



# Preserving what matters: integrating mental health into care home transitions

Mental health affects us all, regardless of age or ability. Like physical health, it's something we all manage throughout our lives.

In the aftermath of the Covid-19 pandemic, the Welsh Government provided funding for Age Cymru to undertake research into the mental health of older adults in care homes in Wales.

Our [report](#) produced in March 2023 showed that many people living in care homes in Wales regularly experience poor mental health.

The charity [Mind](#) defines good mental health as being able to think, feel and react in the ways that you want and need in order to live your life. Having poor mental health means finding that the ways you think, feel or react on a daily basis become difficult to cope with.

Most people experience poor mental health from time to time. However, as with physical ill-health, continuously poor mental health can lead to longer-term problems.





## Mental health and meaningful living

**Many cases of poor mental health among older adults in care homes could be traced back to a loss of something important that gave the individual a sense of personal meaning in life.**

We each find meaning in different things. These might be our relationships, responsibilities, personal identity, language, beliefs, hobbies and interests, and even the places we inhabit. What we find meaningful is informed by our personal background, socio-economic status, life experiences, biological makeup, cultural background, and many other factors.

When we are supported in doing the things that give us meaning, we feel in control of our lives and can gain a sense of self-worth. When our ability to live meaningfully is restricted, it can lead to distress.

Unfortunately, the movement into a care home often coincides with the loss of things that give a person meaning in life. For many, this could mean the loss of a significant person – a relative, friend or carer. It may

also mean stopping a particular activity or responsibility that was important to that individual. Many people likewise gain meaning from participating in social groups or their wider community and can struggle to adapt to a life without them once they move to a care home.

Having the freedom to choose our activities, routines, social interactions, living spaces, clothing and many other aspects of daily life is vital to living in a meaningful way. The sudden loss of this independence can be a shock, which may cause mental distress.

Dementia can make this process more challenging, as the individual may be unable to comprehend why the things that are important to them are being restricted. They may also be unable to communicate their personal needs and wants clearly to staff.







## Tackling poor mental health in care homes: the transitional process

**The process of transition into a care home can play an important role in determining the ongoing mental health of an older adult living in a care home. The transition represents the moment of greatest change for that person, with them moving into a new living space, with new routines, relationships and activities.**

This moment offers a unique chance for staff to learn about the individual and to get to know what gives them meaning in life. When applied to someone's care plan, this information can help staff to tailor a care plan that respects – and even enhances – their ability to live in a personally meaningful way.

Building a picture of each new resident as a fully rounded person with specific abilities, wants and needs and weaving this into their care can greatly improve a person's day-to-day mental health.

This can in turn have a positive impact on the mental health of care home staff, as well as the resident's relatives and friends.

The mental health benefits of person-centred care can also help to lower costs of care. With a better understanding of a resident, staff may be able to identify potential mental health concerns earlier and thereby save on more complex and costly care interventions later.

Most importantly, identifying and supporting the things that give someone a sense of meaning in life is a key part of recognising their inherent dignity. [The Older People's Commissioner for Wales](#) states that care home residents have the right 'to be treated with dignity and respect', regardless of age or ability.

Acknowledging that people are complex individuals who gain meaning out of different things is an important step towards achieving this.





## What does this resource do?

**This resource explores how the transition into a care home can be used as an opportunity to help an older adult living in a care home to live in a meaningful way.**

It contains ideas and advice for how staff can learn about the things that matter to a new resident, and how these can be preserved and enhanced as the person moves into the care home.

We recommend using this resource to spark conversations around mental health in care. We hope that these discussions will inspire care home staff to explore new ways of recognising the things that are meaningful to people living in care homes and integrating these into their care.

We believe that moving into a care home should not be seen as a negative event, and that many people's quality of life improves

once they are living in care. An effective transitional process that helps staff to build up a detailed picture of an individual as they arrive in the care home can play an important part in enhancing someone's quality of life.

This resource contains a summary of its key points on page 15, as well as a template of table that care home staff could use when learning about a new resident (see page 16).

Further practical guidance for both unpaid carers and care home staff on ensuring a smooth transition into a care home is also available in Age Cymru's ['Making relationships count'](#) guide.





# The transition into a care home: preserving what matters



## Pre-arrival: open questions

**The transition into a care home is a chance for the staff to build up a detailed picture of what matters personally to a prospective resident.**

A simple way to learn about what gives someone meaning in life is to ask them open questions about themselves. Examples might include: ‘What does a good (or bad) day look like for you?’ and ‘What matters to you?’

Questions like these can reveal important aspects of a person’s life that might be missed in a clinical survey. Their answers can tell you a lot about what gives that individual meaning – their relationships, interests, hobbies, previous employment, and much more.

With this information, you can begin to explore ways of integrating the things that matter into the individual’s care. For example, can someone’s hobby be accommodated in the care home? It may also help to explore whether local community groups are available to support that person in their interests. These might include music groups, art groups or book clubs.

The information gathered during these initial conversations can also help when introducing the person to other people living in the care home. Many homes use a ‘buddy’ system for new residents, and open discussions like these can reveal details about a person’s background, interests and preferences that can help staff to match them with someone similar.

If a person moving into a care home is unable to answer these questions, it is worth speaking to a family member, friend, carer

or advocate. People also behave differently in different social contexts. For example, a previous neighbour might be able to tell you things about the individual that a family member would be unaware of, because they have always behaved differently around that neighbour.





## Preserving language

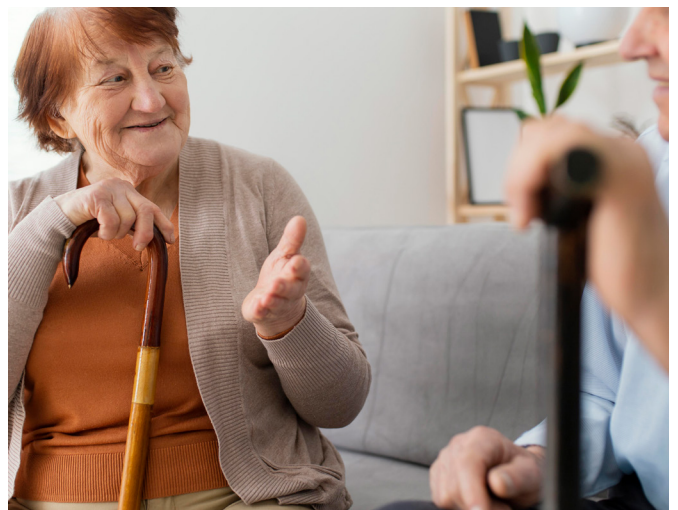
**Language is the tool we use to understand and interact with the world around us. Language forms a central part of who we are as individuals, even if we don't always notice it.**

Many older adults in care homes in Wales don't speak English as their first language. If they can't use their own first language regularly, they may experience a loss of sense of identity, as well as feelings of social isolation and frustration from struggling to communicate. These factors can all have a harmful effect on mental health as they stop the individual from being able to live in a way that is meaningful to them.

This is particularly important for people living with dementia who do not speak English as a first language. As the symptoms of dementia develop, they may only have access to their main and first language and lose their ability to communicate in English. This can cause distress as the individual is unable to express themselves in English.

Because of this, it is important that a person's primary language is identified during the transition into a care home. From there, steps can be taken to introduce that language into their care. Even if no members of staff or other residents at the home speak that language, there are still ways of respecting it and including it in their care.

For example, there may be TV shows, radio stations, books, magazines, newspapers and other media in that language. Similarly, there may be community groups who speak that language who may be willing to socialise with the individual or even host activities at the home.





## Case study: Welsh in care homes

- For many Welsh speakers, the language is a core part of their identity. Using it gives a sense of meaning on a daily basis. When they move into a care home, it's important that they are still able to use Welsh every day
- According to the Older People's Commissioner for Wales, care homes must 'work towards offering [...] a service in the Welsh language' if requested (Older People's Commissioner for Wales, 2023)
- A care home transition should include the 'active offer' of Welsh for people moving into the home. This means offering Welsh from the very start: in pre-arrival questionnaires, care planning, preliminary visits, etc. [Social Care Wales](#) offers useful guidance on implementing the 'active offer' of Welsh
- However, while some care homes do employ Welsh-speaking staff, there are still many Welsh-speaking people living in care who are unable to use their first language. In some care homes, staff may not come from Welsh-speaking backgrounds, or may know some Welsh but lack the confidence to speak it at work
- Try to encourage staff to use their Welsh and aim to have at least one member of staff who can speak Welsh on the rota to support Welsh-speaking residents
- If a care home is unable to provide care in the Welsh language, there are still many things that can be done to integrate Welsh into care. These can all have a positive impact on the individual's mental health. Some simple suggestions to help:
  1. Encourage Welsh learning among staff and residents. Learning a language is a great way to build relationships and can have the benefit of giving a person living in a care home a renewed sense of purpose in life
  2. Introduce Welsh-language media to the care home. Are people able to watch S4C, or listen to Radio Cymru? Are there Welsh-language magazines and newspapers available, such as Barn, Golwg and Y Cymro? Or local publications, like those from the Papurau Bro network?
  3. Listen and sing along to popular Welsh-language songs. You can access the specially created Cân y Gân playlist and lyrics compiled by Bangor University via the links at the end of this resource
  4. Link up with groups who could come into the care home to run Welsh-language activities. Examples might include Merched y Wawr, or community groups organised through Menter Iaith.





## Anchoring the new home in the old

**The places we inhabit can matter to us greatly, especially if we have lived in them for a long time. The sudden loss of a meaningful place can have a serious impact on a person's mental health.**

It can help to anchor the new care home setting in the individual's previous home. This can ease the process of moving by making their new home feel more familiar and maintaining a sense of connection.

Many care homes achieve this 'anchoring' by personalising a resident's new room with items from their previous home. Did they have a favourite armchair? Are there any pictures that they'd like hung on the walls?

If possible, could you visit their previous home to get a feel for how it's laid out? You can then explore ways of mirroring the layout in their new room. This can be particularly important for people who are living with a cognitive or sensory impairment, as it creates a sense of familiarity that can help provide comfort and confidence.

It is worth making a note of any items brought in, in case they get lost around the home.

You could also consult the person on the decoration of their new room. Even repainting the walls a colour of their choice can greatly improve their familiarity with their new living space. Some care homes also offer a 'rolling refurbishment', where residents are consulted again after several weeks or months to see if there's anything they'd like changed.

Giving someone control over their living space is an important way of allowing them to gain a sense of meaning in day-to-day life. This can not only help to maintain good mental health, but may even improve it.



## Maintaining relationships

**Relationships make life meaningful. These can include our relationships with our family members, friends, carers, neighbours, community groups and even pets.**

It's important to keep an open mind of what constitutes a meaningful relationship, as it varies between different people.

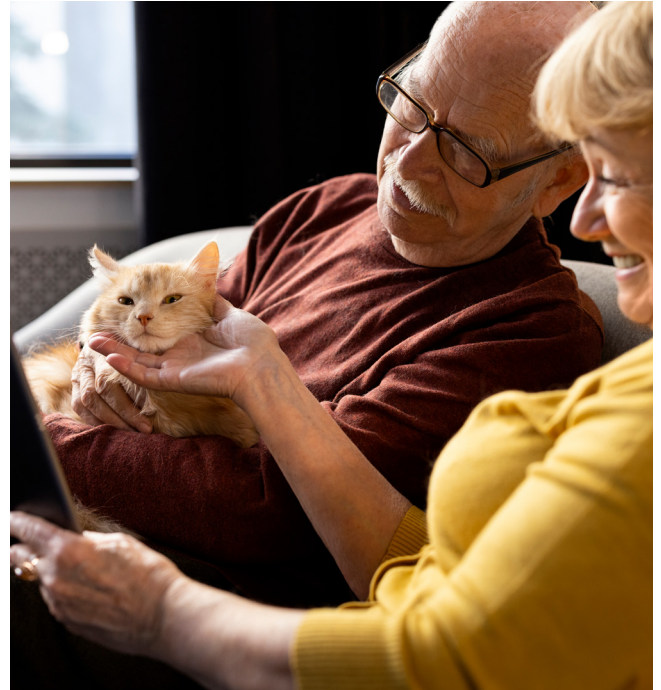
For example, some older LGBTQ+ people living in care homes will not be part of traditional family networks. Some will not have children outside the home, and it is possible that tension with family members in the past will have resulted in them finding greater meaning in the company of friends and members of social groups. (For further information on the experience of LGBTQ+ people in care homes, please see the resources at the end of this document).

When someone moves to a care home, it can often feel as though they are leaving relationships behind – even if their loved ones are planning to visit regularly. Like the loss of the home, losing important relationships can have a negative impact on a person's mental health.

To counter this, staff can use the arrival stage to set out how the new resident will continue the relationships they had outside the care home. This is an ideal time to plan the frequency of visits, or to discuss how a relative can continue to interact with the person in care in an active manner. Could they still take them out on trips, or bring them certain meals? Could they come round to the home to watch sport together, or help wash their hair?

If the person is part of a particular community, can you take the opportunity to arrange visits by community members? An example would be inviting a religious minister to visit a person in the care home,





or to explore ways of bringing them to a place of worship every week.

Sadly, for many people, the immediate reason for their move into a care home is the loss of a close relationship, usually a partner who cares for them. For them, the moment of transition is also a moment of personal bereavement, as they leave behind not only their old way of living but also an important person in their life.

Bereavement can heavily affect an individual's mental health, and it's important to establish whether someone arriving in a care home is experiencing bereavement so they can access to appropriate support.

**A useful resource for individuals experiencing bereavement is the [Marie Curie Bereavement Support Service](#).**



## ‘Good news’ calls

One way of supporting relationships between people living in care homes and their family or friends is a ‘good news’ call system. Many relatives of people in care homes dread contact with the home because they expect any calls or messages to contain bad news. This lack of communication can create a barrier between the relative and the person in care.

A way round this is to agree that staff will also call with any good news. Was the person in a particularly positive mood today? Did they try a new activity that they really enjoyed? Little positive stories can help to bolster and maintain a person's relationship with a relative in care.



## Case study: ‘Asking the question’ – care homes and Armed Forces veterans

**A veteran is anyone who has been a member of the UK Armed Forces, both regular and reserve. Approximately 4.5% of the population of Wales have served in the Armed Forces (ONS, Census 2021).**

For many veterans, serving in the Armed Forces will have been an important part of their life. Many will have joined at a young and formative age and devoted much of their lives to military service, gaining close friendships that continue after leaving the Armed Forces.

These friendships can matter greatly to veterans, in some cases providing a closer relationship than they might have with family members. This is particularly the case with veterans who are suffering from trauma (including PTSD, or Post-Traumatic Stress Disorder), who may have a difficult relationship with their family but a closer sense of connection with other veterans.

At present, many care homes do not have robust systems in place to identify whether a person arriving in the home is a veteran. As well as creating a barrier to effective, person-centred care, this can also mean that their relationships with other Armed Forces personnel are overlooked. This can have a serious impact on their mental health: according to the [2022 ONS Veterans’ Survey](#), around one third of veterans regularly feel lonely.

It’s therefore important to ask people arriving in care homes whether they have

served in the Armed Forces. This information can offer insights into the relationships that matter to them and that should be preserved during the transition into a care home – as well as any signposting to any additional care needs.

Finding out details of an individual’s service history may help you to put them in contact with other veterans from their former regiment or equivalent unit, or even with serving members. It may also be that there are other veterans living the same home who would appreciate the chance to get to know other veterans within the care home community.

Another useful avenue is Armed Forces charities such as [Woody’s Lodge](#), who may be able to organise activities and support, or simply put someone in touch with other veterans.

‘Asking the question’ about veteran status is an important part of the transitional process and can help to identify the relationships that really matter to that person. The friendships built during service in the Armed Forces are often an important part of a veteran’s life - preserving those links in care can give them a great sense of meaning and thereby help them to maintain good mental health.





## Taking on new responsibilities

**Moving to a care home often means the end of many of the responsibilities that gave a person meaning in life. While most people will not have transferred directly from full-time work into care, they may have nonetheless held certain responsibilities that gave them a sense of purpose. For example, they may have enjoyed gardening, doing repair work at home, or even just the weekly shop.**

The loss of these responsibilities can come as a shock to some, as it takes away an important thing that gave them value and worth. This can negatively impact upon their mental health.

A way round this is to discuss with the new resident and their family, friends or carers whether there are any responsibilities within the home that they could help with. Allowing someone to cook for other people in the home, help with redecorating rooms or take the lead on organising events can help them to find continued meaning in life.

Just because someone has moved to a care home, it doesn't mean they stop learning new skills. Taking on a new responsibility can be a great opportunity for reablement, where a person is supported to develop (or redevelop) skills that allow them to live more independently and with greater confidence.

Besides accounting for any obvious risks to individual wellbeing, it's important that any tasks taken on by residents are genuinely meaningful to them. People must not be given work for the sake of it, as this can have the opposite effect on an individual's mental health and may be exploitative.



### Positive risk-taking

**Moving to a care home should not restrict someone's capacity to remain active and try new things – whether hobbies, activities, learning opportunities or responsibilities around the care home. As staff get to know someone better, it's worth considering whether there are any new activities that they might want to get involved in.**

Has the resident always wanted to visit a national park? To watch Wales play at the Principality Stadium? Do they want to learn a new skill, or do they already have a skill that they could teach to other people in the home?

Don't be afraid to push the boat out when organising new things. A positive risk-taking ethos among staff can be greatly beneficial for people living in care homes, as trying new things can help us to build confidence and find new ways of gaining meaning in life. Both factors are important to maintaining good mental health.



## Case study: cooking in a care home

**During our research, we heard about a person living in a care home in Cardiff who, before moving to the home, had greatly enjoyed cooking for her family and friends. Her home cooking had been a major part of her life both as an individual and as part of her cultural background, and it had given her a great sense of meaning.**

Upon moving to the care home, all her meals were cooked for her, and she had no ability to cook for either herself or anyone else. This loss of a key part of her life made her very unhappy.

Staff raised this with her family, and between them they agreed to organise cookery sessions with family members at the care home. Family members could come round with ingredients and cook meals with the resident.

This greatly improved her mental health throughout the rest of her time in care, as it allowed her to continue to take part in an activity that gave her a great sense of meaning as an individual.



## Social life

**Socialising is an important part of life, and everyone has the right to choose when and how they socialise. Maintaining control over our social life plays an important part in our ability to live in a meaningful way.**

Care home life often impacts upon a person's autonomy over their social life. The new routines of the home may not suit everyone, and if they significantly change an individual's usual social capacity then their mental health may suffer.

A sociable person who is suddenly spending large amounts of time alone may quickly find that they feel lonely and isolated. At the same time, it can be just as harmful to force a busy social schedule onto someone who prefers quieter activities.

This can be especially true of neurodivergent people. For example, many autistic people find social situations difficult and can become exhausted by too much social interaction.

However, it's not only neurodivergent people who struggle with socialising – it can easily happen to neurotypical people too.

Upon arrival, consider having a chat with the person, their relatives, friends or previous carers about how important social activities are to them.

Have they previously been a member of any clubs or community groups? Would they like to continue this activity, or try something new? Or do they prefer a quieter life?

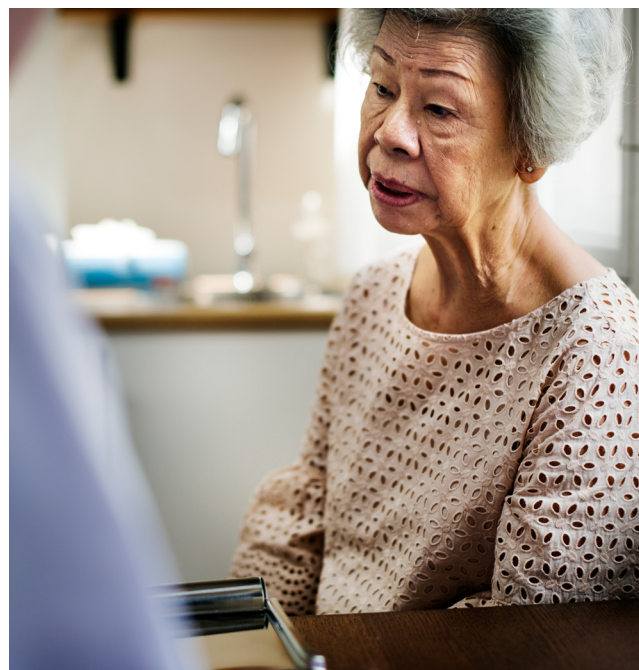
There's no one-size-fits-all approach to socialising. Some people thrive in the company of others, while some prefer their own company. Most are somewhere in between. Finding out how much socialising a person is comfortable with is an important part of recognising their personhood and building a care plan around their priorities as an individual.





## Neurodiversity

- Neurodiversity is a broad term used to describe how people's brains naturally function in different ways
- Common examples of conditions that exist within the umbrella of neurodiversity include autism, ADHD and dyslexia
- Conditions associated with neurodiversity affect people of all ages and abilities. It's estimated that around 15-20% of the UK population is neurodivergent – though it's hard to be certain, due to limited public awareness and difficulties accessing diagnoses
- Neurodiversity is a growing field of research and has only recently begun to gain public traction. Because of this, many people – especially older people – may be unaware that they are neurodivergent
- This lack of awareness can pose challenges, as many neurodivergent people struggle to conform to neurotypical models of behaviour. This can lead to mental distress. Society is getting better at meeting the needs of neurodiverse populations in general but this is still a work in progress
- Useful resources on neurodiversity can be found at the end of this publication.



## Consulting with residents

**Having control over your daily routines and the environment around you is an important part of living a meaningful life. This is as true for people living in care homes as it is for anyone else.**

Many care homes host regular forums for their residents. These are a great opportunity to gather ideas from people living in the home and to include them in running the place.

Forum discussions should not just be a formality. People should feel that they can have their say about routines, activities, communal spaces, and other key aspects of care home life.

Some people may not feel confident or able to participate in forum discussions. If this is the case, consider allowing individuals to pass on messages to the forum, or to send a deputy.

Having this flexible space can provide more autonomy to people living in the care home, giving them greater control over their physical environment and with that a greater sense of meaning.





## Acknowledging the end of life

**Death is a natural part of human existence, and how we choose to approach it can give us as much meaning as our approach to anything else in life. Recognising and enabling an individual to die in a way that is meaningful to them and to their loved ones is an important way of conveying respect and dignity.**

Consider how your care home currently discusses death and dying, both with people living in the home and with their relatives. Do you raise the subject early, so that everyone can take time to come to terms with the fact and make the necessary preparations to support the individual to die in a way that respects their wishes?

There are many ways of discussing the end of life. How you do so may depend on your relationship with the families and friends of those in your care. Some homes may prefer to hold private meetings, while others may have a system of public discussions. It can often be surprising to see how relieved residents are to talk openly about their own deaths, even if their relatives find it harder.

There is no right way to approach this, but it's important that discussions on end-of-life care are not avoided. To acknowledge that someone is going to die is crucial to acknowledging their personhood, and so the subject should be approached as an opportunity to help a resident (as well as their relatives or friends) achieve a sense of meaning, rather than as something to fear.



## Death Café

**Many care homes and hospices around the world have started using a Death Café as a practical approach to acknowledging death and discussing it openly.**

A Death Café is an open discussion group held on a regular basis within the care home. The idea is that residents, staff and visiting friends and family can get together over a tea, coffee and cake and talk freely about their concerns around death and dying.

The aim of the Death Café is to help people feel more comfortable recognising and discussing death and how they wish

to approach it. It's an opportunity for individuals to voice their concerns and express their wishes in an honest and open manner, in a setting where they know that their views will be respected.

Death is something that affects everyone, and it's important that we can approach it in a way that matters to us as individuals. Creating a space for relaxed, open discussion can help to break down the taboo of speaking about death and dying, and help people explore ways that they can approach the end of life in a personally meaningful way.

This can in turn have a positive effect on an individual's mental health, as it removes much of the fear around death and helps them to gain a sense of independence over their approach to the end of life.



# Summary

## Pre-arrival: open questions

- Open questions create a chance for someone moving into a care home to reflect on the different things that give them meaning in life and to share them with staff. Consider asking broad questions like ‘What matters to you?’, or ‘What does a good day look like to you?’

## Preserving language

- The language we speak is central to our identities and how we interpret the world around us. People living in care homes must be supported in speaking their first language as much as possible. This is especially true of people living with dementia, who may lose their ability to communicate in English if it’s not their first language.

## Anchoring the new home in the old

- Having autonomy over where you live is an important to living a meaningful life. When someone moves to a care home, they often lose the ability to control their living space. ‘Anchoring’ their new space in their old home by bringing across furniture and homeware from their previous home can help create a sense of familiarity and autonomy in their new home.

## Maintaining relationships

- The transition to a care home often disrupts the relationships that give a person meaning in life. Can someone moving into a care home be supported to continue the relationships they held outside the home? If they have recently experienced the loss of a close partner or friend, can the care home address this and provide appropriate bereavement support?

## Taking on new responsibilities

- Many people gain meaning from fulfilling certain responsibilities in life. It’s worth considering how a person can be supported to take on new responsibilities within the care home, if this may give them meaning. However, staff must be careful that these responsibilities do not exhaust the individual or become exploitative.

## Social life

- Socialising is an important part of life and residents should be supported to socialise both inside and outside the care home. However, people have different social levels and this must be respected: while people enjoy socialising regularly, others prefer to spend more time alone or in limited company.

## Consulting with residents

- Maintaining a sense of control over your daily routines and environment is an important part of living a meaningful life. To facilitate this, many care homes hold regular resident forums, where people can offer suggestions and feedback on the running of the home and management of communal spaces.

## Acknowledging end of life

- Death is a natural part of human existence, and it’s important that people’s desires around dying are respected and supported as much as possible. Don’t be afraid to discuss death and dying with residents and their relatives – establishing their wishes is key to helping them eventually die with dignity.

# Template: questionnaire

This template offers suggestions for conversations to have with someone as they move into the care home that might help paint a picture of the things that matter to them. This information can then be used to support them to live in a meaningful way, which can help to maintain good mental health.

This document should not be treated as a definitive guide and there may be many other things you can learn about the person. This template is a 'live' document that can be updated over time, as staff learn more about someone as they settle into care home life.

Subject to discuss	Resident response	Actions
<p><b>What are their key relationships? (E.g., partner, family, friends, carers, neighbours, social groups, pets, etc)</b></p>		
<p><b>What is their first language? What language do they prefer to speak? How can their preferred language be integrated into their care?</b></p>		
<p><b>Do they have any specific hobbies, interests or preferred activities? Can these be continued during their time at the care home?</b></p>		
<p><b>What does their ideal living space look like? Would they like to 'anchor' their new home in their old, or change it entirely?</b></p>		
<p><b>What is their preferred approach to socialising? Do they like a busy social calendar, or prefer time to themselves?</b></p>		
<p><b>Are there any key responsibilities they had before moving to the home that gave them meaning? Can these be supported within the care home?</b></p>		
<p><b>Have they thought about the end of life? Do they have any particular end of life wishes?</b></p>		



# Further information and resources

## Mental health in care homes

Age Cymru, Supporting good mental health in care homes report (2023), <https://www.ageuk.org.uk/cymru/our-work/care-homes/good-mental-health-in-care-homes/>

Mind, Mental health problems – an introduction, <https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/about-mental-health-problems/>

National Institute for Health and Care Excellence, Promoting positive mental wellbeing for older people guide (2020), <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/promoting-positive-mental-wellbeing-for-older-people>

Older People's Commissioner for Wales, Living in a care home in Wales – A guide to your rights (2022), <https://olderpeople.wales/resource/commissioner-launches-new-guide-on-older-peoples-rights-in-care-homes/>

## Relationships

Age Cymru, Making relationships count (2023), <https://www.ageuk.org.uk/cymru/our-work/carers/making-relationships-count/>

## LGBTQ+ people in care homes

Age UK, The health and care needs of older LGBT+ people, <https://www.ageuk.org.uk/discover/2021/february/the-health-and-care-needs-of-older-lgbt-people/>

## Neurodiversity

NHS England, Useful autism resources and training, <https://www.england.nhs.uk/learning-disabilities/about/useful-autism-resources-and-training/>

## Language

Bangor University, Evidence based resources for people living with dementia and their

carers (including Cân y Gân playlist details), <https://dsdc.bangor.ac.uk/products-created.php.en>

Papurau Bro network, <https://papuraubro.cymru/en/>

Social Care Wales, Using Welsh at work guide (2023), <https://socialcare.wales/resources-guidance/social-care-workers/using-welsh-at-work#:~:text=What%20is%20%27More%20than%20just%20words%27%3F%20%E2%80%98More%20than,Welsh%20language%20services%20for%20those%20who%20need%20it>

Social Care Wales, Social Care Wales: Language Levels, <https://learnwelsh.cymru/work-welsh/social-care-wales-language-levels/>

Welsh Government, More than just words: Welsh language plan in health and social care (2022), <https://www.gov.wales/more-just-words-welsh-language-plan-health-and-social-care>

## Veterans

Office for National Statistics, Veterans' Survey 2022, <https://www.ons.gov.uk/peoplepopulationandcommunity/armedforcescommunity/articles/veteranssurvey2022demographicoverviewandcoverageanalysisuk/december2023>

Royal British Legion, Veterans' Gateway, <https://www.britishlegion.org.uk/get-support/who-we-help/veterans-gateway>

Woody's Lodge, <https://www.woodyslodge.org/>

## End of life

Death Café network, <https://deathcafe.com/>

Marie Curie Bereavement Support Service, <https://www.mariecurie.org.uk/help/support/bereavement>

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It was produced by Age Cymru in collaboration with partners from care homes across Wales, Care Inspectorate Wales, Social Care Wales, the Royal British Legion, Monmouthshire County Council, Swansea Bay University Health Board, Bangor University and Cardiff University.

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