



Addressing frailty according to beneficiaries recommendations

Soo Hun

Health & Social Care Board





Co-funded by
the Health Programme
of the European Union

SUNFRAIL Reference Sites' Network for Prevention and
Care of Frailty and Chronic Conditions in Community
Dwelling Persons of EU Countries
H2020-HP-PJ-2014 Grant Agreement No.: 884291



SUNFRAIL: Reference Sites Network for Prevention and Care of Frailty and Chronic Conditions in Community Dwelling Persons of EU countries



D.5.1: Report on patients/final beneficiaries on perception on frailty and multimorbidity.

Title of the document	Report on patients/final beneficiaries on perception on frailty and multimorbidity.
Deliverable No	5.1
Lead task beneficiary	HSCB
Partners Involved	All
Author	Soo Hun



D.5.1 Report submitted on patients /final beneficiaries on perception on frailty and multi-morbidity. September 2016



Co-funded by
the Health Programme
of the European Union

Beneficiaries Perceptions



Work done to-date:

Frailty: Language and Perception

- Age UK/British Geriatric Society study, 2015

Understanding frailty: meanings and beliefs about screening and prevention across key stakeholder groups in Europe

- Standing Committee of European Doctors (CPME), 2015

Understanding frailty: meanings and beliefs about screening and prevention across key stakeholder groups in Europe

- The FOCUS Project, 2017





"Older people share their own perspectives on frailty" on YouTube

<https://youtu.be/VOAogfrv2A0>

No, I'm definitely not frail. Frail means you're doddering and shaky. You can't do anything at all."

Female, 71, South, Living with frailty



Responses to the language of 'frailty'

Frailty (English)
(Polish)

Fragilità (Italian) Słabość

Fragilité (French)

“the condition of being weak and delicate”



FRAIL



Word 'frail' perceived to:

- refer to an **irreversible** state rather than something that could be improved or exist on a spectrum
- equate to a deep **fear** of losing independence, dignity and control over one's life

As opposed to:

Physical and wellbeing - being able to complete **everyday tasks** independently



Cumulative effects of deficits

Beneficiaries recognise:

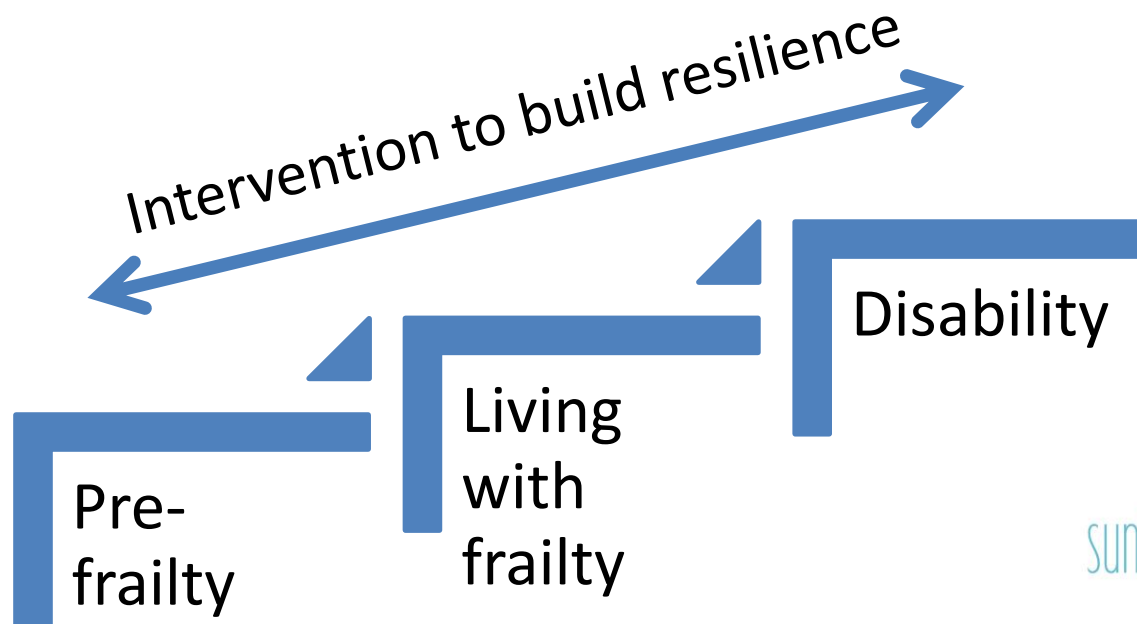
- it becomes harder to complete tasks as people age or require significant support
- cumulative effect of deficits and impact of different issues mount to produce increasing risk of a negative outcome – **‘the tipping balance’**

This can act as a **‘trigger point’** to accessing care/support services.



Recommendations

- Build on Patients/Citizens' existing beliefs that living with frailty is **NOT** an **inevitable** (thus preventable) or **irreversible** part of getting older





- Raise awareness and encourage professionals to use **adequate language** to assess needs to refer or signpost to services

FRAIL

WEAK

FEEBLE

Focus on language that resonate with older people's desire to maintain or return to a level of independent living

Emphasise to maintain independence by engaging with strategies and services

Keeping your independence



As we age it is common to have a growing number of health issues. This can happen gradually and we may notice it takes us longer to do household chores, walk to the shops or we may start feeling a bit unsteady on our feet. Over time, this can affect our ability to bounce back after an illness or other stressful event as well as our ability to live independently or keep in touch with family and friends.

This is **not** the same as ageing but is sometimes called 'frailty'. The good news is there are things we can do together to help prevent or manage some of these challenges. We have produced this leaflet to explain more about this. By being aware of these changes and working together, we hope to support people to keep healthy and independent for longer.



- **Encourage older people to talk to professionals and to enquire about services**
- **Build on existing awareness of the risk factors for frailty, but raise awareness of lesser-known risk factors such as being overweight**





- **Recognise signs for ‘trigger point’**
- **Introduce early intervention to prevent older adults from entering a cycle of decline**
- **Use specific examples of living with frailty in order to drive preventative and proactive self-identification**

Asset Based Approach



About Living Well

- Living Well' is about people, place and purpose:
- Focus is on the person, understanding their aspirations and relationship with their community;
- Shared purpose is shaping everything around a holistic person centred and coordinated approach to improve the quality of life for older people;
- Help identify ways to build their self-confidence, self-determination, resilience and self-reliance; and by providing practical support to help them achieve their aspirations.

The model requires all parts of the health and care system to work in a coordinated and collaborative way with the voluntary sector towards the same set of outcomes for older people.



New paradigm for Older people living with frailty

Today

The Frail Elderly
(i.e. a label)



Presentation late and in crisis
(delirium, falls, etc..)



Hospital-based:
episodic, disruptive and disjointed

TOMORROW

An “older person living with frailty”
(i.e. living with a long term condition)



Timely identification –
preventative, proactive care and personalised care and support planning



Community based, person centred,
co-ordinated care and support



THANK YOU

soo.hun@hscni.net

