

More detailed information to be shown on the JLA website for the questions discussed at the final workshop.

PSP Name	Total number of verified uncertainties identified by the PSP	Uncertainty (PICO formatted indicative uncertainty where possible. Advised minimum requirements are 'Population' and 'Intervention'. Not all submissions may be suitable for PICO structure, but they should be in a format that will ultimately be of value to the research community)	Explanatory note (a plain language summary of up to 150 words, explaining key points of the uncertainty and why it is important, for research funders to begin working on. PSPs may wish to include examples of the original survey submissions here)	Date of the priority setting workshop	Rank of the uncertainty at the final workshop. (If no rank was agreed, please indicate)	Evidence (reference, and weblink where available, to the most recent relevant systematic review identified by the PSP, plus a maximum of 2 other systematic reviews, including protocols for future systematic reviews, that the PSP considers relevant.)
						The Working Group, which included topic experts, reviewed the longlist of questions and agreed, based on their expert knowledge of research on social care for older people, that none of the questions had been answered to the level of a systematic review. Some may have been partially answered. The Working Group also wanted to be open to responding to the priorities with any form of research, perhaps including a systematic review of the evidence that is available. The search for evidence has confirmed this conclusion.
Social care and support for older people	35	Does early care planning and/or early or regular contact by social care services, help prevent problems and result in better experiences for older people than waiting until there is a crisis?	Many of the older people and carers commented on how much they valued regular contact from social care service even just a phone call and wondered if this would prevent people from 'being found dead in their home'. Practitioners asked whether providing services early on to fix problems sooner was successful in preventing people from developing more serious	16 and 17 Sep 2020	1	Effects of preventive home visits on older people's use and costs of health care services: a systematic review LIMMATT A H., et al. European Geriatric Medicine, 7(6), 2016, pp.571-580.
Social care and support for older people	35	How can we reduce isolation and stress amongst carers of older people and prevent burn-out?	Older people and carers wondered if giving carers increased opportunities to socialise with each other would help, whilst practitioners wondered how best to support carers who are struggling with their caring responsibilities.	16 and 17 Sep 2020	2	Vernooij-Dassen M, Draskovic I, McCleery J, Downs M. Cognitive reframing for carers of people with dementia. Cochrane Database of Systematic Reviews 2011, Issue 11. Art. No.: CD005318. DOI: 10.1002/14651858.CD005318.pub2. ~ Liu Z, Sun YY, Zhong BL. Mindfulness-based stress reduction for family carers of people with dementia. Cochrane Database of Systematic Reviews 2018, Issue 8. Art. No.: CD012791. DOI: 10.1002/14651858.CD012791.pub2. ~ Lins S, Hayder-Beichel D, Rücker G, Motschall E, Antes G, Meyer G, Langer G. Efficacy and experiences of telephone counselling for informal carers of people with dementia. Cochrane Database of Systematic Reviews 2014, Issue 9. Art. No.: CD009126. DOI: 10.1002/14651858.CD009126.pub2. ~ Legg LA, Quinn TJ, Mahmood F, Weir CJ, Tierney J, Stott DJ, Smith LN, Langhorne P. Non-pharmacological interventions for caregivers of stroke survivors. Cochrane Database of Systematic Reviews 2011, Issue 10. Art. No.: CD008179. DOI: 10.1002/14651858.CD008179.pub2. ~ Jensen M, Agbata IN, Canavan M, and McCarthy G (2015) Effectiveness of educational interventions for informal caregivers of individuals with dementia residing in the community: systematic review and meta-analysis of randomised controlled trials. International Journal of Geriatric Psychiatry 30(2), 130-43 ~ Laver K, Milte R, Dyer S, Crotty M (2016) A systematic review and meta analysis comparing carer focused and dyadic multicomponent interventions for carers of people with dementia, Journal of Aging and Health, 1-42 ~ Scott Jennifer L, Dawkins Sarah, Quinn Michael G, Sanderson Kristy, Elliott Kate-Ellen J, Stirling Christine, Schuz Ben, and Robinson Andrew (2016) Caring for the carer: A systematic review of pure technology-based cognitive behavioral therapy (TB-CBT)
Social care and support for older people	35	How can social care and health services, including the voluntary sector, work together more effectively to meet the needs of older people?	Older people and carers wondered how hospitals and social care services could work together so that people are safe at home when discharged from hospital and/or there is better provision of intermediate rehab. Practitioners wanted more effective joint working across all sectors so that all the needs of older people could be better met – and everyone providing care for an older person would be talking to each other and know if their needs were being met. It is all interconnected - for example if someone's home is cold – their health condition might get	16 and 17 Sep 2020	3	Gonçalves-Bradley DC, Lannin NA, Clemson LM, Cameron ID, Shepperd S. Discharge planning from hospital. Cochrane Database of Systematic Reviews 2016, Issue 1. Art. No.: CD000313. DOI: 10.1002/14651858.CD000313.pub5. ~ Briggs AM, Valentijn PP, Thiyagarajan JA, et al. Elements of integrated care approaches for older people: a review of reviews. BMJ Open 2018;8:e021194. doi: 10.1136/bmjopen-2017-021194 ~ Liljas AEM, Brattström F, Burström B, Schön P, Agerholm J. Impact of Integrated Care on Patient-Related Outcomes Among Older People – A Systematic Review. International Journal of Integrated Care. 2019;19(3):6. DOI: http://doi.org/10.5334/ijic.4632 ~

Social care and support for older people	35	How can social care for older people be tailored to the interests and needs of individuals, including better involvement in decisions about their own care?	Older people and carers asked how to make care relevant and helpful for each individual to help them live their lives e.g. to get up when they want and do what they want – rather than fitting into the professional carers' schedule. This means giving them a say in what care they receive. Tailoring services might also mean making sure they met the needs of different communities including Gypsy, Roma and Travellers, veterans with PTSD and people who are Deaf. It also means ensuring services and social care staff are sensitive to and respect the cultural	16 and 17 Sep 2020	4	Gravolin M, Rowell K, de Groot J. Interventions to support the decision-making process for older people facing the possibility of long-term residential care. <i>Cochrane Database of Systematic Reviews</i> 2007, Issue 3. Art. No.: CD005213. DOI: 10.1002/14651858.CD005213.pub2. ~ Murray, J, Hardicre, N, Birks, Y, O'Hara, J, Lawton, R. How older people enact care involvement during transition from hospital to home: A systematic review and model. <i>Health Expect</i> . 2019; 22: 883– 893. https://doi.org/10.1111/hex.12930 ~ Higgins A, Downes C, Sheaf G, Bus E, Connell S, Hafford-Letchfield T, Jurček A, Pezzella A, Rabelink I, Robotham G, Urek M, van der Vaart N, Keogh B. Pedagogical principles and methods underpinning education of health and social care practitioners on experiences and needs of older LGBT+ people: Findings from a systematic review. <i>Nurse Educ Pract</i> . 2019 Oct;40:102625. doi: 10.1016/j.nepr.2019.102625. Epub 2019 Sep 12. PMID: 31541934. ~ Kwan, I., Rutter, D., Anderson, B. and Stansfield, C. (2019), "Personal care and practical support at home: a systematic review of older people's views and experiences", <i>Working with Older People</i> , Vol. 23 No. 2, pp. 87-106. https://doi.org/10.1108/WWOP-01-2019-0002 ~ Van Loon, J., Luijckx, K., Janssen, M., De Rooij, I., & Janssen, B. (2019). Facilitators and barriers to autonomy: A systematic literature review for older adults with physical impairments, living in residential care facilities. <i>Ageing and Society</i> , 1-30. doi:10.1017/S0144686X19001557
Social care and support for older people	35	How can social care best support older people with complex needs (e.g. people who need support from a range of health and social care services)?	Practitioners asked about how best to support people with complex needs to deliver the outcomes these individuals wish for. They also asked how to ensure this care is more fairly commissioned and funded, so that staff can receive extra training and meet the additional support needs of this group of older people	16 and 17 Sep 2020	5	Sadler E, Potterton V, Anderson R, Khadjesari Z, Sheehan K, Butt F, et al. (2019) Service user, carer and provider perspectives on integrated care for older people with frailty, and factors perceived to facilitate and hinder implementation: A systematic review and narrative synthesis. <i>PLoS ONE</i> 14(5): e0216488. https://doi.org/10.1371/journal.pone.0216488 ~ Gridley, K., Brooks, J. and Glendinning, C. (2014), Good practice in social care for disabled adults and older people with severe and complex needs: evidence from a scoping review. <i>Health Soc Care Community</i> , 22: 234-248. doi:10.1111/hsc.12063 ~ Bunn F, Goodman C, Russell B, Wilson P, Manthorpe J, Rait G, et al. Supporting shared decision-making for older people with multiple health and social care needs: a realist synthesis. <i>Health Serv Deliv Res</i> 2018;6(28)
Social care and support for older people	35	How can social care for older people be funded in a sustainable way?	One person asked this question as listed here. This is currently a big political question.	16 and 17 Sep 2020	6	
Social care and support for older people	35	What barriers do older people experience in accessing services (e.g. access to information, waiting times, access to online technology, communication, costs)? How can access be improved?	Older people and carers asked questions about how people access services now 'that it's all on the internet'. Their suggested solutions included alternative ways of communicating as well as IT training. They also asked whether older people know what support is available and are able to navigate the system. Practitioners questioned whether older people are willing to ask for help if they don't have a family member to help them access support, and whether long waiting times and cost put them off.	16 and 17 Sep 2020	7	Fitzpatrick JM, Tzouvara V. Facilitators and inhibitors of transition for older people who have relocated to a long-term care facility: A systematic review. <i>Health Soc Care Community</i> . 2019;27:e57–e81. https://doi.org/10.1111/hsc.12647 ~
Social care and support for older people	35	How can terms and conditions, including wages, be improved for staff providing social care to older people? Will this attract more people to the profession?	Older people and carers suggested improving conditions so staff would be less stressed and grumpy. Practitioners wondered whether increasing pay would attract more people to care work, keep them in post and give the profession greater societal value – the reverse currently being true with low pay rates.	16 and 17 Sep 2020	8	A systematic review evaluating the impact of paid home carer training, supervision, and other interventions on the health and well-being of older home care clients. <i>COOPER Claudia, et al International Psychogeriatrics</i> , 29(4), 2017, pp.595-604. ~ Effective dementia education and training for the health and social care workforce: a systematic review of the literature. <i>SURR Claire A., et al Review of Educational Research</i> , 87(5), 2017, pp.966-1002.
Social care and support for older people	35	How can social care for older people be kept at a consistent high quality?	Older people and carers asked why there were very different standards of care from different companies and different carers and how this could be corrected.	16 and 17 Sep 2020	9	

Social care and support for older people	35	How can home and community-based social care enable older people to socialise, reducing loneliness and isolation?	Older people and carers raised the issue of being isolated and not being able to socialise many times. They asked how social activity could be increased both at home and out in the community e.g. through groups or more coffee/tea mornings. Practitioners additionally asked how care homes and placements could be designed to increase social activity.	16 and 17 Sep 2020	10	Noone C, McSharry J, Smalle M, Burns A, Dwan K, Devane D, Morrissey EC. Video calls for reducing social isolation and loneliness in older people: a rapid review. Cochrane Database of Systematic Reviews 2020, Issue 5. Art. No.: CD013632. DOI: 10.1002/14651858.CD013632. ~ Daykin N, et al: A systematic review of the wellbeing outcomes of music and singing in adults...Volume 1: music and singing for wellbeing in healthy adults: What Works Centre for Wellbeing; 2016. ~ McDaid D, Bauer A, Park AL: Making the case for investing in actions to prevent and/or tackle loneliness: a systematic review. A briefing paper. London: London School of Economics. Personal Social Services Research Unit; 2017. ~ Chipps J, Jarvis MA, Ramlall S: The effectiveness of interventions on reducing social isolation in older persons: A systematic review of systematic reviews. J Telemed Telecare 2017:1357633X17733773. ~ Gardiner C, Laud P, Heaton T, Gott M. What is the prevalence of loneliness amongst older people living in residential and nursing care homes? A systematic review and meta-analysis. Age Ageing. 2020 Aug 24;49(5):748-757. doi: 10.1093/ageing/afaa049. PMID: 32396600. ~ Fakoya, O.A., McCorry, N.K. & Donnelly, M. Loneliness and social isolation interventions for older adults: a scoping review of reviews. BMC Public Health 20, 129 (2020). https://doi.org/10.1186/s12889-020-8251-6 ~ Nicolas G. Quan, Matthew C. Lohman, Nicholas V. Resciniti & Daniela B. Friedman (2019) A systematic review of interventions for loneliness among older adults living in long-term care facilities, Aging & Mental Health, DOI: 10.1080/13607863.2019.1673311 ~ Lihui Pu, MSN, Wendy Moyle, PhD, Cindy Jones, PhD, Michael Todorovic, PhD, The Effectiveness of Social Robots for Older Adults: A Systematic Review and Meta-Analysis of Randomized Controlled Studies, The Gerontologist, Volume 59, Issue 1, February 2019, Pages e37–e51, https://doi.org/10.1093/geront/gny046 ~ Yu
Social care and support for older people	35	How can social care for older people be made flexible enough to respond to changing needs and emergencies?	Older people and carers asked whether services could be more flexible and meet needs as they arise e.g. being able to take an older person to a hospital appointment if they have no one else to take them. Practitioners raised questions about how services can respond when there is an urgent problem for an older person living alone e.g. if they can't change a light bulb or collect their pension.	16 and 17 Sep 2020	11	
Social care and support for older people	35	How does the setting in different parts of Wales (e.g. the availability of transport and accommodation) affect how well older people can live independently?	Older people/ carers questioned whether people can get to services if transport is limited in parts of Wales. Practitioners additionally asked about whether there is enough suitable housing in different parts of Wales to meet people's needs for sheltered housing etc.	16 and 17 Sep 2020	12	CARTER Lauren, HILLCOAT-NALLETAMBY Sarah Housing for older people in Wales: an evidence review 2015 Public Policy Institute for Wales https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Report_Housing_for_Older_People_in_Wales_Evidence_Review_FINAL.pdf
Social care and support for older people	35	How can respite for carers of older people be improved?	Older people and carers were concerned that there aren't enough providers of respite for carers especially in rural areas and that without breaks carers are more likely to become stressed and ill themselves. Having respite when the carer is ill is especially important as often the carers of older people are older people themselves. Practitioners additionally asked what barriers prevent carers from accessing respite.	16 and 17 Sep 2020	13	Maayan N, Soares-Weiser K, Lee H. Respite care for people with dementia and their carers. Cochrane Database of Systematic Reviews 2014, Issue 1. Art. No.: CD004396. DOI: 10.1002/14651858.CD004396.pub3.

<p>Social care and support for older people</p>	<p>35</p>	<p>What are the benefits to older people of receiving continuous support from the same paid care workers? How can this best be achieved?</p>	<p>Older people and carers raised this issue many times. They described how important it is for older people to build a relationship with the person caring for them, especially for people with dementia. They don't like having to repeat the same information about themselves to every carer. Having too many staff changes makes older people feel like a number rather than a person. Practitioners asked about building relationships with the people they care for, while not overstepping professional boundaries. Creating reciprocal relationships where the older person</p>	<p>16 and 17 Sep 2020</p>	<p>14</p>	
<p>Social care and support for older people</p>	<p>35</p>	<p>What has been learnt about how best to support older people during the Covid pandemic, and what should be prioritised for the future?</p>	<p>Older people and carers experienced day centres being shut but also greater community support during Covid as well as less face-to-face contact from social care staff. They valued having regular phone calls. Does this suggest any permanent change for the better? Practitioners additionally questioned whether the changes had caused any serious problems for older people leading to increased care costs down the line.</p>	<p>16 and 17 Sep 2020</p>	<p>15</p>	

Data management spreadsheet for use by Priority Setting Partnerships for all questions received. Spreadsheet to be published on the JLA website at www.jla.nihr.ac.uk on completion of the PSP.

ID	Uncertainty (PICO formatted indicative uncertainty where possible. Advised minimum requirements are 'Population' and 'Intervention'. Not all submissions may be suitable for PICO structure, but they should be in a format that will ultimately be of value to the research community)	Original uncertainty	Evidence (reference, and weblink where available, to the most recent relevant systematic review identified by the PSP, plus a maximum of 2 other systematic reviews, including protocols for future systematic reviews, that the PSP considers relevant.)	Source of Uncertainty (if there are multiple sources, a PSP may wish to show them e.g. 1 x patient, 19 x clinician, 4 x research recommendations)
			The Working Group, which included topic experts, reviewed the longlist of questions and agreed, based on their expert knowledge of research on social care for older people, that none of the questions had been answered to the level of a systematic review. Some may have been partially answered. The Working Group also wanted to be open to responding to the priorities with any form of research, perhaps including a systematic review of the evidence that is available. The search for evidence has confirmed this conclusion.	
A1	What barriers do older people experience in accessing services (e.g. access to information, waiting times, access to online technology, communication, costs)? How can access be improved?	~ Reasons why people do not engage - e.g. average waiting times for referrals to be actioned, individuals to be seen & impact on peoples choice to engage or not. As in my expereince having to wait 6-12 months for an assessment for a grab rail moreoften puts off would be clients ~ How to get better information on services and support relating to older people - particularly for older clients who do not have internet access. ~ there is a stigma around accessing it & hence they prefer to rely on close family members for practical assistance ~ What evidence is there that older people have enough technological knowledge to get help or to keep in contact appropriately? ~ Who does it reach and how does the information reach them? How do we reachout to those from ethnic minority groups and improve that link. ~ Many older people are not able to access online services, these are the ones who need more support ~ I don't know the answer but navigating the system has been very hard and yet the social worker allocated to mum has been a great help ~ Are people (older people and especially their carers) aware of the services that are on offer? ~ What about people who have English as second language – it's a barrier for accessing services. Could they do e-learning? How do services reach those people?		2 x older people, 10 x carers, 7 x group members (a mix of older people and carers), 18 x practitioners, 3 x other
C1	How can respite for carers of older people be improved?	~ How can respite care of short breaks for the carer be more flexible and more responsive in rural areas where there are less providers providing such a service? ~ What are the barriers for unpaid carers in terms of respite? ~ More frequent and longer respite hours would assist me as my wifes condition deteriorates. ~ My mother needs someone who can be me some of the time, doing these errands and jobs around the home. We don't know how to arrange this especially when I want to go away for a break. ~ G.P's surgeries are slow to react when respite nursing care is required when the primary carer has suffered ill-health ~ Support (incl. respite support) could reduce the guilt that carers feel.	Maayan N, Soares Weiser K, Lee H. Respite care for people with dementia and their carers. Cochrane Database of Systematic Reviews 2014, Issue 1. Art. No.: CD004396. DOI: 10.1002/14651858.CD004396.pub3.	7 x carers, 2 x practitioners, 2 x group members (a mix of older people and carers)

C2	How can we reduce isolation and stress amongst carers of older people and prevent burn-out?	<p>~ without carers the elderly will need a lot more support from social services. Carers are not prioritised enough, I am a carer support officer and only have a part time contract of 18.5 hours a week. My waiting list is several months long, by this time the carer is in crisis, my job should be full time so the carers are seen sooner to relieve their stress and in that sense ease the burden on social services. without carers Social services would be under a bigger strain than it is now.~ 15% of older carers aged 75-84 agree that they struggle to cope with their caring responsibility. How could these carers be better supported, particularly in light of supporting the people they care for to live independently for longer? ~ Developing dementia interferes with a person's capacity to estimate the degree of need and vulnerability, leaving carer having to battle on 2 fronts - one against the relative who perceives their own ability to cope as being in advance of their actual ability and secondly the dearth of services to help the older person to live a fulfilled life. The stress on the carer is enough to cause mental breakdown and trauma. ~ Opportunities to meet other carers in a relaxed and social setting, thus reducing the feeling of isolation.</p>	<p>Vernooij-Dassen M, Draskovic I, McCleery J, Downs M. Cognitive reframing for carers of people with dementia. Cochrane Database of Systematic Reviews 2011, Issue 11. Art. No.: CD005318. DOI: 10.1002/14651858.CD005318.pub2. ~ Liu Z, Sun YY, Zhong BL. Mindfulness-based stress reduction for family carers of people with dementia. Cochrane Database of Systematic Reviews 2018, Issue 8. Art. No.: CD012791. DOI: 10.1002/14651858.CD012791.pub2. ~ Lins S, Hayder-Beichel D, Rücker G, Motschall E, Antes G, Meyer G, Langer G. Efficacy and experiences of telephone counselling for informal carers of people with dementia. Cochrane Database of Systematic Reviews 2014, Issue 9. Art. No.: CD009126. DOI: 10.1002/14651858.CD009126.pub2. ~ Legg LA, Quinn TJ, Mahmood F, Weir CJ, Tierney J, Stott DJ, Smith LN, Langhorne P. Non-pharmacological interventions for caregivers of stroke survivors. Cochrane Database of Systematic Reviews 2011, Issue 10. Art. No.: CD008179. DOI: 10.1002/14651858.CD008179.pub2. ~ Jensen M, Agbata I N, Canavan M, and McCarthy G (2015). Effectiveness of educational interventions for informal caregivers of individuals with dementia residing in the community: systematic review and meta-analysis of randomised controlled trials. International Journal of</p>	1 x carer, 3 x group members (a mix of older people and carers), 2 x practitioners
C3	How can financial support for carers of older people be improved?	<p>~ I know carers are not paid a decent amount of money for carers allowance and the restrictions on this claim are really high. This does not support carers financially, this should be addressed so that the Carers can afford to care for their loved ones without feeling pulled to earn a decent wage on top of their demanding carers role. ~ make it cost effective for a member of the family to stay at home with the relative with appropriate care and support ~ Needs imaginative approach, like NI holiday, official carer breaks, maybe more comparable with maternity leave than the carers allowances are. ~ especially as older carers stop receiving carers allowance once they reach SPA as pensions are now classed as a benefit and not an entitlement, even though the pension has been contributed to by both the pensioner and their employers all of their working lives.</p>		2 x carers, 2 x practitioners
C4	How could the expertise of carers of older people be better recognised and valued by staff in social care?	<p>~ Carers need to be involved from the start, in any planned support, as they are the expert in their cared for's needs. ~ Recognition that unpaid carers do s fantastic job..with undocumented expertise often. ~ increased willingness of staff to accept unpaid carers and family members views as expert</p>		3 x carers
C5	How can social care and support help family members to avoid becoming carers?	<p>~ How social care and support enables the supporting family to have a normal relationship with their family member, rather than becoming their carer. Can this remove some of the guilt on both sides and improve emotional wellbeing for all?</p>		1 x practitioner
V1	What has been learnt about how best to support older people during the Covid pandemic, and what should be prioritised for the future?	<p>~ In the COVID shutdown, relying a lot on each other, rallying around: social network (esp minority ethnic) which is really important. So don't want to have to move away.~ Attendance at my day centre brightened my day and i was much happier. In the times since the Day centres have closed because of COVID-19 i have experienced very low mood. ~ What can we learn about how best to care for older people after Covid and what should be prioritized for the future? ~ What effect has suspended day services during the Covid 19 pandemic have on older people's health and wellbeing? ~ During COVID-19 were discharge procedures and joint working protocols and communication between health and social care utilised effectively to promote independence and or promote best practice in discharges ~ did older people whose services stop during Covid 19 cause their situation to escalate the need for them to have more costly packages of care?</p>		1 x older person, 1 group member (a mix of older people and carers), 8 x practitioners

F1	How can social care for older people be funded in a sustainable way?	~ how can we put social care on a sustainable financial footing.		1 x practitioner
F2	How could social care for older people be provided in a way that is 'not-for-profit'?	~ How could social care be provided in a not for profit manner ensuring the best interests of both the client and low paid carers are prioritised instead of profit for agency owners.~ Would it be financially viable for the government to make all social care provision not for profit and for it to be incorporated within the NHS ? ~ Are we now seeing the relevance of third sector providers within the health and social care sector and their impact? Can we look for longer term funding for these providers and ensure salary and benefits are on par with the private and public sector?		3 x practitioners
M1	How can the benefits and the cost benefits of social care for older people and their carers be measured and demonstrated?	~ How to measure the effectiveness of meeting personal outcomes. ~ How do you measure cost efficiencies of interventions for elders? Against what? - eg. cost of providing local, joint health, housing & community services as opposed to separate services? differences between community provision versus hospitalisation If the 'value' of services is known they are more likely to receive appropriate funding & thus more likely to ensure they support those most in need in the communities in which they are required. ~ I am the chairman of the Colwyn Bay Men's Shed in North Wales and we have found that just being together and talking while we take part in activities improves general health and wellbeing. There has been very little research to give empirical evidence to prove this. ~ re primary care practitioners asked about the effectiveness of interventions and how this impacts on services in the community by practitioners - for example are there less presentations at GP surgeries ~ A wellbeing survey at six month intervals of "before" and "after" interventions or support.		13 x practitioners, 1 x other
M2	How can the experiences of older people receiving social care be used routinely to improve services?	Have a responsive and sensitive complaints system where recorded outcomes are monitored so services actually do improve!		1 x older person
P2	How can social care for older people be tailored to the interests and needs of individuals, including better involvement in decisions about their own care?	~ care homes to be more accessible for deaf people who uses sign language in order to reduce their isolation and feeling depressed. Will this likely to happen in the future? ~ How do we embed person centredness as the core of providing support & services to meet individual need/s? ~ Social Services ultimately has the responsibility of assessing risk/need and this can cause a dichotomy between provisions due to budget constraints, so ways of increasing the funding and support and ability of all the sector to interact with the individual having more control over the process. ~ Are people being bought into a care home when more intensive, more expensive care can be provided at home? ~ How has the Social Services and Wellbeing (Wales) Act enhanced and supported the voice, choice, co-production for Gypsy, Roma and Traveller elders? ~ Would the support of an Advocate empower you to ensure that your needs are met effectively when assessed by Social care? ~ I would like to know if there is a qualitative difference between services that specialise in a certain condition, age or Service User group and those that supply generic information, advice and support. ~ To have an equal say in the support that is received. ~ Try to organise calls to fit individual routines, not expect them to be put to bed late afternoon and left for 14-15 hours. ~ More understanding about how African-Caribbean people interact with authority, show or don't show distress ~ Cultural identity should be reflected in provision of care – especially outside the home e.g. food, and also workforce. ~ More Welsh speaking care workers. It makes such a difference to me ~ Support to help me do the things I want such as being part of my church and playing music in a band. ~ See 'clients' as intelligent, sensitive PEOPLE who have personalities, particular needs and preferences. Treat people with basic dignity and respect.	Gravolin M, Rowell K, de Groot J. Interventions to support the decision making process for older people facing the possibility of long term residential care. Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD005213. DOI: 10.1002/14651858.CD005213.pub2. ~ Murray, J, Hardacre, N, Birks, Y, O'Hara, J, Lawton, R. How older people enact care involvement during transition from hospital to home: A systematic review and model. Health Expect. 2019; 22: 883– 893. https://doi.org/10.1111/hex.12930 ~ Higgins A, Downes C, Sheaf G, Bus E, Connell S, Hafford-Letchfield T, Jurček A, Pezzella A, Rabelink I, Robotham G, Urek M, van der Vaart N, Keogh B. Pedagogical principles and methods underpinning education of health and social care practitioners on experiences and needs of older LGBT+ people: Findings from a systematic review. Nurse Educ Pract. 2019 Oct;40:102625. doi: 10.1016/j.nepr.2019.102625. Epub 2019 Sep 12. PMID: 31541934. ~ Kwan, I., Rutter, D., Anderson, B. and Stansfield, C. (2019), "Personal care and practical support at home: a systematic review of older people's views and experiences", Working with Older People, Vol. 23 No. 2, pp. 87-106. https://doi.org/10.1108/WWOP-01-2019-0002 ~	11 x older people, 14 x carers, 5 x group members (a mix of older people and carers), 22 x practitioners, 1 x other

P3	How can older people be involved in the design and development of social care services?	~ Need to find out whether there is a good representation of BAME communities / Black Elders in health and housing decision-making. Need to hear lived experience.~ a more skilled and obvious attempt to include us in co-production ~ Are older people consulted before the services are set up for them? Is each local authority aware of the changing needs of older people in their area? ~ Do the current regulations and commissioning result in the kind of care and support that people want to use? How could co-production be used to design and deliver services that work well for older people? ~ Questions around meaningful involvement of older people in shaping services.		1 x carer, 1 x group members (a mix of older people and carers), 7 x practitioners
P4	How can social care best support older people with complex needs (e.g. people who need support from a range of health and social care services)?	~ How social care can support adults with more complex needs to meet their personal outcomes. ~ The effectiveness of programmes such as Fulfilled Lives in supporting citizens with dementia to live independently. ~ At present in Domiciliary Care we support some people with very complex needs commissioned by Health Authorities. These involve a lot of hours spent on setting up the packages, a lot of additional training and more governance once the packages are running and yet in my are the cost at which this care is commissioned at is often lower than the rate which basic homecare support packages are commissioned at. Could there be some work done on what is a fair price for this care so that we can recognise the increased complexity of this work and reward our staff accordingly.	Sadler E, Potterton V, Anderson R, Khadjesari Z, Sheehan K, Butt F, et al. (2019) Service user, carer and provider perspectives on integrated care for older people with frailty, and factors perceived to facilitate and hinder implementation: A systematic review and narrative synthesis. PLoS ONE 14(5): e0216488. https://doi.org/10.1371/journal.pone.0216488 ~ Gridley, K., Brooks, J. and Glendinning, C. (2014), Good practice in social care for disabled adults and older people with severe and complex needs: evidence from a scoping review. Health Soc Care Community, 22: 234-248. doi:10.1111/hsc.12063 ~ Bunn F, Goodman C, Russell B, Wilson P, Manthorpe J, Rait G, et al. Supporting shared decision-making for older people with multiple health and social care needs: a realist synthesis. Health Serv Deliv Res 2018;6(28)	3 x practitioners
P5	How can older people be involved in providing social care support to each other, for example through peer support?	~ promote and commission more peer support activity groups ~ Listening and where appropriate facilitating self help enterprises that users own and control, especially as we begin a delayed National Conversation on the future funding of Adult Social Care. Design and delivery of this service cannot be left to LA's. Citizens wishing so should be actively involved.		1 x practitioner, 1 x other
P6	Do older people have a better experience when social care plans focus on their strengths, what matters to them and their well-being?	~ always used an asset based approach to build on older people strengths ~ It will be useful to see if older people see any difference with the 'what matters' approach, and a greater focus on wider wellbeing rather than specific problems. Also if there is evidence to show widespread use of a strengths based approach. ~ Does the person feel that they are being given enough support? Is there a more effective way of doing this? Is the person being empowered and encouraged to improve their life with adequate support? ~ The difference that the strength based, collaborative listening approach makes		1 x carer, 3 x practitioners
O1	How can social care and health services, including the voluntary sector, work together more effectively to meet the needs of older people?	~ How social care can in many ways lead the way and inform health care. Instead of the other way around which is a presumption held by many. ~ How the citizen's outcomes can be met effectively through care provision and other community services ~ How can the different legislations [health and social care] marry up to provide appropriate support and enable older people meet their health and wellbieng and personal outcomes. ~ Greater integration of services between Health and Social Care ~ the provision of rehab beds in the community (in care homes for example), offered the opportunity for my mother to optimise her abilities before returning home. This included intensive physio and OT support to bridge the gap between a long-term hospital stay and home. However these resources are limited. ~ have closer co-ordination between the NHS and Social Services and thereby reduce the passing of the buck. ~ The interface between health and social care/hospital discharges and the communication between them. ~ To the health staff my mother at 90 was a problem that needed to be disposed of rather than a person who had her own views. This was in marked contrast to the attitudes of the social care staff. There is much that can be improved in social care but the Health Service is really bad at looking after older people. It would be a disaster for older people if adult social care became part of the health service.	Gonçalves-Bradley DC, Lannin NA, Clemson LM, Cameron ID, Shepperd S. Discharge planning from hospital. Cochrane Database of Systematic Reviews 2016, Issue 1. Art. No.: CD000313. DOI: 10.1002/14651858.CD000313.pub5 . ~ Briggs AM, Valentijn PP, Thiyagarajan JA, et al. Elements of integrated care approaches for older people: a review of reviews. BMJ Open 2018;8:e021194. doi: 10.1136/bmjopen-2017-021194 ~ Liljas AEM, Brattström F, Burström B, Schön P, Agerholm J. Impact of Integrated Care on Patient-Related Outcomes Among Older People – A Systematic Review. International Journal of Integrated Care. 2019;19(3):6. DOI: http://doi.org/10.5334/ijic.4632 ~	6 x carers, 9 x practitioners

O2	How can the use of big data and AI (artificial intelligence) improve social care for older people?	~ Data, automation and metrics of care.		1x practitioner
O3	How does the setting in different parts of Wales (e.g. the availability of transport and accommodation) affect how well older people can live independently?	~ The way barriers such as transport, benefits, suitable accommodation can effect individuals and their social interaction and social contacts Different areas of wales have different challenges in this aspect and feel need to do comparisons in areas and how individuals independence can be maintained, improved and supported for as long as possible. ~ Availability of services across Wales including rural settings. How much does transport issues affect participation in the rural areas? ~ provide partially owned well designed well built 2 bedroom bungalows where carers can socialise with other like minded individuals local authorities let too many be sold off ~ Transport is an issue – a lot of people are unable to go out without transport. But transport is limited – so a big barrier.	CARTER Lauren, HILLCOAT-NALLETAMBY Sarah Housing for older people in Wales: an evidence review 2015 Public Policy Institute for Wales https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Report_Housing_for_Older_People_in_Wales_Evidence_Review_FINAL.pdf	2 x group members (a mix of older people and carers), 2 x practitioners
O4	How can social care for older people be kept at a consistent high quality?	~ Having had 2 different care companies providing domiciliary care there is a significant difference in the quality and standard of care provided. As an initial recipient of home care we had no benchmark, but on receiving care from a second provider we are now aware of the disparity in services delivered. Perhaps this could be more stringently regulated? I am not reporting poor care from either company, but one provided an adequate service, whilst the current provider delivers an exemplary service. ~ More consistency, care package was changed due to a contract change and this caused a long period of poor service. ~ Just keep the care package consistent and reliable. Audit the care provider. ~		5 x carers
O5	How can social care make better use of the potential of local communities to support older people, for the benefit of all?	~ Care services need to have a much closer relationship with communities. There is no relationship between social services and the rural communities and therefore not seeking to see the potential of the community. ~ How is support evenly distributed throughout the community - do you need to be in the "system" to benefit.		1 x older people, 1 x practitioner
O6	How can social care services improve their communication to better serve older people and their carers?	~ Clear communication..between social service and us and care provider and us. ~ [mother experienced] distress that could have been prevented in better organised services. I found out that this was nothing to do with funding or waiting lists just information not being passed on between teams, health and social care. Without an assertive well informed son able to nag, phone, prompt and insist my mother could have had a very poor experience. Really needed integrated services with good staff morale happy to work together able to treat my mother as more important than burocratic processes , policies and culture they work in, competition and rivalry between providers who seemed reluctant to talk to each other. ~ Better communication with family.		3 x carers
O8	How can commissioning of care services ensure older people's independence?	~ Extent to which commissioning of care hinders enabling individuals to be independent (as this is not commissioned as a specific person-centred goal)		1 x practitioner
O11	What services or combination of services (e.g. support in the community, home-based care and use of technology) best enables older people to remain independent?	~Would be great to have grants available to older people so they can renovate their houses – to improve well-being especially mental health ~ Activities and clubs that are culturally appropriate and suitable for older people. Can services be brought to people sometimes? E.g. exercise programmes. ~ people living with dementia should have better respite facilities available so the families can support them for longer in their own home ~ Support and technology in your home. Thinking about what I want and need in my old age. ~ Do day services (in a building) with transport provide better support to older people than existing community oppurtunities? ~ is the support outside of a residential care setting truly effective i.e. support workers, day services and schemes are they actively promoted by social service, CMHT's, and occupational health services.		2 x older people, 2 x group members (a mix of older people and carers), 5 x practitioners

S1	What is the impact on older people of limiting social care to short, task-based home visits? What would better approaches look like?	~ Limit carers to a fixed number of clients so that they have a bit more time to spend with each person and get to know everyone well. Builds trust and confidence ~ The HCA who made me feel so relaxed when she was providing personal, by taking the time to chat - not everyone who came was like that, seemed so impersonal that they often rushed through and 'forgot' to help me wash my feet or other parts of my body, and very rarely asked if I needed breakfast. Time so I would not have had to be so rushed to get everything done quickly within the 15 minutes allowed! How long does it take YOU to get washed, dried, dressed, clean your teeth and wash your hair? ~ I would like them to research how time and task on domiciliary care calls is aiding the best outcome for that person. Could more be done than just the normal rush to wash, dress and feed a person is such a short space of time. I think giving extra time for more social activities gives a better outcome to anyone, unless they are completely bedbound then I believe other areas can be explored such as bringing them outside. But with time and task, that is pretty impossible. Are we actually tending to their social needs completely? ~ Timed visits may be cost effective, but are they counter-productive as they may well reduce emotional wellbeing. ~ work seems to be commissioned still in a time and task way as we struggle as a sector to come to terms with the flexibility and trust that is needed for an Outcomes Focussed Approach.		2 x older people, 1 x carer, 8 x practitioners
S3	How well do current assessments identify older people's needs?	~ How do these individuals health and wellbeing actually being assessed, how is the difference being assessed when so many reviews are undertaken via telephone calls.		1 x practitioner
S4	How can terms and conditions, including wages, be improved for staff providing social care to older people? Will this attract more people to the profession?	~ less stressed, tired and grumpy carers , better pay , terms and conditions for carers ~ Train and employ properly qualified staff. ~ How can the funding and wages be improved for those working in social care? ~ The training that is required for effective and efficient care, taking the human side into consideration - not just cleaning and nutrition. ~ Currently, care workers are paid minimum wage and therefore discourages people to consider caring as a profession; how can we address this issue to encourage more educated people to consider the caring field? ~ In the domiciliary care sector there is pressure to get care workers to administer medications. what would be the impact of this in terms of safety / increased medication errors. How much training would be required and how much funding would it take to get the workforce to a level where the safety of the individual would not be compromised. ~ can the political table change the views of the nation by recognising and promoting social care as a skilled job? ~ Fragile and devalued systems of care - low pay, recruitment and retention, perceptions, stability, time and task. Future demand.	A systematic review evaluating the impact of paid home carer training, supervision, and other interventions on the health and well-being of older home care clients. COOPER Claudia, et al International Psychogeriatrics, 29(4), 2017, pp.595-604. ~ Effective dementia education and training for the health and social care workforce: a systematic review of the literature. SURR Claire A., et al Review of Educational Research, 87(5), 2017, pp.966-1002.	1 x older person, 1x carer, 10 x practitioners, 1 x other
S6	What are the benefits to older people of receiving continuous support from the same paid carers? How can this best be achieved?	~ How can professional boundaries and relational risk aversion be revised to support reciprocal caring relationships between older people and those who support them - enabling older people to give as well as receive? ~ I feel more supported when I am able to build a good working relationship with professionals who take the time to check that I am receiving the support that is needed. ~ Continuity of Carers particularly if the person is living with Dementia. ~ Domiciliary care provided as much as possible by the same one or two people ~ I would find it better if the support that I receive is the same individuals and not a constant stream of new people to get used to. ~ Access to help in a crisis to people who know about us - not those who have to have the whole history spelled out to them from the beginning at a critical time ~ When they can give a little extra time to talk and get to know me, my likes and dislikes. Kindness ~ The carers that come into look after me are normally very good but it would improve the care if there were less people involved, as i am unable to get to know them all.		4 x older people, 8 x carers, 3 x group members (a mix of older people and carers), 1 x other
S7	How can social care for older people be made flexible enough to respond to changing needs and emergencies?	More flexibility in care packages allowing occasional changes to be made such as carers accompanying people to hospital appointments, as increasingly people have no family support locally to do this. ~ What response is there for emergency situations that arise when someone is living alone independently eg .changing light bulbs, getting their pension, mending their technology, maintaining their home, finding new friends when old ones die, being taken seriously when they feel unwell?		1 x carer, 1 x practitioner
S8	How does the morale of care staff impact on older people's wellbeing?	Does the moral of the staff have an impact on the well-being of older people?		1 x practitioner

S9	How could care staff become better at identifying the abuse of older people?	better training for carers to spot abuse other than bruises		1 x carer
R1	What role can social care play in helping older people to stay healthy (e.g. with exercise and diet)?	Would regular reviews of weight, medication mental health in their own homes be good preventive care to prevent hospital admission and increased morbidity? ~ Does it encourage and empower people to make healthy choices, especially with food, drink and exercise? Does it support people to implement these positive choices? ~ How is social care encouraging and empowering people to eat well and exercise more?		3 x practitioners
R2	Does early care planning and/or early or regular contact by social care services, help prevent problems and result in better experiences for older people than waiting until there is a crisis?	Having weekly meetings helps me feel supported and not alone. ~ approach people to see what help they need ~ Frequent one to one contact ~ Regular visits at prearranged time. ~ Regular contact for physical help, advice and assistance with and from the 'carer', friend or family member or authority officer is vital as there is nothing worse mentally than feeling you are alone in the world and noone else is interested in you and your problems. ~ Knowing that people are contacting us to see if were ok. Its reassuring. ~ I do believe that it would be beneficial if every one over a certain age and living on their own should receive some form of contact by a Social Service person so that someone is not found collapsed or dead in their home. ~ i think everyone should have a point of contact because some people havent got any family ~ Interventions when, are they early enough or to late ~ How successful is early planned intervention as opposed to crisis intervention.	Fitzpatrick JM, Tzouvara V. Facilitators and inhibitors of transition for older people who have relocated to a long-term care facility: A systematic review. Health Soc Care Community. 2019;27:e57–e81. https://doi.org/10.1111/hsc.12647 ~ Effects of preventive home visits on older people's use and costs of health care services: a systematic review LIMMATA H., et al. European Geriatric Medicine, 7(6), 2016, pp.571-580.	24 x older people, 5 x carers, 1 x practitioner, 1 x other
R3	How can social care staff and organisations ensure older people are valued and their rights are protected?	~ How the social model of ageing can change the attitudes towards older people ~ Ask young people whether older people have any value? Ask older people whether they feel valued? ~ Why do older people believe that no-one cares about them and that help particularly around health is only for the young? ~ Older people's rights are acknowledged and understood by all. ~ How can we embed the ethos of valuing people?		1 x carer, 5 x practitioners
R4	How can home and community-based social care enable older people to socialise, reducing loneliness and isolation?	There is a need to look at the way care homes and placements are designed to avoid isolation in isolation but also in terms of safeguarding welfare and future benefits. ~ Is it possible for more time to be put in for social calls or for time to take the elderly to parks,gardens centres and coffee mornings, I think this is essential to tackling loneliness too. ~ what support is most effective in reducing loneliness and isolation? ~ Support in the community ~ Help people stay connected with family and friends ~ I think my Mum misses conversations with people of her generation ~ Invest in community initiatives that bring us together in our neighbourhoods. ~ My mother loves social events but not bingo, or coffee mornings with strangers. She used to attend a lunchtime club where there speaks and a light buffet lunch provided. She is intelligent and loved the talks. However, this little club had folded because the organisers were both in their late 70s and not in the best of health. Activities for older people tend to be stereotyped, and there is not enough choice. ~ To be aware that people are lonely before they are ill, to keep in contact and to encourage them to attend social clubs and mix with others their own age. Often close friends have died, they are unable to hear properly and find it difficult to join in and withdraw into themselves, particularly when they live on their own. ~ More help to access social activities. ~ Going out more with support worker for a coffee. ~ More social activities. Befrienders. More services of a chaperone/support worker to accompany me on public transport for days out to break the isolation and monotony for me as a disabled person. ~ I would like more groups and to go out more ~ Providing emotional support to those without close family who feel lonely and isolated. ~ More face to face home visits to keep from isolation.	Noone C, McSharry J, Smalle M, Burns A, Dwan K, Devane D, Morrissey EC. Video calls for reducing social isolation and loneliness in older people: a rapid review. Cochrane Database of Systematic Reviews 2020, Issue 5. Art. No.: CD013632. DOI: 10.1002/14651858.CD013632. ~ Daykin N, et a: A systematic review of the wellbeing outcomes of music and singing in adults...Volume 1: music and singing for wellbeing in healthy adults: What Works Centre for Wellbeing; 2016. ~ McDaid D, Bauer A, Park AL: Making the case for investing in actions to prevent and/or tackle loneliness: a systematic review. A briefing paper. London: London School of Economics. Personal Social Services Research Unit; 2017. ~ Chipps J, Jarvis MA, Ramlall S: The effectiveness of eInterventions on reducing social isolation in older persons: A systematic review of systematic reviews. J Telemed Telecare 2017:1357633X17733773. ~ Gardiner C, Laud P, Heaton T, Gott M. What is the prevalence of loneliness amongst older people living in residential and nursing care homes? A systematic review and meta-analysis. Age Ageing. 2020 Aug 24;49(5):748-757. doi: 10.1093/ageing/afaa049. PMID: 32396600. ~	16 x older people, 16 x carers, 1 x group member (a mix of older people and carers), 9 x practitioners