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Aileen Fallon,  
Special Committee on Covid-19 Response,  
Leinster House  
Dublin 2  
D02 XR20.  
Tel: (01) 618 3102/3074.

Dear Ms. Fallon

Thank you for your invitation to make a written submission to the Special Committee on covid-19 Response on behalf of Third Age on the topic of non-Covid-19 healthcare. Please find our written submission in the accompanying attachment in this email.

In our submission, I focus on two of our programmes, SeniorLine and AgeWell. After an introduction to Third Age, I give a brief overview of both programmes, the adaptations they have had to make during Covid-19 in order to maintain continuity of service and the issues faced by the users of these services.

Thank you again for the invitation and I wish the Committee well in its work.

Kind regards,

A handwritten signature in cursive script that reads "Aine Brady".

Áine Brady,  
CEO, Third Age.

**Submission to Joint Oireachtas Special Committee on Covid-19 Response**  
**by**  
**the Third Age Foundation (Third Age)**

1. Third Age was founded in 1988 and has developed a deserved reputation for innovation. We recognise and celebrate older people as a diverse group with different needs, abilities, backgrounds, and experiences, and as valued members of Irish society. We champion older people, and work to ensure that they have a strong voice and influence in Irish public life. Older people work with us as volunteers, in their communities and in supporting other older people to live their lives to the full.
2. We design each of our national programmes - SeniorLine, Failte Isteach, AgeWell, and Navigating Your Work Future - and Third Age Local Summerhill, to ensure that older people remain engaged and contributing in their own community and, where they need it, support is accessible, peer led and empowering.
3. The Committee will also be aware that Third Age is a founding member and of the Alliance of Age Sector NGOs, who made a presentation which we fully endorse.

**Third Age and C19**

4. In this submission we will share our experience of supporting older people through the C19 crisis through the lens of two of our programmes:
  - **SeniorLine**, our volunteer led phone service which began in 1998, is supported by the HSE, and familiar to many of you, and
  - **AgeWell**, an international programme for integrated community care, is delivered in Ireland by Third Age in partnership with the HSE.
5. While C19 has been an immense challenge for us all, these two programmes have made a significant contribution to the community support for older people and their experience can inform public policy and the development of better approaches and interventions for older people.

**SeniorLine**

6. **SeniorLine** is a listening and support service. Our main purpose is to empower people who contact us to deal with whatever is troubling them. When they call us, they know that they have reached an empathetic listener – an older person like themselves – who is skilled and committed to help them tease out their concerns and find a way forward. We take a holistic approach, respecting the caller as a capable person. Our volunteers enable callers to share their concerns, develop a greater sense of control of their situation, and increase their self-confidence. Volunteers are professionally trained by us and participate in a rota - there is always someone ready to take calls, seven days a week between 10am and 10pm.
7. The main reasons that people contact us are to break isolation, to talk through something that is worrying them, and to have the opportunity to talk with someone who understands and has time to listen. Some people will ring us just once, for others we are a more regular source of support. Usually – in what we recall as normal times - Senior Line volunteers spend an average of 10 minutes with a caller but in 20% of instances, the calls may be for 30 minutes or more.

**Senior Line in the C19 crisis**

8. During the C19 crisis SeniorLine continued, with our volunteers generously working from their own homes. Comprehensive support and information developed by the support team was regularly updated and volunteers had everything they needed to respond to the crisis related queries which would inevitably arise during conversations.
9. Demand for the SeniorLine service in the emergency increased over 2019 volumes - from mid-March, by 200%, and by June levelling at a 90% increase. The length of the conversations also increased from an average of 10 minutes to 15 minutes.
10. In the first few weeks, callers were seeking clarification and reassurance about C19 national guidance. However, as the weeks progressed this was overtaken by more complex calls, as people struggled to cope with the lengthy period of cocooning and restrictions; feelings of loss of autonomy and independence; isolation from friends and families; and concerns about the 'next normal' and what it will mean for them. In the last few weeks, the new anxiety has been about 'going out again while still staying safe'.

**Nursing Homes**

11. Issues concerning nursing homes have arisen in calls Pre-Covid, and included anxieties about going into a nursing home; the quality of the care of relatives; poor communications between homes and relatives of those in them; and - from time to time - anxiety about pressure from family to go into a nursing home.
12. Over the past three months, however, such concerns have been exacerbated for some older people who have a parent, husband or wife, family member or friend in a nursing home, or a relative working in one. In addition, there were concerns at separation from loved ones or friends; the risks of C19 within nursing homes; and the number of deaths among older people. Some callers are fearful that when they can visit again, the health of the person will have deteriorated and, if dementia is involved, that they may not recognise the caller.

**C19 – the consequences**

13. Overall, the Senior Line experience indicates that concerns about the deterioration of general health, both mental and physical, as a consequence of C19 lockdown, should not be underestimated. It is hard to imagine that the wellbeing of some older people – in our communities and our nursing homes – will not have been damaged by the experience of the past months and by the absence of social contact generally. We are already preparing our volunteers to ensure that they are effective in responding to callers for whom the aftermath of C19 may be even more challenging.
14. While C19 has generated a great deal of learning about the difficulties of managing a pandemic in congregated settings, we take the broad view that in any reframing of public policy, we must consider what is best for older people generally, not simply how we protect those in nursing homes most effectively. Nursing homes will be a component of a care and support system, but research strongly suggests that older people do better when there is a whole of community approach which makes it most possible for them to remain in, or close to, their home place for as long as possible.

**AgeWell**

15. AgeWell, designed by an international team of gerontologists in AgeWell Global, is localised and delivered in Ireland by Third Age with the support of the HSE and Sláintecare. The programme enables older people to remain safer and healthier in their own homes, for as long as possible. It is a peer to peer, social engagement approach, that uses the proprietary AgeWell Health App, created by gerontologists, to monitor well-being, help identify health issues early and encourage effective referrals. It works to deliver the right care, at the right time, in the right place.
16. The premise for AgeWell is simple:
- The cohort of older people in Ireland is growing rapidly - a significant number living alone at home
  - In many cases, particularly for the over-70s, this living situation brings a range of health and wellbeing risk factors
  - There is an absence of services that provide both social supports and a regular review of key health and wellbeing indicators
  - This leads to a care system that over-emphasises acute, emergency or residential care services for older people, rather than prevention / early intervention services
17. AgeWell clients are referred through our partnership with the HSE Primary Care Team and in particular the Public Health Nurses, and also through our good contacts with other community services. Before entering the programme, we assess our clients social and emotional supports, general wellbeing and loneliness levels - using universally recognised scales - and then at four monthly intervals thereafter. Our recent AgeWell evaluation, involving 253 clients over an average of 24 months and 5,503 home visits, reported statistically significant positive outcomes. 75% of clients reported a reduction in loneliness; 40% an improvement in wellbeing; and 30% an improvement in emotional and social support available to them. Overall, self-rated health improved by 21%.
18. Our AgeWell Companions are volunteers who we recruit, train and vet. Partnered with their cohort of clients, whose mean age is 82, they develop a trusting relationship through weekly visits. Using the AgeWell Health App and universally recognised scales, clients are assessed regularly in relation to their social and emotional supports; general wellbeing; and loneliness levels.

### **AgeWell and C19**

19. In response to the crisis, our priority was to continue the service, with new practices in place across all Covid phases, to ensure safety of clients and AgeWell companions, some of whom were themselves cocooning. Throughout, we have continued to provide the AgeWell supports using our two key resources - our AgeWell companions and the AgeWell health App. We altered our work practices in order to keep older people living safely at home. As a matter of priority, we carried out a risk assessment which looked at the public health restrictions in each phase and then put balanced practices in place to ensure the safety of both our clients and AgeWell companions – as some of those were also cocooning. As the phases progress or regress - though hopefully they won't regress - we can toggle between phases to continue to deliver the programme.
20. Continuing their regular contact and assessment, our AgeWell companions have been able to pick up on signs and symptoms that could indicate C19, so we could encourage

the person to seek medical help in a timely manner. This instilled confidence and aided clients to navigate a somewhat re-structured health care system, and to ensure routine health issues were not missed.

21. To give the Committee an idea of the practical value and difference AgeWell is making, we can introduce you to John Lee, a 90 year old gentleman living in Co Meath. You may know him, as he spoke recently on the RTE Six One news about the support he has had from AgeWell, before and during C19. John struggled with loneliness and depression after his wife and sister passed away in quick succession. He felt he had nobody left in his life, and he openly admits he considered taking his own life. We partnered John with an AgeWell companion, Rose, who shares his sense of humour, and he has begun to smile again and enjoy life. Using the AgeWell App, Rose and John identified some health issues, and he was linked into appropriate health care. The programme has also introduced him to several local community activities. John says that AgeWell saved his life and given him confidence knowing that he can live in his home for as long as he chooses.
22. As AgeWell expands in Co Meath, its success is attracting national attention from the HSE, Sláintecare and other organisations and, with their help, we look forward to extending the support it offers to other areas of the country.
23. We hope that this short paper has given you a flavour of our work in Third Age, generally and through the C19 crisis. We know that what we do is valuable and hope that it can assist the Committee in its work and recommendations. If the Committee would like further information, we will be happy to respond.
24. Thank you for the invitation to make a submission.



Aine Brady, CEO  
Third Age