

National Carer Organisations response to Falls and Fracture Prevention Strategy for Scotland 2014-2024

About the National Carer Organisations

There are seven National Carer Organisations (NCOs) in Scotland. They are Carers Scotland, Carers Trust Scotland, Crossroads Caring Scotland, the Coalition of Carers in Scotland, MECOP, Shared Care Scotland and the Scottish Young Carers Services Alliance.

Together we have a shared vision that all Scotland's unpaid carers will feel valued, included and supported as equal partners in the provision of care. The NCOs aim to achieve this through the representation of carers and giving them a voice at a national level. We believe we can deliver more for carers by working together to share our knowledge and experience, and by focusing our collective efforts on achieving improvements in areas of policy and practice that are of greatest concern to carers. In responding to proposed policies, laws, strategies and regulations, the NCOs seek to represent the views and experiences of carers in Scotland.

About Carers

There are an estimated 759,000 unpaid carers aged 16+ in Scotland - 17% of the adult population. Of these, over 171,000 carers are providing unpaid care for 35 hours a week or more. More than in 1 in 10 of the current caring population are aged 65 or over, more than half of whom are providing 35 hours of care or more each week. Carers are a third more likely to be in poor health as non carers and 41% of carers said that they had a long-term condition or illness.¹

About this response

The national carer organisations welcome the opportunity to respond to this consultation. It is clear from the document that there is much work already underway. The outcomes and commitments are welcome and we do not intend to go into each in detail but, instead, to highlight some areas we think are important in informing and supporting unpaid carers. Unpaid carers are often caring for someone at risk of falls. Of equal importance however, they are also members of our population who, because of the impacts of their caring role may have greater risks of developing future problems (or indeed are at current risk of falls themselves). With one in three adults over the age of 65 falling annually, responding to this is a public health concern and with up to 30% of falls in the community being preventable with targeted multidisciplinary action², the role of unpaid carers and family members should be seen as a critical. However, whilst carers are important in helping to manage risks and preventing falls they should not be seen **solely** a resource to be drawn upon and this strategy should also focus on responding to their health needs as individuals.

Healthy Ageing

In the first instance, whilst we recognise this is a high level document, it is important to recognise throughout the document that some people experience greater difficulty in accessing health and wellbeing activities. As noted, it is important to build resilience and encourage more people to be active more often but, we are unsure if the strategy itself will focus on specific activities to support often excluded groups such as carers, particularly older carers.

¹ Scotland's Carers, Scottish Government (2015) <https://www.gov.scot/publications/scotlands-carers/pages/1/>

² KE Anderson, Royal College of Physicians of Edinburgh, 2008 <http://www.rcpe.ac.uk/sites/default/files/anderson.pdf>

In research for Carers Week 2018³ two thirds (63%) of carers in Scotland said that caring had made their health worse and nearly 60% expected this health to become worse in the next 2 years. Almost 50% said that they expected that their physical health would mean that they would be able to provide less or no care in the future. Carers' mental health was even more greatly affected by caring, with 1 in 3 saying their mental health has become worse because of caring.

*'No one seems to care about the health of the carer'.
(Female carer, aged 50-54).*

In this research carers were asked about health issues they worried about and, which should be relevant to supporting healthy ageing, they noted worries about getting enough exercise, putting off health checks or medical treatment and persistent injury caused by or exacerbated by the physical strain of providing care. This is concerning as, without access to regular health activities, and with injuries and poor access to their own health appointments and treatments, we are storing up problems for the future. Carers may no longer be able to provide care but more importantly will be at risk of being less healthy in older age.

In addition, carers are over represented in middle and older age groups. These carers may have age related health problems which they have to manage alongside their caring responsibilities.

Poor carer health and wellbeing should also be seen as a concern for both the carer and the cared for person. Research⁴ has found that it can result in more use of health and care services by the person who is being care for, particularly older people and impacts on admissions, delayed discharges, admission to residential care and more. The health of carers has therefore important implications for health and care sectors and in developing strategies which highlight the importance of healthy ageing, there is an urgent need to focus on how we prevent ill health and improve health amongst our unpaid carers.

The research mentioned earlier did find that 7 in 10 carers said that their GP knew they were a carer and this rose slightly to 75% for those aged 65 and over. This was positive but worryingly only 2 in 5 said that their GP had talked to them about some of the things that might support their health or access to health such as regular breaks, training to support caring without physical injury, flexible appointment times or where to go for advice and information.

GPs and the wider general practice is a respected and authoritative source of advice and information and we would like this strategy to ensure that advice is targeted to carers on supporting their own health and helping them to access activities to improve healthy ageing. This is especially important for the growing numbers of older people who are providing care at the same time as managing their own health and care needs. Older carers should be identified and offered support to coordinate care, have regular breaks from caring, and plan for the future as their own health needs change.

The Role of Nutrition

Within the document, the role of nutrition and hydration is referenced, particularly as a contributory factor in falls and frailty alongside reduced mobility, weakness and longer recovery from illness but it is unclear what actions are intended to address this. In our own research, "Malnutrition and Caring: The hidden cost for families"⁵, we found that 60% of carers worry about the nutrition of the person they care for. Disability or illness can make eating difficult e.g. having problems with swallowing, forgetfulness, weakness or lack of appetite or an underlying condition can impact on ability to absorb nutrients. Nearly three quarters of

³ Supporting Carers to be Healthy and Connected, Carers Week consortium (2018)

https://www.carersweek.org/images/Resources/CW18_Research_Report.pdf

⁴ Various sources referenced in Scotland's Carers, Scottish Government (2015)

⁵ Malnutrition and Caring: The hidden cost for families, Carers UK (2012) <https://www.carersuk.org/professionals/policy/policy-library/malnutrition-and-caring-the-hidden-cost-for-families>

carers prepare all the meals for the person they care for but they report lack of information and support to ensure that they are able to provide the right nutrition for the person they care for.

Equally, the role of adequate hydration is important in preventing falls. Dehydration leading to light headedness can be a contributory factor to falls⁶ and support from care services should be required to ensure that this is incorporated into care planning; ensuring that there is sufficient time given to checking and providing for sufficient hydration as well as nutrition. Urinary tract infections are also significant contributory factor to falls⁷ but may lack the knowledge to identify such infections as early as possible.

The national carer organisations would like to see something within the commentary and any action plan to support the Strategy that recognises the key role that care services and unpaid carers have in supporting the nutrition and hydration and in the identification of associated issues such as dehydration and urinary tract infections of the person who is receiving care. There need to ensure that training and sufficient time is available to services and to ensuring that carers and families have easily available and accessible information as well as speedy access to professionals who can help.

Improving Health and Wellbeing and Preventing Falls

As stated earlier, carers cannot be seen **solely** as a resource. However, in falls prevention, supporting physical activity of the person they care for and in supporting older people to live in their own homes and communities, they should be seen as an invaluable resource **and** an invaluable source of knowledge and experience about the person they care for.

There are a wide range of outcomes within the strategy that carers can positively impact upon. However, to do so, they need information, knowledge and support.

We welcome that the strategy highlights the importance of having the right information, advice and support and we would welcome the development of information and support specifically for unpaid carers and family members on ways to best support the people they care for improve their own health and wellbeing.

However, we are keen to understand how this will be translated into action. Whilst written information is helpful (e.g. leaflets, online content) there is a need for more practical demonstrations including online videos of exercises and key messages, or training sessions held by local carers groups, voluntary organisations, physiotherapists (or other health and social care professionals).

Accessibility – in both place and format – of information and practical advice is critical for carers. For example, we note the example of the “Care about Physical Health Improvement Programme” and would like to see more information on how such programmes could be rolled out more widely to unpaid carers in their own homes and to carers’ organisations. We also note the “Falls Assistant Online” resource which could be beneficial to carers and wonder how comprehensive awareness can be raised of this and other such web and app based resources directly with carers and carers’ organisations. Both local health and social care partnerships should have responsibility for ensuring that carers and families in their communities have access to a wide range of trusted information and online resources. However, there is an equal role for national bodies to ensure that no matter where a carer lives they can access information easily.

⁶ KE Anderson, Royal College of Physicians of Edinburgh (2008) <http://www.rcpe.ac.uk/sites/default/files/anderson.pdf>

⁷ Falls in the Elderly Secondary to Urinary Symptoms, Reviews in Urology (2016)
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4859925/>

Housing, Adaptations and Equipment

Finally, we welcome the commitments to improve the availability and accessibility of equipment and adaptations. As noted in the document, carers are often the people arranging for aids, equipment and adaptations but there is sometimes a disconnect between assessments for such equipment and the involvement of carers and the delivery of the right equipment and training in its use.

We welcome the recognition therefore that it is important that health and social care professionals involve carers in discussions about the person's care. These conversations should begin at the earliest opportunity as carers often have a great deal of knowledge about how a person is managing at home and about their housing situation. The availability and development of a good housing mix and "homes for life" are also a clear priority to supporting the delivery of this Strategy..

In this respect, we would recommend greater availability of information about the types of equipment that is available along with any criteria. To make this effective as well as national generic information on such equipment (or indeed technology that can assist), there is a need for **local** information about **local** availability, including how to access services for small adaptations or repairs. A good example of this is the Living Well in Falkirk website <https://livingwellfalkirk.lifecurve.uk/Catalogue>. As part of delivery of the Strategy, we would welcome the dissemination of information to national carer organisations, carers' centres and other condition specific information organisations about other such local information sources that would benefit carers from across every authority.

Conclusion

In conclusion, we welcome the Strategy and its contents and hope that the comments we have made will help with consideration of what more can be done to ensure that carers' role as a key partner in care, including in preventing falls, can be supported *and* that carers' own health needs can be recognised.

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