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Sage is a support and advocacy service whose mission is to promote, protect and defend the rights, freedom and dignity of vulnerable adults and older people.

Sage works with vulnerable adults and older people at transition points in the person's life. These can include transitioning between acute and long-term care settings, in returning home from a care setting and remaining at home. Sage supports and advocates for the person when adapting to the change, and for some people the significant losses that come with change. Sage works to build and maintain a supportive and sustainable circle of support around the person, to strengthen the natural support structures of family and community in partnership with professionals and services.

As shown in the Fourth Age Trust (2014) research *Individual Needs Collective Responses*, the quality and quantity of social relationships has a substantial impact on personal well-being. Relationships give a sense of self, impacts a person's self-concept and life satisfaction and protects against depression and loneliness. Based on the understanding that well-being is a natural occurring part of life, to be effective policies and programmes that address loneliness need to influence these 'naturally occurring' processes. (Fourth Age Trust, p. 14)

The Institute of Public Health's research *'Loneliness and Ageing: Ireland, North and South'* in 2016 puts forward interventions to tackle loneliness and recommends that greater understanding is needed of the concept and components of loneliness to effectively tackle it. The research also recommends that loneliness is identified as a social health priority. While health status is a factor that can impact on loneliness and personal well-being, and the converse relationship of the impact of loneliness on health is shown to be significant, the concepts need to be approached from a much broader perspective.

More in-depth analysis of well-being (Pratschke, Haase & McKeown 2016, full reference with author) shows that the quality of support from a person's network of partner, family, friends and acquaintances is a predictor of socio-emotional well-being. A person's capacity for well-being does not decline with age, it is not an inevitable outcome that well-being will decline in later life although there is a risk of this due to the impact of overall health which is a factor that influences well-being. Considering health is a factor for well-being the research suggests that policies that improve health status can have a 'considerable multiplier effect' and enhance social participation, promoting health prevention, and the promotion of activities that are of interest to older people can have an important impact. The research highlights the need for greater research on the impact of socio-economic influences on well-being. Targeted interventions to address inequalities over a person's lifetime are needed along with a broader approach to addressing loneliness and a greater understanding of 'how policies and social processes impact on the personal sphere of intimacy and relationships.' (Pratschke, Haase & McKeown 2016, p.25)

Quality of relationships, social supports and loneliness are factors in nearly all of Sage cases with older people and vulnerable adults. Sage works with individuals who live isolated lives which can be the experience for people in both urban and rural areas. We work with people who have never engaged in social supports or have no access to supports. In many of Sage's cases a person's main relationship will be with a carer, either formal or informal, and the relationship is one of dependency which is impacted by the level and quality of service. From a recent focus group carried out by Sage it was evident that the quality of the relationship with a person's carer in their home and the flexibility of the care provision had a significant impact on the person's experience and quality life.

Mobility issues, lack of own or public transport, isolation in own home and isolation in a care setting, decreasing social circle, impact of family immigration, impact of bereavement of family and friends, inexperience of the technology which impacts on the creation and maintenance of relationships in modern society, the pace of modern life, declining health status are in Sage's experience some of the factors which can impact on a person's experience of loneliness. People who are ageing within minority groups, for example older LGBT people, older migrants, and people with a disability are at increased risk of loneliness.

Working with people with disabilities Sage observes that an individual's most significant relationships are with paid support staff, and while a person may be well supported from a professional perspective they do not have opportunities to develop organic relationships with people who are outside of a limited network of family and the disability service. Increasingly the professionalisation and provision of services for older people accessed and

delivered from a health perspective is creating a similar challenge, where the older person's relationships are with paid staff, through home help, home care, and engagement with health and social care professionals. Similarly for people residing in residential care settings the majority of personal interaction is with staff paid to do this role. The TILDA IDS research shows that older people with an intellectual disability lack natural supports and are reliant on formal services and staff for social support.

The limited options, and limited approach of services for older people has an impact on how people engage. Considering day care centres, although many have a social support programme, the term 'care' has connotations and the concept of provision being only for 'older' people can prevent a person in need of social interaction from engaging as they do not identify with the group, do not want to be perceived by others or in their own concept of themselves as 'old' and in need of 'care'.

While quality relationships can develop in the contexts of day care, home care and residential care, the increased professionalisation of provision of services in this way will result in limitations on these relationships. Volunteer based models, such as befriending programmes provided through charity services are increasingly bound by policies and regulations. While the overall aim of professionalisation and regulation is to safeguard the vulnerable person it can dilute opportunities for quality, meaningful and organic relationships to emerge. The question has to be raised if services are meeting the priorities and individual needs of the people they are seeking to serve. Services and supports for older people and vulnerable adults should be designed and delivered from a well-being perspective based on an evidence based understanding of what influences well-being.