Engagement with older people in Cardiff and Vale of Glamorgan

Age Cymru

Autumn 2022

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CARDIFF & VALE
REGIONAL PARTNERSHIP
BOARD

Contents

1. Introduction

The Regional Partnership Board (RPB) is made up of Cardiff Council, Vale of Glamorgan Council, Cardiff and Vale University Health Board, Welsh Ambulance Services NHS Trust, third and independent sectors and carer representatives. Their aim is to improve the health and well-being of the population and improve how health and care services are delivered by making sure people get the right support, at the right time, in the right place.

The RPB has undertaken a scoping exercise to evaluate their engagement activities and determine next steps. This recommended that the RPB should establish a common, joined up approach (a framework) to engagement that will increase the range of voices heard across Cardiff and the Vale.

The activity outlined in this report is to support the RPB's engagement activities and undertake engagement with specified diverse communities in Cardiff and Vale linked to their Ageing Well Programme.

On behalf of Cardiff and Vale RPB, Age Cymru gathered information from older people across Cardiff and the Vale focused on how they want to be engaged with to provide a basis for RPB future engagement work.

Age Cymru approached a variety of established groups for people aged 50 or over across the Cardiff and Vale area and gathered intelligence via facilitated workshops and one to one facilitated questionnaire completion. The groups were inclusive of specific 50 plus groups as well as interest and activity groups. We also undertook specific sessions and worked with specialist organisations to gather information from older people who are underrepresented or have specific needs.

An open session was undertaken at Pedal Power café near Llandaff Fields, Cardiff. Pedal Power is a charity based in Cardiff that encourages and enables children and adults of all ages and abilities to experience the benefits of cycling. They strive to remove the barriers to cycling that many people face. A number of different community and third sector groups supporting older people and carers regularly meet at their centre, so this was a good base to meet with a variety of people in a community setting. We included in our offer for this day the opportunity for people to learn to ride bike or to improve their confidence cycling to encourage participation, as well as refreshments.

In each session we began with an explanation of the work we were undertaking, gave an overview of what Regional Partnership Boards are and what they do, and then we had a number of discussion topics to gather the necessary information. The questionnaires followed the same structure.

In total **446 older people** were engaged with over **21 sessions** covering **all nine** Cardiff and Vale cluster areas.

Group	Location	Cluster area
With Music in Mind	Barry	Central Vale
Woody's Lodge	Barry	Central Vale
Cardiff Women's Aid	Cardiff	All Cardiff
Women Connect First	Cardiff	All Cardiff
Pedal Power	Cardiff City Centre	Cardiff City Centre
Unite the Union Retired Members club	Cardiff City Centre	Cardiff City Centre
With Music in Mind	Cowbridge	Western Vale
The Endeavours Club	Ely	Cardiff South West
Fairwater sequence dancers	Fairwater	Cardiff West
Lisvane 50 plus club	Lisvane	Cardiff North
Llandaff 50 plus club	Llandaff	Cardiff West
Dementia café	Llantwit Major	Western Vale
With Music in Mind	Llantwit Major	Western Vale
Windrush Cymru Elders Group	Old St Mellon's	Cardiff North
Penarth Ageing Well Club	Penarth	Eastern Vale
With Music in Mind	Penarth	Eastern Vale
Shiloh's coffee drop-in	Riverside	Cardiff South West
Neighbour Natter – Railway Gardens	Splott	Cardiff South East
Tai chi class – Splott hyb	Splott	Cardiff South East
St Mellon's Community Garden Club	St Mellon's	Cardiff East
Vale 50 plus forum	Vale	All Vale

We collected demographic information from group attendees and the one to one facilitated questionnaire completion. Due to the main focus of activity being on gathering information from discussion at group sessions, we had a low completion rate of the demographic forms. People can be reticent to fill in this information in group settings. The overall completion rate was 24%

Of the sample we collected, ages range from 50 to 94, with 43% of respondents over the age of 70. 74% of respondents identify as women and 24% identify as men, and 2% of respondents preferred not to disclose. 30% of people who responded told us that they look after someone as an unpaid carer, 42% live with a disability, and 24% of people served in the Armed Forces.

Preferred languages to be engaged with in order of reported frequency were English, Gujarati, Bengali, Urdu, Punjabi, Sylheti, Arabic, Pashto and Welsh.

2. Finding out information

We asked participants how they currently find out information on local health and social care services and support they need.

Word of mouth

Word of mouth was highlighted by many groups as the most trusted method for finding out information. Many people told us that they relied on friends and neighbours. Others told us that they got information through clubs and societies they were members of, either from other members or from talks from organisations visiting the groups. People also gained information from courses such as University of the Third Age retirement course.

People told us that there's a lot of information out there and it can be quite confusing. Also, throughout the pandemic information changed rapidly so it was hard to keep up with what was the most up to date information, and to keep track of what was relevant to them. Therefore, it can be hard to trust what they're seeing without corroboration from someone they trust.

GP surgeries

Many participants told us that the GP was their first port of call to find out information, although this has become harder since the pandemic with appointments harder to access. People felt that they could trust the information in GP surgeries, and often used notice boards in the waiting areas.

Online

Although there were people at the groups who had online access, finding out information online, including using search engines, was not a hugely popular option. Participants were quick to point out that many people were not online or could not afford to be online. Also, some people told us that although they used to frequently use computers, they have found it more difficult as they get older.

Some people accessed online information but were reluctant to do so. Participants told us they felt forced to go online to find things out even though they don't want to, and have limited knowledge of finding trusted information. People discussed how difficult it can be to get through to speak to a human being on the phone and how confusing this can be for people living with memory loss. People told us that they wanted to speak to a person that understands them not a machine for help.

People also expressed frustration that adverts often only have email addresses or website instead of phone numbers. It feels like it's becoming so much harder to access information offline.

Those who have online access discussed how they may not be the most proficient at finding out information online, as they don't generally use the internet for this purpose. Groups discussed how it's not always clear whether they're looking at a reliable source of information or not.

However, there were some people who access the internet often and were confident at finding out information on sites such as NHS online.

A few people said that until today they hadn't thought of looking online for information but would do so in the future, so for some people it was just an issue of raising awareness.

Publications

In some areas people told us that they can find out information via free local newspapers like the GEM, newsletters, such as Whitchurch and Llandaff Quarterly, from local community councils, community groups, trade unions and groups they're members of.

Information in communities

People told us that they find it useful to access information in community settings such libraries, pharmacies, coffee shops, and community hubs via personnel and notice boards. Some participants particularly highlighted that there's good support in Penarth library with volunteers at a drop-in.

Other considerations

Some people told us that find out information through charities such as Carers Wales, Carers Trust Wales, Age Cymru and Age Connects. Others accessed the information they needed through independent living services.

Some people expressed that they thought the majority wouldn't know where to go to get the information and support they need, and a couple of people told us that they wouldn't know where to go in a crisis.

3. Improvement to information

We asked all groups what could be improved about information on local health and social care support and services available.

Use of mail outs

Mail outs to households were discussed at number of the sessions to improve access to information, with differing views. People highlighted that there are many commercial leaflets through letter boxes but very little, if anything, on health and social care. Some felt a mail out would be highly beneficial as it's proactive and will help those that struggle to leave the house to have better access to information. Others felt that the cost of it would not be worth the benefit – they suggested that lists could be made of those that needed the information to reduce the cost of mass mail outs.

When asked about frequency, people were not sure how often it would be useful to get information but a monthly leaflet for local information was suggested by some. They also discussed how it would be useful to send leaflets out in a pre-arranged preferred language.

Direct contact with local groups

Most groups agreed that one of the ways to improve information visibility would be to have more regular contact with established groups, this could be by visiting for regular information sessions or sharing information on a regular basis with group and community leaders. This regular contact would build the trust needed for people to rely on the information.

Local hubs

Participants told us that there could be better use of local hubs and venues in the community to advertise what is available. Posters and leaflets should be focused in areas of high public footfall such as post offices, local shops, pharmacies, supermarkets, shopping centres, charity shops and public houses. There could also be more information in faith venues, social and sports clubs, and arts venues. It's important that this information is monitored and updated on a regular basis so it's current, and people can rely on its accuracy.

People also told us that attending established coffee drop-ins at the faith venues or other community venues could be a useful way of improving how information is communicated to communities. Drop-in sessions could also include other activities such as simple gentle exercise sessions. Venues such as Shiloh drop in have said they'd be interested in hosting sessions.

It was also suggested that there could be better communication with sheltered housing wardens who could distribute information, or organise for people to attend to talk about support and services available.

GP surgeries

Many people told us that they found information in GP surgeries useful, but some fed back that it could be improved further. In some places the posters hadn't been updated in a while. It was suggested that more GP based outreach workers would help in improving the quality and effectiveness of information for community members.

We also heard from people that it would be useful to have more information about what GPs can and can't do so they know where they can go for support. For example, a better understanding of what pharmacies can offer.

Some participants said that it's not so much the information that is the problem, but more the lack of information. For example, information wasn't clear enough on the changes to GP practices in Penarth and some people didn't know if they were registered with a GP or if they had to arrange this.

Online

For those participants on social media, it was fed back that it would be helpful to have an improved presence on social media regarding health and social care information, and to raise awareness that social media is a place where this type of information can be found.

It was suggested that a centralised website, a one stop shop, with questions and answers on relevant issues, such as accessing GP services information, staying warm during winter, accessing appointments, support for carers, information about care homes, and day hospitals. As well as information about relevant community groups, such as Pedal Power.

People told us that it should not be assumed that everyone is comfortable and confident using the internet, and may not have access at all. Some websites are also quite confusing and not easy to navigate. It was suggested that for any older people who want to develop their skills to get online more computer courses could be provided. Any one stop shop would have to have an equivalent that could be accessed offline.

Some people fed back that they have found the online DEWIS directory useful.

Single point of access

A number of people told us that a single phone number for people to get whatever information they need about local health and social care would be of huge benefit. People told us that they found it difficult having to find different information from different places. If information was accessible via a well-resourced phone service, this would make things much easier.

Hospital information

Many people felt that an opportunity to improve information could be on discharge from hospital. Participants told us of experiences of leaving hospital without any relevant support or information on services available. This is a key opportunity to ensure older people, family, friends and carers have the information they need. This could be supported by organisations that deliver hospital discharge for older people, such as the Red Cross.

Accessible information

Accessibility was fed back as an important way of improving information. Any information provided should be in plain language and be clear and simple. Some people told us that letters aren't always clear and often have several contact details and it's not always easy to work out which number to call.

Some people told us that there can be a language barrier in accessing services for some ethnic minority groups and there needs to be consideration of cultural accessibility in services. There is a diverse population in the community and some local people have had language difficulties for many years.

We also heard from some participants that there needs to improved information accessible for people living with sight loss as there is currently little provision.

4. Use of social media platforms

We asked all groups about their social media use, including preferred platforms, use, and content.

At each group we asked who used social media, generally only small numbers of people accessed social media on a regular basis. Of those who did, people mainly used it for keeping in touch with family and friends, with Facebook and Whatsapp the most frequently used platforms.

Other platforms used were YouTube for tutorials, Twitter, Instagram, and Zoe health app. Some participants used Zoom for keeping in touch with people and for online worship, and a few people used emails. Other uses for social media from a small number of people included accessing the local or national news eg; BBC news, CNN, Al Jazeera, Positive News, accessing weather or sport, contacting local politicians, keeping in contact with hobbies such as musical groups, or environmental groups like the Something Club. Not many people used the platforms for finding out information on health and social care services.

In terms of types of content people preferred short pieces of clear text, photos, and short videos that could be easily viewed on smart phones.

It was noted that many people are concerned about using social media because they are worried about the safety of social media platforms in terms of privacy but also worried about being scammed. Of those that did look online for information, they said they didn't always trust the accuracy of what appears on social media and would like to know more about how to spot what is and is not factual.

Some people in the groups said that they'd not considered using social media for finding out information before and will do this in the future.

5. Getting involved

We asked all the groups what they thought would make it easy for people to be involved in influencing the work of the RPB, and where the RPB should advertise the work they do to increase engagement from older people.

Most groups fed back that face-to-face engagement, coming out into communities to speak to people, and talking to established groups would be the most effective ways of encouraging older people to be involved. Participants said that seeing people in person helps build a trusted relationship between organisations and local people. Many of the groups attended as part of this work had ‘cuppa and chat’ time and were specifically set up to accommodate external talks and presentations alongside their other activity. A few attendees supplied their direct contact details to be passed on to the RPB, but most fed back that they’d prefer to be engaged through their group leader, as this would support effective ongoing regular communication and engagement.

Some people told us that clearer information on what’s happening or changing locally in regards to health and social care so that changes are understood would support people to be involved.

People told us that the RPB shouldn’t rely on the internet for engagement, and better use could be made of local community hubs such as libraries, community centres, pharmacies, post offices, petrol stations and faith centres, along with advertisements at supermarkets or on buses.

Some participants fed back that the RPB could make use of free local papers, and local radio, and publications such as Mature Times or local village magazines. The RPB could also think about having a half page spread in local newspapers periodically. It was noted by some, however, that many people don’t buy newspapers anymore so this wouldn’t reach everyone.

Others told us that advertising through organisations that work directly with older people, like Age Cymru or Sight Life would be useful. A presence at community events and fairs would also be effective at talking to local communities.

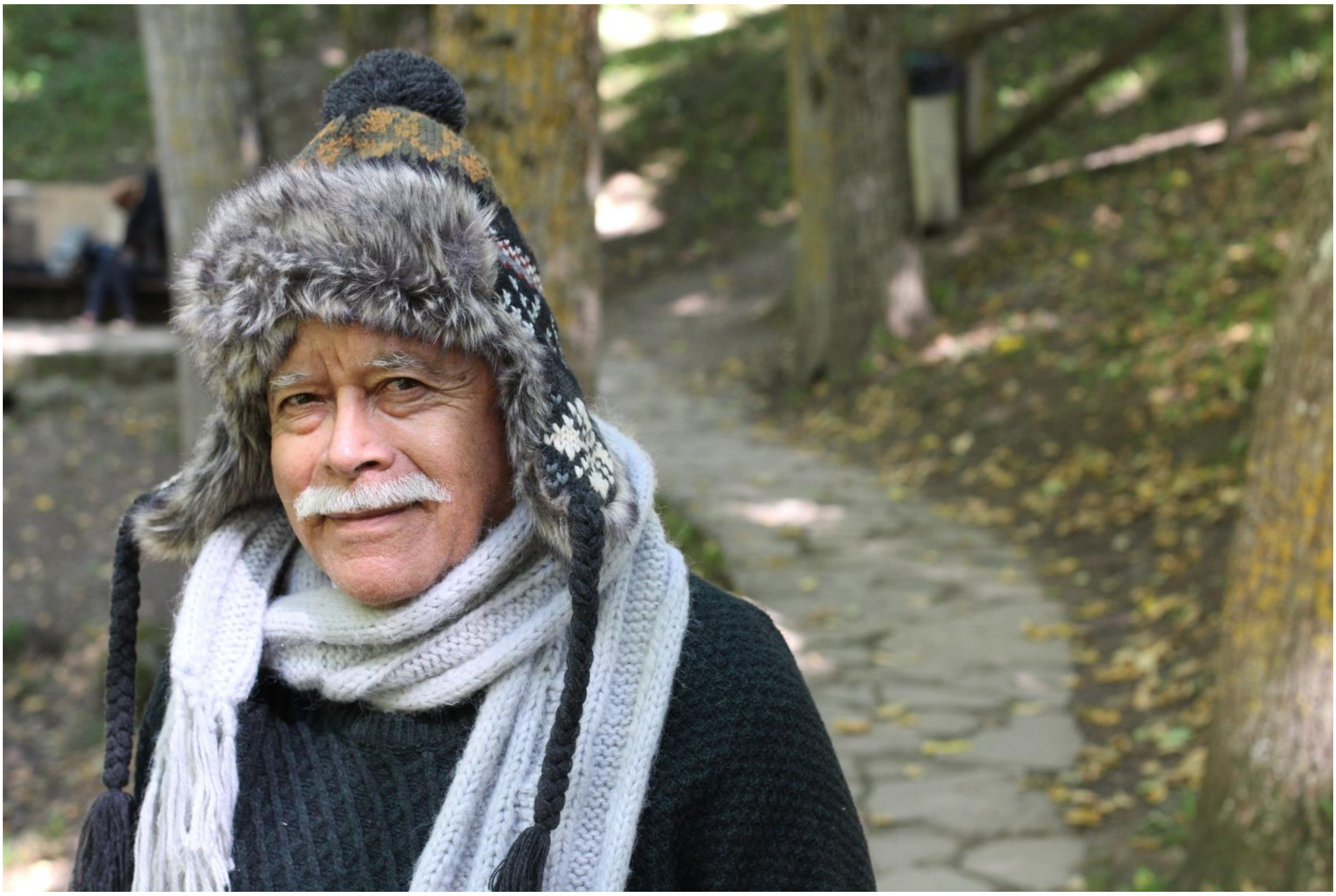
It was felt by many that they’d like to have discussions on specific topics and issues and that this would be the best way to effectively engage people. This can then be tracked to understand the impact of the feedback, and how their views have influenced change.

There was some variety of opinion in one group whether people did or didn’t want to be involved in the RPB work. Some people said that they are too busy to be involved so having a trusted representative body that could take older people’s views forward would be a useful option.

Some people also told us that they see age prejudice public services, and how older people are spoken to in any engagement needs careful consideration including making sure that it isn't patronising. There also needs to be consideration on the type of language used, including getting rid of jargon.

In terms of how often people in the groups would like to be directly engaged with by the RPB, many people agreed that twice a year for any in-person engagement, and regular bulletins to group leaders, or directly for some, for communication in between would be useful. Some were happy to be contacted more frequently.

People told us that there should be more publicity about the RPB, a leaflet with basic information in plain language about what it does and why it is in place. Also, in addition to the organisations, there should be some people aged over 65 involved in the RPB.



6. Future engagement

We asked all the groups what specific topics they might be interested in talking to the RPB about for any future engagement. The main areas were:

Access to GP services

Many older people told us about the significant difficulty they're having accessing GP appointments. Issues included not being able to get through on the phone at all, or having to wait a long time for calls to be picked up. In one area, people told us that they have to start calling at 8am in the morning to get an appointment and often by the time they get through there are no appointments left. People are also worried about the cost of these lengthy phone calls. Several participants told of their own experiences and friends experiences where there had been long delays (several weeks) in getting to see a doctor and the issues this had caused them with the delays.

There's also lot of frustration with navigating difficult triage systems and the role of receptionists. Many people told us about being unhappy that they had to discuss personal issues and medical conditions over the phone with a receptionist before being able to speak to a GP, or nurse, and were worried about confidentiality.

Access to hospital appointments

Participants told us of long waits for hospital appointments, with one person waiting nearly three years for a hospital appointment for hearing a difficulty. It was cancelled due to Covid and they were not asked back.

We also heard about the difficulties some people are having getting to appointments. People told us that appointments are too far from home, and public transport is much less reliable, particularly at the evening and weekend. People struggled with there no longer being access across Cardiff City from North to South. There are also issues with hospital transport with people finding it too late to get to their appointments, and routes which are too complicated. Some people were happy with the service from VEST community transport.

People also questioned why the Covid booster vaccination can't be provided at GP surgeries or pharmacies. A number of people had to take two buses to get to their jab.

Delays in transfer of care and hospital discharge

A number of people highlighted delays in transfer of care and hospital discharge as a key area for discussion. Participants told us that people can't get home care or residential care so have to stay in hospital, creating a bottleneck affecting ambulance services and numbers of available beds. One person told us of a two week wait in hospital for social care to be allocated, another person told us of a neighbour who had an operation to have their gall bladder removed but was discharged with no social care and had to wait for 6 weeks to get support putting extra unnecessary pressure on friends family and carers.

Delays in social care

People told us of issues with getting social care for family members, issues with getting a social worker in hospital, or difficulties with getting social care equipment delivered due to the lack of social care staff. Participants also told us about waits for care assessments and delays in care package implementation.

Access to dental care

Participants told us of lengthy waits for appointments, with one person waiting six months for an appointment. People are also dealing with unaffordable costs due to lack of NHS dentists.

Other topics and issues were also highlighted as part of the group discussions. These included:

- The need for quicker referral to hospital appointments
- An easier process to apply for blue badges
- Ambulance waiting times
- Older people without children needing more focus
- The need for people to be able to access health and care services before crisis point
- Linking up the relevant agencies providing services for a streamlined signposting service
- Under resourcing/under staffing of NHS and social care
- The need for more places to meet for older people, such as the community centre where the Llandaff 50+ forum meets as it’s a lifeline for older people.
- Better communication between medical staff and patients
- Mental health and loneliness
- Accessible communities for people with sight loss and loss of hearing – ie; issues with street furniture.

7. Standalone sessions

Dementia café

The dementia café in Llantwit Major supports people living with dementia and their carers. 11 people attended this facilitated group session.

1) Finding out information

Some participants said that they access information online. Others found information in GP surgeries, although it was noted that notices are not always visible and easy to miss.

2) Improvement to information

Participants told us that when a diagnosis of dementia is given, it's a shock for people. People are given information, but after the diagnosis there's nothing. There should be a follow-up appointment so that people have a chance to digest the information and to find out what support they need. Services need to be proactive. There should be regular online or face to face meetings throughout the year. One carer reflected that there had been no follow up for a person with their dementia diagnosis as compared to the follow up services the person had received for rheumatoid arthritis.

The group also emphasised the need for better information for carers who need a package of information including financial. Carers also need regular calls for support.

There needs to be specific information easily available regarding Attendance Allowance, Carers Assessment, and cleaning services.

Participants told us that people don't always get initial toolkits after diagnosis, there is no up to date directory, and no phone number, there needs to be a central point of contact. There also needs to be a 24/7 phone number for carers for information and support.

Other issues raised

- A lack of support and lack of respite for carers
- Nobody to help when you can't take any more
- Need back-up facilities for the person with dementia and for the carer
- There are no activities just for carers
- Need reassessments of dementia – people need to be able to find out about different stages of dementia.

Useful activities mentioned for people living with dementia and carers

- With Music in Mind singing groups
- The Gathering Place Day centre
- Crossroads organisation
- Solace training for carers
- Woody's Lodge for veterans and carers.

3) Use of social media platforms

About half of the attendees use social media. Uses included finding information, and being in contact with organisations that support people living with dementia and their carers such as Alzheimer's Society. Some people use a dementia app which is useful for carers to share experiences, and others use social media for business links.

Some participants fed back that they get help from family members to access information for them on the internet, and some said that they were wary of using social media due to concerns about scams.

4) Getting involved

The Dementia Café is a regular social group. The RPB could send letters, information, and surveys to the group leader to share with the group, so that the group could offer their views. Depending on what the RPB can offer, the group would be happy to receive this once or twice a year.

The group suggested that GP surgeries, libraries and local newspapers would be the best place to advertise the work of the RPB

5) Future engagement

The group noted that they would like a summary of the report findings to be sent to the Dementia café group leader to be kept in the loop about this piece of work.

Woody's Lodge

Woody's Lodge is a communications and social hub for veterans, emergency services, reservists and their families. They have bases across Wales, with their main site at the Amelia Trust Farm, near Barry.

Woody's Lodge facilitated the completion of 10 one-to-one questionnaires with older veterans at their Amelia Trust Farm site.

1) Finding out information

The main way that members told us they accessed information was through family and friends, as well as through Woody's Lodge and other veteran organisations such as Valley Veterans. A few people accessed information online, and one person said that they don't get any information.

2) Improvements to information

Participants told us that information needs to be more widely available, and there needs to be more resource to raise public awareness and public perception of health and social care services information.

3) Use of social media platforms

Not everyone had online access but for those that did they make use of platforms such as Linkedin, Facebook, and Instagram.

Others used it for contacting businesses and keeping in touch with friend and family.

In terms of the type of content, people said that they'd prefer text and videos, which are informative and can focus on daily activities.

Members emphasised that many older people don't have access to social media or are unable to use it, or understand it. There's also too much false news and personal information.

4) Getting involved

To encourage involvement people suggested that there needs to be more information on when the RPB meets, what it does in clear language and a direct number to leave feedback with them.

Suggestions of where to advertise to encourage involvement in the work of the RPB included having local TV adverts, and more advertising in public places, GP surgeries, dentists, faith centres, community hubs and local charities.

It would also be useful to have information in drop-in local centres, and support groups with info available, clearly and simply provided.

5) Future engagement

The topics that members would be interested in talking to the RPB about for future engagement include:

- Access to GPs, and face to face contact with doctors – people told us that they want to be able to get through to a GP and discuss possible available avenues, more than calling at 8am and not being able to get through.
- Easier access to mental health support
- Dangerous pavements
- Knowing how to reach out for information and help.

Women Connect First

Women Connect First is an organisation that offers a range of services including advice, advocacy, counselling, and a wide range of training programmes and volunteering opportunities for disadvantaged, isolated and marginalised Black and Minority Ethnic women in South Wales. This group covers Cardiff. Women Connect First facilitated one-to-one questionnaire completion, and four focus groups with 60 members in total.

1) Finding out information

Overwhelming participants fed back that they rely on family and friends to find out information on health and social care services. For some people they relied entirely on family members for information.

Group members also accessed information online, on Whatsapp, and via Bangla TV news channels. People also told us that they rely on Women Connect First as it’s a place they trust and can easily access information in their own language. Some people use Google.

2) Improvement to information

Members of the group fed back that any information leaflets should be available in different languages, be in bold print, with simple every-day language, minimal text, large fonts, and bullet points.

Participants also fed back that they’d like to receive more information on TV channels in their own language, such as on Bangla TV channels.

It was emphasised that it needs to be easier for people who can’t leave the house to access information. There also needs to be greater understanding and knowledge of diversity and different cultures when considering information.

One suggestion for improving information was that it would be helpful for older people to have community hub information desks in and around where they live. Another was that GP surgeries could have a separate counter or booth other than reception, a general information desk, where a well -trained individual is employed for all information on the local health and social care support that is available.

It was also suggested that there could be a good opportunity to improve information by using school half terms to get together in school, and hold sessions to update people.

It was also fed back by the participants that home visits, letters sent home, and leaflets should all available in a variety of languages.

3) Use of social media platforms

Participants fed back that they use different platforms for different reasons, from Twitter for political purposes to express views, You Tube to learn about cultures, to TikTok to learn more about their religion. Others said that they access social media for cooking, news, communicating with relatives and friends, taking online classes, reading, recipes, crafts, watching drama series, and listening to talks.

It was emphasised that social media is good way of engaging but people are more likely to engage with content and people that reflects their own ethnic diversity.

In terms of content, participants said they would prefer that it was simple and easy to access, like pictures and short information videos, to support people with language difficulties. Preferable any content will be available in different languages.

Some participants fed back that they were sceptical of content on social media as they said they couldn't trust any information and they have to be cautious and careful about what is genuine and not. They don't believe it's a trusted means to get information or engage and aren't very comfortable sharing personal details and information on social media.

Some other members fed back that social media is not an ideal means of getting information and for engaging people with older people, they can find it difficult and challenging to use gadgets to access social media.

4) Getting involved

The participants fed back that knowing more about what the RPB is and does, and who sits on it would be useful to support involvement. It's also important that information is available in a diverse range of languages.

Members suggested that the RPB should advertise through Women Connect First, and similar organisations, libraries, community associations, faith centres such as temples and mosques, and through schools. Communication through Whatsapp groups was also a popular option, as was a regular newsletter posted out to homes, and information on Bangla TV.

It was also suggested that information could be shared on advertising on screens inside public transportation, and screens at GP surgeries, and hospital waiting areas.

People fed back that they prefer the audio and video means of communication, they prefer much more eye-catching visual advertisements on LED screens in busy public places where people are out and about, like the city centre and at big events.

Members find Zoom a very useful platform to communicate and voice their opinions and prefer this as it is an easy platform to get involved, especially as they grow older, they can do it in the comfort of their homes, without the need to depend on someone or travel to venues to participate.

5) Future engagement

The topics that members would be interested in talking to the RPB about for future engagement include:

- The disadvantage and discrimination faced by Black Asian, Ethic Minority women and their families.
- Delays and lack or absence of communication between health professionals, administrators and service users.
- Digital exclusion.
- Access to GP services and waiting times.
- Overcrowded surgeries and hospitals.
- Cultural barriers and language barriers - One person said that they and their family have health conditions and must frequently go to the hospital. They said that it is always a frustrating experience as they feel misunderstood by the health care professionals due to cultural and language barriers.
- Access to dentists - people fed back that they can't find a dentist to register at. One person said that they must go to the hospital for emergency treatment because they can't get adequate long-term treatment or care for their oral health needs.
- Living a healthier lifestyle
- Improvement in the way the prescription system works and making it an easier and a smoother process for receiving repeat prescriptions as there is no uniform system and different GP surgeries follow different procedures for repeat prescriptions.
- Having to access private healthcare due to a poor level of NHS health care service.

The Windrush Cymru Elders

The Windrush Cymru Elders was established as part of Race Council Cymru in 2017. They're a proactive group of aged 50 plus elders who promote understanding of ethnic minority elder concerns and needs whilst celebrating key milestones and marking the contributions of people of African descent. The session had five participants.

1) Finding out information

Most people told us that they gain information from friends and family. Members fed back that there is a general lack of information about health and social care provision.

2) Improvement to information

Participants said that it would be useful to have more information about what GPs can and can't do. People also told us that information on hospital wards needs to be improved.

Members fed back that information about inheritance issues before looking at care home options would be useful.

3) Getting involved

Many members weren't previously aware of the RPB so fed back that it would be useful to advertise who they are and what they do. To do this they could come out to community groups, such as this one, on a regular basis. Meetings could also be help with groups on Zoom.

The RPB need to ensure that they don't put everything online, there's a general assumption that everyone is online which isn't accurate.

Participants suggested that the RPB could advertise on TV, local radio, at supermarkets and shopping centres, on buses and bus shelters, and GP surgeries. A basic leaflet about what the RPB does would be helpful to support visibility and engagement.

Members felt that it would be useful to meet with the RPB at least twice a year.

4) Future engagement

The topics that members would be interested in talking to the RPB about for future engagement include:

- More support for people to stay in their own home, such as grab rails and showers, and the removal of means testing on adaptation. Some also suggested the set up a housing board for the over 70s in addition to the current one for the over 50s. The housing needs of the two age groups are different.

- Hospital discharge - one person feedback that their partner had been discharged from hospital and the admissions clerk had no record of them being there.
- Social care assessments - sometimes there's a mismatch and a lack of cultural understanding.

5) Use of social media platforms

Social media was highly used in this group with 80% of members having access.

All of those who used social media accessed WhatsApp, others also made use of Facebook, Twitter and Instagram. People used social media to communicate with family and friends all over the world, access news, and for fun.

6) Future engagement

Members were keen to be kept in the loop about this piece of work and the RPB. Some members signed up individually to receive a newsletter. Others were happy to be engaged through the group leader and then be contacted twice a year to be involved or review any plans.

Cardiff Women’s Aid

Cardiff Women’s Aid is a women's equality organisation which exists to eradicate violence against women and girls and to support survivors. They facilitated a group session with survivors of domestic abuse. Four registrations were received with two participants. Ages ranged from late 50s to early 60s. Despite this small size, they shared a lot of valuable information.

1) Finding out information

Online

Both participants reported finding out about services online, however, acknowledged that people older than themselves or without family support may struggle more with this. One participant initially looked up what domestic abuse meant - she wasn’t sure that what she was experiencing was abuse. This gave her links to services, and she decided to self-refer. She didn’t get any referrals made for her.

Word of mouth

Hairdressers and friends were briefly identified as important sources of support and information. However, both participants identified that they don’t feel they can share everything with friends.

GP services and pharmacies

GP services were described as “hit and miss”. Some really good referrals and signposting were identified. One participant was referred to Cardiff Women’s Aid via her GP. The other participant was only prescribed antidepressants when she was trying to seek support to leave her abusive partner and wasn’t provided with any information about accessing services. However, her pharmacists (who she knew well) offered her a quiet room to call services or get support. This participant emphasised the good practice she experienced at her pharmacy, and the excellent care and support she received there. She felt this space was very important, especially being embedded in her community - the care and support she received supported her in her journey to leaving.

The participants noted that the new system of calling GPs for an appointment doesn’t always work for victims of abuse, as they may not have access to phones or have the independence to answer calls alone. Going into the surgery for an appointment should remain an option.

One identified that having to call for an appointment on the day can be a barrier for those seeking support, as it means they need to get up the drive and energy to get support there and then, whereas making an appointment into the future would be more abstract and allow time to prepare.

Other support work

One participant described having to navigate and find all services by herself after having left an abusive relationship. She searched these out online, and asked for support from council services e.g. Money Advice. She found this very helpful - she was trying to access Universal Credit after leaving, and the support worker made her aware of lots of other benefits and support she was entitled to.

Public notices

Both identified that more posters, leaflets and other literature are useful, especially for older people and especially around domestic abuse. They noted that this is particularly important in public spaces that they could “legitimately” go without arousing suspicion, e.g. banks, pharmacies, supermarkets. Language in these notices was also important, but this is explored further below.

2) Barriers to information and support

Digital inclusion and access

There can be a lack of digital availability or access for victims of abuse - often digital usage is highly monitored or they are unable to make phone calls.

Both participants said they couldn’t use the computer, and couldn’t buy their own - they would have to account for every usage, and often the perpetrator wouldn’t allow them to use it independently:

Because of this, both participants identified that having paper versions of information is very useful, and allows them to come back to information in their own time. One noted that her husband disabled the printer, so anything she wanted printed, she had to send to him first. She later had to ask friends to print things out and hide them under her car seat.

Mobile data was noted as being important - it would allow them to access information and support outside of the house. However, both noted that their own ages (56 and early 60s) and that people in their 70s and older may not have smartphones or use mobile devices. When fleeing an abusive partner and now that so many things are online, not having access to the internet made things very difficult for one participant. She stated she spent a lot of money topping up mobile data just to set up her new home with basic necessities.

Feeling like a burden

Both participants felt that a barrier to them accessing support and information was feeling like a burden, or that other people had it worse or deserved support more. They expressed concern around using up people’s time and resources. One participant did access council support e.g. Money Advice, but didn’t want to take up too much of their time, when there was a queue at the door - she felt like others needed it more. Thankfully, the support worker affirmed that she needed support just as much as others and asked her to stay. Both participants felt this was compounded by being both older and middle class.

Navigating services and unfamiliar terrain

Both participants said that domestic abuse was not talked about enough, especially in middle class areas. One noted she had to find out herself what domestic abuse was, and that friends told her she needed a solicitor, when actually she needed emotional and practical support herself.

Leaving domestic abuse was identified by both participants as something which upended their lives, and meant they had to navigate a completely new landscape with which they were not familiar. They noted that, being older, you're more likely to have lived with abuse for longer, and that they were kept in the dark about ways they might be able to escape.

3) What could be improved about information on local health and social care support available?

Community spaces

Neither participant had thought of or would have thought of using the library or hubs for finding support and information. They were aware they could access appointments and activities but wouldn't have thought of it to find out information. They thought it was useful to have information in places that are easily accessible and wouldn't be questioned about.

Communities

Friendships, networks and community were noted as important and also more difficult to create or maintain, especially after leaving abuse.

They noted the importance of peer support and running activities for specific age groups e.g. Cardiff Women's Aid doing peer support for older women. Having someone there who has similar life experiences can be more helpful than a professional telling someone what to do. The NHS Expert Patients Programme was identified as a good example of this.

Advertising and information sharing

As noted above, digital access is an issue for many victims of abuse and older people in general. The participants suggested a series of booklets, outlining information such as where you can go for help, what you can get help with, etc. They again noted it was useful to have things in print more - that it makes it easier to read and go back to things on paper. They noted that trauma and the disruption of leaving can make it difficult to keep things in your head, so having things written down is useful.

Language

Language usage, especially around sensitive topics such as abuse, was identified as important. The participants noted that many older people, in particular, may not connect with language like "domestic abuse". Due to cultural misconceptions and a general lack of understanding, they may assume it means being beaten or simply that it's normal to have to obey their husband.

Some suggestions included "Are you scared of your partner?", "Are you scared of going home?" "Is there stuff going on at home?", or something around the idea of hiding the way that you live from people around you.

They noted a lot of language specific to abuse which they hadn't known e.g. gaslighting, coercive control, which people are more open about now and which younger people may have better understanding of.

Support navigating the system

Guidance and support for those newly exiting abuse was identified. Leaving means huge disruption and change in normal life patterns and familiar systems - often having to newly rely on benefits and support which they had not previously accessed. They stated that there was an expectation that they would simply be able to navigate this system because they were now in it due to abuse, but that this wasn't the case in general as it was completely unfamiliar to them.

Structural support from organisations

Although beyond the scope of this consultation, both participants identified several opportunities for corporate organisations to support people (especially older people) fleeing abuse. This included things like:

- Phone companies providing a month of free unlimited mobile data for people leaving an abusive relationship;
- Supermarkets providing free internet and a coffee while trying to access services and find out information;
- A package to support setting up water, bills, etc in a new home, especially following financial abuse where the victim may have never dealt with bills or finances;
- A small bank loan when fleeing to be able to set up a new home, after perhaps leaving with nothing or not even being able to go home to pick up basic necessities.

4) Use of social media platforms

Both participants used social media. One Facebook only; one Facebook, as well as Instagram for work. They also described keeping up with interests e.g. crafts.

Both participants stated the benefits of social media, especially for connecting with others. One mentioned that due to a physical health condition, she often doesn't go out and physically speak to people but social media enables her to be in contact with people and find out information.

Neither were sure or had ideas around how social media could be better used to engage people.

Getting involved with RPB work

Both participants were interested in continuing to input, but they hadn't known about the RPB work previously. They said they'd be keen if they knew about it. One expressed that she wanted to help others in similar situations, whether it was relating to domestic abuse or chronic illness, so she was happy to do things like this if it helps people. They wanted to hear about it via email.

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