there are opportunities for reflection and consider the implications of delivering bad news to someone just before their digital connection is turned off. This means upskilling staff to preserve the human element of any means of communication and offering flexible appointment options, including digital or telephone when it suits the patient, and face to face when the patient wishes.

In November 2021, the Commissioner used her legal powers to issue formal guidance to local authorities and health boards in Wales, setting out the action they should be taking so that older people can access information and services in an increasingly digital world, to ensure older people's rights are protected and upheld.[4] The Commissioner asked local authorities and health boards to provide details of the action they are taking to ensure older people can access information and services via non-digital means, and that older people who want to get online are supported to do so. All health boards and local authorities have now responded, and the Commissioner's office is currently analysing the responses.

Forward planning must be conscious of digital exclusion and steps must be taken to ensure that services are provided in such a way to enable patients to choose their preferred method of communication. Where services are introduced via digital platforms steps must be taken to assist patients to be comfortable in their use either by providing ongoing training and support or by providing a community space where individuals can be assisted and supported to interact with the digital service.

It is welcome that Healthcare Inspectorate Wales have now incorporated questions on digital access to services into their inspection routine.

Planned Care

The Commissioner supports the intention of the Welsh Government's Planned Care Programme that more services should be delivered locally to where people live, and that people should have to travel less often for treatment. However, the Commissioner has concerns about some elements of the programme and will wish to be reassured about issues including: support for older people to access remote consultations; transport and

accommodation for people who need to travel to a regional or national centre for treatment, and safe and effective patient-initiated follow-up, among others.

Social Care

Service changes outside legislation

At the start of the pandemic, the Coronavirus Act 2020 modified duties in the Social Services and Well-being (Wales) Act 2014 to enable local authorities to temporarily change the way they delivered social care services to adults. However, any modifications were subject to stringent governance arrangements, and, in the event, these provisions were not used. The Commissioner argued strongly for these provisions in the Act to be removed, and in March 2021 the Senedd passed Regulations to suspend them.

Whilst the power to modify the duties of the Social Services and Well-being (Wales) Act 2014 was not enacted by any Welsh local authority, many people have seen changes to their care packages, including the withdrawal of some services such as respite. The extent to which older people in receipt of social care and their carers have been impacted is unclear. Data on such changes may exist at a local level within local authorities, but the pause on national data collection in relation to social care as directed by the Chief Statistician for Wales means that the impact of Covid-19 on the delivery of social care will be less clear. The Commissioner has called on Welsh Government to ensure that data is available to provide a better picture of the impact on older people of the current workforce shortages in social care. The Commissioner's office is working with Welsh Government to improve the 'Social Care Dashboard' data to ensure that older people and their carers who are in receipt of temporary services whilst they await the social care to which they are entitled do not remain invisible in data collection.

Whilst the Commissioner recognises the significant pressures that health and care services are currently under, she is very concerned that healthcare and social care bodies may now be introducing fundamental changes outside legislation, which may breach older people's rights, and also about the impact that these changes will have on older people and their carers. The Commissioner has been contacted by older people who have felt that they had no other option other than to pay privately for domiciliary care in order for their loved one to return home from hospital. Additionally, the Commissioner is aware of instances where an older person has been discharged from hospital without any support in place, other than that provided by family members, and without a Care and Support Assessment or a Carer's Assessment for their family members.

Given the significant impact that any changes could have both on the health and wellbeing and on the rights of older people and their carers, the Commissioner would very much welcome the Committee's scrutiny of the circumstances that have led to these changes,

how a solution can be found in the short term and how social care reform can enable older people, their families and their carers to exercise their rights and to access the help and support they need.

Unpaid carers

The Commissioner is very concerned that the unprecedented level of staff shortages in social care will have a further impact on already overstretched unpaid carers.

In addition, several health boards have made public statements asking people to support the NHS in a range of ways, including taking relatives who are ready for discharge home where they can. Data on the extent to which this is happening, and the consequences for the people concerned and their families, do not appear to be available.

The Commissioner has received inquiries from family members of older people about the discharge to recover and then assess pathway, which suggest that there is a gap in the interim support that someone newly discharged and/or unpaid carers need at home while they are awaiting an assessment for longer term support. Concerned family members want assurance of the support to be provided before they will agree that their relative should return home. This has led to delayed discharge and admission to a care home where this might have been prevented.

It would be helpful to know what action the Welsh Government and Local Authorities are taking to ensure that people who are discharged from hospital into the temporary care of family or friends are given the appropriate assessments and that their needs are met when the current situation improves, in line with the Social Services and Well-being (Wales) Act 2014. Data is also required on the length of time people are being required to wait for an assessment and for their care and support needs to be met in order to fully understand the impact of the social care crisis.

Rights of older people living in care homes

Whilst social care legislation in Wales has sought to mandate a person-centric approach to the provision of care, the COVID-19 pandemic has brought into sharp focus the lack of autonomy given to older people living in care homes in how they are enabled to live their lives.

Do Not Attempt CPR (DNAR)

One of the issues highlighted during the pandemic related to the blanket use of DNAR Forms for care home residents and the lack of consideration for a person's views and wishes when issuing a DNAR Form. The Commissioner is aware of instances where DNAR Forms have been issued without any meaningful consultation with the older person and

without any knowledge or engagement with the person's advocates. Despite this, the DNAR Forms have stated that consultation has taken place with the person and their families.

Whilst CPR is not a viable option for everyone and its use remains a clinical decision, it is a potential breach of a person's human rights to not consult with them. Despite this, it is unclear how the DNAR process is monitored to ensure that people are part of decisions about CPR and to ensure that their rights are upheld.

The Commissioner has therefore raised the issue with Healthcare Inspectorate Wales who are now including monitoring of the use of DNAR as part of their inspection work. The Commissioner is aware that HIW are also undertaking a retrospective review of DNAR to identify any themes and findings about the use of DNAR.

Visitors

Throughout the COVID-19 pandemic, we have seen potential breaches of the human rights of older people living in care homes, including the restriction of contact with family members. Staffing capacity within many care homes has had a direct impact on the extent to which visitors to care homes can be accommodated and other forms of contact with family members facilitated (such as phone/video calls). Many residents are still unable to have the level of contact they want with their loved ones because of staff shortages within care homes.

Whilst the Commissioner is aware of many care homes that have worked hard to ensure that residents are able to receive visitors while still minimising risk as much as possible, there are also care homes where visiting remains severely restricted.

At a time when the rest of society is returning to relative normality, older people living in care homes are at risk of being excluded.

Strengthening rights in care homes

The Commissioner is leading work with organisations across the UK to look at how the rights of older people living in care homes can be strengthened. This work includes:

- Increasing residents' security of tenure by developing a rights-based Contract and through strengthening legal protections;
- Creating new Guidance on visiting in care homes which is based on the legal framework of Human Rights;
- Working with service and workforce regulators to embed Human Rights in inspection frameworks and within social care practice;
- Ensuring that care homes are treated as an older person's home and not as a clinical setting, with infection control measures appropriate to this;

- Increasing care home residents' and their families' awareness of their rights and how to make complaints;
- Increasing care home residents' access to independent advocacy, in particular for those residents without family or friends;
- Developing a strategic approach to using complaints data to improve practice.

Older people living in care homes and their families often feel a power imbalance between themselves and the care home. This can often make it difficult for people to raise concerns and enforce their rights. As care home residents have no form of tenure, they are forced to rely on the contract of service as their only protection against being asked to leave their home. The Commissioner is aware of instances where relationships have broken down between a resident's family and the care home which has result in the older person being asked to leave. Because of this, the Commissioner is aware that some older people and their families actively choose not to ask questions or 'rock the boat' in fear of what might happen if they do.

The Commissioner is, therefore, exploring ways of strengthening older people's rights in care homes to ensure that they are able to enforce their rights without fear of being asked to leave. Ensuring that there is a transparent complaints process and greater access to redress when rights are breached will be an essential part of this.

Support for Older People Experiencing Abuse

The Commissioner has been very concerned that the levels of abuse experienced by older people, have risen throughout the Covid-19 pandemic. The pandemic has resulted in increased social isolation amongst older people and in situations where usual services and monitoring procedures have been reduced or withdrawn. This has made it much more difficult to identify situations of abuse [5.]

In 2020 the Commissioner established an 'Action Group' of organisations who have worked collaboratively, to develop a strategy to ensure that older people could get the support they needed to keep them safe and protected from abuse and crime [6]

The Commissioner has received anecdotal evidence from those specialist organisations involved in the 'Stopping Abuse Action Group', highlighting increases in the abuse of older people throughout the pandemic. The following example was provided by the 'Live Fear Free' helpline:

> "Caller disclosed that her grandfather had been physically and verbally abusive towards her grandmother for many years. Caller feels like the abuse has escalated over the course of the pandemic."

During the pandemic, there have also been increases in the level of financial crimes and scams. Polling undertaken on behalf of the Commissioner found that 75% of older people in Wales were aware of attempts to trick them into parting with money or personal information, and 64% of older people reported that these attempts have increased since the start of the pandemic [7].

Official statistics related to the abuse of older people are limited. ONS figures show that there has been an increase in demand for domestic abuse victim services during the coronavirus pandemic among people of all ages, particularly affecting helplines [8]

Recent figures released by the National Police Chief's Council 'Vulnerability Knowledge and Practice Programme' suggest there were more older victims (aged 65+) of domestic homicide during the pandemic compared with previous years. Older victims were killed both by intimate partners and by adult children/grandchildren. It is believed that there are several reasons for increases in the levels of domestic homicide involving older people. These include deteriorating mental and/or physical health (either the victim or perpetrator) and difficulties in providing care because of a disruption in services. The findings of the study show that older people with physical and/or mental health care needs may be particularly at risk of abuse at home during pandemics and evidence that reductions in service provision, increase the likelihood of abuse taking place.

The increases in the levels of abuse experienced by older people throughout the pandemic, highlight the importance of upscaling support services within future Covid related or other civil emergencies. Critically, these services must take account of and ensure that they accommodate the specific needs of older people at risk of, or experiencing, abuse. Research shows that up until this point, the needs of older people experiencing abuse, have not been adequately met by existing, specialist service provision.[9] It is also critical that existing services, maintain direct, face-to-face contact with older people and their unpaid carers so as to ensure ongoing assessment of risk and the availability of adequate support.

Prevention and Early Intervention

Many older people whose physical and mental health have been impacted by the Covid-19 pandemic have not yet come forward for health or social care but will do so if their needs are not addressed. Unless we marshal a co-ordinated, community-level response to the physical and psychological needs of older people who are experiencing physical and mental health deconditioning , their needs will not be met, and this will be catastrophic for them and place further demands on the health and care system.

In 2021 the Commissioner developed a set of recommendations to the Welsh Government which she believes would constitute a high value intervention in the health of older people, reverse deconditioning, prevent further deterioration and save older people from entering

the healthcare system unnecessarily, or too late. The Commissioner submitted these recommendations to the Welsh Government in autumn 2021. The proposals have widespread support.

The approach is to take joined-up action at population level, community level, and individual level, as follows.

At **the population level**, in autumn 2021 the Commissioner's office and the Welsh Government collaborated to develop an information leaflet for older people containing sources of help and how to keep well during the winter months. The Welsh Government funded design and printing in October 2021 and undertook to manage its distribution

At **the community level**, the Commissioner recommended that the Welsh Government should remove the barriers to older people getting out and about in their communities, by encouraging local government to review how age-friendly its communities are and make changes as needed. Some local authorities are already doing this, and it is positive to see the Welsh Government's commitment to an age-friendly Wales in its Strategy for an Ageing Society. The Commissioner is supporting local authorities and their partners through an Age-friendly Community of Practice, as well as working closely with the World Health Organisation in its Global Network of Age Friendly Cities and Communities.

In addition, 2021-2030 is the United Nations Decade of Healthy Ageing and this provides a further impetus for action in Wales. The UN's areas for action are age friendly environments, combatting ageism, integrated care, and long-term care.

To develop the community action and support needed the Commissioner recommended that the Welsh Government should adopt, spread and scale Improvement Cymru's 'Back to Community Life' project across Wales. This would help to identify older people who are vulnerable and in need, provide local information on sources of support and help, bring together support and community resources available locally to meet older people's needs, and ensure that NHS and social care services have information about sources of support to which to refer older people.

The Commissioner was encouraged that Welsh Government officials said that they are focusing on making funds available for 2022/23 and is awaiting developments following the finalisation of the Budget with interest.

At **the level of individual and group support**, the Commissioner recommended building the capacity of local voluntary and community groups to provide, develop and scale up services and activities which improve older people's health and wellbeing and can remedy deconditioning, deterioration in mental health, and isolation and loneliness.; . The Commissioner believes that the resources of the Third Sector represent a major source of potential which should be mobilised alongside health and social care. It is essential that the

Welsh Government makes available central funding and fast-track distribution to voluntary sector and community-based organisations with the pace and urgency which we have seen to be possible and effective over the course of the pandemic.

Conclusion

Older people, carers, families and friends have been significantly affected by Covid-19 itself and by the impact of the pandemic on health and social care services, including specialist support services for people suffering abuse, and prevention and early intervention services for people experiencing deconditioning silently in the community. Infection control measures and staffing pressures have disrupted normal relationships and communication with relatives and their contribution to the care and support of their loved ones. This has intensified people's frustration, worry and distress at a difficult time, caused some people to suspect discrimination in how their relatives were treated and fuelled a demand from some people to know more about their rights.

The Commissioner believes it is essential that, as the public sector turns to address the recovery from the pandemic, service transformation takes a rights-based approach and restores older people's relationships with and trust in professionals, communication with and about their loved ones in the health and care system, and carers' participation in the wellbeing of the person for whom they care.

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The Older People's Commissioner for Wales

The Older People's Commissioner for Wales protects and promotes the rights of older people throughout Wales, scrutinising and influencing a wide range of policy and practice to improve their lives. She provides help and support directly to older people through her casework team and works to empower older people and ensure that their voices are heard and acted upon. The Commissioner's role is underpinned by a set of unique legal powers to support her in reviewing the work of public bodies and holding them to account when necessary.

The Commissioner is taking action to end ageism and age discrimination, stop the abuse of older people and enable everyone to age well.

The Commissioner wants a Wales where older people are valued, rights are upheld and no-one is left behind.

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