2018 Innovating for Ageing Programme

Problem Shortlist

Isolation and Loneliness

Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University – Provision of creative activities for carer/cared-for relationships

What is the issue facing vulnerable consumers that you would like us to ask the solutions community to attempt to solve?

Inconsistent access to support services that are grounded in creative activities which support issues of flourishing, achievement and carer/cared-for relationships.

Why should the judges ask the solutions community to prioritise the issue you have proposed?

Many older people caring for family members are at risk of ill-health, therefore jeopardising not only their own health and wellbeing but that of their cared-for person. Across the country, non-clinical interventions are being delivered that target the key problems associated with long-term caring. The primary targets relate to the maintenance of health and wellbeing, the reduction of crises/emergency admission into hospital and to delay/avoidance premature admission into long stay care establishments for the cared-for.

These functional targets are designed to reduce personal distress and cost to the national purse but they don't necessarily address quality of life associated with flourishing lives. Creative activities, which might include a wide range of arts and cultural projects in a social setting, including formally organised interactive performance/fine/literary arts groups, and informal groups such as small book clubs, knitting circles, cooking groups, fishing clubs, have potential to support the human need to create, achieve and share, and can lead to a sense of flourishing. Yet to date, no infrastructure for country-wide information on opportunities and access exists.

This proposal is for a centrally/regionally controlled mechanism/organisation to action this shortcoming, importantly working with organisations who do provide some relevant information such as, for example: The Culture, Health and Wellbeing Alliance; Age UK; Parkinson's UK; Alzheimer's Society; and Arts 4 Dementia, as well as primary and secondary healthcare environments. It is proposed that people fully understand the potential effects, and have opportunities to engage with creative activities as a health promotion and rehabilitation tools.

How many people might benefit from a solution to this issue?

The UK older population! A pilot project may be undertaken in one or two locations, for example Dorset, in which Arts 4 Dementia set up a strong steering group to inform and contribute to the Reawakening Arts and Heritage programme in 2017.

The group importantly included the Clinical Commissioning Group Lead on dementia, managers from voluntary services for older people, and arts and heritage organisations.

The ground work and achievements of this project led to the Reawakening Integration Arts and Heritage Framework for integrating arts and heritage activities into the portfolio of health promotion and rehabilitation services for people affected by dementia. In this case, an estimated 100-200 people could benefit from a formal pilot project in Dorset.

If you have any case studies to exemplify the problem, please provide details here

Please see: i) www.artshealthresources.org.uk/docs/carers-create-2015-2017-report-on-activities-and-evaluation-of-effect/; ii) https://arts4dementia.org.uk/reawakening-integrated-arts-heritage-2/

BT – Loneliness, isolation and mental health

What is the issue facing vulnerable consumers that you would like us to ask the solutions community to attempt to solve?

Mental health, loneliness and isolation is a key area for concern affecting UK consumers.

It's under estimated the volume of consumers who make contacts with utility / comms providers or contact centres and effectively want a shoulder to 'cry on' or just want to chat to someone. It's not uncommon for customers to call BT hundreds, if not thousands of times during a year.

At BT, we set-up a Vulnerability Centre in December 2015 and have seen increasing volumes of 'repeat customers'. These are customers who call BT continuously, every day and multiple times a day.

Some just call in for a 'chat'; typically, asking similar types of questions - what was the cost of the last call I made? when is my bill next due? It becomes apparent that they're not really calling for a bill enquiry, but someone to talk to. Often, late evenings and close to their 'bedtime' are key calling periods.

Our people, will always be sensitive and understanding. Help by offering support of external agencies - for example, The Silverline befriending service. However, customers often shy away from referrals as fear they will no longer be able to live in their own home.

More distressing are customers who we've classed as 'distressed customers, namely those who are suicidal or threaten self-harm. They will be explicit in their discussions; sometimes confused, screaming / shouting / swearing. Others will be crying, with phrases like 'I'm hearing voices', help me, banging their heads or explicitly informing they will be taking their own lives - or during the call are 'cutting or harming' their body.

It is very distressing, for not only customers but our front-end people to take these calls. We have implemented employee support programmes and resilience type initiatives to support our people. BT have also implemented a Distressed Customer policy, working in conjunction with the Emergency Services where within ~10 secs refer that caller into the Emergency Services to determine best course of action for that caller.

We have also, where needed, referred repeat callers to Social Services (welfare / safeguarding) teams.

However, the challenge is that these callers call back the following day(s) in a cyclic fashion with the same issue. The call goes to the 9's, they may or may not go into hospital but the route cause / intervention isn't managed.

The challenge should be to discuss societal issue and how to help resolve. Rather than multiple organisations handling the same customers. Look at key intervention measures rather than one-call or one-contact at a time.

Why should the judges ask the solutions community to prioritise the issue you have proposed?

This issue affects the most vulnerable in society and is a problem experienced across sectors, but particularly by the customer service operations of essential service providers in telecoms, energy and water.

Due to an aging population dementia including Alzheimer's has overtaken heart disease as the leading cause of death. This is a problem that is only going to get worse.

The impact is also going to be increasingly felt by customer service staff who are not, despite training, healthcare professionals.

How many people might benefit from a solution to this issue?

- 9m endured isolation in the UK
- Around 1 in 10 are believe to self-harm
- ~7,000 adult suicides

If you have any case studies to exemplify the problem, please provide details here

One customer has run us over 700 times in the last few months. We cannot help her and while the priority is her wellbeing it has also cost BT £24,000 in unnecessary engineering call-outs.

Others have made over 1,000 contacts each, with one making 5,000+ over 1 year.

Church of England, Diocese of Rochester – Accessible transport

What is the issue facing vulnerable consumers that you would like us to ask the solutions community to attempt to solve?

Older people who can no longer drive and struggle with public transport being able to attend appointments. Taxi services do not provide the 'wraparound' support that is needed. Some companies are getting established (Driving Miss Daisy etc.) but there is a dearth of provision. What is needed is an accessible vehicle, driven by a person who has training in care and support, who not only gets the person from A to B but stays with them if needed in locating the place within a building where the appointment is taking place, and even sits in on the appointment to help with communication if needed.

Why should the judges ask the solutions community to prioritise the issue you have proposed?

This is a key challenge for older people living in their own homes who have many appointments as they are living with multiple long-term conditions. It can be a headache for family carers who may not live locally and struggle to take time off work to accompany the older person on appointments. Without the necessary input to live well with long-term conditions, the older person's health and independence decline, and family and friends live with anxiety over their wellbeing.

How many people might benefit from a solution to this issue?

This is an issue which affects the majority of older people aged 85 and over, a growing group in our country.

If you have any case studies to exemplify the problem, please provide details here

I have parents-in-law aged 86 and 93. My mum-in-law has been in and out of hospital this year and has many long-term health conditions. My father-in-law is also living with a number of life-limiting health conditions. Both have poor sight and hearing. They have a constant round of medical appointments which they struggle to get to - once there, hearing difficulties make it hard for them to understand what is being said. Without the appointments for hearing and eyesight, in particular, their ability to live safely at home is compromised.