

# **Rural Development Sub-Committee**

## **Inquiry into Poverty and Deprivation in Rural Wales**

### **Response from Crossroads Caring for Carers Wales**

Crossroads Caring for Carers offer a wide range of services to carers in rural Wales and as carers fall into each of your population groups they will be the main focus of our submission.

However as local schemes are also employers, there are comments relevant to the economically active population group as well.

At the end of this submission I have placed the submission from our Ceredigion Crossroads in its entirety as the information within it is very specific to Ceredigion.

This submission also contains information from the Mid Wales Social Care Partnership based on their Making the Connections project, which is attached as an appendix.

### **General Questions**

1. What are the poverty/deprivation problems faced by rural areas? What are the specific needs of rural areas in relation to this issue?

Poverty/deprivation issues:-

Low paid employment or self employment

Social isolation, leading to poor mental health.

High cost of keeping elderly vehicles on the road

Higher cost of petrol

Additional cost on all goods and services because of transportation costs

Public transport

Distance to travel for specialist medical treatment

Distance to travel for appropriate educational courses, for both younger people and those wishing to return to work.

Availability of suitable training programmes and assessors for health and social care staff.

Strain on local authority budgets when school transport takes most of it.

Outward migration of younger people and inward retirement migration, placing additional strain on social and health care budgets.

2. Are anti-poverty/deprivation activities best dealt with by the Welsh Assembly Government or by Local Authorities? Why?

If Local Authorities have an open and inclusive needs assessment that has outcome based commissioning then they would be better informed about local deprivation issues. However there is currently not the confidence that this is happening. So initially it would be more equitable for the Assembly to address these issues.

With limited local funding a more innovative approach is needed and this would be best lead by the Assembly.

3. i) What anti-poverty/deprivation initiatives (WAG or LA) are you aware of?  
None
- ii) Do these anti-poverty/deprivation policies adequately address the needs of rural areas?  
N/A
4. What specific measures would you like to see implemented by the WAG to deal with poverty/deprivation issues in rural Wales?

A centrally administered fund for the provision of flexible carer services in rural Wales taking into account the additional cost of travel for the delivery of that service.

To remain economically active those in employment who suddenly find themselves with a caring role need a more flexible service. (Carers and Employment Research Crossroads Wales author Cath Bowen). The funding for these services in rural areas, where travel to work time is substantially longer for many, could be centrally held and would fall under Department for Employment and Transport. For too long carers issues have always been boxed in Health and Social Care when in fact they should be seen by all government departments as a crosscutting population group.

Public transport that meets the varied timings of all communities is very hard to achieve. Might it be possible to give taxi/travel vouchers instead of bus company subsidies?

An Assembly task and finish group to look at new ways of utilising limited budgets?

5. What examples of good practice are you aware of in Wales/other parts of UK/oversees?

**Sharon Baxter – Canadian Hospice Movement-** Canada has to provide for remote communities as well as rural and urban. Supporting people to die at home essential. Cancer deaths well provided for but dementia and other causes less so. Carers entitled to 6 weeks compassionate care leave through the benefits system – though not always easy to identify when the last 6 weeks is beginning

Crossroads were a partner in the Equal, Action for Carers in Employment (ACE) project. In Gwynedd and Anglesey services were provided to those in farming at lambing time and those in tourism during the summer months to enable them to maximise these windows of income generation. Keeping some of these family businesses going was essential to avoiding poverty & deprivation

In Powys CFAP funding, accessed directly from the Welsh Assembly Government, was a major benefit to adults, children and young people with care needs. Normally, the cost of travel is a major limitation when providing care; therefore, we are unable to afford the cost of taking individuals with care needs out of their homes. CFAP

funding allowed this to be accomplished and provided the beneficiaries with valued social interaction.

## Population Groups Questions

6. To what extent are these groups living in poverty/deprivation in rural Wales?

It has been shown through work done by Carers UK that carers living in any area are experiencing financial difficulties. These are exacerbated in rural areas as they have the additional cost of living and many miles to travel to access a District General hospital and other specialised health care provision.

For those who are economically active they often have long distances to travel to work and the cost of that travel is higher. For care staff, whose wage level is often fixed by downward cost cutting procurement practice, and have to maintain a vehicle to carry out their work, the situation can become impossible. The additional burden of regulation costs (i.e. training and registration) makes the sustainability of care provision a difficult one. Crossroads schemes in Wales are currently looking at innovative ways to ensure sustainability.

For carers who may be in the older persons group, wishing to return to employment the opportunities are limited.

For young carers the opportunities of a full education leading to employment the opportunities are limited by the distances needed to be travelled or to be away from home at university are restricted by their caring responsibilities.

For young disabled people and their families accessing a full life that includes education and leisure activities needs serious investment. In England funds have been made available following Every Disabled Child Matters Campaign. There is now a similar campaign in Wales.

7. What poverty/deprivation issues are experienced by these population groups that are specific to rural areas? Please highlight any relevant evidence or research that you are aware of.

Please see attached document from Mid Wales Social Care Partnership.

8. How do the problems of the 4 population groups differ across rural Wales (for example West Wales and East Wales)

I have no documentary evidence, so am unable to answer this fully. There is the issue of those areas that benefit from EU funding and large areas of rural Wales that do not.

9. In what ways are any sub groups within the four population groups particularly affected by rural poverty/deprivation, for example disabled economically inactive people or female older people?

Please see 6 above.

10. What are the most effective ways of tackling poverty/deprivation for individuals from these groups living in rural parts of Wales?

Tackling transport costs.

Listening to and acknowledging those experiencing deprivation

There is the difficulty that most older people living in isolated communities are fiercely proud and may well be reluctant to verbalise their problems. They have for many years created their own support mechanisms and entertainment which is a wonderful asset, but the next generations may well not accept this attitude.

Business support grants, that include Third Sector organisations, meet the additional costs of functioning in a rural environment.

Pressure on central government to ensure that the Carers Allowance becomes a stand alone allowance and is paid at the current cost of living rate, with a travel component for those in rural areas.

11. How can these problems be addressed by the Welsh Assembly Government?

By changing the components of the index of poverty/deprivation. Vehicle ownership is essential and the fact that there is high home ownership, which distorts the index. This prevents access to certain funding streams such as EU funding.

A first step would be an Assembly task group that accessed all relevant data and spent time talking to groups living in rural areas. This should not incur hours of costly civil servants time and any groups attending should be compensated for their time and replacement care costs budgeted into any planning. Crossroads would happily assist with this.

By direct funding of voluntary sector organisations on an all-Wales basis. Organisations, such as Crossroads – Caring for Carers make a major contribution to relieving the stresses experienced by carers and through the early intervention provide by the delivery of short breaks, make a significant contribution to the prevention of unnecessary admissions to hospital and/or residential care. They also contribute to the reduction in social isolation and improve well being.

By actively encouraging joint budgets and working on health and social care.

## **Ceredigion - Poverty/Deprivation**

What are the poverty/deprivation problems faced by rural areas?

- Ceredigion is a rural area of 694 square and a population of nearly 75,000. There are an usually high number of young people in the 18 – 25 years bracket, and a transient population because of higher education.
- The major employers are the Public Sector e.g. Health, Local Authority – particularly Education as the county has two universities, Aberystwyth and Lampeter.
- There are a number of small manufacturing companies throughout the county however employment requirements for these high tech companies are low.

- High number of young people leave because of the lack of employment opportunities and affordable housing.
- There are no major road network in the county and the A44 – the main arterial route into West Wales.
- Because of the aging population in Ceredigion the GDP is lower than in other LA's.
- Mobile phone networks are not readily available in some areas.
- Closure of rural Post Offices. No Post Office from Llangurig to Aberystwyth a distance of approx. 25 miles along the A44 where 5 Post Offices in 5 villages have closed in recent years.
- Information that is accessible through internet, hard copy.
- The formula used for the allocation of monies to L.A's from WAG. Rural areas ALWAYS lose out

There are a number of WAG initiatives that have been set up in the county.

- Tackling rural transport issues - the setting up of a taxi voucher scheme, managed by CAVO, for people with a physical/mental health problem.
- Through the Older Person's Strategy the setting up of the Maximising Income Group where representation from Voluntary, Statutory e.g. DWP and Depts in L.A. attend.
- The setting up of Older Person's forums whereby those attending can have a direct link to local policy making.
- The Carer's Voucher Scheme

The recent WAG Mental Health Carers Grant Scheme 2008-2009 Guidance highlights the injustice on rural areas. Based on the Older Adults PSS distribution for 2007/8:-

	07/08		08/09	
Ynys Mon	2.44%	97,660.00	2.4%	97,177.00
Gwynedd	4.28%	171,276.00	4.3%	170,820.00
Conwy	4.81%	192,215.00	4.8%	191,709.00
Denbighshire	3.83%	153,303.00	3.8%	152,912.00
Powys	4.63%	185,052.00	4.6%	184,492.00
Ceredigion	2.57%	102,710.00	2.6%	102,202.00
Pembs	4.06%	162,476.00	4.1%	162,148.00
Carms	6.74%	269,402.00	6.7%	268,329.00
Monmouth	2.76%	110,345.00	2.8%	110.518.00*

\*The only L. A. above that has seen an increase in the grant distribution to the L.A's on the Elderly, residential and domiciliary care PSS formula (formerly known as the older adults PSS formula) for the 2008/2009 allocation.

The percentage has been given to one decimal place and rounded down for 2008/9, meaning that there are 11 losers (primarily rural areas) and 11 L.A.'s that have gained.

Other losers are:-

Flintshire	4.22%	168,970.00	4.2%	168,690.00
Wrexham	4.20%	168,151.00	4.2%	167,543.00

Draft February 2008

Quote taken from the above document

- b) *The development and delivery of contingency / emergency respite services for all carers appropriate for the needs of carer and cared for person.*

*Annex 12 (Carers Assessment) of the Guidance 'Creating a Unified and Fair System for Assessing and managing Care' states that 'where it would not be possible for the service user to cope without the contribution of the carer(s) to the care plan, contingency arrangements should be considered for how these needs should be met in the event of the carer(s) being unavailable. In doing so local authorities will take into account the need to maintain the service user's independence and autonomy as well as the carer's requirements. Local authorities should use the additional funding this year to develop new services in accordance with this guidance.*

A sum of approx. £25,000.00 was made available to Ceredigion for contingency and emergency planning for 2007/08. However with the reduction of the MHCGS funding as detailed above (which incorporates that C & EP element) there is every likelihood that existing funding to projects/schemes under the original MHCGS which will revisit and reductions made.

How can projects/schemes develop? Every Crossroads scheme should **Challenge/Negotiate** with the Local Authority and ask for monies, as carers have emergencies and are not always known to the L.A., however without a plan in place it could be a burden on L.A./LHB resources. These monies are geared to L.A's carrying out more Carers assessments and identifying need. We received some funding this year (£1350) and funding for 08/09 has been earmarked, an increase on 07/08 (£2000).

Appendix- Making Connections Mid and West Wales Social Care Partnership.

EXTRACT FROM THE RESEARCH PHASE REPORT

## **Making the Connections Project Local People: Local Services**

### **Research into Integrated Models of Health and Social Care for Rural Areas for older people and adults with learning disabilities**

#### **Undertaken by members of the Mid Wales Social Care Partnership**

## **1. INTRODUCTION**

Wales has nine counties deemed as rural, including Ceredigion, Powys and Gwynedd, and approximately one third of the population of Wales are resident in these rural counties.

Delivery of health and care services in rural areas throws up particular challenges for both service users and providers; these difficulties also contribute to the added cost of delivering health and care services within a rural context.

Specific difficulties relate to the geography of Mid Wales and its population:

- Geographically spread, isolated small rural communities.
- An increasingly aging population
- Poor access to public transport

Specific difficulties in relation to service delivery currently experienced by service users and service providers:

- Increased travelling time for both service users and health and social care practitioners.
- Service Centres (e.g. GP practices, hospitals, day centres, residential homes) are spread across a wide area.
- Multiple service visits to service providers by health and social care practitioners.

The project as a whole aims to collect information and undertake specific research, the outcomes from which the feasibility of developing an integrated health and social care delivery model in Mid Wales will be assessed.

## **2. ABOUT MID WALES**

### **2.1. Facilities and Resources Audit**

The rationale for this piece of research was to provide information in a visual format to assist with decisions on possible pilot or reconfiguration sites within Mid Wales.

With the help of the GIS Units and Commissioners in Ceredigion, Powys and Gwynedd councils information was collected on the locations of emergency, health and care related resources, including hospitals, GP practices, village halls, pharmacies and care providers.

The results of this research can be accessed on:

<http://www.ssiacymru.org.uk/index.cfm?articleid=1926>

## **2.2. Setting the Regional Scene in Mid Wales**

Older people (50+) comprise a significant part of the population in Mid Wales and demographic trends indicate continued expansion of this segment of the population with proportionately increased demands on health and social care services. The data given below provides an overview of the older population within Mid Wales in terms of lifespan and health issues. The data has been derived from:

- i. Joint Commissioning Group for Older People (Powys County Council, Powys Local Health Board, Health Challenge Powys) – *Over seasoned – A needs Assessment of Older People in Powys*; September 2005
- ii. 2. Office for National Statistics. Focus on older people. Titchfield: ON8:2004 <http://www.statistics.gov.uk/focusonolderpeople/> (accessed 22.06.2004)
- iii. 3. 2001 Census HMSO Dept. of Health. Modern standards and service models older people. National service framework for older people. London: DoH; 2001. <http://www.wales.nhs.uk/sites/documents/439/NSF%20for%20Older%20People.pdf> (accessed 19.10.04)

### **2.2.1. Life Expectancy and Aging**

Life expectancy has continued to increase for both males and females in recent years. In 2001 life expectancy in Wales was 75 for males and 80 for females. However, the life expectancy in the counties of Ceredigion, Powys and Gwynedd are significantly higher than the UK national average.

Figure 2.1.1

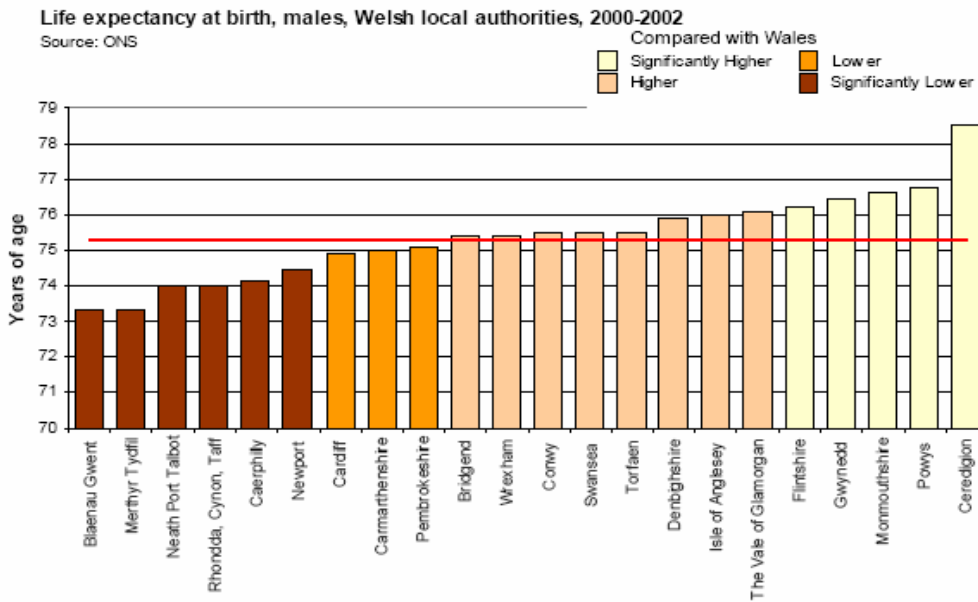
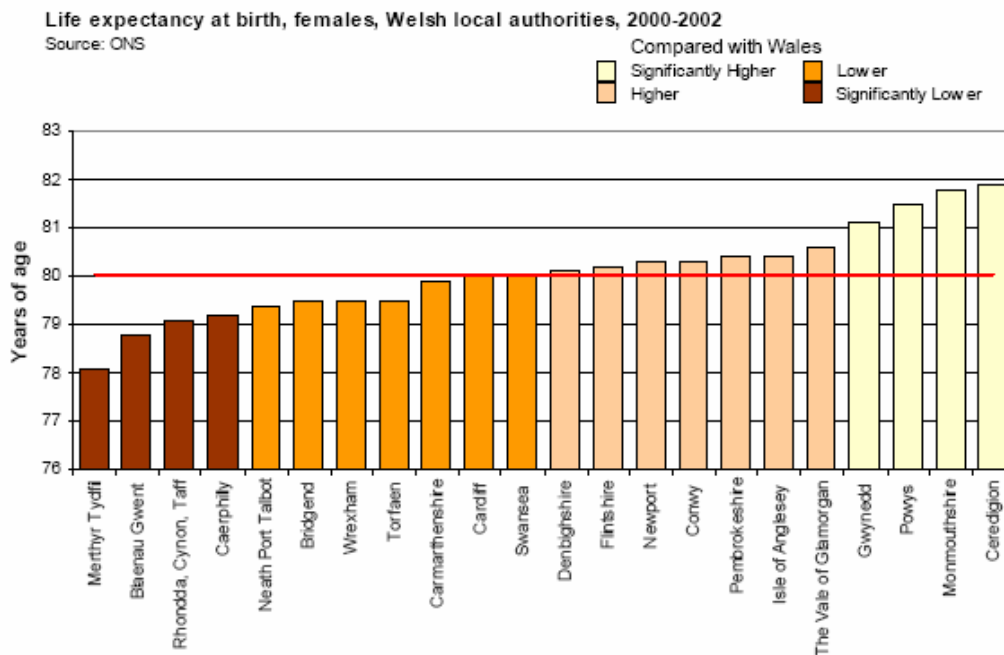
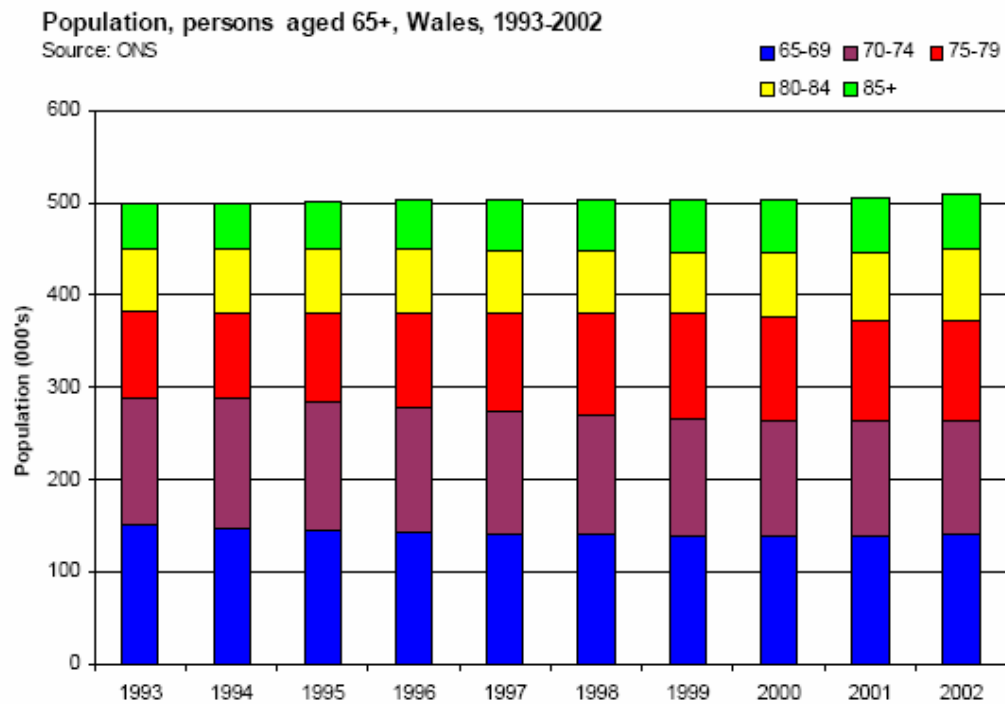


Figure 2.1.2

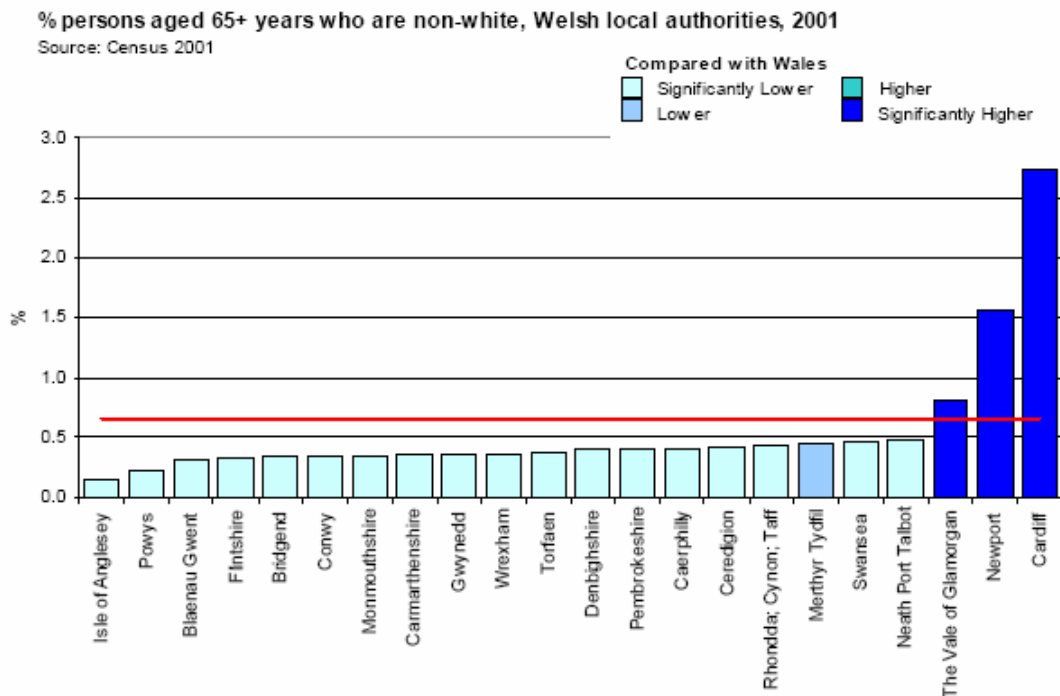


The figure below shows the projected change in the population in Wales until 2011 for persons aged 65 years and over. Research shows that the population of most age groups is expected to rise, especially amongst the 65 – 69 age range, as the “baby boom” generation reaches retirement. Increases are also anticipated in the 85+ age group as life expectancy continues to increase as a result of improvements in living conditions, life styles and health and social care.



### 2.2.2. Ethnicity

The evidence indicates that in Wales the non-white population (both old and young) may be increasingly socio-disadvantaged but this does not appear to be a significant challenge in Mid Wales, as indicated in below

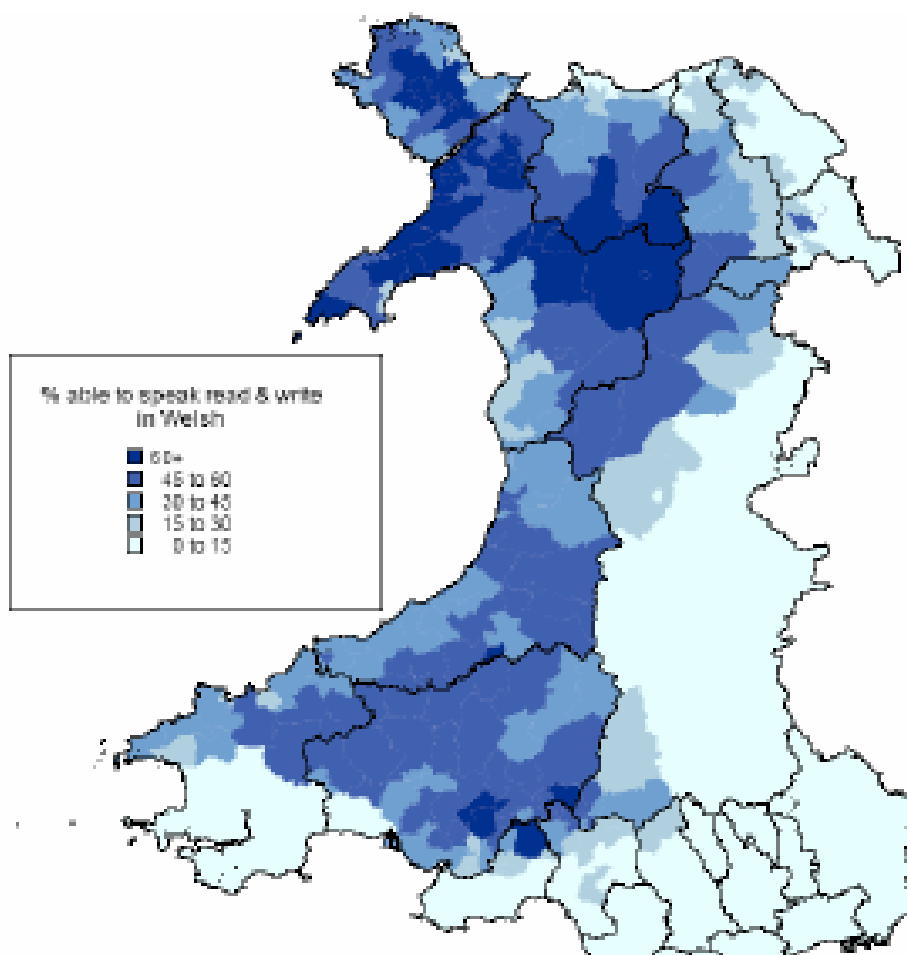


### 2.2.3. Language

The figure below shows the distribution of the percentage of 65+ Welsh first language speakers and writers. Older people whose first language is Welsh may find it more difficult to communicate with health and social care professionals through the medium of English. The profile clearly shows that both Gwynedd and Ceredigion have a widely spread percentage of first language Welsh speakers within those counties whilst Powys has a more clearly defined pocket of first language Welsh Speakers in the North West of the County.

See map below

Percentage of Persons aged 65+ able to speak and write Welsh  
Welsh Electoral Divisions 2001, Source 2001 Census.



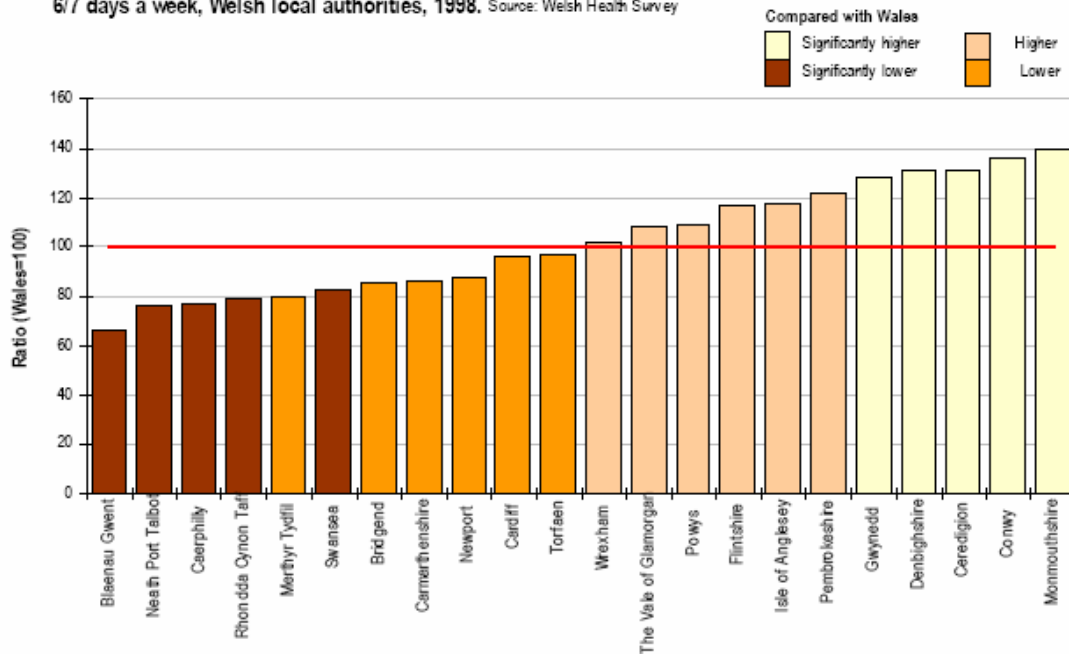
### 2.2.4. Diet

Evidence suggests that Lifestyle can play a significant part in keeping people, healthy and independent for longer. Diets containing a high fruit and vegetable content may have a preventative impact on cardiovascular diseases, strokes and certain types of

cancers. Those eating a balanced diet are less likely to be overweight or obese, conditions which are associated with a higher risk of developing diabetes and osteoarthritis in joints<sup>4</sup>

The figure below shows that the population of older people in all three Mid Wales counties consume more than the national average of fresh vegetables in their diet:

Age standardised ratio, persons aged 65+ eating green vegetables/ salad 6/7 days a week, Welsh local authorities, 1998. Source: Welsh Health Survey

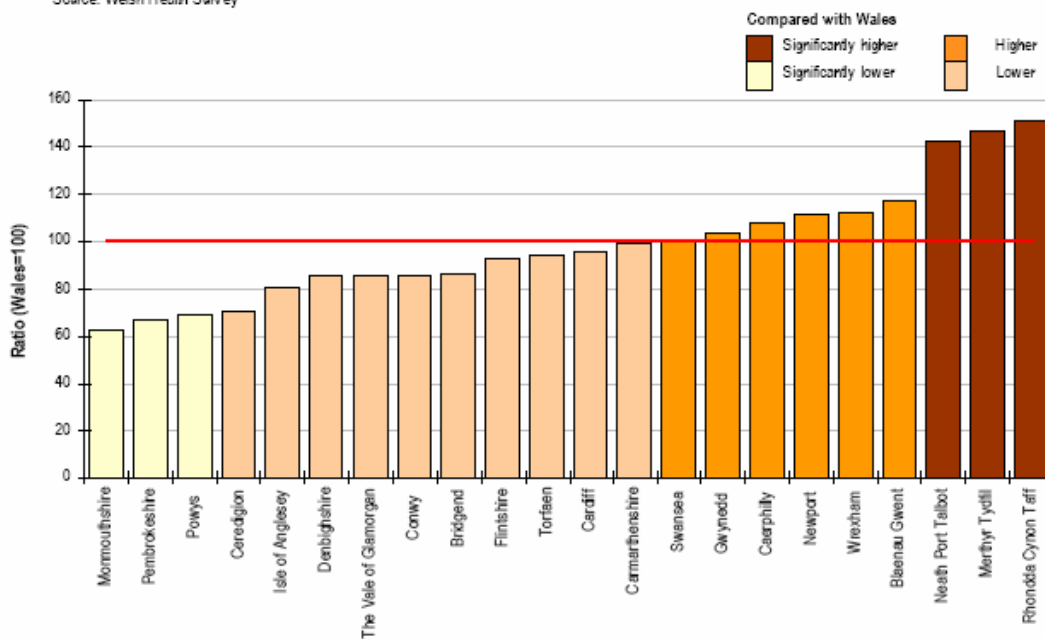


### 2.2.6. Exercise

Exercise is noted to be an element which promotes good health and independence. Evidence suggests that there may be a link between in exercise and mental health. The figure below indicates that older people in both Powys and Ceredigion tend to take regular exercise but that older people in Gwynedd are slightly less active than the national average.

Age standardised ratio, persons aged 65+ who do not take weekly exercise, Wales, 1998.

Source: Welsh Health Survey

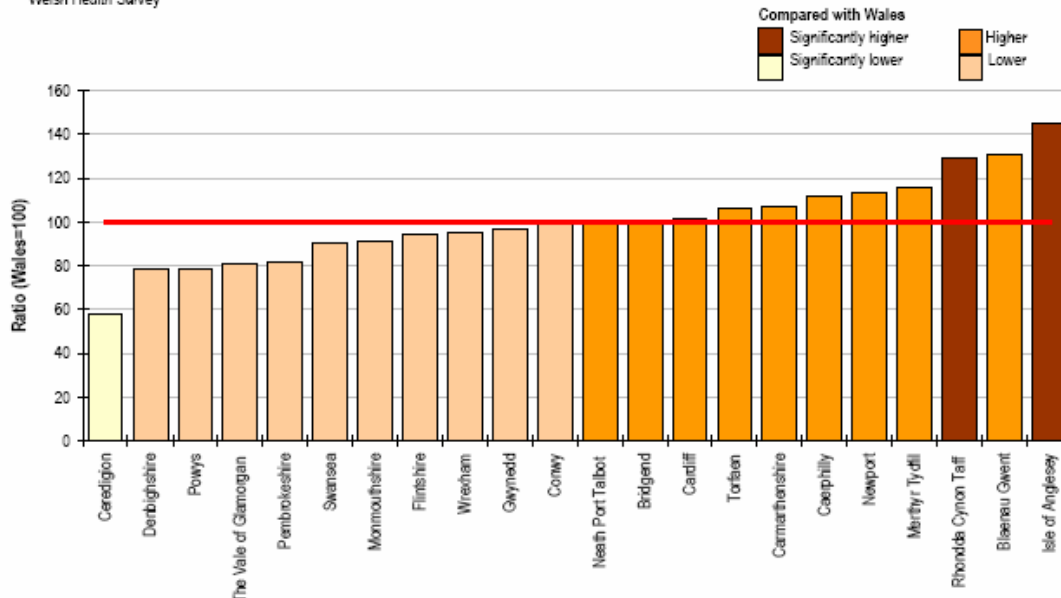


### 2.2.7. Smoking

The figure below shows standardised ratios for persons aged 65+ and illustrates that the population in Ceredigion, Powys and Gwynedd councils are below the national average for smoking.

Age standardised ratio, persons aged 65+ who smoke (daily or occasionally), Wales, 1998. Source:

Welsh Health Survey



Research indicates that smoking is more prevalent amongst the socio-economically disadvantaged and that they are less likely to give up smoking. Smokers are less likely to obtain longevity and more likely to suffer from chronic ill health if they reach old age.

It would therefore seem reasonable conclude that although Mid Wales has a high percentage of older people within the population, their lifestyles tend to be healthier than the national average.

### **2.2.8. Socio-economic Deprivation**

There appears to be little in the way of reliable information on health at older ages in relation to social class and other indicators of socio-economic position. Two useful indicators for future research or measurable outcomes may be housing and access to other benefits.