



National Carer Organisations response to: Health and Social Care Strategy for Older People

Introduction

The National Carer Organisations welcome the opportunity to submit a response to Health and Social Care Strategy for Older People.

The National Carer Organisations are Carers Scotland, Carers Trust Scotland, the Coalition of Carers in Scotland, MECOPP, 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 National Carer Organisations aim to achieve this through the representation of unpaid carers and giving them a voice at a national level.

We believe we can deliver more for unpaid 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 unpaid carers.

Thinking about your physical health, what kind of advice and support would you need to help you make decisions about your health, care and treatment? What kind of people or organisations would you like to help you with this? Thinking about your broader wellbeing, what kind of support and activities would help you to stay socially connected with other people in your community? How could local organisations and places such as community groups, cultural centres such as libraries, museums and art galleries and leisure/sports centres, help you with this?

Recent survey data from Carers Week 2022 found that 22% of people in the UK aged 65 and above provide unpaid care.¹ Age UK have also estimated that the number of unpaid carers within this age group doubled to more than 4 million during the pandemic. Within this group of older unpaid carers, many already suffered from a health condition which placed them on the Government's shielding list. Furthermore, of these 4 million plus unpaid carers, only 3% are believed to have received official

¹ Carers Week, Make Caring Visible, Valued and Supported. 2022.

respite care during the pandemic, causing further negative impacts on their physical and mental wellbeing, such as exhaustion from lack of breaks.²

For some older people the support required to make decisions around health, care and treatment will be dependent on cognitive ability. The presence of dementia for example is likely to cause issues in making decisions. However, older people, even with reduced cognitive abilities, should still be provided with adequate support to make decisions. The United Nations Convention on Rights of Persons with Disabilities (UNCRPD) makes it clear that it considers that all citizens have the right to legal capacity. Article 12: Equal recognition before the law presents “*States Parties reaffirm that person with disabilities have the right to recognition everywhere as person before the law.*”³

For this to happen in Scotland, there will need to be a shift away from seeing older people as potentially not able to make care and treatment decisions due to dementia or older age. This is discriminatory and takes away their legal capacity. To ensure this does not happen, older people should have access to a range of support; such as family members, friends, advocacy workers and peer supporters who can play a role in helping an older person make decisions. There needs to be oversight into who provides support for older people to ensure that there are no conflict of interests or undue pressure put on an older person to make a certain decision.

The diversity of Scotland’s older population must be at the forefront of any and all actions ensuring compliance with the Public Sector Equality Duty and broader equality considerations. This includes the need to ensure that information is provided in accessible formats for older people with language and communication support needs. The Strategy must be underpinned by a full Equality Impact Assessment involving representatives of equality organisations and groups.

Many older adult unpaid carers’ own declining physical health and strength can make it harder to access support and maintain social contacts.⁴ For older adults who are socially isolated, information about people who could support them to make decisions needs to be provided. This could include - but not limited to - mail shots, or in local shops, libraries, care homes or activity groups often used by older people. Again, it must not be assumed that older people within equality groups access information through the same routes as older people within the majority community. Attention must be paid to identifying and making best use of the appropriate dissemination channels to ensure it reaches those who need it.

Staying socially connected is a key priority for many older adults. While loneliness is not an inevitable part of living alone, nor of older age, the factors that can give rise to loneliness in later life include bereavement, ill health and poverty. The Mental Health Foundation’s report *Mental Health in the COVID Pandemic*⁵ stated that peer support

² Age UK, 2021, New Age UK research finds the numbers of UK over age 65s caring unpaid nearly double during the pandemic to more than 4 million.

³ Legal capacity and the right to decide WHO QualityRights Core training: mental health and social care.

⁴ Greenwood,N., Pound,C., Brearley,S., Smith,R., 2019, A qualitative study of older informal carers' experiences and perceptions of their caring role. *Maturitas*, p:124.

⁵ Mental Health Foundation, 2021, *Mental Health in COVID 19 Pandemic*.

had been found to be effective in supporting people to overcome social isolation. Local authorities therefore must prioritise resuming many of the older adults daily social activity sessions, such as lunch clubs, to encourage as many people back into socialising as possible. This should include consulting with older people and their unpaid carers on what COVID safety measures would make them feel as safe as possible to return.

Lack of social connectivity is particularly apparent for older people within minority communities due to the lack of culturally appropriate and safe spaces within the wider community. A priority must be to identify gaps in existing provision and to commit to concrete actions which address the needs of these communities.

To further this aim of increasing socialisation, the external environment needs to be looked at. Making places easier to get to, making them safe spaces for people to meet or take exercise. Taking exercise is one of the recommendations from Scottish Government, especially as we get older. However, for many older people living in socially deprived areas, or living in poverty, accessing such places can be difficult. Local authorities should be provided with more funding to enable people to make use of free facilities which encourage socialisation and exercise. This should include developing transport solutions to increase accessibility.

Older unpaid carers need to have services resumed for the person they care for to allow the unpaid carer to get breaks away from the caring role. The lockdowns and withdrawal of services has had a detrimental impact onto the wellbeing of all unpaid carers, but particularly older unpaid carers who may have relied on wider family and friends to help out with caring. Restrictions on how many people could be in a house meant that a lot of older unpaid carers were left to provide care on their own with no support, or perhaps with a phone call support from a local carer service:

“Online and remote support works for some but by no means all of the carers I support. The majority of older carers I support (especially those 80+) prefer face-to-face interactions.” (Carer Support Worker)⁶

If you were worried about your mental health who or which (health or care) services would you approach for advice and support?

What impact do you think the pandemic has had on your ability to access mental health services if you needed them?

What could we do to improve your access to mental health services if you needed them?

Is there anything else you would like to add about mental health services for older people?

The pandemic has shown the importance of being digitally connected, especially when it comes to accessing medical support.⁷ While some older people have benefited from using digital technology to contact medical services, many others are digitally excluded or prefer other types of contact. Ensuring people have a choice of how they connect with care services is essential.

⁶ Carers Trust Scotland, 2021, COVID-19 in Scotland: The Impact on Unpaid Carers and Carer Service Support Workers.

⁷ Mental Health Foundation, 2021, Mental Health Experiences of Older People during Pandemic.

The Mental Health Foundation noted that those older people interviewed as part of their *Mental Health Experiences of Older People during Pandemic*, were more concerned about resuming activities outside the home due to concerns about the effectiveness of vaccines and possible variants. The effect of this has been an increase in self-isolation amongst some older people regardless of whether they have tested positive or had any symptoms. This further adds to poor mental health and wellbeing.

Communities need to start to resume activities such as lunch clubs, singing groups etc, to encourage older people to come out of the house. Scottish Government should undertake further targeted messaging to older people to help build confidence and reduce concerns about leaving their homes. Groups providing services should consult directly with older people and their carers on what COVID safety measures could make them feel as safe as possible and confident to join or re-join.

An issue which has come to the fore as a result of the pandemic has been bereavement and the support someone needs around this. For older unpaid carers, this can be significant in its impact onto mental health. The pandemic meant that the grieving process changed as restrictions to attend funerals and meeting with others meant that many people were unable to take part in the rituals associated with bereavement which can then impact onto their mental health through not having a sense of having grieved.

Professionals should be given training in understanding the impact of bereavement on older unpaid carers' mental health and wellbeing. There should be more information available for older people about bereavement support services. This information should not all be online, but in places where older people are likely to use, such as shops, local carer services, libraries, hairdressers and faith buildings.

For many older people, the main point of contact regarding their health is the GP. It is common that a relationship has been built up with their GP and they not only discuss physical health issues but also mental health issues.⁸ The changes to the way GPs work due to the pandemic will have altered this relationship and whilst we acknowledge the pressure GPs and primary care are under coming out of pandemic, it must be a priority for GPs to offer face-to-face contact with older people.

Research has also shown that there are lower access rates to talking therapies from third sector counsellors in Scotland (and England and Wales) in the last three years.⁹ Counselling services are available in some areas through carers centres and this is accessible to older people with a caring role. But it needs increased, sustainable funding and to be accessible in all areas of Scotland. Accessing such services may also not be as easy for older people, perhaps they are concentrated in main urban areas, older people may not be aware such services exist and funding for third sector work in this area is not always maintained. These issues can lead to many older people missing out on vital psychological support to maintain their mental health and wellbeing.

⁸ Mental Health Foundation, 2021, *Mental Health Experiences of Older People during Pandemic*.

⁹ O'Donnell, J., Pybis, J., & Bacon, J., 2021, *Counselling in the third sector: to what extent are older adults accessing these services*. *Counselling and Psychotherapy Research*, p:21.

Mental health campaigns, such as Scottish Government Wellbeing Hub, need to be accessible to all older people. They need to be available in various formats and languages, as well as other communication needs, to enable them to reach as much of the population as possible. By doing this, older peoples' mental health and wellbeing can be promoted and supported. A poll commissioned by Independent Age found that only around half (54%) of people aged 65+ were aware of the option to receive counselling or talking therapies via the NHS. National health improvement campaigns are necessary to increase that awareness.¹⁰

It is also important to consider here the impact of the cost of living crisis will have on older adult unpaid carers. Research from a Carers UK survey found that 48% of unpaid carers were worried that increases in energy bills would lead to significant hardship and rose to 75% of unpaid carers who receive Carer's Allowance or Carer Element with Universal Credit.¹¹ Facing potential significant financial hardship puts some unpaid older carers at risk of heightening pre-existing challenges, as well as creating additional stress and anxiety, further adding to poorer mental health.

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¹⁰ Age UK, 2020, Minds That Matter Understanding Mental Health in later life.

¹¹ Carers UK, Under Pressure: Caring and the cost of living crisis, 2022