Meeting the Health, Social Care and Welfare Services Information Needs of Older People in Ireland

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An Chomhairle Náisiúnta um Aosá agus Daoine Aosta

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Foreword

As Chairperson of the National Council on Ageing and Older People, it gives me great pleasure to introduce this report, *Meeting the Health, Social Care and Welfare Services Information Needs of Older People in Ireland.*

The Council has asserted, in previous reports in the past, the need to improve information provision for older people in order to enable them to make informed decisions in relation to their health, social care and welfare services needs and preferences so that they can become partners in their own care. This is consistent with current policy initiatives intended to re-orientate services more towards the older person and to place him/her at the heart of service planning, delivery and evaluation.
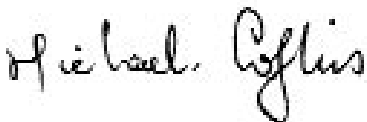
With regard to making improvements in information provision, the Council proposes that it is essential to determine from older people's perspectives what information they really want, by what means this information should be provided to them and where this information may be accessed most usefully by them. The challenge is therefore, to tailor information provision for older people according to these preferences. This research is unique because it provides, for the first time, the answers to the questions raised above from the perspective of the older person. In addition, the research uses this information from older people to develop an Action Plan designed to meet their health, social care and welfare services information needs that will ensure that information provision is user rather than producer driven.

Central to this Action Plan is the proposal that information provided by the national information gateway, OASIS and the local information gateways, the Citizen's Information Centres (CICs) should be specifically tailored around the life events or transition times identified by the research as being particularly relevant for older people. In addition, among other things, the Plan proposes the fostering of an increased awareness of these information gateways and information pathways among the service providers identified in the study as being key information providers to older people. These include General Practitioners, Public Health Nurses, community welfare offices and informal social networks. This Plan also proposes the establishment of mechanisms to assist older people who may experience difficulty in accessing information through by providing an outreach information service operated from the CICs.

The Council feels that this report and the adoption of the Action Plan and the recommendations that it proposes will enhance service provider's and older people's capabilities to adopt their respective roles of information provider and seeker effectively and efficiently. Consequently this will promote the social inclusion of older people and empower them to adopt a proactive role in the management of their own care.

On behalf of the Council, I would like to thank the authors, Dr Helen Ruddle, Ms Geraldine Prizeman, Dr Edwina Kelly, Dr Deirdre Haslett, Mr Ray Mulvihill and Ms Sarah Delaney for their hard work and dedication in producing this excellent report. I would also like to thank members of the Council Consultative Committee who oversaw the preparation of the report in an advisory capacity: Dr Daris Broomfield, Mr Michael Browne, Ms Kit Carolan, Mr Paul Cunningham, Mr Eamon Donnelly, Ms Terry Fagan, Mr Tom Landers, Ms Patricia Lane, Mr Michael Lillis, Ms Mary McDermott, Mr Donal McManus, Ms Mary Nally, Mr Peter Sands.

Finally, the Council would like to thank its Director Mr Bob Carroll, Research Officer Ms Sinead Quill and Communications Officer Mr John Heuston who steered the project on the Council's behalf. Special thanks are also due to Mr Eamonn Quinn who prepared the report for publication and to the Council's administrative staff for their assistance throughout the course of the project.

Mr Michael Loftus
Chairperson

Authors' Acknowledgements

In addition we would like to thank Julie Roe and David Harmon for their assistance in completing various stages of the study. Finally a special thanks is given to the older people and the information providers/holders who generously gave their time to the study and whose participation enables an understanding of information needs and the practical actions that are needed.

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Council Comments and Recommendations

SUMMARY OF COUNCIL RECOMMENDATIONS

1. The Council recommends that a clear information policy adapted to the needs of older people should be devised on the basis of the findings of this research. Older people, carers and the organisations that represent them (for example, the Senior Citizen's Parliament, the Carer's Association of Ireland) should play a leading role in the development of this policy and policy-makers should encourage their participation in this process.

2. In relation to national information gateways, the Council recommends the development of a national pool of information (pooled from statutory, voluntary and independent providers) that is specifically tailored to meet the needs of older people.

3. The Council recommends that Comhairle uses its expertise to adapt the current OASIS website to one that is more relevant to older people. This report, has for the first time, described the transition times considered as being the most important to older people and the Council recommends that these transition times should inform adaptations to the website. In addition, it is recommended that regular consultation with older people and the organisations that represent them at national, regional and local levels be conducted to ensure that all significant transition times are accommodated by the website.

4. The Council recommends that all providers of services (information or otherwise) to older people be made aware of the existence of this specially adapted national information database. A national publicity campaign, funded by the Department of Social and Family Affairs and launched by Comhairle, is recommended in this regard.

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5. The Council understands that work in respect of integrating the two databases (CID and OASIS) is ongoing and it recommends that information provision for older people at local level is based around transition times or life events that are of particular importance to them.

6. In order to lay the foundations for the development of the Action Plan and to enable the CICs to maximise their potential, the Council recommends that the number of CICs should be increased and that, where required, the content of the information they provide should be developed to meet the specialist information needs of older people.

7. The Council proposes that instead of the health boards setting up their own one-stop-shops as proposed in the National Health Strategy (Department of Health, 2001) and adding another layer of bureaucracy to the current information provision structure , they use the resources that would have been allocated to this development to help to resource the network of CICs to enable them to fulfill the role as envisaged in the Action Plan.

8. With regard to the national information gateway OASIS, the Council recommends that that all providers of services (information or otherwise) for older people be made aware of the existence of the adapted OASIS database. This applies particularly with regard to the aforementioned service providers who were identified in the study as being key information providers to older people.

9. The Council recommends that strong links between the CIC and these service providers be developed to ensure that each party is aware of the services the others provide. The Council also recommends that the CICs be aware of and make available informative material relevant to older people to these service providers.

10. In addition, the Action Plan proposes that the services of the CICs should be advertised in GP's surgeries, community welfare offices, libraries, churches and other places frequented by older people so that they will be enabled and empowered to adopt the information seeking role themselves. The Council endorses this recommendation.

11. The Equality Authority (2002) has recommended that there should be information provision in relation to the particular needs of the carers of older people and the Council endorses this recommendation.

12. In this context, the Action Plan proposes that the CICs should employ an Outreach Information Officer to provide an outreach service and the Council endorses this proposal. This post should be a full-time one dedicated to providing information services to older people in particular and may be adopted by an existing member of staff in the CIC. This Outreach Information Officer will be employed by the CIC and trained by Comhairle.

14. The Council has made recommendations in relation to the need to establish some formal mechanism for the identification of vulnerable older people (Delaney et al., 2001) and this again applies in the context of identifying older people who may experience difficulty in accessing information themselves.

15. In order to assist older people who may find it difficult to access information by themselves, the Council recommends that information volunteers be recruited from long established, respected and trusted voluntary organisations within a specific area and, in particular, from local organisations (such as the Carers' Association) or self-help groups that work with older people (such as the Summerhill Third Age Centre, which already recruits older volunteers to staff its Help Line)

16. The Action Plan proposes that the recruitment and supervision of information volunteers will be conducted by the Outreach Information Officer. It is also proposes that the information volunteers will be trained by Comhairle, which currently trains employees of CICs and the Council endorses these recommendations.

17. The National Health Strategy (Department of Health, 2001) has proposed that "community and voluntary activity will be supported" in relation to older people specifically through the adoption of "programmes to foster voluntarism and community responsiveness to local needs" (p. 151) and the Council endorses this proposal. The Council further recommends that these programmes be targeted at the recruitment of older volunteers to adopt the information volunteer's role.

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18. In addition to one-to-one contact, the Plan also outlines other media that are preferred by older people in the delivery of information. The Council recommends that the CICs pay particular attention to these findings when providing information and conducting their advertising campaigns.

19. The Council recommends that the CICs ensure that any printed material advertising their service or providing information about other services will be distributed to the information providers that have been identified in this study as being used most often by older people. In addition, it is recommended that the CICs ensure that their printed material is both literacy and age proofed.

20. Local radio was also favoured by the older people who were interviewed for the study and it is recommended that the CICs use this medium to advertise the service that they provide. The Council also recommends that the CICs develop and resource a specific slot on radio, during peak listening time, to provide information to older people.

21. The Council recommends that the Senior Help Line be resourced, expanded and developed to enhance its information provision role and that CICs develop strong links with it to ensure that Help Line Volunteers can direct older people to their service as appropriate.

22. Consultations during the preparation of this report also proposed the development of a designated section in national telephone directories that would provide contact numbers of relevant information or service providers for older people. The Council endorses this proposal and recommends that the service finder facility on the OASIS database be used as the basis for the organisation of this material in telephone directories.

23. The Council recommends that CICs develop critical links with agencies representing older people and those who provide services to them at national, regional and local levels.

24. As well as providing the outreach service to older people who may experience difficulties in accessing information, the Council recommends that the Outreach Information Officer will also act as a bridge between the CICs and the local community to ensure that information about the CIC will reach its target audience.

25. User involvement in the planning and delivery of information is a key factor (Browne, 1999) and the Council recommends that citizens and communities should play an active part in analysing and identifying their own information needs.

26. The Council recommends that the Outreach Information Officer will ensure that a regular assessment of the information needs of older people is conducted through the establishment of regional advisory panels, listening days, consumer panels and from feedback from the CICs in terms of the information requirements of their older clients.

27. The Council recommends that the Outreach Information Officer should assist older people in developing their information capabilities by, for example;

   - highlighting the importance of planning for the transition times that are relevant to older people

   - demonstrating the information pathways that can be used to find specific information

   - working in close collaboration with local initiatives that aim to enhance older people's literacy and ICT skills with the aim of demonstrating how these skills can be used to access information

   - encouraging older people and the organisations that represent their interests to take part in the assessment of information needs thereby empowering them to become active participants in how services are planned, delivered and evaluated.

28. Though the Action Plan concentrates on developing the role of the OASIS database and the CIC and on the introduction of an Outreach Information Officer to enhance the provision of information to older people, the Council recommends that measures designed to improve information provision for older people will not be solely focused on these information engines.

29. The Council recommends that specific principles detailed in this report be adopted to inform the development of health, social care and welfare service information provision for older people at a local, regional and national level throughout Ireland.

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30. The Action Plan has proposed that appropriate training for information providers is crucial. The Council endorses this proposal and recommends that the principles underpinning information provision as described above be adopted as the basis for any training programmes developed for information holders/providers.

31. The Council welcomes the establishment of the Health Information and Quality Authority and recommends that it be the mechanism through which training (and specifically age awareness training) for information providers/holders dealing with older people should be developed. The Council also recommends that Comhairle develop close links with this Authority to ensure that the training provided by Comhairle to the staff of CICs and that provided by the Authority will be standardised.

32. The Council recommends that all health, social care and welfare service providers be made aware of their responsibility to provide information. This should be built into their professional training from an early stage and age awareness training programmes should be extended to those who provide any health, social care and welfare services to older people.

33. The Council recommends that all service providers should recognise the need to integrate with other service providers to improve interdisciplinary team working and communication at individual team and inter-professional levels in order to improve the quality of information available to older people.

34. All service providers should familiarise themselves with both the major transition times that arise in later life and the information needs of older people at these particular transition times.

35. The Council again asserts the need for the establishment of Regional Advisory Panels and recommends that the function of the panels includes regular consultation with older people, their carers and organisations that represent them in order to regularly assess their information needs and to involve them in the planning, delivery and evaluation of services at local level.

36. In order for printed media to be effective and tailored to the needs of older people, the Council recommends that issues such as print size, contrast, elimination of jargon, literacy proofing and age proofing of documents be addressed

37. The Council recommends that the results of this study should inform the media that will be used in providing the comprehensive information services as proposed in the National Health Strategy (Department of Health, 2001). In addition, the Council recommends that new national distribution strategies of printed information relating to various health, social care and welfare services be further developed by the Department of Health, Department of Social and Family Affairs, Department of the Environment and Local Government to ensure that the information about the services that they provide reaches older people.

38. The Council recommends that all organisations representing the interests of older people be targeted by these distribution strategies as there is anecdotal evidence to suggest that the availability of important printed material relating to older people, such as "Entitlements for the Over Sixties" (Comhairle, 2001), is not widely recognised.

39. The Council recommends that information provision be proactive and must also develop effectively outside of the realms of social networks.

40. The Council has proposed that County Development Boards are appropriate for a to examine and promote transport policy at county level particularly in light of their multi-agency and multi-sectoral representation (HeSSOP, 2001, p. 51) and reiterates this suggestion.

41. The Council recommends that the existence of the unrestricted free travel pass scheme be widely publicised so that older people who may be eligible will be encouraged and enabled to apply for it.

42. The Council recommends that at health board level, measures be adopted to standardise the application and delivery procedures for services and entitlements where appropriate. The Council also endorses the recommendation made by the Equality Authority (2002) that "the Department of Social and Family Affairs should build on its existing good practice in enhancing its consultations with older people and their organisations in relation to all aspects of their provision for older people, including rates of payment, conditions of schemes, means testing and the quality of service to the citizen" (p. 46). The Equality Authority (2002) also proposed that relevant staff in the Department should engage in age awareness training and that new information strategies be developed that target older people and the Council endorses this proposal.

43. The report has recommended that older people plan, as far as possible, for important transitions in later life and the Council endorses this recommendation.

44. In the past, the Council has acknowledged the valuable work being performed by the Retirement Planning Council of Ireland and again recommends that retirement planning courses be publicised, their subject matter broadened (to address a wider range of issues relevant to older people) and that they be made widely available so that people are actively encouraged to participate in them and to plan for their futures.

45, The Council is currently developing its Healthy Ageing Programme to promote the health and autonomy of older people in Ireland and recommends that the measures that are proposed by this Programme be adopted by health boards and disseminated to older people at a local, regional and national level to encourage them to become actively involved in improving their own health status.

46. The Council welcomes the forthcoming National Health Information Strategy and recommends that its launch be accompanied by a national publicity campaign to alert the public to the potential of this Strategy to support them in making decisions about their own health. A partnership approach must be adopted, in particular, with health care professionals who should endeavour to ensure that they provide medical information that is easily understood by older people.

47. The Council recommends that significant investment in the provision of long-term care options for older people be initiated. The Council has made recommendations with regard to sheltered housing and social housing in the HeSSOP report (Garavan et al., 2001) and reiterates these recommendations. In addition, older people must also be made aware that these long-term care options do not solely relate to residential care (state-run nursing home, private nursing home, residential home) but can also relate to long-term care in the community. The role of organisations such as the Irish Council for Social Housing and the National Association of Building Co-operatives will be invaluable in this regard and the Council recommends that the services that they provide be widely publicised.

48. The Council also recommends that older people be encouraged to plan for their long-term care and to make their wishes known to their loved ones.

49. The Council recommends that the proposal made in the National Health Strategy (Department of Health, 2001) in relation to the appointment of key workers for vulnerable older people be accommodated by and introduced within the proposed Primary Care Team implementation projects, between forty and sixty of which will be in place by the end of 2006.

50. The Council welcomes the proposals made in the National Health Strategy (Department of Health, 2001) to introduce an integrated subvention scheme and recommends that when this scheme is firmly established, that there be a publicity campaign to raise awareness about it among older people, their carers and the organisations that represent them.

51. In numerous reports (Ruddle et al, 1997, Layte et al, 1999;Garavan et al, 2001;Delaney et al, 2001) the Council has recommended that services such as community paramedical services, home helps, meals-on-wheels and day care centres should be designated as core services, underpinned by legislation and funding and the Council again reiterates this recommendation.

52. The Council recommends that health, social care and welfare service providers be more proactive and make themselves visible and accessible to older people who have experienced bereavement. The Council recommends that all relevant service providers in a given area develop an integrated information strategy for helping older people to cope with the death of a spouse, friend or family member.

53. The Action Plan has recommended that older people should be made aware of the benefits and the availability of bereavement counselling and the Council endorses this recommendation.

54. The Council recommends that the benefits of enrolling with a Primary Care Team be widely publicised by the Department of Health. In launching such a campaign, the Council also recommends that the findings of this report should inform how and where information about the Primary Care Strategy (Department of Health, 2001) and Primary Care Teams will be presented to older people.

55. The Council has recommended in the past (Fahey and Russell, 2001) that the benefits and value of lifelong learning for older people should be publicised and that measures be put in place to ensure that they are enabled to take part in training and education programmes. The Council reiterates this recommendation and, specifically in relation to improving literacy skills, endorses the recommendation made by the Equality Authority (2002) that the proposed increase of learners in receipt of tuition by the adult education system from 13,000 to 18,000 (Learning for Life, Department of Education, 2000) should include older people on an equal basis.

56. The Council recommends that suitable, accessible and affordable IT classes with a one-to-one approach to learning and a person-centred ethos be further developed to enable older people to enhance their capabilities to access information through this medium. The Council recommends that in promoting IT for the provision of information that the gap between the IT haves and have-nots does not widen.

One of the aims of government policy with respect to older people as described in *The Years Ahead* (Working Party on Services for the Elderly, 1988) is to enable them to remain in dignity and independence at home in their own communities for as long as is possible or practicable. When older people can no longer remain in their own homes or in the community, the aim of government policy is to ensure that a high quality of hospital and residential care will be provided for them. The realisation of these aims depends, among other things, on the availability of an array of services to support the care of older people in their own communities or in a long-term residential setting. However, the existence of adequate services, though vital, is not an assurance that older people will be able to fulfill their needs and preferences. They must possess information relating to what service options are available to them so that they can make informed decisions and be directed to the service that is most appropriate to their needs.

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The need to improve information provision for older people has been asserted by the Council in numerous reports in the past, namely *A Review of the Implementation of the Recommendations of The Years Ahead* (Ruddle *et al.,*1997); *Health and Social Services for Older People* (HeSSOP) (Garavan *et al.,* 2001); *Care and Case Management for Older People in Ireland* (Delaney *et al,* 2001) and *Older People's Preferences for Employment and Retirement* (Fahey and Russell, 2001)). The rationale for improving information provision to older people is based on the recognition of a need to reorient services more towards the consumer. This reorientation of services, the roots of which can be found in the *Strategic Management Initiative* which was launched in 1994 and policy documents such *Shaping a Healthier Future* (Department of Health, 1994) is one of the cornerstones of the new National Health Strategy, *Quality and Fairness – A Health System for You* (Department of Health and Children, 2001). In the past, various national health strategies have been guided by the principles of equity, quality and accountability. These principles have guided the development of the latest strategy with the addition of the principle of people-centredness.

Quality and Fairness – A Health System for You (Department of Health, 2001) has proposed that the fulfilment of the principle of people-centredness will result in a health system in the future that "encourages you to have your say, listens to you, and ensures that your views are taken into account" (p. 80). A person-centred health system requires that consumers have access to high quality information on

health and social services that will enable them to participate in decisions relating to their own health. In this way it is proposed that readily available information will stimulate informed choice and self-help.

The importance of information to an individual's participation in decision-making with a view to improving his or her own health status has been supported by an attempt to promote a more democratic approach to the consultation of consumers in decision-making processes. The *HeSSOP* study (Garavan *et al.,* 2001) noted that though the rhetoric of reorienting services toward the consumer had found its way into policy documents, a limited consumerist approach was ultimately adopted. A democratic model of consultation was proposed as an alternative, one that was "empowering and capable of strengthening people's commitment to a better health and social system while increasing their own sense of control over their lives" (p. 54). The Council endorsed this view and therefore welcomes the current health strategy's adoption of this approach to involving the consumer of health and social care services in how these services will be planned, evaluated and delivered.

A key component of the democratic approach to consumer involvement is the provision of accessible high quality information. This will allow consumers to become involved in the planning, delivery and evaluation of health, social care and welfare services and will also inform their decision-making with regard to the services that are most suited to their needs. Both information providers and seekers of information will have to ensure that they develop their capabilities to adopt these roles efficiently and effectively.

The Council's comments and recommendations are divided into two sections. The first section introduces the Action Plan for Meeting the Health, Social Care and Welfare Services Information Needs of Older People. The second section details measures that should be adopted in the short to medium term which will help to develop both the capabilities of older people as seekers and users of information and the capacity of information providers to deliver information efficiently and effectively.

Older People and the Organisations that Represent them as Part of the Policy Making Process

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From the outset, the Council recommends that a clear information policy adapted to the needs of older people should be devised on the basis of the findings of this research. Older people, carers and the organisations that represent them (for example, the Senior Citizen's Parliament, the Carer's Association of Ireland) should play a leading role in the development of this policy and policy-makers should encourage their participation in this process. In addition, "older people must insist that the necessary changes in policy-making structures and attitudes are brought into effect" *(Implementing Equality for Older People, Equality Authority,* 2002, p. 28). Finally, older people, carers and the organisations that represent them should be directly involved in the evaluation of the measures proposed by the Action Plan. The Action Plan has been designed to meet the needs of older people and therefore they should be consulted at all stages of implementation to ensure that it is delivering what it has set out to achieve.

The Action Plan has as its main focus the older information seeker and proposes that effective information provision should be driven from the 'bottom up' rather then from the 'top down' i.e. information should be consumer rather than producer driven. It proposes that information provision should be a proactive process rather than a passive one. Older people and their information needs must be placed at the heart of the information-giving relationship and the providers of information must actively engage with older people to ensure that they have the information that they require. The Plan accommodates both the older person who can access information independently and the older person who may experience difficulties in accessing information for reasons that are detailed in the report. In order to accommodate the needs and abilities of both types of older person, the Action Plan has a core element that is relevant and applicable to both groups with an added dimension tailored to meet the needs of the vulnerable older information seeker. The Plan also makes recommendations with regard to current national gateways to information and to local information gateways.

National Information Gateways – Oasis

In relation to national information gateways, the Council recommends the development of a national pool of information (pooled from statutory, voluntary and independent providers) that is specifically tailored to meet the needs of older people. The OASIS database, that is maintained and up-dated by Comhairle, currently acts as such a pool of information for the general population. This website provides information relevant to general transition times or life events that apply to people of different ages. **Therefore, the Council recommends that Comhairle uses its expertise to adapt the current OASIS website to one that is more relevant to older people. This report, has for the first time, described the transition times considered as being the most important to older people and the Council recommends that these transition times should inform adaptations to the website. In addition, it is recommended that regular consultation with older people and organisations that represent them at national, regional and local levels be conducted to ensure that all significant transition times are accommodated by the website.**

It is envisaged that this adapted database will play a vital role in enabling service providers and older people to access information themselves. However, in order to make maximum use of the database, it will be vital that its existence is widely recognised. **Therefore, the Council recommends that all providers of services (information or otherwise) to older people be made aware of the existence of this specially adapted national information database. A national publicity campaign, funded by the Department of Social and Family Affairs and launched by Comhairle, is recommended in this regard.**

Local Information Gateways

With regard to local information gateways, the Action Plan has proposed that the Citizens' Information Centre (CIC) should be the driver of information provision for older people. The CIC's main source of information, the Citizens' Information Database (CID) is also maintained and developed by Comhairle. Presently, the CID, is not integrated with the OASIS database and there is evidence to suggest that the

OASIS database is used little by the CICs. **The Council understands that work in respect of integrating the two databases is ongoing and it recommends that information provision for older people at local level is based around transition times or life events that are of particular importance to them.** This will result in a more effective, efficient and targeted provision of information for older people.

The Action Plan proposes the CIC as being the engine to drive information provision for older people at local level. At the moment, there are eighty-five CICs in existence throughout the country. **In order to lay the foundations for the development of the Action Plan and to enable these centers to maximise their potential, the Council recommends that the number of CICs should be increased and that, where required, the content of the information they provide should be developed to meet the specialist information needs of older people.** These measures would effectively result in a network of one-stop-shops established throughout the country. This is consistent with recommendations made in the health strategy that one-stop-shops would be set up by health boards and resourced by Comhairle for the purposes of information provision (*Quality and Fairness,* 2001, p. 78). **The Council proposes that instead of the health boards setting up their own one-stop-shops and adding another layer of bureaucracy to the current information provision structure, they use the resources that would have been allocated to this development to help to resource the network of CICs to enable them to fulfill the role as envisaged in the Action Plan.**

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Resourcing Critical Information Providers for Older People

The Action Plan indicates that, at certain transition times, older people use specific service providers to obtain the information that they require, namely:

● general practitioners

● public health nurses

● informal social networks

● local Community Welfare Offices.

None of these service providers can possibly have all of the information that an older person may require at certain transition times. However, in order to be in a position to provide older people with the information that they will require, these service providers will need to be aware of, and encouraged to use, both national and local information gateways. **With regard to the national information gateway OASIS, it is recommended that that all providers of services (information or otherwise) for older people be made aware of the existence of the adapted OASIS database. The Council reiterates this recommendation particularly with regard to the aforementioned service providers who were identified in the study as being key information providers to older people.** With regard to local information gateways, the Action Plan suggests that these service providers be additionally resourced by the local CIC with to direct the older person to where he or she may find the information needed, whether that be the CIC itself or another person or organisation.

The Council recommends that strong links between the CIC and these service providers be developed to ensure that each party is aware of the services the others provide. The Council also recommends that the CICs be aware of and make available informative material relevant to older people to these service providers. *Entitlements for the Over Sixties* produced by Comhairle and the Guide to Social Welfare Services (SW4) produced by the Department of Social and Family Affairs are examples of comprehensive and comprehensible information particularly suited to the needs of older people. **In addition, the Action Plan proposes that the services of the CICs should be advertised in GP's surgeries, community welfare offices, libraries, churches and other places frequented by older people so that they will be enabled and empowered to adopt the information seeking role themselves. The Council endorses this recommendation.** The Council also notes that though it is vital that the services of the CIC be advertised in locations identified as being used by older people when seeking information, it also recommends that a much wider publicity campaign be launched that will target a variety of settings used by the public in general, given the importance that has been placed on informal social networks for the provision of information. Therefore, the Council recommends that, following the establishment of CICs as the main provider of information to older people at local level, a national publicity campaign be launched by Comhairle which would inform the general population of the services provided by CICs.

Information Provision for those who have Difficulty Accessing Information Themselves

As stated earlier, the report considers the older person who can access information alone and the older person who may, for a number of reasons, find it difficult to access information without some form of assistance. Older people who might experience difficulties in meeting their information needs include:

- disabled/sick people

- those lacking social skills

- the poorly educated

- those lacking access to information services

- those living in isolation.

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In relation to this group, the critical contact people mentioned in the report (GPs, PHNs, Social Welfare Officer, informal social networks) will play a vital role in assisting the vulnerable information seeker and should be resourced to do so as recommended earlier. The *HeSSOP* report (Garavan *et al.,* 2001) noted that the second most frequently sought support by carers in Ireland was information and advice on health and social services and welfare entitlements. Carers also wanted to be able to access information about long-term prognosis and treatment options related to the medical condition of the person that they were caring for. **The Equality Authority (2002) has recommended that there should be information provision in relation to the particular needs of the carers of older people and the Council endorses this recommendation.**

The critical contact person for the vulnerable information seeker may also depend on his or her medical or social care needs at a particular time. For example, an older person who may need physiotherapy will probably rely on a physiotherapist for finding other information for them. This raises the importance of ensuring that all service providers are aware of the pathways to finding information and also of the role of the Oasis database and the CICs in this regard. In addition, the older people and the service providers who were interviewed for this study felt very strongly that an outreach service was required to meet their information needs. **In**

this context, the Action Plan proposes that the CICs should employ an Outreach Information Officer to provide an outreach service and the Council endorses this proposal. This post should be a full-time one dedicated to providing information services to older people in particular and may be adopted by an existing member of staff in the CIC. This Outreach Information Officer will be employed by the CIC and trained by Comhairle.

The Outreach Information Officer's first task will be to identify older people who may not be able to access information by themselves. This is a task that is fraught with difficulties. **The Council has made recommendations in relation to the need to establish some formal mechanism for the identification of vulnerable older people (Delaney *et al.,* 2001) and this is relevant in the context of identifying older people who may experience difficulty in accessing information themselves.** (During the preparation of this report it was recommended that the use of existing 'at-risk registers' should be addressed and this is an area that will be returned to later in the document.)

The Action Plan proposes that the Outreach Information Officer be assisted by a panel of volunteers in order to provide the outreach service. (These volunteers are called 'advocates' in the report. However, concern was expressed during the preparation of this report with regard to the use of this term to describe them. Therefore, for the remainder of this document, they will be referred to as information volunteers.) **The Council recommends that the information volunteers be recruited from long established, respected and trusted voluntary organisations within a specific area and, in particular, from local organisations (such as the Carers' Association) or self-help groups that work with older people (such as the Summerhill Third Age Centre, which already recruits older volunteers to staff its Help Line)** The information volunteers must undergo training to make them aware of information pathways and enhance their communication skills in order to build up a trusting relationship with the older people for whom they are seeking the required information. This should be facilitated by the one-to-one contact that will characterise how information will be provided by this service, one of the most preferred means of presentation for older people. This establishment of trust is of critical importance with regard to older people who may require sensitive information and ultimately will be vital to the success of the Outreach Information Service.

The Action Plan outlines how the recruitment and supervision of information volunteers would be conducted by the Outreach Information

Officer. Volunteers will be trained by Comhairle, which currently trains employees of CICs and the Council endorses this recommendation. Another advantage of using members of voluntary organisations as information volunteers is that they will be in a position to act as a resource for the members of their own organisations, thus casting the net wider in terms of those who will have access to information specific to older people. Some reservations have been expressed about the future of volunteering in Ireland with pessimistic predictions in relation to the numbers that will be engaged in this activity. **However, the National Health Strategy (Department of Health, 2001) has proposed that "community and voluntary activity will be supported" in relation to older people specifically through the adoption of "programmes to foster voluntarism and community responsiveness to local needs" (p. 151) and the Council endorses this proposal. The Council further recommends that these programmes be targeted at the recruitment of older volunteers to adopt the information volunteer's role.**

Preferred Media for Information Dissemination

In addition to one-to-one contact, the Plan also outlines other media that are preferred by older people in the delivery of information. The Council recommends that the CICs pay particular attention to these findings when providing information and conducting their advertising campaigns. For example, older people have stated that they prefer information conveyed in printed form. **The Council recommends that the CICs ensure that any printed material advertising their service or providing information about other services will be distributed to the information providers that have been identified in this study as being used most often by older people. In addition, it is recommended that the CICs ensure that their printed material is both literacy and age proofed.** Ideally, this process should be informed by older people themselves through piloting relevant printed material in order to get feedback from them on areas such as; presentation, writing style e.g. print, layout, clarity and usefulness of material (Health Promotion Service, 2001.) These measures will ensure that the information reaches it target audience. **Local radio was also favoured by the older people who were interviewed for the study and it is recommended that the CICs use this medium to advertise the service that they provide. The Council also recommends that the CICs**

develop and resource a specific slot on radio, during peak listening time, to provide information to older people. This method of information was considered as being particularly important for those older people who may live in rural, isolated areas.

The telephone was another commonly used medium for finding information. While telephone contact with formal service providers was not rated highly, consultations during the preparation of the report highlighted the invaluable work currently being conducted by the Senior Help Line. This service is manned by older volunteers and provides a lifeline to older people in general, and lonely people in particular, and their information service is a growing part of the array of services that they provide over the telephone. The Help Line is unique in that it is accessible at "out of office" hours. **Therefore, the Council recommends that the Senior Help Line be expanded and developed to enhance its information provision role and that CICs develop strong links with it to ensure that Help Line Volunteers can direct older people to their service as appropriate.** The Senior Help Line should itself be resourced with information relating to transition times for older people so that they can direct older people to the services that they need or to the people who have the information that they require.

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Consultations during the preparation of this report also proposed the development of a designated section in national telephone directories that would provide contact numbers of relevant information or service providers for older people. The Council endorses this proposal and recommends that the service finder facility on the OASIS database be used as the basis for the organisation of this material in telephone directories. Independent directories that detail services within a defined geographical area should also contain such a section and the CICs, as local information gateways, would be ideally suited to resource this development.

Establishment of Critical Links

The Council recommends that CICs develop critical links with agencies representing older people and those who provide services to them at national, regional and local levels. This would have the added effect of ensuring that the information that the CICs have in relation to these organisations is up-to-

date and that these agencies would be aware themselves, and be in a position to make others aware, of the services provided in the CICs. Close liaison and co-ordination with government service agencies, to be established under the current Programme for Government, will also be particularly important.

As well as providing the outreach service to older people who may experience difficulties in accessing information, the Council recommends that the Outreach Information Officer will also act as a bridge between the CICs and the local community to ensure that information about the CIC will reach its target audience. In this regard, the Outreach Officer would be in direct contact with GPs, PHNs, Community Welfare Offices, the Senior Help Line, organisations that represent the interests of older people, voluntary organisations, community groups, partnership companies, Primary Care Teams, long-stay care institutions, hospitals, and independent providers of information. This liaison will also ensure that the Outreach Information Officer can make the CIC aware of any changes in local structures or service provision for older people so that the information service provided by the CIC is kept up-to-date.

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User Involvement in the Development of the Action Plan

User involvement in the planning and delivery of information is a key factor (Browne, 1999) **and the Council recommends that citizens and communities should play an active part in analysing and identifying their own information needs. In this regard, the Council recommends that the Outreach Information Officer ensures that a regular assessment of the information needs of older people is conducted through the establishment of regional advisory panels (these will be discussed in detail at a later stage in this document), listening days, consumer panels and from feedback from the CICs in terms of the information requirements of their older clients.** The results of these assessments of information needs will be fed back to the CICs and Comhairle to ensure that the information service and the integrated OASIS and Citizen's Information Database is kept up-to-date and remains consumer driven. The Outreach Information Officer will also organise and publicise information days given by various local service providers (such as the Gardai, the fire service, the CIC) to raise awareness about the services that they provide.

It has also been noted (Browne, 1999) that the development of information capability is a key component of information provision and that a key role for information services is to promote the need for all citizens, groups and communities to develop their capacity to acquire and use information for themselves. **The Council recommends that the Outreach Information Officer should assist older people in developing their information capabilities by, for example;**

- **highlighting the importance of planning for the transition times that are relevant to older people**

- **demonstrating the information pathways that can be used to find specific information**

- **working in close collaboration with local initiatives that aim to enhance older people's literacy and ICT skills with the aim of demonstrating how these skills can be used to access information**

- **encouraging older people and the organisations that represent their interests to take part in the assessment of information needs thereby empowering them to become active participants in how services are planned, delivered and evaluated.**

Though the Action Plan concentrates on developing the role of the OASIS database and the CIC and on the introduction of an Outreach Information Officer to enhance the provision of information to older people, the Council recommends that measures designed to improve information provision for older people will not be solely focused on these information engines. The Council believes that all information/service providers must develop their own capabilities to provide information more effectively to older people and similarly it proposes that older people should be encouraged to develop their own capacity to access and use information more efficiently.

Adoption of Principles to Enhance Provision of Information to Older People

It has been proposed that the provision of information should be governed by a clearly articulated policy in respect of the nature and quality of provision and that such a policy should include, among other things, a statement of underlying principles (Browne, 1999). The underlying philosophy of information provision can be expressed through a number of principles that should guide the planning, co-ordination and delivery of health, social care and welfare service information to older people. **The Council recommends that these principles be adopted to inform the development of health, social care and welfare service information provision for older people at a local, regional and national level throughout Ireland.** The principles of the information provision are that it should:

- promote an anti-ageist philosophy

- promote privacy and confidentiality

- be characterised by a non-judgemental approach

- be person-focussed

- facilitate choice

- facilitate empowerment

- help to build the information capability of the older person

- promote partnership and facilitate integrated information provision at a local level

- encourage user involvement in the planning and delivery of services.

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Training of Information Providers

The Action Plan has proposed that appropriate training for information providers is crucial. The Council endorses this proposal and recommends that the principles underpinning information provision as described above be adopted as the basis for any training programmes developed for information holders/providers. Such training should equip information providers with the information management and communication skills that they require. Communication skills are considered as being particularly important and the findings of the study suggest that age awareness training should be an integral part of training programmes for information providers. The Equality Authority (2002) has also recommended that providers of services for older people should engage in age awareness training (p. 50). Quality and Fairness (2001) has proposed that an independent Health Information and Quality Authority will be established in 2002 (p. 132) and that one of this Authority's functions should be to promote education, training and skills development for information staff. **The Council welcomes the establishment of this Authority and recommends that it be the mechanism through which training (and specifically age awareness training) for information providers/holders dealing with older people should be developed. The Council also recommends that Comhairle develop close links with this Authority to ensure that the training provided by Comhairle to the staff of CICs and that provided by the Authority will be standardised.**

The Need for an Information Dimension to the Provision of all Health, Social Care and Welfare Services

The report has highlighted that the information providers/holders that are most commonly used by older people are GPs, PHNs, informal social networks and Community Welfare Officers. However, many services are included under the umbrella term of health, social care and welfare services. If older people are to become partners in their own care, as is intended by the National Health Strategy (Department of Health, 2001), they should be able to make informed decisions in relation to their own care and therefore they should be made aware of all the services that are available to them as their needs and preferences change. This implies, in addition to widely publicising the sources and points of information referred to in the report such as the CICs, Social Welfare Offices, the Senior Help Line, Post Offices and the Oasis website, that all service providers should adopt an information provision role so that they can direct older people to the services most appropriate to their needs. **In this regard, the Council recommends that all**

health, social care and welfare service providers be made aware of their responsibility to provide information. This should be built into their professional training from an early stage and age awareness training programmes should be extended to those who provide any health, social care and welfare services to older people.

Co-ordination of (Information) Services

Numerous Council reports have referred to the fragmentation of services and poor communication between service sectors and individual providers that characterise the Irish health, social care and welfare system (see for example Delaney et al., 2001, p. 18). One of the factors identified as being an obstacle to the integration of services in Quality and Fairness (2001) was the "type and number of organisations (within the system) with inadequate linkages between them" (p. 49). If information provision is to be "timely, appropriate, accurate, responsive and comprehensive" as intended by this National Health Strategy, then the establishment of linkages between service providers will be critical. **The Council recommends that all service providers will recognise the need to integrate with other service providers to improve interdisciplinary team working and communication at individual team and inter-professional levels.** It has been proposed that the Department of Health will work with the relevant professional bodies and teaching institutions to adapt training programmes so that the professions are brought more closely together from an early part of their training (Department of Health, 2001, p. 119) and the Council endorses this proposal. The Council welcomes the Primary Care Strategy (Department of Health, 2001) and hopes that the structures that it proposes (multi-disciplinary teams, ultimately operating from a one-stop-shop type setting) will enhance the integration of service providers at a local level and the quality of information that older people will receive as a result.

Assessment of Information Needs

Information holders/providers should familiarise themselves with both the major transition times that arise in later life and the information needs of older people at these particular transition times. In addition, it has been suggested that the assessment of information needs, rather than being a one-off exercise, must be carried out regularly through, for example, listening days, consumer panels and focus groups.

The composition and purpose of Advisory Committees on the Elderly have been refined since The Years Ahead (Department of Health, 1988), and in the HeSSOP

report (Garavan et al., (2001)), the Council recommended that the role of these Committees be reviewed and extended to incorporate the function of consulting with older people and the organisations that represent them. The National Health Strategy (Department of Health, 2001) has proposed that "regional advisory panels/co-ordinating committees (including service providers and consumers) will be established in all health board areas for older consumers in order to provide them with a voice" (p. 150). T**he Council endorses this proposal and recommends that the function of the panels includes regular consultation with older people, their carers and organisations that represent them in order to regularly assess their information needs and to involve them in the planning, delivery and evaluation of services at local level.** The Council proposes that this will ensure that the provision of information is user rather than producer driven. In addition, if older people play an active role in identifying their own information needs, this is likely "to focus attention on the particular needs of specific groups, communities or geographical areas that may be disadvantaged in regard to access to information" (Browne, 1999, p. 19)

Effective Communication of Information

Effective communication of information depends on the appropriate training of information providers and on the type of media used in its conveyance. According to the older people interviewed for the study, printed material was the most preferred medium used in information provision. **In order for printed media to be effective and tailored to the needs of older people, the Council recommends that issues such as print size, contrast, elimination of jargon, literacy proofing and age proofing of documents be addressed.** Quality and Fairness (Department of Health, 2001) has also stressed the need to tailor information to the particular needs of vulnerable groups, such as older people. To this end, the Strategy has proposed that "a variety of media will be used by all service providers in order to provide comprehensive information services" (p. 78). **The Council recommends that the results of this study should inform the media that will be used in providing the comprehensive information services as proposed in the Strategy. In addition, the Council recommends that new national distribution strategies of printed information relating to various health, social care and welfare services be further developed by the Department of Health, Department of Social and Family Affairs, Department of the Environment and Local Government to ensure that the information about the services that they provide reaches older people.** These strategies should build on the findings of this report which provide direction with regard to the

information that older people want at particular transition times, the information providers most commonly used by older people at these times, the most appropriate means of presenting information and where the information should be distributed to reach older people. **In addition, the Council recommends that all organisations representing the interests of older people be targeted by these distribution strategies as there is anecdotal evidence to suggest that the availability of important printed material relating to older people, such as "Entitlements for the Over Sixties" (Comhairle, 2001), is not widely recognised.**

A few further factors must be considered in this context. Social networks form another important source of information for older people. However, a dependence on social networks for the provision of information requires that information must be customised to the needs of **all** groups as well as to the needs of older people. Furthermore, not too much emphasis should be placed on family and friends for providing information as these traditional routes for information dissemination are slowly disappearing due to such things as marriage breakdown, movement away from family, home town for work or education etc. T**he Council recommends that information provision needs to be proactive and must also develop effectively outside of the realms of social networks.**

As already noted, local radio was found to be an effective means of conveying information to older people. It was suggested that local radio could be a particularly important means of information provision in rural areas where older people may have difficulty accessing public transport making it difficult to reach information holders/providers. **The Council reiterates the recommendation that local radio stations be resourced to develop a special slot each week during peak listenership which would provide information about services and resources available locally.** As mentioned earlier, the availability of transport is a significant factor in determining whether older people will be able to access the information and the services that they require. The HeSSOP (Garavan *et al.,* 2001) report stated that "transport has long been identified as a difficulty for older people" and that "Council recommendations (since 1986) for a co-ordinated policy for rural transport services under the auspices of local authorities" had yet to be acted upon (p. 50). The Council welcomes the establishment of the Inter-Departmental Committee on Rural Transport which is at present considering issues relating to the availability of transport services in rural areas and which will report towards the end of the year. **The Council has proposed that County Development Boards are appropriate for a to examine and promote transport policy at county level**

particularly in light of their multi-agency and multi-sectoral representation (HeSSOP, 2001, p. 51) and reiterates this suggestion.

In addition, the Council has recommended that the restriction of the free travel scheme to off-peak hours should be reviewed to accommodate, in particular, older people attending hospitals for appointments that fall within restricted peak times. The Council welcomes the submission that has been made by the Department of Social and Family Affairs to the Department of Health and Children requesting that this issue be examined by that Department and the Health Boards with a view to introducing more convenient and flexible appointments for free travel pass holders. The Council also notes that in exceptional or extenuating circumstances where hospital appointments cannot be arranged outside of peak travel times, the Department of Social and Family Affairs can issue a temporary, unrestricted free travel pass which may be valid for up to six months. The Department has advised that requests for such passes can only be considered on a case-by-case basis and that they are only granted in very exceptional circumstances. **The Council recommends that the existence of the unrestricted free travel pass scheme be widely publicised so that older people who may be eligible will be encouraged and enabled to apply for it".**

Finally, in relation to the effective communication of information, anecdotal evidence suggests that there are layers of bureaucracy involved in accessing information relating to eligibility for health, social care and welfare services and entitlements. This was also recognised in the National Health Strategy (Department of Health, 2001) which stated "that people have difficulties in obtaining timely, appropriate and user-friendly information about entitlements and how to access services" (p. 74). This phenomenon was also confirmed by the present study where both the older people and the information holders/providers who were interviewed acknowledged the difficulties involved in obtaining information on entitlements and in obtaining the actual entitlements themselves, a direct example of how lack of information about service availability precludes access to services. Again, these difficulties were reported as being due to the complexity and associated bureaucracy of the health, social care and welfare systems. The Council welcomes the proposal in the National Health Strategy (Department of Health, 2001) that legislation will be introduced to provide clear statutory provisions on entitlement. It also welcomes the recent review of the medical card scheme that was commissioned by the CEOs of the health boards to ensure an improved, open and consistent framework for assessing eligibility for medical cards in all parts of the country. **The Council recommends that at health board level, measures be**

adopted to standardise the application and delivery procedures for services and entitlements where appropriate. Finally, the Council endorses the recommendation made by the Equality Authority (2002) that "the Department of Social and Family Affairs should build on its existing good practice in enhancing its consultations with older people and their organisations in relation to all aspects of their provision for older people, including rates of payment, conditions of schemes, means testing and the quality of service to the citizen" (p. 46). The Equality Authority (2002) also proposed that relevant staff in the Department should engage in age awareness training and that new information strategies be developed that target older people and the Council endorses this proposal.

Developing Information Capabilities – Information Seekers

Everybody has an information capacity - an ability to access and to use information (Browne, 1999). This includes older people who have a responsibility to ensure that they develop their own capabilities as seekers of information.

Developing Information Capabilities through Planning for Transition Times in Later Life

The National Health Strategy (Department of Health, 2001) has proposed that "individuals and families will be supported and encouraged to be involved in the management of their own care" (p. 80). A key to managing one's own care is being able to make plans for the future. **The report has recommended that older people plan, as far as possible, for important transitions in later life and the Council endorses this recommendation.** Planning will allow older people to build their information capabilities by becoming familiar with information pathways at a steady rate before, or even during, the expected life transition. In relation to unexpected events, a person who has made preparations for another life event will be more aware of the correct information pathways to travel to find the information that he or she requires. Therefore planning for life events helps to build information capabilities both directly and indirectly.

Planning for Retirement, Pension Age

The Action Plan has recommended that people must be alert to the need to plan for retirement and the Council endorses this recommendation. Retirement, reaching pension age, is usually accompanied by many changes (psychological, social, emotional and monetary). Some people look forward to the prospect of retirement and accessing their pension rights so as to pursue other opportunities and retreat from the demands of the workplace (Fahey and Russell, 2001, p. 3). In contrast, others may experience retirement in terms of a loss of social contact and a reduction in weekly income. It is recognised that planning for this event will smooth the transition and enhance the quality of life experienced in post-retirement years. **In the past, the Council has acknowledged the valuable work being performed by the Retirement Planning Council of Ireland and again recommends that retirement planning courses be publicised, their subject matter broadened (to address a wider range of issues relevant to older people) and that they be made widely available so that people are actively encouraged to participate in them and to plan for their futures.** Consultations during the preparation of this report also suggested that a Retirement Planning Forum with representation from IBEC, ICTU, ICA, IFA could be another avenue for raising awareness of the need for retirement planning. It was also suggested that particular attention must also be focussed on the partners of people who had recently retired, especially those who may have been engaged in home duties for the most part of their lives. Retirement planning courses that have traditionally been offered to those in employment must be extended to accommodate the needs and preferences of the partners of retirees. Again, consultations during the preparation of this report proposed that seminars organised by CICs, for example, could be a forum in which relevant information could be provided with regard to health promotion, pension arrangements and financial management, planning for long-term care of oneself or partner and social activities and organisations in the locality etc.

Planning for Illness/Disability

The onset of illness and disability cannot normally be predicted, but there are certain measures that can be adopted to limit their effects in later life. The ability to live healthily is influenced by, among other things, the information that one receives on how to live healthily. Quality and Fairness (Department of Health, 2001) proposes that "the health system must focus on providing individuals with the information an support that they need to make informed health choices"(p. 16).

Health promotion is not just for younger people. For older people its aim is to prolong the period of healthy ageing experienced by them and to encourage their full and active participation in society. Health promotion at an individual level provides older people with the information and skills that will assist them in making good decisions in relation to their health status.

The Council has, in the past, highlighted the need for better information provision on a range of issues relevant to health education and promotion among older people. It welcomes the emphasis that has been placed on health promotion for older people in Ireland over the past decade, such as in *Shaping a Healthier Future* (Department of Health, 1995) and *Adding Years to Life and Life to Years* (Department of Health, 1998). **The Council is currently developing its Healthy Ageing Programme to promote the health and autonomy of older people in Ireland and recommends that the measures that are proposed by this Programme be adopted by health boards and disseminated to older people at a local, regional and national level to encourage them to become actively involved in improving their own health status. 888888**

Health promotion and the information needed to make educated health choices are essential to the prevention of illness. Older people may also need certain information if/when they actually become ill. According to the briefing paper on the National Health Information Strategy (forthcoming), having health information will allow people to recognise whether they are ill or not and what they should do if they feel ill. The public needs such information to:

● understand the nature of symptoms, illnesses and prognoses

● understand and follow advice and treatment given

● know about entitlements

● know about locally available services

● determine if a given GP or hospital is of an appropriate quality.

It is envisaged that the forthcoming National Health Information Strategy will ensure that the information that older people require to make decisions relating to their own health or illness will be readily accessible, comprehensive and easily

understood, with medical jargon kept to a minimum. **The Council welcomes the forthcoming National Health Information Strategy and recommends that its launch be accompanied by a national publicity campaign to alert the public to the potential of this Strategy to support them in making decisions about their own health. A partnership approach must be adopted, in particular, with health care professionals who should endeavour to ensure that they provide medical information that is easily understood by older people.**

Planning for Moving From Home for Extended Care

The HeSSOP report (Garavan et al., 2001) noted that seventy-six percent of respondents had never discussed their preferences for long-term care with their families or other people that they trusted. Given the fact that this transition time was identified as an important one in later life, it is surprising that so few planned for it. With regard to one aspect of long-term care, residential care, research has shown that preparation for this event can be important to a healthy transition for many older people (Brearly et al., 1980). The HeSSOP study (Garavan et al., 2001) also noted that one of the reasons for not planning for long-term care was because "information about various options available to older people are lacking" (p. 208).

It was noted that the older people who were interviewed during the preparation of this report focussed exclusively on moving to a nursing home when they were asked about moving from home for extended care. This may be an indictment of the invisibility or the unavailability of other long-term care options. It highlights that information is a necessary but not a sufficient condition for older people being able to act on choices made about their needs and preferences – the services to back up the provision of information must also exist. **The Council recommends that significant investment in the provision of long-term care options for older people be initiated. The Council has made recommendations with regard to sheltered housing and social housing in the HeSSOP report (Garavan** et al., **2001) and reiterates these recommendations. In addition, older people must also be made aware that these long-term care options do not solely relate to residential care (state-run nursing home, private nursing home, residential home) but can also relate to long-term care in the community. The role of organisations such as the Irish Council for Social Housing and the National Association of Building Co-operatives will be invaluable in this regard and the Council recommends that the services that they provide be widely publicised.**

The Council also recommends that older people be encouraged to plan for their long-term care and to make their wishes known to their loved ones. Formal mechanisms for encouraging older people and their families to plan for the long-term care of the older person may be required and this is particularly important given the fact that declining numbers of tradition carers (family members) are predicted for the medium to long term (Ruddle *et al.,* 1997). The role carers can play in this regard is critical and it is vital that those caring for older people on the margins of home and residential care can access the necessary information to direct the person that they are caring for to the services that are most appropriate to their needs and wishes. In addition, the Council has recommended, in numerous reports since 1992, the establishment of Care and Case Management as a method for the planning, co-ordination and delivery of services for vulnerable older people on the margins of home and residential care (see Delaney *et al.,* 2001 for example). The Case Manager will play a vital role in providing older people with information regarding long-term care options thereby building their capacity to plan for this event. The Council welcomes proposals that have been made in the National Health Strategy (Department of Health, 2001) that a "key worker" will be appointed to older people on the margins of home and residential care and that Care Planning will become a consistent feature of the health system. **This is the essence of Care and Case Management and the Council recommends that these planned measures be accommodated by and introduced within the proposed Primary Care Team implementation projects, between forty and sixty of which will be in place by the end of 2006.**

Proposals have been made in *Quality and Fairness* (Department of Health, 2001) with regard to the introduction of 'an integrated care subvention scheme which maximises support for home care' (p. 150). The introduction of this scheme is intended to enable older people to remain in the community for as long as possible, which is consistent with the policy objectives of *The Years Ahead* (Working Party on Services for the Elderly, 1988). **The Council welcomes this development and recommends that when this scheme is firmly established, that there be a publicity campaign to raise awareness about it among older people, their carers and the organisations that represent them.**

However, the Council also feels that the issue of service availability in the community must be addressed before this scheme will achieve its aims. **In numerous reports (Ruddle *et al,* 1997, Layte *et al,* 1999;Garavan *et al,* 2001; Delaney *et al,* 2001) the Council has recommended that services**

such as community paramedical services, home helps, meals-on-wheels and day care centres should be designated as core services, underpinned by legislation and funding and the Council again reiterates this recommendation. In essence, this designation would ensure that the proposed integrated care subvention scheme would have the effect of enabling more older people to remain in their own communities because the necessary services would be available to them as of right.

Planning for Bereavement

Respondents were less sure about their information needs in relation to bereavement even though, in contrast to the other transition times, more of the respondents had either directly or indirectly experienced it. During the preparation of this report, serious concerns were raised in relation to the invisibility of the formal health and social service providers at this time. Service providers may presume that older people use informal social networks to provide them with the information that they need when bereaved. **However, as noted earlier, social networks should not be relied on solely and the Council recommends that health, social care and welfare service providers be more proactive and make themselves more visible and accessible to older people who have experienced bereavement. The Council recommends that all relevant service providers in a given area develop an integrated strategy for helping older people to cope with the death of a spouse, friend or family member. This strategy should detail the information that an older person will need and also the services that she or he will need. Older people should also be encouraged to make themselves aware of the information that they will require in the event of the bereavement of a loved one.**

The information holders/providers interviewed for this study also stressed that bereavement can cause serious psychological and physical problems for older people, including extreme loneliness, bad health and social isolation. **Based on feedback from service providers, the Action Plan has recommended that older people should be made aware of the benefits and the availability of bereavement counselling and the Council endorses this recommendation. The Council again proposes that the invaluable "listening ear" services offered by the Senior Help Line should be publicised, in particular with regard to the support that they can provide for those who have been recently bereaved.**

Developing the Capacity of Those Who May Not be Able to Access Information Themselves

The Action Plan proposes that there are two main ways in which the capacity of these information seekers to access information can be enhanced: increased personal contact and improvement in services and changes in attitudes. In terms of adopting a change of attitude, the issue of the need for training comes to the fore. An interesting finding that has emerged is that there is a perception that some service providers currently adopt a very closed attitude to older people which in the extreme could be considered as being quite judgemental. **Again, the Council recommends that age awareness training be an integral part of any training programme that is adopted by those providing not only information but any service to older people.**

There is a need for a way to identify and target older people who may experience difficulty accessing information. This concern was previously noted in the report *Care and Case Management for Older People in Ireland* (Delaney *et al.,* 2001). This study investigated the possibility of using at-risk registers for the purposes of identifying vulnerable older people on the margins between home and residential care. Reservations were expressed then, particularly in relation to issues of confidentiality regarding the at-risk register. Similar reservations were expressed during the preparation of this report. **However, the Council recommends that there be some formal mechanism established for identifying potential clients of health and social services.** It was noted during the preparation of this report that different service providers within a community are usually aware of the older people who may be in need of particular services. However, the lack of integration between services often results in a lack of shared information and a failure to identify those requiring particular assistance. **In this regard, the Council reasserts its recommendation for the establishment of a more integrated provision of services for older people and the sharing of information about clients between providers.**

The Council feels that the *Primary Care Strategy* (Department of Health, 2001) which has proposed that all individuals will be encouraged, but not required, to enrol with one Primary Care Team, and with a particular GP within a team, may be one formal mechanism through which vulnerable older people may be identified. It has been stressed that the "benefits of enrolling with a team will include better continuity of care, improved co-ordination of services, and more attention to preventative services" (Department of Health, 2001, p. 96). The Council feels that

the possibility of enrolling with a Primary Care Team will significantly increase the ability of service providers to identify potential clients. **However, in order to ensure maximum uptake of this invitation to enrol with a team, the Council recommends that the benefits of enrolling with a Primary Care Team be widely publicised by the Department of Health. The Council also recommends that the findings of this report should inform how and where information about the *Primary Care Strategy* (Department of Health, 2001) and Primary Care Teams will be presented to older people.** By enrolling with the Primary Care Team the older person who finds it difficult to access information themselves will be indirectly developing their information capability by enabling themselves to be identified by those who can provide information for them.

Older People Building their own Information Capabilities

The older people asked about the ways in which they felt that they could help themselves and other people in making sure that their information needs were met. Interestingly, many of their responses focussed on the need to be more vocal, to be more of a visible presence within the health, social care and welfare system and to ask more questions in order to keep abreast of relevant developments. At this point, it is worthwhile returning to the issue of the consumerist and democratic models of consultation as referred to in the introduction to this document as these models have a direct impact on how older people can represent themselves in decision-making processes. The HeSSOP report (Garavan et al., 2001) noted that "until recently, the bulk of efforts to involve consumers (in decision-making processes) worked within the consumerist model and the limitations of these strategies become very obvious to those involved" (p. 264). McIver and Skelcher (1997) have pointed out that, according to the consumerist model:

> *"Consumer involvement initiatives in both public and private sectors are largely dominated by providers who set the agenda and terms of reference ... Not only is this promoting a limited form of consumer involvement but also users know only too well that it means use of some services is restricted".*

The HeSSOP report (Garavan *et al.,* 2001) concluded that the democratic model of consumer involvement held out the promise of a shift in the balance of power from the provider to the consumer. The National Health Strategy (Department of Health,

2001) has adopted a democratic model of consumer involvement and the Council welcomes this development. Action 52 of this strategy (p. 81) has stated that "a provision will be made for the participation of the community in decisions about the delivery of health and personal social service". To this end it has been proposed that the following actions will be taken:

- initiatives will be taken to inform and to educate the public about the health system

- Regional Advisory Panels/Co-ordinating Committees will be established in all health board areas

- randomly selected consumer panels will be convened at regular intervals in each health board area to allow the public to have their say in health matters that concern them locally.

The Council recommends that these action points be made more specific to allow for the participation of older people and their organisations in decisions about the delivery of health and personal social services. This is consistent with statements that have been made by the United Nations Economic Commission for Europe recommending that the active participation of older people and their organisations in such processes be encouraged. This is also consistent with recommendations that have been made by the Equality Authority (2002) that "policy-makers must adjust their consultative processes to allow for the participation of older people and their organisations in mainstream policy-making, and in particular in areas where they have not been involved traditionally" (p. 27). **Therefore the Council recommends that older people and their organisations be involved in the action points of the health strategy that are listed above and that each of these action points be tailored to reflect the views of older people and the organisations that represent them.** It is proposed that these measures will empower the older consumer of health and social services to become more involved in how services (including information services) are developed, structured and delivered. In this way, older people will become more directly involved in their own care and the adoption of this democratic model of consumer involvement will help to enhance older people's capabilities in relation to seeking information.

The Action Plan noted that there are certain groups of older people who may experience difficulty accessing information for a variety of reasons. For example, it has been documented that older Irish people have one of the lowest levels of

literacy in Europe. Low literacy levels will have a direct implication for the effectiveness of printed material in communicating information. However, even for older people with very low levels of literacy, printed material may be used effectively if documents are literacy proofed and if very little jargon is used. *Quality and Fairness* (Department of Health, 2001) has proposed that "all available opportunities will be taken to raise awareness among at-risk groups by the wide dissemination of information leaflets at community level in the health service and other appropriate facilities. In addition to ensuring good coverage, a range of appropriate information leaflets will be developed for disadvantaged groups." (p. 78). **The Council recommends that the distribution strategy that was recommended earlier in this document be the basis for the dissemination of printed material to vulnerable/at risk groups.**

Older people with literacy difficulties should be encouraged to adopt measures to improve their literacy skills. **The Council has recommended in the past (Fahey and Russell, 2001) that the benefits and value of lifelong learning for older people should be publicised and that measures be put in place to ensure that they are enabled to take part in training and education programmes. The Council reiterates this recommendation and, specifically in relation to improving literacy skills, endorses the recommendation made by the Equality Authority (2002) that the proposed increase of learners in receipt of tuition by the adult education system from 13,000 to 18,000 (L*Ωi* Department of Education, 2000) should include older people on an equal basis. The Equality Authority (2002) has stated that this will require positive action supported by the establishment of targets and indicators for participation and outcomes for older people and the Council endorses this statement.**

It has been noted in the relevant literature that computer access among older people is increasing and that this medium is likely to play an important role in information provision in the future. There is currently a considerable public policy commitment to eGovernment. The National Health Strategy (Department of Health, 2001) has stated that the health and social care system is working with the eGovernment programme, including REACH which will ensure that the benefits from such developments are fully realised. It has also been proposed in this Strategy that "a variety of media, including information technology, will be used by all service providers to provide comprehensive information on services" (p. 78) In addition, a number of web-based information systems (OASIS and BASIS), part of the REACH Project, are currently being further developed by the government to provide information to citizens and to increase efficiency in the delivery of public services.

Though computer-based information provision was frequently rated as being 'poor' by the older people who took part in the study, a substantial number expressed an interest in finding out more about this method of information provision. Many barriers to utilising computers and the Internet have been identified for older people. In terms of building their capabilities to access information through computers, the present study found that a substantial number of older people stated that they would be willing to learn more about computers if suitable, accessible and affordable classes were available.

The Council supports the Equality Authority's recommendation (2001) that FAS, VECs and third level institutions should address the IT education, learning and training needs of older people. The Council welcomes the Equality Authority's suggestion that local authorities and health boards, working perhaps with third level institutions, should examine the possibility of providing software, such as voice recognition technology and video links, which would facilitate older people to utilise information technology. **The Council recommends that suitable, accessible and affordable IT classes with a one-to-one approach to learning and a person-centred ethos be further developed to enable older people to enhance their capabilities to access information through this medium.** The Council would also like to draw attention to the fact that, although there is increased emphasis on the role of IT in the provision of information, the older people in this study preferred one-to-one contact with service providers. **Therefore, the Council recommends that in promoting IT for the provision of information, that the preferences of older people in this regard are not ignored and the gap between the IT haves and have-nots does not widen.**

In conclusion, the Council believes that the adoption of the Action Plan to Meet the Health, Social Care and Welfare Services Information Needs of Older People and the measures that have been proposed to develop the information capabilities of both information holders/providers and information seekers will enable older people to truly become partners in their own care by enabling them to become part of the service planning, delivery and evaluation structure and by ensuring that they have the information necessary to allow them to make informed decisions with regard to their health, social care and welfare needs and preferences.

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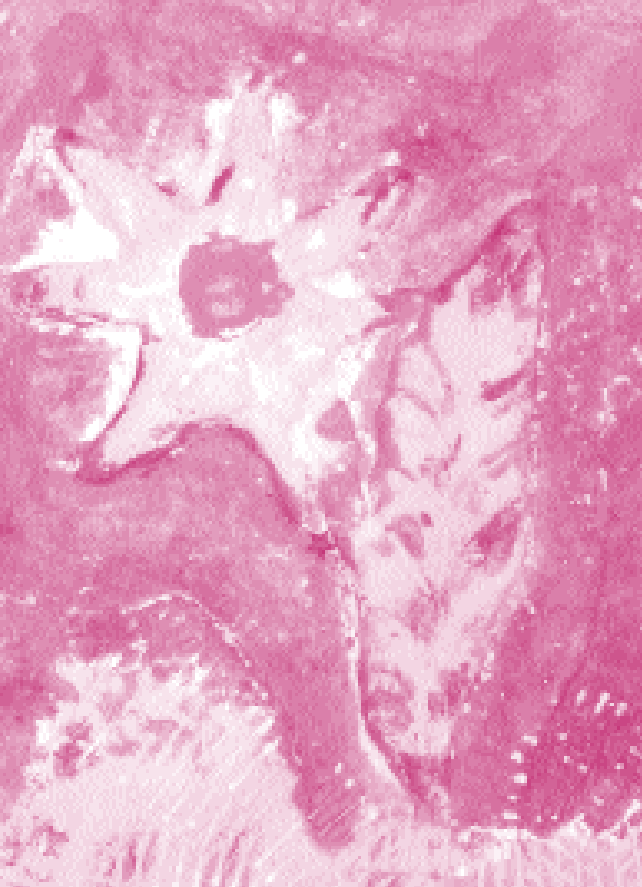
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Executive Summary

Executive Summary

Study Background

Older people's inaccessibility to services due to a lack of information is documented in *The Years Ahead Report: A Review of the Implementation of its Recommendations* (Ruddle *et al,* 1997). Service providers and representatives of voluntary agencies working with older people identified the lack of access to information as a serious impediment to equity. More recently, the HeSSOP study (Garavan *et al,* 2001), an evaluation of the health and social services from the perspective of older people, emphasised the need for further investigation into the information needs of this group. The inability to access appropriate information was seen as a significant barrier to health and social services.

The National Council on Ageing and Older People commissioned the Policy Research Centre at the National College of Ireland to conduct a study to further investigate the health, social care and welfare services information needs of older people.

Aims and Objectives

The overall objective of the study was the development of an Action Plan to meet the health, social care and welfare services information needs of older people.

To achieve this, there was a need to determine more precisely older people's health, social care and welfare services information needs and their preferences in relation to the means by which this information should be provided.

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The key aims of the study were to explore, through consultation with older people:

- the kinds of information needed in relation to health, social care and welfare services

- the most appropriate means of communicating the information needed

- the most effective points of access in providing the information.

Framework and Methods

The framework for the study was based on OASIS (Online Access to Services, Information and Support) which presents the information people need for particular events or key transition times in their lives. Based on our previous research with older people, four transition times were chosen as the most significant for this study:

- retiring/reaching pension age

- onset of illness or disability

- moving from home for increased care

- bereavement.

The study comprised two phases: the first involved a survey of the older users of health, social care and welfare services information and the second phase consisted of a consultation process with the providers/holders of the information in question. The first phase of the study involved face-to-face interviews with a sample of adults aged 65 years and older identified using the Economic and Social Research Institute's Monthly Consumer Survey. In total 196 individuals were identified and ninety-five subsequently took part in the study. In Phase II the focus was on the providers/holders of the information identified by older people as being of critical importance at different transition times. Four focus group sessions were conducted, one each concerned with the four transition times, covering rural and urban areas. Participants in the focus groups were identified through a variety of contacts established primarily through the members of the study's consultative committee.

The findings in this report outline the feedback obtained from older people with regard to the kinds of information they need at transition times in their lives.

Retirement/Reaching Pension Age

The perceived critical kinds of information needed at retirement/reaching pension age fall into three categories:

- preparation for retirement (for example, pre-retirement courses)

- entitlements/services (for example, pensions, medical cards and allowances)

- social/personal information (for example, hobbies/interests and health and emotional issues).

The information providers/holders most frequently used at this transition time include the Social Welfare Office, informal social networks, employers and the Revenue Commissioners. Information providers/ holders who were perceived as being in a position to give good advice and whose staff were perceived as helpful and efficient were the most likely to receive a '*good'* rating. '*Poor'* ratings were given where information providers/holders were perceived as lacking the appropriate information and training.

Onset of Illness or Disability

With regard to the onset of illness or disability, the perceived critical kinds of information needed fall into three categories:

- medical advice (for example, about illnesses and hospital waiting times)

- emergency situations (for example, emergency services)

- additional supports (for example, emotional support and aids and appliances).

The single most important information provider/holder used at this transition time was the GP. Other providers/holders included informal social networks, public health nurses and other health care workers. Citizens Information Centres and carers groups were not frequently used but were unanimously rated as good. GPs were

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rated highly because they were seen to be understanding and caring. (GPs also hold the older person's medical history and this was perceived as important.) As with the previous transition time, '*poor*' ratings were given where primarily information providers/holders were perceived as lacking the appropriate information and where staff were not adequately trained.

Moving from Home for Increased Care

The perceived critical kinds of information needed at the transition time of moving from home for increased care fall into three categories:

- general information (for example, how to apply to homes, cost of homes)

- information on standards and conditions (for example, policies and practices)

- help finding information (for example, advice on schemes and subsidies).

The information providers/holders most frequently used at this transition time included informal social networks, GPs, the PHNs and nursing homes and were rated highly. The GP and Public Health Nurse were rated highly because they were perceived as knowledgeable, caring and understanding. Informal social networks were perceived as providing the moral and emotional support that is needed at this time. Health boards, solicitors and the Community Welfare Officer were not frequently used but were also rated highly. '*Poor*' ratings were given where information providers/holders were perceived as unhelpful and unable to give time to older people.

Bereavement

Finally with regard to bereavement, the perceived critical kinds of information needed again fall into three categories:

- practical information (for example, how to manage the funeral arrangements)

- services available/entitlements (for example, pensions and entitlements)

- personal needs (for example, someone to talk to).

The information providers/holders most frequently used at this transition time included the clergy, undertakers, informal social networks and the GPs. All of these were almost uniformly regarded as '*good*' among those who used them. They were

perceived as being in a position to give good advice, support and practical help. '*Poor'* ratings were given where information providers/holders were perceived as impersonal or incapable of giving time to older people.

Feedback of Experience

Feedback has also been presented on older people's experiences of and attitudes towards different means of presentation of information and the factors that influence the effectiveness of these different means. The top four means of presenting information used by older people include print media, informal communication with personal contacts, radio, and television programmes. The least used means were audiotape, videotape and the Internet. Face-to-face communication with professionals, telephone help lines and meetings were not frequently used but were rated highly among those who did use them.

The report also presents the feedback from older people with regard to their own resources and capabilities for information seeking and their views on the factors that may cause certain older people to be vulnerable and in need of particular consideration. The latter included disabled/sick people, people lacking social skills, people with a poor education, people who lack access to information and people in isolated circumstances. When asked if anything could help these people the suggestions fell into three categories:

- personal contact (for example, having a social worker or home help call)

- improvement in services (for example, a one-stop-shop, friendlier services)

- changes in attitudes (for example, specific training for personnel).

The older people in this study felt that more information, more personal contact, more financial support and additional technology (for example, help lines) would improve their circumstances and make it easier for them to get the information they need.

Finally, one-third of the older people said they had access to or owned a computer, yet most of them said they had little (18 percent) or no (65 percent) experience with computers. Of the older people in this study who said they had little or no experience, less than half said they would be willing to learn something about computers.

Proposal for Action

The overall focus of the study was the development of an Action Plan for effective practice in information provision for older people. A framework for action has been developed using the feedback from the key players, that is the older people themselves and information providers/holders. The Action Plan is people-centred and takes account of the preferences and concerns of the particular group of consumers involved. It is acknowledged from the outset that, although the Action Plan is built on structures that to a certain extent are already in place, both a reorientation of existing services and resources and additional investment will be required to ensure that this proposal for action becomes a reality. It will take time to implement and evaluate. The Action Plan is presented in the context of policies concerned with older people, which emphasise living in the community with dignity and independence, health promotion, social inclusion and social engagement and consumer participation.

Finally, the Action Plan outlines:

- a framework for considering the information needs of older people

- structures for addressing those information needs — one for independent older information seekers and one for older people who need assistance in meeting their needs

- a set of principles to govern the relationship between information seeker and information provider.

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Chapter 1

Background and Context

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1.1 Introduction

1.1.2   Definition of Terms

This study is concerned with the health, social care and welfare service information needs of older people. For the purposes of the study, the term "older people" is defined as persons aged 65 years and over. There is a general consensus that many older people can expect decades of good health, vitality and comfort with the result that the age group 55—85 — the "third age" — has been referred to as the "crown of life". It is usually when people enter the "fourth age", 85 years and onwards, that they are likely to become more care dependent (TUE-Institute for Gerontechnology, 1999, p. 58). However, a long-term, comprehensive and preventative perspective on health and welfare precludes limiting the definition of older people in the present context to those over 85 years of age. In addition, the age of 65 years retains significance as a boundary between young and old because, in most employments, retirement is compulsory before or at 65 years of age and this is also the age when some age-related social welfare benefits become available. Therefore, in the context of developing a positive, comprehensive and practical definition of "older people" for the purposes of this study, the age of 65 seems to be a reasonable and pragmatic boundary between young and old.

Health has been defined as "a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, quoted in *Quality and Fairness,* Department of Health and Children, 2001), and therefore health services are those that aim to maintain or restore this state. High quality information on illnesses and services available to restore health are required to enable older people to make informed health choices and direct them to the services most appropriate to their needs. In the context of the maintenance of good health, health promotion is a crucial concept. In the view of the World Health

Organisation (1985) health promotion is the process of enabling people to increase control over, and to improve, their own health status. The objective of health promotion for older people is not only about prolonging the period of healthy ageing experienced by most people in the age group and encouraging full and active participation in society, but is also about lessening the effects of illness or disability among those already ill (National Council on Ageing and Older People, 1998). In the Action Plans set out by the National Council on Ageing and Older People (NCAOP) for each of the four target areas in the health promotion strategy *Adding Years to Life and Life to Years* (1998), the provision of information is considered to be an important element. In addition, the recent National Health Strategy (2001) proposed that an individual's ability to pursue good health is influenced by, among other things, his or her access to information: "with the proper information and support, they can control many factors which influence their health and take greater personal responsibility for their own health and well-being" (p. 16).

Social care (as distinct from nursing or medical care) refers to the care that is given to people who are experiencing age-associated disease or disability (Convery, 2001a) and social care services are those which assist older people with activities of daily living. The need for such services is usually concentrated among people who are in their 80s or older. However, while the prevalence of such needs increases significantly with ageing, the majority of older people can remain active and independent when provided with social care services that fulfil their needs and preferences. The aim of government policy with respect to older people is to enable them to remain at home for as long as possible and the provision of such social care services is crucial to the realisation of this objective. Information about these services is required, once again, to direct older people to the services that are most appropriate to their needs and which help them to adhere to their preference to remain at home for as long as is possible.

Social welfare refers to social security and is primarily concerned with the financial and material elements of income maintenance. The aim of the provision of social welfare payments is to ensure that there is a certain level of income below which no citizen of the State will fall. For older people in particular, social welfare services cover a range of income supports, such as the provision for illness/disability, widowhood, retirement and old age.

1.2.1 Information Provision and Reorienting Services Towards the Consumer

In recent years policy documents have emphasised that the user of services is a consumer and has various consumer rights. These rights include both the right to information about services and the right to choice between services available. *The Strategic Management Initiative* (1994) took significant steps in an effort to reorient services towards the consumer by outlining five principles for the delivery of quality services which place the customer at the heart of the service planning and delivery process. These principles are:

- consultation with, and participation by, customers on a structured basis

- the provision of quality information and advice to customers

- the provision of reasonable choice in relation to delivery of services

- the establishment of provisions for the measurement of customer satisfaction

- the provision of a system of complaints and redress.

The policy document, *Shaping a Healthier Future* (Department of Health, 1994), also emphasised a reorientation of health and social care services towards the consumer. One way for achieving this was "to ensure that detailed and accurate information is available when required" (Department of Health, 1994). The National Economic and Social Forum (1995) also emphasised that the delivery of quality social services depends on consultation with and participation by consumers in service planning and delivery. The provision of information, advice and choice in relation to the services that are available and the opportunity for both access to services and redress are also crucial in the delivery of such services.

The *HeSSOP* report (Garavan *et al,* 2001) noted that although the rhetoric of consumer involvement and consultation in the planning and delivery of services had made its way into policy documents, the impact of consumer involvement to date has been limited. There are two different models of consumer involvement — the consumerist model and the democratic model (Beresford, 1997). The consumerist model is defined as being service-centred and encourages the consumer to provide feedback through various forms of consultation. However, ultimately, the

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service/organisation decides if and how the feedback from the consumer of the service will be used. In contrast, the democratic model is seen as one that gives more power to the individual/consumer as they become directly involved in decision-making and planning process relating to service provision. It has been stated that this model of consumer involvement/consultation is the more empowering of the two because it ensures consumers a voice in the provision of services (McIver and Skelker, 1997 quoted in *HeSSOP*, 2001).

The National Health Strategy, *Quality and Fairness – A Health System for You* (Department of Health and Children, 2001) proposes the adoption of this democratic approach to the involvement of the consumer in terms of how the health service will be planned and delivered over the next seven to ten years. The development of this Strategy has been guided by four principles. Three of these — equity, quality, accountability — were emphasised in the previous Strategy. In order to reorient the health system more towards the consumer, the additional principle of person-centredness has been added. It is proposed that a person-centred health system will support and empower people, will guarantee that consumers have a say in how services are delivered and will ensure that their views are taken into account. Significant importance is attached to information provision in achieving this vision. In this regard, the Strategy has proposed that "the health system must focus on providing individuals with the information and support they need to make informed health choices" (p.20). Under the Goal of Fair Access, one of the actions outlined is concerned with improving availability of information on entitlements by, among other things, the production of updated *Guides to Services*. In providing improved information, it is intended that increasing use will be made of information technology and of alternative media and communication channels in order to make contact with hard-to-reach groups. Through the provision of accurate, timely, accessible, comprehensive and appropriate information, people will be empowered to make choices in relation to their own health and thereby become partners in their own care.

1.2.2 Information and Stay-at-Home Policy

Since the publication of *The Years Ahead* (1988), government policy for the care of older people has consistently supported the principle that they should be enabled to remain in their own homes with dignity and independence for as long as possible or practicable. When such is no longer the case, it is proposed that older people should be provided with the highest quality hospital or residential care. These principles have been reiterated in Department of Health (1994) and in Ruddle *et al,* (1997).

A study conducted among older people themselves confirmed that it was their own preference to continue living at home and to be cared for as appropriate in that environment (Garavan *et al,* 2001a). To do so, they need access to services and such access is crucially dependent on having information about the services that are in existence, how to avail of them and how they may be of assistance to them. A prerequisite for independence is choice, and the decisions that can be made by an older person are determined by whether the information about various services is available and comprehensive, accessible, up-to-date and accurate. The importance that is placed on the availability of information and choice has been noted in other countries. For example, the National Service Framework for Older People (known as the NSF) developed by the Department of Health in the United Kingdom, (2001) states that the provision of social care services should enable individuals/consumers to make choices about their own care. The framework recognises that accessible, up-to-date information is essential to enable older people to make choices in this regard.

The potential for older people to remain living in their own homes for as long as possible is determined to a great extent by the availability of family care. The degree of caring provided by family members of older people has been demonstrated by O'Shea (2000) who estimated that 97,500 households in Ireland contained a carer who was looking after a person aged 65 or over that either lived with the carer or in another house. Many carers of older people are elderly themselves, with the line between carer and the cared for often becoming blurred. Such findings suggest the importance of recognising carers as both users and providers of information about health, social care and welfare services.

One of the main kinds of support most frequently sought by carers in Ireland is information and advice on health and social services and on welfare entitlements (O'Shea and Hughes, 1994). Carers also want information about the long-term prognosis and treatment options related to the medical condition of the person for whom they care. Information is seen as a relatively low cost method of providing support and would diminish the burden of care for carers (Ruddle *et al,* 1997).

1.2.3 Information and Care and Case Management

The health, social care and welfare regime in Ireland has been characterised as a pluralist one in which many services are provided by private, statutory and voluntary organisations. While pluralism has advantages it can suffer from co-ordination problems. Convery (2001a) observed that inadequate co-ordination

different health board programmes, between different sectors of the "mixed economy of care" and health and housing authorities has resulted in the fragmentation of services, poor communication between different providers and uneven provision of services. Browne (1999) noted that the lack of integration within and between services, both statutory and independent, is a source of much confusion for the public trying to access services.

In various reports since 1992, the National Council on Ageing and Older People has recommended Care and Case Management as the basis for the co-ordinated planning and delivery of health and social services for vulnerable older people on the margins of home and residential care (Browne, 1992; Ruddle *et al,* 1997; O'Shea and O'Reilly 1999; Garavan *et al,* 2001a). Care Management is the process of service co-ordination and planning at management level. Case Management is defined as the development of individually tailored Care Plans, with a person-centred and multi-disciplinary focus, delivered through a Case Manager or team. In a recent study (Delaney *et al,* 2001) older people themselves expressed the belief that the implementation of Care and Case Management as a model of service delivery would ensure that their preference for remaining in their own homes would become a reality.

The latter study again confirmed that most service providers and older people themselves believe that information about health and social care service is hard to access, sometimes not available at all and not disseminated proactively. The report noted that appropriate information provision was a prerequisite to ensure that Care and Case Management was a truly inclusive and person-centred approach to the planning, co-ordination and delivery of health and social services.

1.2.4 Information and Long-term Residential Care

When older people can no longer be maintained in dignity and independence in their own homes, the aim of government policy is "to provide a high quality of hospital and residential care" (Ruddle *et al,* 1988). Garavan *et al,* (2001a) noted that many of the older people interviewed about their long-term care preferences rated residential care as the least favourable option. In addition, many of the respondents (76 percent) had not discussed their preferences for long-term care with their family or with somebody else that they trusted. More importantly, in the context of the present study, it was noted that a significant barrier to making plans for long-term care was the unavailability of the requisite information to allow them to make informed choices. If long-term residential care is to become an acceptable option for

those who can no longer be maintained in the community, information in relation to all aspects of this care option must be made available. The provision of this information will have the effect of enabling older people to plan ahead for their long-term care and thus ensure that their wishes are respected.

1.2.5 Information and Health Board Policy for Older People

The emphasis of national health policy has been on a reorientation of services towards the consumer supported by the provision of information. This has been influential in policy formulation at regional level with health boards becoming increasingly aware of the importance of information provision to older consumers. For example, the Midland Health Board in its *Action Plan for Health and Social Gain for the Elderly* (1997), following consultation with older people, carer representatives and voluntary organisations, highlighted the need for information on eligibility criteria and entitlements to services. Service providers consulted on the needs of older people in the region also emphasised the need for improved information on services. The South Eastern Health Board, in its strategy for older persons, *Towards the Golden Years* (1998), specifically identified information services as a core element in a spectrum of services for older people. The board's stated objective is to provide an easy, accessible, user-friendly and customer-focused information service to older people. The North Western Health Board's *Strategy for Health and Social Gain for Older People* (1998) highlighted the needs identified by older people in the region for "better information and knowledge about services that enable them to remain in their own homes" and "improved eligibility criteria and entitlements for services". The Strategy noted that information services must be "user orientated and take account of user satisfaction and participation".

The (former) Eastern Health Board's[1] 10 Year *Action Plan for Services for Older Persons* (1999) emphasised the need for greater efforts to make information services for older people available, noting that a comprehensive guide to services for older persons was in preparation. The Southern Health Board's *Ageing with Confidence Strategy* (1999) noted "information, or more appropriately the lack of it, is one of the major issues which affect our older people in all settings".

1.2.6 Information and Social Inclusion

In 1999 the International Federation on Ageing (which included among its members the National Council on Ageing and Older People) called on the United Nations in the Montreal Declaration to encourage its member states to adopt a national plan on

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1   Now the Eastern Regional Health Authority.

ageing to promote the social inclusion of older people. Consistent with this and with the government's *National Development Plan* 2000-2006 (1999) and *Programme for Prosperity and Fairness* (2000), the National Council on Ageing and Older People has recommended that the government develop and implement a comprehensive policy for the social inclusion of older people (Loftus, 2001). The NCAOP has also proposed that a comprehensive policy on the social inclusion of older people must take account of issues such as housing, employment and income. In addition, it proposes that such a policy must also be concerned with the continued development of appropriate, efficient and inclusive health and social care services. Convery (2001b) noted that access to information on health and social care services was one of the barriers to social inclusion.

The literature has identified specific groups of people as being disadvantaged with regard to access to information. These include older people, people with literacy and/or learning difficulties, people living in poor or undeveloped areas of high unemployment, people with disabilities and people in isolated rural areas (Browne, 1999). It has also been noted that although the concept of inclusiveness has been emphasised in recent policy documents, it is not clear if the groups mentioned above are being actively included in the information provision process. This is particularly important in relation to the use of information technology and communicatons (ICT) in the provision of information.

An increasingly important determinant of social inclusion is access to, and the ability to make use of the new tools made available by the information society. There is a general consensus that there exists a 'digital divide'. It is crucial that developments in relation to the provision of information using ICT ensure that the divide between 'information haves' and 'information have-nots' is not exaggerated. In its 1999 report, the Irish Information Society Commission emphasised that by its very definition an Information Society must be an inclusive one:

> "The main challenge is to provide everybody the same opportunity to learn about and to use information and communication technology. It is essential that we avoid compounding problems of social deprivation by creating a new under-skilled, under-class. In fact, groups such as the unemployed, people with disabilities and older people have potentially the most to gain from new technology" (Information Society Commission, 1999).

It has been proposed that "account needs to be taken of the fact that some people

because of economic, physical, social, educational, geographical or other reasons do not have equality of access to modern communications technology" (Browne, 1999). The First Report on Economic and Social Cohesion (European Commission, 1996) emphasised that groups, such as older people, facing a high risk of exclusion must be actively incorporated into the information society and their particular needs must be analysed and better understood before major policy actions are launched.

Harris (1996) observed that the information society was unlikely to be socially inclusive unless the issue of capability was addressed. Elements of the Action Plan for implementing the information society in Ireland address some information technology needs of older people directly and indirectly. It is proposed that ICT applications will have design standards to address the needs of older people and people with disabilities. Provision for the needs of persons with a disability in website design under the Quality Customer Service Component of the Strategic Management Initiative (1994) will also benefit older users and their advisers. Likewise, the provision of computer facilities and training to community and voluntary organisations by the Department of Social and Family Affairs, and the availability of computers in libraries and other public places, could benefit older people and their representatives and advocates (Information Society Commission, 1999). (For further discussion on technology and ageing see Appendix A.)

The Department of Public Enterprise has established the CAIT (Community Application of Information Technologies) programme. Its aim is to make access to and usage of both the ICT more inclusive. By providing funding to voluntary and community groups which are not familiar with new technologies, including groups of older people, it is intended that barriers to participation will be eroded. The CAIT programme is now in its second round (March 2002 to December 2002).

It has been noted that ICT will not necessarily lead to a more democratic system simply because it will result in greater availability of information. Meaningful user involvement at this level requires that users contribute to decisions about what information is collected, how it is collected and what it is used for (McLaughlin, 1999).

1.3.1 Accessibility of Information

Convery (2001b) noted that in Ireland little is known about older people's access to and use of information about health and social services. In the *HeSSOP* (2001) study most respondents (69 percent) felt it would be easy to obtain the information that was required about how to access health or social services, while 14 percent felt it would be difficult or very difficult to do so. There were no differences with respect to age or gender in relation to the above findings (Garavan *et al,* 2001b). However, the proportions of older people citing embarrassment as the reason for not using services such as meals-on-wheels or home help may indicate that the concept of health and social service information that has been adopted by many older people is too narrowly defined. This suggests the critical role that more information about health and social care services could play.

It is important to note that insufficient information can make it difficult or impossible to know one's information needs. Significant proportions of all adults in Ireland reported difficulties in obtaining information from a number of different sources, for example, voluntary bodies (5 percent), health boards (18 percent), local authorities (20 percent), and government departments (29 percent) (Behaviour and Attitudes, 2000). A study of citizens' pathways to information, carried out on behalf of Comhairle, indicated that only a small proportion of respondents started and finished their information search in the same location. Most of them had either previously visited one or more centres in search for information or were going on to visit other services for this purpose (Ralaheen, 2000).

Convery (2001b) identified two factors that reduced older people's ability to access information. These were the fragmented nature of service provision (which makes it difficult for consumers to have full knowledge of what services are available and which of them are most appropriate) and the absence of community social work services for older people (which accentuates this difficulty).

1.3.2 The Importance of Information for Older People

Friel *et al,* (1999) reported that in stating their requirements for better health, nearly one quarter (22 percent) of people aged 55 years and older felt that better health information was necessary for them to be able to improve their own health. Ruddle *et al,* (1997) noted that organisations, representing different interests of

older people, cited lack of appropriate information services as one of the major deficits in the health and social care system, with specific regard to the care of older people. It was reported that services were often inaccessible because of a lack of appropriate information and advice. To further compound this problem, it was noted that older people do not know where to look for the information and the care they need (Ruddle *et al,* 1997).

1.3.3 Preferred Media

Some international research has found that personal contact is the preferred source of health information for older people (Health Canada, 1999; Scottish Consumer Council, 1997). Its importance in the provision of information has also been noted in similar studies that have been conducted in Ireland. The *HeSSOP* study (Garavan *et al,* 2001) noted that most respondents (79 percent) indicated that their own GP was their preferred source of information on health and social care services, while a further 15 percent favoured other health care providers. Friel *et al,* (1999) found that 75 percent of the respondents in their study relied on their GP for health information, while family and friends were an important source of information for 25 percent. Other important sources of information in the *HeSSOP* study (2001) were characterised by the personal contact involved between the source and the recipient.

Older people have also demonstrated a preference for different types of mass media in the dissemination of information. The *HeSSOP* study (2001) noted that 20 percent of respondents referred to TV, radio or other media as being frequently used in order to receive information on health and social care services. Friel *et al,* (1999) also found that the mass media were important sources of health information for one-third of those aged 55 and over surveyed in the study. Older people, consulted by the North Western Health Board, identified local media, radio and newspapers, and a single access point as the most suitable media for the dissemination of health promotion information (North Western Health Board, 1998).

It has been reported that older people are less likely to use IT or the Internet. In 1998 it was estimated that only 1 percent of people over 65 in Ireland had access to the Internet (Information Society Commission, 1998). Two years later, people 65 years and older accounted for 1 percent only of early adopters of new technology. Those least likely to have received computer training were people in rural areas who were not working and aged over 50. Many people, particularly older and less well-off people, felt that the information society was not relevant to them. However, a

study conducted in April/May 2001 found that 5 percent of 65—74 year olds were using the Internet compared with the January/February 2000 survey in which none were using it (Amarach Consulting, 2000—2001). The *HeSSOP* study (2001) found that the computer was little used by older people for obtaining information, and the Internet was included among the 'unusual sources' cited (Garavan *et al,* 2001a). The Information Society Commission identified older people as one of the groups disadvantaged in terms of access to information and communication technologies and as one of the groups who are not familiar with and who do not use these new technologies (Information Society Commission, 2000). (Challenges that can arise for older people using different kinds of media are outlined in the tables in Appendix B.)

1.4 Communication

1.4.1 Perspectives on Analysis of Communication

Communication can be analysed from many perspectives: the various elements comprising any communication (McGuire, 1973), the relationships between those involved in communication (Leane and Sapouna, 1998), and equity considerations and developmental potential of communicants (Browne, 1999; Bowen, 1989). Another approach emphasises that more actors are involved in communication than the sender and receiver of a message. According to the multi-stage model, a communication can have several stages trickling down through several levels of receivers. Some members of a community act as relay stations, sending on messages received to others down the chain of communication. Even the message receivers in the lowest level are often active participants in the communication, evaluating and testing the message, alone or with others.

It has been suggested that when providing information, the development of information capability is a key consideration. The "recipient" of information has an information capacity, and this capacity to acquire and use information is crucial in terms of equality of access (Browne, 1999). This suggests that a developmental perspective focusing on potential and capabilities should inform information provision and communication with older people and, where relevant, their carers. Bowen (1989) identifies two models of information provision — the linear model and the interactive or process model. In the former model the emphasis is placed on the ability of the receiver to understand the information. In the latter model the receiver engages and interacts with the information and develops information capability accordingly.

The concept of choice, in turn related to information capability, is also important in information provision. Provision of information to citizens about their services is the responsibility of statutory service providers. However, in addition to this, the concept of choice suggests that people should have opportunities to receive independent information on their rights and entitlements, and be enabled and supported to pursue those rights (Browne, 1999).

1.4.2 Challenges to Communicating with Older People

Reflecting limited access to educational opportunities when they were young, the documentary literacy levels of older people in Ireland are low. Documentary literacy relates to "the ability to locate and use information from documents such as job applications, payroll forms, transportation schedules, maps, tables and graphs" (Department of Education, 2000). (See Appendix C for a brief summary of the levels of literacy.) Nearly one half (44 percent) of people in the 56—65 age group are at Level 1 of documentary literacy, 29 percent are at Level 2, 22 percent are at Level 3 and only a small percentage (5 percent) are at Level 4 or 5 (Department of Education, 2000). These findings, given that the literacy levels of people over 65 years of age are unlikely to be better, have significant implications for information provision and access to services for older Irish people. Where printed material, or any other medium requiring literacy skills, is used in conveying information to older people, there are implications for how the message should be structured and delivered in order for it to be effective.

Poor literacy levels can affect people's health directly by limiting their personal, social and cultural development, as well as hindering the development of health literacy (WHO, 1998). The issue of health literacy, which is connected with general levels of literacy, can be a barrier for older people in effectively accessing information. Health literacy refers to the cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand and use information in ways that promote and maintain good health. The traditional definition of health literacy is an individual's capacity to read and comprehend medical information and instructions. However, there is growing support for the proposition that by facilitating access to information, health literacy enables individuals to make informed choices, to influence events and to exert greater control over their lives (Nutbeam, 1999). In this way, health literacy is seen as being critical to empowerment. Health literacy implies that information must be presented in a way that enables older people and their carers to understand the nature of symptoms, illnesses and prognosis and health care professionals must ensure that older people are able to follow any advice and treatment given.

1.4.3 Changes with Ageing

Other challenges in communicating with older people arise from the various sensory, cognitive and other physical changes associated with ageing that can affect an older person's ability to access information. Most of the changes occur gradually, if at all, and there is considerable variation in both the timing and the severity of the changes.

1.4.3.1 Sensory Changes

Hearing impairment in older people is very common and increases with age; it is estimated that about 60 percent of persons over 70 years are affected (National Council on Ageing and Older People, 1998). Information providers/holders need to bear in mind that an older person with diminishing hearing acuity may have difficulty accessing information presented through interpersonal communication, public address systems, telephone, television and radio. In respect of hearing, reference would be made to absolute thresholds for pure tones, sound localisation and speech understanding under degraded and non-degraded conditions (Corso, 1992). Similarly, a person with diminishing visual acuity may have difficulty accessing information presented in print form, through television and machine screens, through glossy brochures and pictures and small-print labeling.

1.4.3.2 Physical Changes

Physical changes in ageing include reductions in flexibility, strength, fine motor control and hand-eye co-ordination. These changes can result in difficulties when manipulating controls and small objects and have implications for the use of touchtone telephone buttons, keyboards and keypads, coin operated devices and household appliances (Health Canada, 1999). Fahey and Murray (1994) found that the majority of their 65—69 year old respondents did not report any functional disabilities. However, with regard to those over 80 years of age, only 37 percent of women and 29 percent of men reported that they did not suffer from any form of functional disability.

1.4.3.3 Changes in Cognitive Functioning

Changes in cognitive functioning, including impaired memory, reasoning and abstract thinking, affect a very small percentage of older people, though the proportion affected increases with age.

Speed of information processing is the crucial cognitive difference between younger and older people. Throughout their lives people can continue to acquire new knowledge improve their skills and extend their vocabularies. Even in old age people are quite able to use this store of knowledge, and can score higher than younger people on tasks requiring extensive stores of information and establishing relations between pieces of information. In tasks where speed of processing is necessary, younger people can often be both faster and more accurate than older people. However, when given more processing time, older people can attain the same level of accuracy (TUE-Institute for Gerontechnology, 1999). (For further discussion on changes in cognitive functioning see Appendix D.)

1.5 Sources and Methods for Organising Information Provision

Information for older people has four main sources:

- the statutory sector

- the independent or voluntary sector

- the private sector

- the informal sector — families and friends.

1.5.1 Statutory Providers

Comhairle is the national agency responsible for the provision of information, advice, support and advocacy in respect of social services. It was set up in June 2000†and combines all aspects of†the work of the National Social Service Board and the relevant information functions of the National Rehabilitation Board. As a statutory agency, Comhairle is within the remit of the Department of Social and Family Affairs. It includes among its activities the provision of a comprehensive Citizens' Information Database (CID), developing, funding, and supporting Citizens' Information Centres, and providing training and supports for other information services. Other relevant statutory providers of information include the Department of Social and Family Affairs, the Department of Health and Children (including the Health Promotion Unit), the Department of Justice, Equality and Law Reform, the health boards and local authorities.

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1.5.2 Independent Providers and Volunteers

Relevant providers of independent information services include Citizens' Information Centres and Money Advice and Budgeting Services (MABS). Other voluntary and community organisations that include a significant information provision dimension in their work include organisations focused on older people and on people with disabilities, Area Partnership Companies and various single issue organisations.

Voluntary organisations make a significant contribution to the welfare of older people in Ireland. It was estimated in 1992 that approximately 28,000 members of voluntary organisations provided some kind of service, social or material, to one quarter of all people in the state over the age of 65 (Mulvihill, 1993). In 1997/98 it was estimated that 1 percent of the adult population (approximately 29,000 in 1996) were involved in information provision as members of voluntary organisations (Ruddle and Mulvihill, 1999).

The contribution that older people can make to other older people in terms of advice, information and communication is significant. The presence and participation of older people in any care giving setting is important for other older people (Hansen and Platz, 1997). In Ireland many older people are active members of self-help/mutual-help, or philanthropic, voluntary organisations. In 1997/98 nearly one third (31 percent) of people in the age group 60—69 engaged in voluntary activities either as members of groups or informally, and 19 percent of people 70 years or over did. This compared with 33 percent of all adults (Ruddle and Mulvihill, 1999).

1.5.3 Family Members

The level of contact between older and younger family members has implications for the latter as providers and seekers of information. Contact with close kin (children, grandchildren and siblings) among older people in Ireland is high. On average people over 65 have approximately seven close kin living within ten miles and three quarters of them have face-to-face contact with relatives on at least a weekly basis. More than a fifth (22 percent) of people in Ireland aged over 65 are single (1991 Census); they have smaller numbers of close kin and less than one living within ten miles. While those who never married have less face-to-face contact with relatives than others, more than half of them have at least weekly contact with relatives (Fahey and Murray, 1994).

1.5.4 Methods of Organising Information

Methods for organising information provision include:

- social centres/social events

- Citizens' Information Centres

- one-stop-shops

- first-stop-shops

- help lines

- printed material and ancillary media

- outreach services

- Internet based communication strategies.

Some of these methods will be discussed further here.

1.5.4.1 Social Centres/Social Events

In *The Years Ahead* report it was recommended that, as far as possible, health education should be integrated with the social activities of older people in clubs, community and parish centres. In all health board areas PHNs visit day care centres (Ruddle *et al,* 1997). The challenging scale of the Southern Health Board's *Implementation Plan 2000—2010* to develop 110 social satellite centres in its region, is consistent with *The Years Ahead* proposal. It is intended that these centres will provide an opportunity for older people to meet, socialise, and partake in meaningful activities and will also provide support for carers. In addition they will provide opportunities for training, health promotion activities and promoting successful ageing (National Council on Ageing and Older People, 2000)

1.5.4.2 Citizens' Information Centres

Comhairle provides a network of eight-five Citizens' Information Centres (CICs) operating throughout Ireland. These centres provide free, confidential and impartial

information, and advice and advocacy services to members of the public on their rights and entitlements. As well as carrying a full range of information on civil and social rights, entitlements, state and other services, CICs access information through the Citizens' Information Database (CID) and through local sources. In addition, there is one Citizens' Information Call Centre in Cork and one in Kerry, and there are plans for this service to be nationwide by the end of 2002. Of the calls received at these two call centres, 10 percent are from people aged 65 years and over.

Fifty of the CICs are local CICs and thirty-five are key centres. All key centres provide specialist services in addition to the general information service that all the CICs provide. Many provide a legal advice service and a specialist financial/tax advice service; a number provide consumer advice services (in association with the Office of the Director of Consumer Affairs), and others offer information in relation to the services of the Ombudsman and Threshold (for special housing advice). A number of key CICs work closely with voluntary and statutory organisations in their area to provide integrated service delivery in a "one-stop-shop" environment: Athlone, Donegal and Galway CICs are particular examples of such a service.

While continuing to develop and enhance the service provided by CICs, Comhairle is also committed to developing telephone and web-based services, particularly OASIS and to piloting other delivery systems during the period of its current strategic plan (Comhairle Strategy, 2001—2003).

A study of the use of a single CIC reveals a lower level of use by older people than among the general public: only 6 percent of visitors to the centre and 3 percent of telephone callers were 66 years or more, whereas 12 percent of the population were over 65 at the time (Browne, 1999). Many factors could contribute to this disproportionate level of use, for example, the lower level of relevance of some welfare issues for older people and/or the possibility that the population served by the centre had a skewed age profile.

1.5.4.3 One-Stop-Shops

The one-stop-shop concept is based on the centralised provision of information. The potential benefits of the one-stop-shop include the elimination of the need to travel to a number of different locations to contact different agencies and the facilitation of better liaison between the agencies involved. This results in improved cross-referral and information provision (Browne, 1999). The one-stop-shop has been recognised

as being a useful medium for information provision for some time. In 1996 the Interdepartmental Committee on an Integrated Social Services System recommended that one-stop-shops, information kiosks and an independent information service (the NSSB, now Comhairle), should be made available to the public (Browne, 1999).

An evaluation has been undertaken of the Ballyfermot one-stop-shop established by the Department of Social Welfare in 1990. The strategic objectives of the project were to improve customer access to services, increase the use of new technology and enhance staff training in client awareness. The users' evaluation of this scheme was predominantly favourable. There was a high level of awareness of the new service which provided significantly improved access to information with reduced travel and time costs. (Leigh-Doyle and Mulvihill, 1994).

In Australia information about community and other aged care services can be accessed through a single phone call or visit to a Commonwealth Carelink Centre. The Centres act as a single point of contact, providing reliable information and guidance to enable older people to remain living independently in their own homes. Commonwealth Carelink Centre 'shopfronts' have been established in fifty-four regions around Australia and are operated by a wide range of organisations including community-based, religious, charitable and private organisations, and local and state Government. Anyone, including health care professionals, can access information through the Centres or the freephone number, on a range of areas including the services available and how to contact them, eligibility for the services and aged care assessment services and a range of health services. (See: http://www.commCarelink.health.gov.au)

Research in the USA on a scheme of the one-stop-shop type specifically for older people – Eldercare Locator — found that the quality of the scheme varied greatly depending on factors such as the comprehensiveness of the database and the regularity with which it was updated, the training and expertise of the information providers/holders and the standards laid down for them (Hunt, 1998).

1.5.4.4 First-Stop-Shops

The National Services Framework (NSF) for Older People is an action plan developed by the Department of Health in the United Kingdom. The aim of the NSF is to improve health and social services for older people by setting new national standards and service models of care for all older people, whether they are living at

home, in residential care or are being cared for in hospital. The NSF sets out eight standards, with Standard Eight being "the promotion of health and active life in older age" (Department of Health (UK), 2001). Under this Standard, a service for older people and their carers and relations, CAREdirect, was established to provide comprehensive information and ease of access to health, housing, social care and social security. This service is viewed as a *'first-stop-shop',* a gateway for information and advice. The service is a twenty-four hour, seven-day service. Callers just have to dial a single freephone number to gain access to information about pensions and benefits, care and support, home and health and organisations that can help. The key elements of the service are the freephone number, local help-desks and a website. While the service is mainly offered by telephone, staff and volunteers can see people face-to-face if needed. There are also plans in place to set up surgeries where older people and their families and friends can talk face-to-face with advisers.

One of the most important aspects of this service is that it was developed as a result of consultation with older people, their representative organisations (for example, Carers' National Association) and service providers across the public, voluntary and private sectors.

1.5.4.5 Help Lines – The Senior Help Line

The Senior Help Line is now available in every health board in Ireland. It is based on a model developed in Italy. It was established in 1988 by the Summerhill Active Retirement Group in Co. Meath, within the North Eastern Health Board area. The service now has eleven centres nationwide operating seven days a week and run by three hundred trained older volunteers.

The Senior Help Line provides a confidential listening ear to isolated and lonely older people. It has been found that older people call the service for a variety of reasons. Among these are loneliness (39 percent), family problems (30 percent), fear/abuse (26 percent), information seeking (25 percent), and health reasons (16 percent). More than 60 percent of the users of the service are female but the number of male callers has been increasing. One quarter of the callers are between 66 and 75 years old, while a small percentage (6 percent) are over 75 years of age.

The type of information being sought varies from queries about pension entitlements, nursing homes, home help and aids to security issues. The service is at present in the process of retraining all existing volunteers in order to update both

their skills and the information that they have access to, with particular attention to elder abuse issues, the demand for which has increased in recent times.

1.5.4.6 Printed Material and Ancillary Media

Currently, there is a wide variety of leaflets and booklets in circulation that provide information on a range of health, social care and welfare topics. For example, the Department of Social and Family Affairs publishes documents explaining its services to consumers. These are distributed through local health centres, GP surgeries, social welfare offices and post offices. At times information in relation to social welfare entitlements is published in the newspapers, particularly when it is felt that the take-up of these entitlements is low (Convery, 2001b). In addition, and specifically tailored to older people, Comhairle develops and distributes printed material on social services, for example, Entitlements for the Over Sixties and Information About Medical Cards. Comhairle makes this information available in large print, Braille, audiotape and floppy disk. The Health Promotion Unit of the Department of Health and Children also develops and distributes (or sponsors) the production of printed material in relation to health promotion for older people as do other organisations, such as the Irish Heart Foundation. Health boards disseminate health related printed material as do various voluntary bodies.

Comprehensive local guides to services are becoming increasingly available. Enable Ireland, in collaboration with the Western Health Board, has published *Access West — A Guide to Services, Supports and a Rights Based Perspective for People with Physical, and Sensory Disability in Galway, Mayo and Roscommon* (2001). The guide is also available in large print format, Braille, on audiocassette and on the Internet. The Western Health Board has also published a Personal Support Services Guide to make information available on both the voluntary and statutory support services available to people living in the region. Age Action Ireland has also produced a Directory of Services (2000) specifically for older people in the west of Ireland.

1.5.4.7 Internet and IT Services

A number of Irish e-Government information systems are currently being developed to provide information to citizens and increase efficiency in the public service. Under the auspices of the REACH project (which is developing the infrastructure to enable online transactions between the government and the public), these include OASIS (Online Access to Services, Information and Support) which is a public information service for citizens, and BASIS, which will provide information for businesses.

The OASIS website (which is maintained by Comhairle) provides online information on services and can be accessed by the general public. It is envisaged that, in time, the website will also act as a portal or gateway to services. OASIS reverses the traditional method of information provision so that it is no longer provided from the point of view of the service provider (government department, health board and local authority etc,) but instead has the information-seeking public as its primary focus.

During the early developmental and testing stages of the OASIS project, it was found that the key life events experienced by people included education, employment, finding somewhere to live, marriage, family, illness and bereavement. These therefore form the basis for an initial online information service.

The OASIS site allows the client to find the service points nearest to a particular location chosen by the user. Currently, the service finder shows the address and any other available contact information (such as opening hours, email, web address) of the nearest:

- social welfare local office

- health centre

- library

- FÁS office

- financial advice centre

- Citizens' Information Centre.

In addition, many government departments and other statutory agencies have websites that are accessible to the general public. For example, the Irish government website provides comprehensive information on a wide variety of services that are provided through the State (Browne, 1999).

1.6 Transition Times in Older Life

The OASIS website presents information based on life events that apply to the general population. In considering the particular information needs of older people and how best to respond to such needs, there are a number of transition times that are specific to older life. These transition times have a direct influence on the kinds of information that will be needed, the information providers that will be used at these times and the best means of presenting the information. Examples of transition times that are particularly relevant to older people include:

- reaching retirement/pension age

- becoming functionally disabled (spouse/self)

- developing an illness

- needing long-term care

- bereavement

- becoming a carer

- returning to work/education

- experiencing a security breach or other traumatic event

- returning to Ireland from abroad.

A brief discussion of some of the transition times listed above will demonstrate their importance and the need for information when they occur.

1.6.1 Reaching Retirement/Pension Age

Reaching retirement/pension age can bring many changes, both positive and negative. Recent research (Fahey and Russell, 2001) found that retirement was viewed generally as being a positive state by both those who had retired and those who were still working. However, retirement can also be accompanied by a considerable fall in income. Upon cessation of employment, adequate pension cover

will play an important role in the quality of life that an older person may have. Most Irish retirees receive a social welfare pension, but the value of this pension is considered as being low by international standards (Fitzgerald, 2001). This state pension may be supplemented by a private occupational pension. It has been noted that less than half of the workforce was covered by occupational pensions in 1995 (the latest year for which figures are available). Some 60 percent of private sector workers and 17 percent of public sector workers had no occupational pension (Fitzgerald, 2001). As a result, the National Council on Ageing and Older People has recommended that there be active policies encouraging people to save for retirement to ensure that a sharp drop in living standards is not experienced.

The loss of a certain amount of social contact and routine due to retirement is another factor that makes this a significant transition time. (See Fahey and Russell, 2001). In the case of a person in home duties whose partner retires, retirement also marks a significant transition in each of their lives as both begin to adapt to their new roles. It is also notable that many respondents stated that they were either looking forward to retirement as being an opportunity to do the things that they wanted to do, or that they enjoyed life more since retirement. Increases in life expectancy and general well-being imply that those who retire at 65 years or earlier may enjoy many years in this post-retirement phase. This again highlights the necessity for information to be made available to them with regard to the numerous options available to ensure that they maximise both their health gain and their social gain in their post-retirement years.

1.6.2 Becoming Ill/Disabled (Self/Spouse)

Notwithstanding the optimistic perspective on the circumstances of "third agers" referred to above, considerable proportions of older people in Ireland suffer from chronic or underlying conditions. In a survey carried out in 1994 (Fahey and Murray), 47 percent of older people reported health problems in terms of major illness or disability. One quarter of older people had a chronic illness in combination with income poverty; the incidence of psychiatric disorders among this group was almost five times that found among older people with neither of these characteristics (Layte and Fahey, 2001). Garavan *et al,* (2001a) reported that a substantial majority of older people (86 percent) had one or more underlying illness or condition, 20 percent had at least one condition causing extreme disruption to their daily lives, and 35 percent had experienced extreme pain in the week before the interview. The decline into illness and disability marks one of the most important transition times in the life of an older person. It can also mark an

important transition time for the person's spouse or companion who may be required to adopt the role of carer.

As mentioned earlier, many carers are older people themselves who, apart from needing information in relation to the person that they are caring for, may also require information relating to their own health status. It has been found that carers experience greater than average levels of psychological distress and around one third believe that their health has suffered because of the strains of caring (Blackwell *et al,* 1992). Research on carers looking after people suffering from Alzheimer's disease found that caring was completely overwhelming (O'Shea, 2000). While most carers were women aged between 40 and 54 years, O'Shea's study noted that a small but significant number of carers were older people themselves. Information at this transition time is crucial in maintaining or restoring the health of an older person/carer and in providing options with regard to the services that are available to those who are ill, disabled, incapacitated or housebound.

1.6.3 Security Needs

Feeling secure is of crucial importance to people in general, but vital to older people in particular. A breach of security can mark an important transition to a time of anxiety and fear. While the level of crime against older people in Ireland remains relatively low, the evidence is that such crime has increased significantly in the twenty-year period from the mid 1970s to the mid 1990s (Fahey and Murray, 1994). Some older people, such as those living alone with impaired mobility or without security systems in place, are at an increased risk of being the victims of crime. Older people are also more afraid of crime and the fear of violent crime in particular rises with age. The important issue for information providers/holders is that the well-being of older people is as much affected by their perception of their own safety as by their actual experience of crime.

1.6.4 Long-Term Care

In the *HeSSOP* study (Garavan *et al,* 2001a) one quarter of the respondents felt that the possible need for long-term care made them either "quite concerned" or "very concerned". There are many types of care. Firstly, care at home can be categorised as:

● living at home with no health board involvement

- living at home and being taken care of by a friend or family member

- living at home with respite care

- living at home with full health board involvement.

Moving from home for care in the community can involve the older person leaving his or her current residence to another residence, for example, the home of a child or another family member or to a 'granny flat'. Where greater care is needed while still living in the community, special housing is an option. Sheltered housing is a concept where the older person lives independently in purpose-built accommodation with support in the form of a warden. Residential care, which is more formal and includes both state-run and private-run nursing homes represents another level of long-term care. This form of care was not rated very highly in the *HeSSOP* study (Garavan *et al,* 2001a). Participants in the *HeSSOP* study wanted to receive adequate support to enable them to remain in their own home, but many felt they did not have the information to make informed choices with regard to long-term care options.
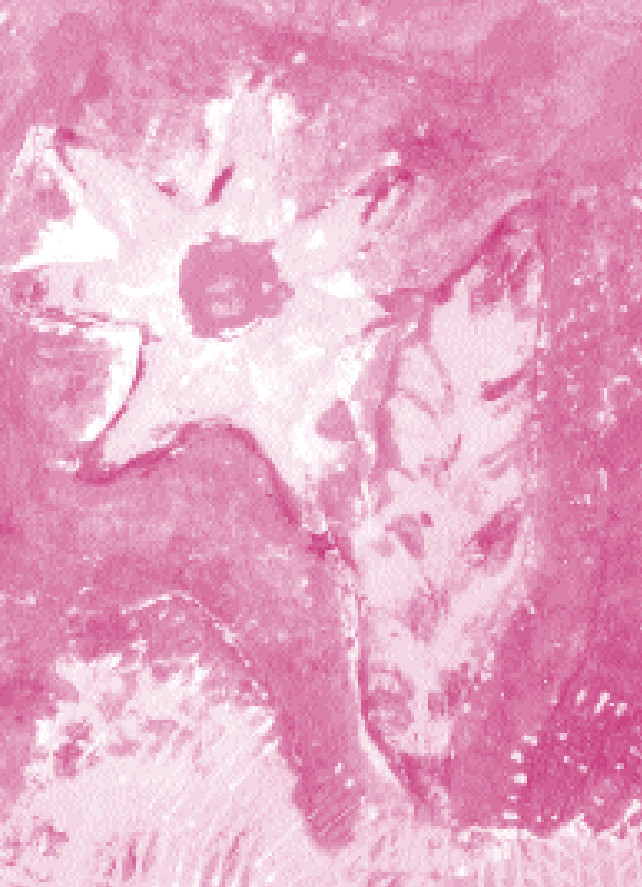
1.6.5 Bereavement

Bereavement is a transition time that is experienced differently by everybody and the impact on an older person can be varied, unpredictable and sometimes devastating. There is no consensus on the duration of the grieving process or its precise end point. It is generally accepted that bereavement is associated with a number of common negative emotions and experiences, but for some individuals the process can have more far-reaching consequences. It was noted by Parkes (1998) that "after a major loss, such as the death of a spouse or child, up to a third of people most directly affected will suffer detrimental effects on their physical or mental health, or both. Such bereavements increase the risk of death by heart disease and suicide as well as causing or contributing to a variety of psychosomatic and psychiatric disorders" (p. 856). Literature in relation to bereavement has found that it can impact on psychological and physical health, as well as on the ability to carry out the tasks of everyday living. Other accompanying stressors may include changes in the bereaved older person's social, financial and physical environment. Emotional changes arising from such losses and the changes in physical, psychological and functional ability can include loneliness, isolation, tension, anxiety about becoming dependent and fears about safety, security and loss of access to activities or services. Information at this time will not compensate for the loss experienced but it may alleviate some of the hardship in coping with this life event.

- Major elements of policies directed at older people, including the consumer model, the priority of community care and the emphasis on social inclusion, indicate the importance of information services for older people.

- Consultation, participation and information provision require time and resources.

- Considerable care must be taken when consulting older people about their information requirements. It cannot be presumed they know exhaustively what these requirements are.

- Generally older people have a liking for oral, face-to-face and interpersonal communication.

- The telephone is very important for older people, although the increase in automation is a matter for consideration. Telephone help lines, especially those manned by older people, provide excellent opportunities for information dissemination, referral and social contact.

- Many older people prefer to seek information from those they trust and with whom they have long-standing relationships.

- Outreach services, targeted at isolated older people, should be part of a comprehensive information strategy.

- Most older people have contact with family members who may be available to search for information on their behalf or who may require information themselves to provide care.

- Because of the contribution that family members, volunteers and others can and do make to the welfare of older people, the public generally should be better informed about the ageing process and alerted to the information and other needs of older people.

- Single point information sources, electronic or geographical, have significant potential for disseminating information to older people directly or indirectly, especially if they are supported by integrated service provision.

- There is likely to be a substantial increase in the proportion of older people with both an interest in and competence in computer related technology over the next ten to fifteen years.

- Substantial advances in information organisation have been achieved and more are in progress; Comhairle's CID and OASIS are significant examples of these.

- The widespread incidence of chronic and underlying health conditions among a substantial proportion of older people indicates the potential benefits of effective information strategies.

- There are a number of transition times that can be considered as being specific to older people. These transition times have a direct influence on the kinds of information that will be needed, the information providers that will be used at these times and the means of presentation likely to be most effective.

Chapter 2

Methods and Procedures

Chapter Two
Methods and Procedures

2.1 Introduction

This chapter provides a description of the aims and objectives of the study and the methodology employed in exploring the health, social care and welfare information needs of older people in Ireland. Also included in this chapter is background information on the older people who took part in the study.

2.2 Aims and Objectives

The main aim of the study was to explore, through consultation with older people, the kinds of information needed in relation to health, social care and welfare services, the most appropriate means of communicating this information and the most effective points of access in its provision. Based on the feedback obtained from the older people and from the information holders/providers, the second aim of the study was to develop an Action Plan that would address the information needs identified.

2.3 Procedure

The study comprised two phases; the first involving a survey of the older users of health, social care and welfare services information and the second phase involving a consultation process with the providers/holders of the information in question.

2.3.1 Phase I: Survey of Older People

The first phase of the study involved face-to-face interviews with a national sample of older people. The development of the interview schedule was based on a number of types of consultation. Firstly an extensive review of the relevant literature was conducted to identify the topics to be covered, the considerations likely to be involved and the key issues likely to arise. The literature review was followed by exploratory focus groups and pilot interviews (see sections 2.3.1.1 and 2.3.1.2).

2.3.1.1 Selection of Transition Times and Focus Groups

The framework for the study was based on OASIS (Online Access to Services, Information and Support) which organises the presentation of information that people need according to particular events or key transition times in their lives. At the onset of the study, discussions were held with the consultative committee on various transition times that could be important in the lives of older people:

- reaching pension age

- retiring from work

- becoming ill/ disabled leading to difficulties with the activities of daily living

- needing long-term care

- bereavement

- becoming a carer

- change in household composition; return to work or education

- marriage breakdown

- security breach and returning to Ireland from overseas.

It was acknowledged that this study could not examine all the many possible transition times and should therefore focus on those transition times that affect the most vulnerable groups of older people.

Following on from these discussions, focus group meetings were conducted with two groups of older people, one in Dublin and one in Galway. The main aim of the focus groups was to explore the critical transition times at this stage of life and the kinds of information older people need at these times of change. Participants for the focus groups were identified through a number of sources but primarily voluntary organisations and health boards. Participants represented those living in urban and rural locations as well as those with varying degrees of ability. Also represented were individuals who were living full time in residential care. Each group consisted of between eight and ten people and lasted between one and two hours. An honorarium was given to participants in appreciation of their contribution and to cover travel expenses.

The focus groups confirmed that the key transition times were:

● retirement/reaching pension age

● onset of illness/disability

● moving from home for increased care

● bereavement

Breach of security also emerged as an important time when information is needed. (For findings on this issue refer to Appendix E.) Other transition times discussed were not seen by the older people as critical occassions when information was needed. In addition, the most appropriate means of presenting different kinds of information and older people's preferences in terms of sources of the information were discussed at the focus groups.

2.3.1.2 Pilot Study

Following the focus groups, an interview schedule was drafted. This schedule was then tested in five pilot interviews with male and female respondents. The pilot study confirmed that the transition times selected were indeed seen as critical from the perspective of older people and no significant ones had been omitted. Some minor changes were made to the schedule to ensure that the final version used in the study was comprehensible, comprehensive and manageable. The pilot interviews took approximately between thirty five to fourty five minutes to complete.

2.3.1.3 Sample Selection

Since the focus of the study was on qualitative exploration of needs, at the onset of the study it was decided that a sample of 100 older people would be appropriate for this exploratory study. The Survey Unit of the Economic and Social Research Institute (ESRI) was engaged to provide a sample of adults aged 65 years and older who would be willing to participate in the survey. During four rounds of the ESRI's Monthly Consumer Survey (a telephone survey of a national probability sample of households), a list of older people who were interested in participating in the study, was generated. Figure 2.1 shows the questions used to generate the list.

Figure 2.1 ESRI Monthly Consumer Survey Question

The National Council on Ageing and Older People has asked us to generate a list of names and addresses of persons aged 65 years and over who would be willing to participate in a survey which the National Council is commissioning. The survey is concerned with the kinds of information older people need at important times of change in their lives, such as retiring from work, moving home, falling ill and so on. Participation in the survey would involve an interviewer calling to the older person's home, on behalf of the National Council, to conduct an interview with them. The survey would take about 30-35 minutes. Could you tell me:

(a) Is anyone in your household aged 65 years or more?   Yes   1   No   2 (end interview)

(b) Is this a male or a female?   Male   1   Female   2

(c) Would he/she be willing to participate in the survey?   Yes   1   No   2

(d) Could you give me his/her name and address and phone number if it's available:

Name _____

Address _____

_____ Phone _____

In total 196 older people were identified as willing to participate in the study. A letter was sent to all these people explaining that an interviewer would phone within

the next week or so in order to arrange a suitable time for an interview. In total ninety-five interviews were successfully conducted.

Just under half of those identified as willing to participate actually took part in the study. It is not unusual with this methodology to have a discrepancy between the number of people indicating a willingness to take part in a study and the actual number of interviews achieved. The experience of the study shows that for this age cohort, many changes can occur in the time gap between agreeing to participate and the interview taking place leading to a rather high 'drop-out' rate; such changes include illness, bereavement, unexpected visits from family and unplanned holidays. This is an issue to take into account if using this method to generate a sample of older people in the future.

2.3.1.4 Fieldwork

Professional fieldworkers conducted the face-to-face interviews in the respondents' own homes. A leaflet providing background information on the study and contact telephone numbers was left with each participant. When fieldwork was completed, a letter was sent to participants thanking them for their contribution.

2.3.1.5 Interview Schedule

The main focus of the interview was the qualitative exploration of older people's information needs at important times of change or transition in their lives. For each transition time, the interview explored:

● whether the transition was experienced

● actual and perceived information needed at the transition time. (Depending on whether or not the older person had experience of the transition time s/he was asked "in your experience what are/what do you feel would be the critical kinds of information needed"?)

● use of information providers/holders. (For each transition time a list of information providers/holders, likely to be of relevance, was developed and the older people were asked whether in their experience/opinion each provider/holder would be good in helping at this time)

● perceptions of information providers/holders

● reasons for the above perceptions

- suggestions for improving poor information providers/holders.

In addition to questions on information needs and perceptions of different information providers/holders, the older people were asked about the most appropriate means of presenting different kinds of information and the factors that make different means more or less useful. The older people were also interviewed with regard to their experiences with and perceptions of computers. The final section of the interview schedule was concerned with the resources of older people themselves and their opinions as to which older people are most at risk in terms of having their information needs met.

Demographic information was collected on age, gender, marital status, geographic location, living arrangements, level of education, current employment status and access to different types of media and the Internet.

In the survey, when asked if there were any important times of transition not covered, the predominant feeling was that all had been covered, but one older person suggested that redundancy was a time that should be treated separately. One older person spoke of the menopause as an important time when information is needed, while another mentioned marriage break-up as an important transition time (but just two of the sample were separated and none was divorced). Two older people spoke of the information needs arising in the role of grandparent in the context of grandchildren "getting into drugs and breaking the law" and not knowing what to do. Another older person felt that some contact details on reputable tradesmen would be useful.

2.3.1.6 Data Organisation and Analysis

Two main processes were involved in analysing the data obtained. Firstly, the responses to all pre-coded questions were analysed using SPSS data analysis package. Secondly, responses to all open-ended questions were transcribed and content analysis carried out.

2.3.2 Phase II: Consultation Process

2.3.2.1 Focus Groups

In this phase the emphasis was on the providers/holders of the information identified by older people as being of critical importance at different transition times. Four focus group sessions were conducted, one each concerned with the four

transition times. Two were held in Dublin, one in Mayo and one in Cork. Participants in the focus groups were identified through a variety of contacts established primarily through the members of the study's consultative committee.

Figure 2.2 shows the framework used for each focus group. The question in the box formed the central question to be discussed. The discussion took place in the context of the feedback obtained from older people themselves in Phase I of the study.

Following the focus group discussions an Action Plan was developed. Each participant in the focus group was sent a copy of the Plan and asked to give any comments. These comments were taken into account when developing the final Action Plan.

Figure 2.2 Format of Focus Group
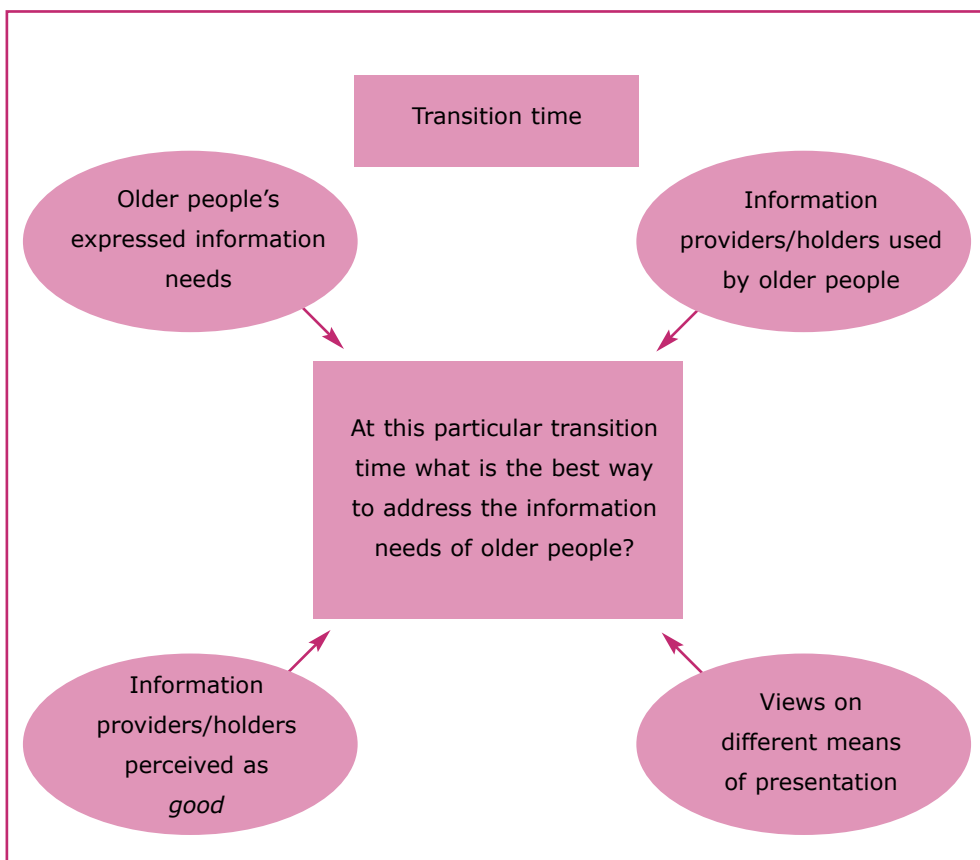
For each focus group the following table gives a breakdown of the kinds of information providers/holders who participated.

Table 2.1 Information Providers/Holders who Participated in Focus Groups

Transition Time	Retiring/ Reaching Pension Age	Onset of Illness/ Disability	Moving Home for Increased Care	Bereavement
Information Provider/ Holder	Matheson Ormsby Prentice

St. Ann's e-Tea Room
The Pensions Board
Dept. of Social and Family Affairs
Federation of Active Retirement Associations
Irish Senior Citizen's Parliament
Irish Pensions Board
Voluntary Health Insurance
Senior Help Line
Age Action Ireland
Age and Opportunity | Ballincollig Senior Citizens
Cork Association for the Deaf
Carers Association
St Finbarr's Hospital (SHB)
Services for Carers
The Irish Wheelchair Association
Public Health Nursing
Cork City Partnership
Southern Health Board
Health Promotion Unit
Comhairle | Castlebar Active Retirement Group
Sacred Heart Hospital
Public Health Nurse
General Practitioner
Community Welfare Office
Castlebar Carers Group
Western Health Board
Department of Social and Family Affairs
Mayo General Hospital
CRC FM
Special Housing
Merlin Park Regional Hospital
Age Action West
Social Services Centre | St Francis Hospice
Department of Social and Family Affairs
Central Office of the Church of Ireland
Our Lady's Hospice
Volunteer - Bereavement Counsellor
St James Hospital
Beaumont Hospital
College of Surgeons
Data Organisation and Analysis |

2.3.2.2 Data Organisation and Analysis

Verbatim transcriptions were made of the discussions with the four focus groups and content analyses were then carried out.

2.4 Background Information on Survey Participants

The survey included older people from rural, village, town and city areas with the highest numbers from rural locations (41 percent) followed by city (36 percent). There were more male than female participants in the group (65 percent to 35 percent respectively), unlike the actual gender profile of those aged 65 and over in the general public. During the four rounds of the ESRI's Monthly Consumer Survey there were slightly more males identified as possible participants (approximately 5 percent), but this would not account for the clear bias noted above. When participants were contacted to arrange an interview, more females than males declined to participate. The experience of the study was that many women in this age category are not comfortable participating in face-to-face interviews or group discussions and are keen to limit their involvement to telephone interviews. They appear to lack confidence about the value of their contribution.

Table 2.2 Location of Survey Participants

Location	N*	%
Rural	39	41
City	34	35
Village	11	12
Town	10	11
No answer	1	1
Total	**95**	**100**

*N=Number of Older People

Most of the older people were aged between 70 and 74 years (36 percent) or in their late 60s (30 percent). The remainder were in their late 70s or early 80s with a small percentage aged 85 years or over (6 percent). The age profile of participants approximates, that of the general population of older people.

Table 2.3 Age of Survey Participants

Age	N*	%
65 – 69 years	28	30
70 – 74 years	34	36
75 – 79 years	14	14
80 – 84 years	13	14
85 years +	6	6
Total	**95**	**100**

*N=Number of Older People

Over half (53 percent) of the older people were married, while a significant proportion, over one-third were widowed. The remainder were never married (11 percent) or were separated (2 percent). With regard to educational attainment, over half (55 percent) had completed the lower levels of education (primary or junior certificate level) while one-fifth (20 percent) had attained leaving certificate or matriculation equivalent. Some 17 percent had completed some form of third-level or equivalent education. Most were retired (75 percent) with some self-employed (12 percent) and others describing themselves as still doing home duties (13 percent).

Table 2.4 Marital Status of Survey Participants

Marital Status	N*	%
Married	51	53
Widowed	32	34
Never married	10	11
Separated	2	2
Divorced	0	0
Total	**95**	**100**

*N=Number of Older People

Table 2.5 Educational Qualifications of Survey Participants

Level of Education Attained	N*	%
Primary	40	42
Up to Group, Junior Cert.	13	14
Leaving/matric or equivalent	19	20
Post Leaving Cert. (not third level)	7	7
Third level at university, regional college or equivalent	16	17
Total	**95**	**100**

*N=Number of Older People

Table 2.6 Current Work Status of Survey Participants

Work Status	N*	%
Retired	72	75
Home duties/house-wife	12	13
Self-employed	11	12
In paid employment	0	0
Total	**95**	**100**

*N=Number of Older People

Of the group who took part in the study, more were living with others (59 percent) than by themselves (41 percent). All either owned, or had access, to radio, television and telephone. Almost one third (32 percent) owned or had access to a computer (usually through family members or neighbours) with 24 percent stating that they had access to email and the Internet. Over three-quarters (77 percent) had a car.

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Chapter 3

Transition Time: Retirement / Reaching Pension Age

Chapter Three
Transition Time: Retirement/Reaching Pension Age

3.1 Introduction

The age group "older people" typically refers to people aged 65 years and older. This is the age when retirement is compulsory in many employments and also the age when some age-related social welfare benefits become available, for example pensions and free travel. The key transition time, when information is required, is not reaching pension age but the retirement from paid employment of oneself or one's spouse. Three-quarters of the older people in the study described themselves as "retired" with just over 10 percent saying they were currently self-employed.

This chapter presents the feedback from older people in relation to the transition time of retiring, reaching pension age. The findings are presented under three main headings:

- critical kinds of information needed

- information providers/holders used

- perceptions of information providers/holders.

3.2 Critical Kinds of Information Needed

The older people were asked what they believed were the critical sorts of information needed when they themselves or their spouses were reaching retirement or pension age. The responses suggest that the information needs fall into the following three main categories: preparation for retiring, entitlements/services and social/personal information.

Preparation for Retirement:

Information needed includes:

- details on retirement courses

- advice on pensions

- advice on money matters (for example, can I afford to run a car? should I get VHI cover? what about budgeting?)

- retirement options (for example, semi-retirement, part-time working, voluntary work).

Entitlements/Services:

Information needed includes:

- information on entitlements and benefits (for example, pensions, medical cards, fuel, electricity, telephone and travel allowances)

- services available and how to get them.

Social/Personal Information:

Information needed includes:

- advice on what to do with your time (for example, interests and hobbies: classes: what kind of life you're going to lead)

- preparation before retirement as to what it entails emotionally

- health (for example, need to know how good health is)

- advice on moving home (for example, should I sign over the house to my son? should I move to a smaller house?)

- the effect of retirement on others (for example, what will it be like being together twenty-four hours a day?).

The older people felt that pre-planning was very important and that information should be given on retirement courses and on pensions and financial matters, such as budgeting. One older person spoke of a two-day course he had attended which covered "all the important aspects of retiring" and which he felt was an "excellent idea". Most older people felt that information on their entitlements and benefits — for example travel allowances, electricity units, telephone and medical cards — was crucial. More importantly, knowing where to go to avail of these entitlements was seen as a critical need. Information providers/holders who participated in the study also believed that people should begin preparing for retirement well in advance of retirement age.

As well as the practical information, the older people also wanted information on the social, emotional and financial changes they might experience once they or their spouse has retired. They wanted information on health checks available, advice on interests and hobbies that they could pursue or develop and guidance on matters such as moving home. They also wanted to know "how to get along together twenty-four hours a day with those they lived with". Information providers/holders agreed that there is "a psychological dimension to retirement which needs to be regarded seriously as it can place a strain on family relations".

3.3 Information Providers/Holders Used

The older people were presented with a list of information providers/holders likely to be of relevance on reaching retirement or pension age. For each one they were asked if they had experience of using them. Table 3.1 presents a summary, in ranked order, of those used.

**Table 3.1 Information Providers/Holders Used:
Retirement/Reaching Pension Age**

Organisation/Individual	Usage	
	N*	%
Social Welfare Office	52	55
Informal social networks	48	51
Your/your spouse's employer	34	36
Revenue Commissioners	30	32
Accountant/tax consultant	25	26
Health board/health board officials	24	25
Library	23	24
Solicitor	23	24
Other organisation/individual	14	15
Trade union	11	12
Citizens information centre	9	10
Local retirement association	6	6
Other government office/department	5	5
Other voluntary organisations	2	2

Note: Base = 95
          The percent column in this table will not add to 100 as participants
          indicated the use of more than one information provider/holder.

*N = Number of older people

The two information providers/holders that were used by over half of the older people are the Social Welfare Office and informal social networks. Other frequently used providers/holders were employers, Revenue Commissioners, accountant/tax consultants and the health boards (used by between one third and one quarter of older people). Libraries and solicitors were used fairly frequently, with almost one quarter of the older people indicating they had used them.

Among the least used information providers/holders were voluntary organisations, government offices/department, local retirement associations, Citizens' Information Centres and trade unions.

Twelve older people noted some "other" organisation/individual that they had used at this transition time. These included the Garda Síochana, AWARE, the Post Office, the Society of St Vincent de Paul, the Irish Farmer's Association, a magazine for older people and a local politician.

3.4 Perceptions of Information Providers/Holders

Whether or not they had direct experience of the different information providers/holders, all the older people were asked in respect of each one whether or not they felt they were, or would be, good in helping older people deal with the transition time of retiring or reaching pension age.

3.4.1 Perceptions Among Users

Among those with experience of the different information providers/holders, ratings of good were far more frequent than poor. As pointed out above, the two most used information provider/holders were the Social Welfare Office and informal social networks. Both of these were very frequently rated good by those who used them (83 percent and 88 percent respectively). Other frequently used information providers/holders that were also rated good by the majority of those who used them were health boards and their officials. The library and solicitors were also rated highly by users. While Revenue Commissioners and accountants/tax consultants were used frequently, they did not receive as high a rating as other frequently used providers.

Although few older people had used the Citizens' Information Centres, other government departments or trade unions, all of those who did found them good. Local retirement associations were not used very often but, where they were used, their rating was not as good as those for other infrequently used information providers/holders. Among users, employers are more frequently rated as poor rather than *good*.

3.4.2 Perceptions Among Non-Users

It is important to note that while non-users had not themselves used the information provider/holder that they were rating as good or poor, and some of their perceptions could be based on anecdotal information, the ratings given represent their expectations in relation to the information providers/holders.

Not surprisingly, many older people preferred to express no view on information providers/holders that they had not actually used for information on retiring or reaching pension age. The information providers/holders that most of the older people had no views on included government offices/department, voluntary organisations (other than those specifically mentioned) and trade unions.

Of those who were prepared to give an opinion, the information providers/holders that were most likely to be rated *good* were: Citizens' Information Centres, local retirement associations and other voluntary organisations (apart from those specifically mentioned). These ratings are slightly different from those of the service users who did not rate local retirement associations very highly.

The information providers/holders that are rated as most likely to be poor by those who had not used them included trade unions, employers, accountants, solicitors and other government offices/department. These ratings are slightly different from the users who rated trade unions and other government office/department highly.

3.4.3 Reasons for *Good* Ratings

Among the older people, users and non-users, the Social Welfare Office was ranked first overall in relation to dealing with retirement and pension matters, with 63 percent saying it was good. Overall people perceived the Social Welfare Office as being helpful and efficient and office personnel were seen to be in a position to help older people in getting their entitlements. Older people's perceptions are illustrated

in the following quotes:

> *Excellent ... the girls in there were so kind, they sorted*
> *my problems out.*

> *They couldn't do enough after I wrote to them.*

> *Who I met in Social Welfare was very helpful and he sent*
> *out someone to assess our means and everything was*
> *fine. They were all very nice and helpful.*

> *They explained all the in's and out's of what you are*
> *entitled to. You get so much of the pension first and you*
> *get the full amount when you hand over the farm.*

Both users and non-users also rated health boards/officials and Citizens' Information Centres as *good*. CICs were rated good because the older people felt they held information on any subject and could give the information that was being sought. Other older people believed the staff were helpful and experienced and "hold the key to what advice is available". The CICs were also seen to give good advice about entitlements. One older person expressed the view that the Citizens' Information Centre was a 'confidential' means of getting information. Some older people's comments illustrate these points:

> *Good for leaflets and advice.*

> *Very important service, gives out all information*
> *on any subject.*

Health boards/officials were perceived as being very helpful and understanding and in a position to pass on good advice. Some of the comments of the older people were:

> *She got me a medical card due to the medication I take.*

Almost two thirds of users and non-users said they used informal social networks when looking for information at this transition time. The older people in this study felt that family and friends were *most important of all*. The majority of users believed they were the most approachable and supportive information provider. One older person felt that she relied on informal networks *just for moral support*. Other

older people *relied on them for transport* while dealing with issues related to retiring, while one older person spoke of having *wonderful neighbours for support and company*. Another felt that it *is part of Irish society to be helpful*.

3.4.4 Reasons for *Poor* Ratings

Among users and non-users, providers who were perceived as poor in dealing with retirement and pension matters included government office/departments, trade unions, voluntary organisations and accountants/tax consultants. The main reasons why an organisation might be considered to be poor were a perceived lack of trained staff and a lack of appropriate knowledge. The following comments from the older people indicate the reasons for giving a *poor* rating:

- *given incorrect advice and only half my pension received*

- *they give you the run around, too slow in processing your money, too slow in getting an appointment*

- *not convenient to older people*

- *all they want is money*

- *for working people, not the retired* and *the lady wouldn't have the time*

While overall these information providers/holders were seen to be *poor,* the findings indicate that older people who actually used trade unions gave them a *good* rating.

3.5 Summary

The perceived critical kinds of information needed at the transition time of retirement/reaching pension age fall in three categories:

- preparation for retirement (for example, pre-retirement courses)

- entitlements/services (for example, pensions, medical cards and allowances)

- social/personal information (for example, hobbies/interests and health and emotional issues).

The information providers/holders most frequently used at this transition time include the Social Welfare Office, informal social networks, employers and the Revenue Commissioners.

The two most frequently used information providers (Social Welfare Office and social networks) were rated as good by those who used them. Health boards, libraries and solicitors were also rated highly among users. Non-users were more likely than users to rate Citizens' Information Centres and local retirement associations as *good.* Information providers/holders who were perceived as being in a position to give good advice and whose staff were perceived as helpful and efficient were more likely to receive a *good* rating. *Poor* ratings were given where information providers/holders were perceived as lacking the appropriate information. Lack of training was also cited as a reason for giving a *poor* rating.

Chapter 4

Transition Time: Onset of Illness or Disability

Chapter Four
Transition Time: Onset of Illness or Disability

4.1 Introduction

While healthy ageing programmes serve to promote the health and independence of older people, some will experience the onset of illness or disability later in life. Recent studies suggest that the majority of older people suffer from at least one underlying condition, such as cardiac conditions, bone or joint conditions, eye and ear problems, high cholesterol and hypertension (Garavan *et al,* 2001b). These conditions affect the older person's ability to carry out the activities of daily living, leading to varying levels of dependency. While continuing to live at home, the onset of illness or disability and the consequent need for some level of care can have a huge impact on the life of an older person. Over two thirds of older people in the study had either direct experience of an illness or disability themselves or had experienced it in their immediate circle.

In this chapter the findings in relation to the onset of illness or disability are presented. As in the previous chapter the data are presented under three main headings:

- critical kinds of information needed

- information providers/holders used

- perceptions of information providers/holders.

4.2 Critical Kinds of Information Needed

When asked what are the critical sorts of information needed by older people experiencing the onset of illness or disability, the responses suggest that the information needs fall into three main categories: medical advice, dealing with emergency situations and information on additional supports.

Medical Advice

Information required includes:

- medical advice about the particular complaint (for example, about arthritis, asthma, eyesight; consequences of illness)

- an insight into hospital /treatment application procedures and waiting times

- information on the right person to go to (for example, GP, specialist

- advice about follow-on care

- details on health insurance.

Emergency Situations

Useful information would include:

- information on emergency services

- the names and numbers of certain people considered critical in the situation (for example, doctors, hospital)

- the numbers of neighbours

- a contact for "community alert"

Additional Supports

Older people would require:

- information on special organisations for particular disabilities

- emotional support

- information on what help is available (for example, short-term home help)

- information on aids and appliances that help and where they can be obtained

- information on entitlements and financial help available (for example, can you get a taxi service for hospital appointments?).

Discussions with information providers/holders in the focus groups revealed that many believed that "too often older people don't get what they're entitled to because they don't even know it exists". One provider commented that:

> *the red tape surrounding so many schemes and entitlements and services is just tremendous... to be able to balance the information and point people in the right direction - that is the real skill and the real need.*

4.3 Information Providers/Holders Used

The older people were presented with a list of information providers/holders likely to be of relevance at the onset of illness or disability and asked in respect of each one if they had experience of using them. Table 4.1 presents a summary, in ranked order, of those used.

Table 4.1 Information Providers/Holders Used: Onset of Illness or Disability

Organisation/Individual	Usage	
	N*	%
General Practitioner	77	81
Informal social networks	54	57
Other health care worker	35	37
Public Health Nurse	33	35
Health board	19	20
Social Welfare Office	16	17
Community care officer	12	13
Other organisation/individual	8	8
Voluntary organisation for people with disability	7	7
Carers groups	6	6
Local authority	5	5
Geriatrician	4	4
Citizens information centre	4	4
Voluntary organisation for older people	1	1

Note: Base = 95

The percent column in this table will not add to 100 as participants indicated the use of more than one information provider/holder

*N = Number of older people

The single most important information provider/holder at this transition time was the GP. This finding supports the results of the *HeSSOP* study which identified the GP as the key health care provider for older people and their preferred source of information. Other frequently used providers/holders were informal social networks, used by over half of the older people concerned, followed by other health care workers, such as the physiotherapist and the PHN (in both cases used by over one third of older people).

Among the least used information providers/holders (5 percent or less), voluntary organisations concerned with disability and older people, Citizens Information Centres, geriatricians and the local authority were mentioned.

Seven older people noted some "other" organisation/individual that they have used at this transition time. These include several voluntary organisatons — the Society of St Vincent de Paul, the Order of Malta, the Golden Circle, Alcoholics Anonymous — and the Post Office.

4.4 Perceptions of Information Providers/Holders

4.4.1 Perceptions Among Users

Among users, informal social networks and the GP were rated by the majority as good (96 percent and 95 percent respectively) at helping older people deal with the transition time of onset of disability/illness. Two other frequently used providers — the PHN and other health care workers — were also rated as good by most. Some information providers/holders infrequently used but unanimously rated as good included Citizens' Information Centres and carers groups. The local authority was the organisation most likely to be rated as poor by someone who had used it for information at this time.

4.4.2 Perceptions Among Non-Users

Whether or not older people had direct experience of any particular information provider/holder, they were asked to rate how useful they thought each would be. As noted in the previous chapter on the retirement transition, many older people had no view on providers that they had not actually used. The providers which most of

the older people had no views on included voluntary organisations for older people and local authorities.

Unlike users, the non-users who gave an opinion were more likely to rate other health care workers, voluntary organisations and informal social networks as *good*. Citizens' Information Centres and carers groups also received a high rating among non-users. As with users, the information provider/holder most likely to be rated as *poor* by someone who had not used it for information at this time was the local authority.

4.4.3 Reasons for *Good* Ratings

As noted above, the GP was seen as the single most important information provider/holder. Among the users and non-users, many reasons were given why GPs were rated as good, some of which were concerned with their experience and some to do with the manner in which they interacted with older people. It was felt that GPs know the person's medical history, are understanding and caring and are thorough in their care. The following comments illustrate why the GP is held in such high regard as an information provider/holder:

> *The GP takes excellent care of me, she made sure I got into hospital in Dublin, Beaumont, even though it was difficult to get in at that time.*

> *Very clever doctor and does not keep you hanging on, will refer you elsewhere if he can't deal with your complaint.*

> *I find him very nice and kind when I go to him, and he is very agreeable to come out to the house if I'm not able to go into him.*

Public health nurses were regarded as helpful, dedicated, caring and kind health professionals. They provide practical support and the fact that they call to the older person's home was seen as an important benefit. One information provider/holder who took part in the focus groups suggested that home visits are very important to older people and that one visit "can be more meaningful than a host of booklets and leaflets". Some older people spoke of the PHN as being essential for "nursing and moral" support in providing back-up care for older people. Two comments illustrate these feelings:

*Very professional and very helpful and kind. Very
practical, sent a Nurse over the weekend to change a
dressing.*

Supportive, comes when she says she will come.

Older people rely heavily on their informal social network at a time of illness or
disability. As one older person stated:

*Discussions with family members, neighbours and friends
are most helpful in exchanging information.*

Some older people mainly relied on informal networks for practical help, for
example things like shopping, gardening, cleaning and cooking. Others said that
family or friends also played a supportive role that is very important:

*My family here are very good to me and give me a lot of
their time.*

Wonderful support from family and neighbours.

One older person believed that the support of family and friends was essential,
"particularly in country areas".

4.4.4 Reasons for *Poor* Ratings

Among the older people, both users and non-users, the main reasons why providers
might be considered poor were that they lacked the necessary information and did
not have adequately trained staff. Some of the responses given by the older people
related to problems with information management, for example, not having up-to-
date information, being too slow in providing the information and making promises
that they could not fulfil. Other responses focused on relationship issues such as the
attitude of staff, the fact that they were not really interested in the problem and
could not speak in an appropriate manner to older people.

Some older people who rated their GP as *poor* did so because they "don't have
enough time to talk to patients nowadays" or "doctors don't care anymore". One

older person described an experience with the local authority as poor for the following reason:

> *Didn't get anywhere – just promises. Getting help, information and grant for modifications to house took eighteen months. The people I dealt with were very bad, their attitude was terrible and most inefficient.*

4.5 Summary

The perceived critical kinds of information needed at the transition time of the onset of illness or disability fall in three categories:

- medical advice

- emergency situations

- additional supports

The single most important information provider/holder used at this transition time was the GP. Other frequently used providers/holders included informal social networks, other health care workers and public health nurses.

The two most used information providers (GPs and social networks) were very frequently rated as *good* by those who used them. Citizens Information Centres and carers' groups were not frequently used but were unanimously rated as *good*. Non-users were more likely than users to rate health care workers and voluntary organisations as *good*. GPs were rated highly because they were seen to be understanding and caring. GPs also hold the older person's medical history and this was perceived as important. As with the previous transition time, *poor* ratings were given primarily where information providers/holders were perceived as lacking the appropriate information and where staff were not adequately trained.

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Chapter 5

Transition Time: Moving from Home for Increased Care

Chapter Five
Transition Time: Moving from Home for Increased Care

5.1 Introduction

While the majority of older people continue to live in the community, nevertheless, the possibility of having to move from home for increased care is an issue that many older people have to consider. Findings from the *HeSSOP* study (2001) suggest that while this is an issue of concern for many older people, they do not discuss options either with their families or anyone else they might trust (Garavan *et al,* 2001a). Older people may not be fully aware of the options available to them and may not know where to seek this information.

The older people in the study were much more likely to have had no experience of this transition time (74 percent) or only to have experienced it in their immediate circle (19 percent) rather than to have experienced it personally. In discussing this transition time, most of the older people interpreted the move as one to a nursing home although the scenario presented to them did include a move to special and sheltered housing and other possibilities, such as a specially adapted house.

This chapter explores the kinds of information needed at the transition time of moving from home for increased care. As before, the feedback is presented under three main headings: critical kinds of information needed, information providers/holders used, and perceptions of information providers/holders.

5.2 Critical Kinds of Information Needed

As most of the older people had no direct experience of this transition time, their

responses reflect their expectations about the kinds of information they might need at such a time. The feedback can be categorised as:

- general information

- information on standards and conditions in nursing homes

- help finding information.

General Information

Information required here includes:

- information on homes (for example, objective information so you know what's there)

- how to apply; availability of places

- how much homes cost (of great concern to many)

- advice on managing money matters (for example, on managing money received from sale of home; would your pension cover the cost of nursing care?)

Information on Standards and Conditions in Nursing Homes

This would include information on:

- standards of nursing care

- policy and practice in homes (for example, will they keep you if you get sick? can you have your own GP? religious ministry; facilities provided; nursing care availability; PHN visits available?)

- sheltered housing (for example, conditions; do you get treatment there?)

- attitudes of staff (for example, do they care/are they kind?)

- location (for example, distance from family, friends and community).

Help Finding Information

Requirements here include:

- advice on what schemes/subsidies are available and how to get them

- knowing where to go for help

- help with making decisions (for example, because you're vulnerable at this time).

Of major concern to the older people interviewed was the cost of moving from home for increased care. Older people need to be able to get clear and objective information relating to the availability of places, where and how to apply for these places and, most importantly, how to manage the move financially. In addition, details on the more personal aspects of the move were believed to be critical for older people. This includes the location of the home and proximity to family and friends. As one older person explained:

> *Losing contact with one's friends and neighbourhood is a*
> *big problem.*

An important concern for the older people was the standard of care which the they could expect to receive and the level of independence they could maintain. As some older people expressed it:

> *You'd like to know you are going to a nice home where*
> *you'd have kind and loving people to look after you.*

The older people interviewed also felt that they needed help with making decisions as they would be particularly vulnerable at this time. They would like to get information on the alternatives to living alone at home and the schemes operating in their area as well as the option of sheltered housing.

5.3 Information Providers/Holders Used

As before, the older people were presented with a list of information providers/holders who could be of use when moving from home for increased care and for each one they were asked if they had experience of them for this purpose. Reflecting the small number who had actually experienced this transition time, only small numbers had used any of the information providers/holders listed. Table 5.1 below presents a summary of those used, in ranked order.

Table 5.1 Information Providers/Holders Used: Moving from Home for Increased Care

Organisation/Individual	Usage	
	N*	%
Informal social networks	33	35
General Practitioner	24	25
Public Health Nurse	23	24
Nursing homes	20	21
Social Welfare Office	15	16
Health board (apart from CWO)	14	15
Citizens information centres	13	14
Voluntary organisation	12	13
Bank/building society	11	12
Local authority	11	12
Community welfare office (CWO)	11	12
Solicitor	10	11
Accountant	8	8
Geriatrician	7	7
Dept. of Environment and local government	6	6
Other organisation/individual	3	3

Note: Base = 95

The percent column in this table will not add to 100 as participants indicated the use of more than one information provider/holder

*N = Number of older People

Among those who had experienced the transition, informal social networks again emerged as very important, being the most likely source of information. Health service providers — the GP and PHN — were the next most likely sources of information at this time. As might be expected, nursing homes also played an important role in information provision at this point.

The Social Welfare Office, health boards and Citizens' Information Centres were used to a lesser extent. Examples of those information providers/holders least frequently used are the Department of the Environment and Local Government, geriatricians and accountants.

In the view of the information providers/holders in the focus groups it would be expected that informal networks and health care professionals were the most used source of information at this transition time. Moving from home for increased care is often a crisis and older people will initially turn to their families and the people with whom they are familiar such as their GP in such times of crisis. Participants in the focus groups noted that it was easier to provide older people (and their families) with information if the move was being made from a hospital setting rather than a community setting. In the hospital there were more likely to be other supports in place. Some hospitals operate a 'planned discharge' service whereby some follow-on care is put in place prior to the older person leaving hospital; for example, PHN and social worker visits are organised.

5.4 Perceptions of Information Providers/Holders

5.4.1 Perceptions Among Users

The most frequently used providers - informal social networks, the PHN, the GP and nursing homes — were all generally rated *good*. The Department of the Environment and Local Government and the local authority were most likely to receive a *poor* rating amongst users.

Several providers that were not widely used were unanimously rated as *good*; these include solicitors, accountants, the Community Welfare Officer and health boards.

5.4.2 Perceptions Among Non-Users

Many non-users gave no opinion but, as with users, those who gave an opinion were more likely to rate the PHN and informal social networks as *good*. Non-users also believed that the Community Welfare Office and health boards would be good at this time. Non-users were more likely to rate accountants and banks/building societies as *poor*.

5.4.3 Reasons for *Good* Ratings

Among both users and non-users, informal social networks were rated highly in relation to the information they provide at a time when an older person has to move from home for increased care. The older person's social network provides moral, practical and financial support. As one older person said "I have great neighbours, they fill up forms for me and help me in every way." Other older people expressed their reliance on networks as follows:

> *They were very supportive in gathering information on nursing homes.*

> *Would put them top of the list.*

> *These should be the first priority to the person if available.*

PHNs, who were also rated highly, were perceived as kind and caring and as having time to talk. Older people also believed they would be knowledgeable about nursing homes and could recommend appropriate homes. The following quotes illustrate these viewpoints:

> *They would be the primary people to direct the person to make the change. They would point them in the right direction.*

> *They are dealing with old people every day.*

> *Went out of their way to help.*

> *Would be experienced and alert one to serious problems.*

The GP was seen as being *good* in much the same way as the PHN. He or she was seen to be kind and understanding, as knowing the older person's history and being knowledgeable about nursing homes. As one older person said:

> He would know where to send you and would be very helpful.

Some older people expressed the following viewpoints:

> You can talk to them and have confidence in them.

> They are more likely to know what you require.

> She knows what is going on in neighbourhood and would have personal experience.

5.4.4 Reasons for *Poor* Ratings

As stated above, users unanimously gave many information providers/holders a good rating while non-users were more likely to give no judgement at all rather than a good or poor rating. However, where a poor rating was given the most frequent reasons were:

- *They would not have the time to deal with the transition time of moving home. They would have no great interest.*

- *Too hard to contact, you are put from pillar to post.*

- *They are only there for the money.*

- *They work for their own gains rather than the customer.*

- *They are usually most unhelpful but unfortunately they are necessary.*

- *There is not enough money set aside by the government for them.*

5.5 Summary

The perceived critical kinds of information needed at the transition time of moving from home for increased care fall in three categories:
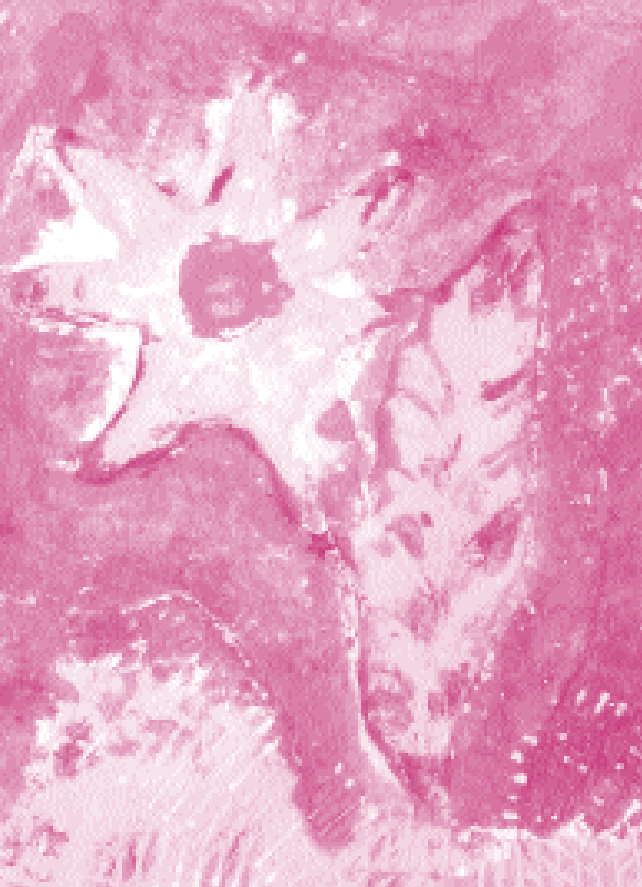
● general information

● information on standards and conditions

● help finding information

The information providers/holders most frequently used at this transition time included informal social networks, GPs, the PHN and nursing homes.

Those information providers/holders who were most frequently used were also rated highly by those who used them. Health boards, solicitors and the Community Welfare Officer were not frequently used but were rated highly among users. As with users, non-users were more likely to rate the PHN and informal social networks as *good*. The GP and PHN were rated highly because they were perceived as knowledgeable, caring and understanding. Informal social networks were perceived as providing the moral and emotional support that is needed at this time. *Poor* ratings were given where information providers/holders were perceived as unhelpful and unable to give time to older people.

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Chapter 6

Transition Time: Bereavement

Chapter Six
Transition Time:
Bereavement

6.1 Introduction

Approximately one third of the older people who took part in this study were widowed. It is natural that as people get older there is an increased likelihood of experiencing bereavement. Obviously, the loss of a spouse or someone close marks a major transition time in anyone's life but particularly, perhaps, in the life of an older person.

All the older people were very gently probed to see if they had suffered a recent bereavement. Over two thirds of the study's participants had either had a recent bereavement themselves or those in their immediate circle had experienced a bereavement. The information providers who took part in the focus groups expressed concerns about the way in which the death of an older person is viewed by society and, the effects this can have on the person who has been bereaved. As one provider explained:

> There is a lack of recognition of the effects of bereavement on old people. People ask how old the deceased person was as if it were less important if it is an old person. The death is minimised ... there is a grieving process still involved whatever the age.

It was also suggested by the information providers/holders that, for an older person, the experience of bereavement could lead to other serious problems:

> The social isolation and loneliness of the bereaved older person is not understood even by families ... their own health may also have suffered at the time of the deceased person's illness.

This chapter explores the information needs at a time of bereavement. As before the feedback is presented under three main headings:

- critical kinds of information needed

- information providers/holders used

- perceptions of information providers/ holders.

6.2 Critical Kinds of Information Needed

When asked about are the critical sorts of information needed by older people at a time of bereavement the responses suggested that the information needs fall into the following three main categories: practical information, services available and entitlements and personal needs.

Practical Information

This includes information on:

- how to manage the funeral arrangements (for example, how to get a plot; how to arrange the Mass; how to deal with the death announcement)

- telephone numbers of the priest, doctor and undertaker

- how to take care of financial arrangements

- legal matters (for example, the will; registration of the death).

Services Available/Entitlements

People need to know about:

- what help is available and where to find it

- pensions and entitlements.

Personal Needs

Information required here would be:

- information on counselling and bereavement support groups

- good listeners

- the support of family.

In the view of the older people, when someone experiences a bereavement, what they really need is someone to take over and provide help and support with the practical matters that need to be arranged. Of course, emotional support is also very important at this time. The older people interviewed felt it was critical to get information about entitlements, death grants and other financial and legal matters, such as execution of the deceased person's will. At a practical level, the older people felt that help would be needed to get in touch with the undertaker, the priest and family members both near and far. Some older people would like to be able to make contact with others who have shared the same experience, someone to whom they could talk.

The information providers/holders raised several concerns about the need for information on certain aspects of a death, such as post mortems, in the case of a sudden death and the need to identify the deceased. The following comments illustrate their particular worries:

> *Where an old person has been found dead and the cause of death is not certain, the Gardaí and the Coroner have to be notified... Gardaí have to visit... it has to be dealt with very sensitively.*

> *... in the hospital the body has to be identified by the next-of-kin ... old people are not prepared for this, it can be very upsetting.*

Serious concerns were also raised by the information providers/holders about the lack of consistency in practice across health boards and the fact that hospital staff often do not know what to tell older people about the assistance available to them. They urged that service providers "should not promise a service if they cannot give it". The perceived lack of liaison between the Health Board and the Social Welfare Office was seen to cause problems for older people trying to access information.

6.3 Information Providers/Holders Used

Table 6.1 below presents a summary, in ranked order, of the information providers/holders used by older people at a time of bereavement.

Table 6.1 Information Providers/Holders Used: Bereavement

Organisation/Individual	Usage	
	N*	%
Priest/clergyman	63	66
Undertaker	63	66
Informal social networks	56	59
General Practitioner	48	51
Solicitor	23	24
Public Health Nurse	20	21
Social Welfare Office	20	21
Health board	12	13
Revenue Commissioners	12	13
Accountant/tax consultant	6	6
Dept. Social and Family Affairs**	5	5
Citizens information centre	5	5
Voluntary organisation	5	5
Counselling services	3	3
Bereavement support group	3	3
Other organisation/individual	3	3

Note: Base = 95

The percent column in this table will not add to 100 as participants indicated the use of more than one information provider/holder

*N = Number of older people

**formerly the Dept. of Social, Community and Family Affairs

As would be expected, the undertaker and the priest/clergyman were the most used information provider/holder at a time of bereavement information. Informal social networks and GPs were also used frequently. Providers that were occasionally used by older people included solicitors, the PHN and the Social Welfare Office. Rarely or never used information providers/holders were Citizens' Information Centres, voluntary organisations, counselling services and bereavement support groups.

Information providers/holders who took part in the focus groups felt that the Gardaí play an important role as information providers at the time when the bereavement is the result of a sudden death or death from an uncertain cause. They also suggested that older people themselves could be valuably involved in the presentation of information on bereavement to other older people and act as volunteers to provide the needed support. This was something older people themselves wanted — to talk to someone who had the same experience. Focus group members, however, also raised the importance of intergenerational contact and pointed out that younger people often have more time for grandparents than their parents have and can often make better listeners. It was felt that the relationships between young and older people could be more utilised to support those who are bereaved.

6.4 Perceptions of Information Providers/Holders

6.4.1 Perceptions Among Users

Those information providers/holders that were most used at a time of bereavement (that is, undertaker, clergy, social networks and GP) were almost unanimously regarded as good. Generally, the vast majority of users rated all the information providers/holders used as good. Some providers, who were not widely used were

also unanimously rated as *good*; these included Citizens' Information Centres, counselling services and bereavement support groups. The only provider rated *poor* by any substantial number of users was the Department of Social and Family Affairs.

6.4.2 Perceptions Among Non-Users

Among non-users, the older people typically were more likely to give no judgement or a rating of *good* rather than a rating of *poor*. Similar to users, among non-users the most frequent ratings of *good* were given to clergy, social welfare office, informal social networks and the GP. As with users, non-users also frequently gave a rating of *good* to counselling services and bereavement support groups. Among non-users, the providers most likely to be seen as *poor* were the accountant/tax consultant, the Revenue Commissioners and the health board.

6.4.3 Reasons for *Good* Ratings

Among the older people, both users and non-users, the providers most frequently used — priest/clergyman, undertaker and the GP — were ranked highest as *good* providers of information at a time of bereavement.

The clergy were perceived as being good in dealing with information matters relating to bereavement because they were seen to be comforting and to provide emotional and spiritual support. One older person felt priests would "help with funeral arrangements and [provide] spiritual support". They are "helpful with arrangements" in that they organise the elements of the funeral that are church-based, such as the funeral mass:

> *They organised the religious side of the proceedings and I*
> *found them very helpful and understanding.*

> *The Church has a Bereavement Support Group, they*
> *would support you and listen.*

> *The nuns in the hospital were very good, helpful and kind.*

Undertakers were perceived as good because they looked after the practical side of the funeral and provided a professional service. They were seen as "very understanding and respectful". As noted previously, it is very important that at this

time someone takes control and makes all the necessary arrangements and this is how the older people perceived the role of the undertaker. Some of the older people's comments illustrate this:

> The undertaker takes control ... I expect him to inform me of my rights.

> He took charge of everything and didn't come looking for money.

> He took all the stock and sold them to pay for the funeral.

> They organised the funeral arrangements.

The GP was seen as an important person at this time as they would provide support and consolation. They were often present at the time of death or shortly afterwards and were believed to have the knowledge and experience to provide practical advice in matters such as the death certificate. They were seen to "put people in the right direction". Some comments from the older people were:

> They usually are there at time of death.

> They deal with death.

> He called a few times afterwards.

Informal social networks were perceived as playing a key role at a time of bereavement:

> They play a key role. Of course where there is no family, neighbours and friends can and do play a big part.

They play a key role for a number of reasons, most particularly for their practical and emotional support:

> They are at your beck and call, you don't need to ask, they just do it.

Many of the older people felt that in a small community the social network is vital,

with neighbours stepping into the role of comforter and counsellor as well as information provider/holder:

> *[In a] small community everyone helps one another. Neighbours step in as counsellors...*

6.4.4 Reasons for *Poor* Ratings

The following comments from older people illustrate the kinds of reasons why certain information providers/holders might be considered *poor* at a time of bereavement.

- *They don't have time, friends would be more appropriate.*

- *He is only doing a job – you would be as well having the window cleaner.*

- *I did not find them very helpful when my friend died, as everything should have been straightforward.*

- *Only looking after themselves*

- *Once they were buried I never saw them again*

- *Only interested in the living*

- *Not their line of work*

- *Any support group – be wary ... unless they are highly qualified and open to inspection, they can sometime s do more harm than good.*

The perceived critical kinds of information needed at the transition time of bereavement fall into three categories:

● practical information

● services available/entitlements

● personal needs.

The information providers/holders most frequently used at this transition time included the priest/clergy, the undertaker, informal social networks and the GP.

Those information providers/holders that were most used at a time of bereavement were almost uniformly regarded as *good* among those who used them. Non-users also rated these same providers/holders (clergy, GP and social networks) as *good*. Information providers/holders who were perceived as being in a position to give good advice, support and practical help at the time of bereavement were more likely to receive a *good* rating. *Poor* ratings were given where information providers/holders were perceived as impersonal or incapable of giving time to older people.

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Chapter 7

Presentation of Information: Older People's Perceptions and Preferences

Chapter Seven
Presentation of Information: Older People's Perceptions and Preferences

7.1 Introduction

There are many ways in which information can be presented. Each of these methods, while being effective at presenting different types of information, can give rise to difficulties. Some of these difficulties are related to sensory and cognitive changes that can occur in older life, such as diminished aural or visual acuity, — while others are related to socioeconomic characteristics, such as poor literacy skills or low educational achievement.

This chapter explores older people's views and experiences in relation to the different means of presenting information. The feedback is presented under the following headings:

- frequency of usage of different means

- perceptions of usefulness of different means.

This chapter also presents findings with regard to suggested improvements for meeting the information needs of older people.

7.2 Frequency of Usage of Different Means

The older people were presented with a list of possible means of presenting information and asked for each one if they had ever used it for getting information. Table 7.1 below shows those used, in ranked order.

Table 7.1 Frequency of Usage of Different Means

Presentation of Information	Usage	
	N*	%
Print form	75	79
Informal communication with personal contacts	75	79
Radio programme	68	72
Television programme	67	71
Meetings	39	41
Face-to-face communication with professionals	33	35
Telephone communication with professionals	26	27
Telephone help line	22	23
Video tape	12	13
Internet	12	13
Other ways	11	12
Audio tape	9	10

Note: Base = 95
           The percent column in this table will not add to 100 as participants
           indicated the use of more than one means of presenting information

*N = Number of older people

The means of presentation most used by the older people (by at least 70 percent)
were the printed media (including newspapers, newsletters, booklets and leaflets),
informal communication with personal contacts and radio and television
programmes. Four in ten older people had attended meetings (41 percent) to fulfil
their information needs. Face-to-face communication with professionals was one of
the least popular means of obtaining information (35 percent) and telephone
communication with professionals was even less frequently used (27 percent).
Telephone help lines were used by approximately 20 percent of the older people.
The means of presenting information that were least used include audiotape,
videotape and the Internet.

Information providers/holders in the focus groups suggested that while leaflets and
booklets were a valuable source of information for older people, there were
difficulties associated with them. In a time of crisis, a leaflet/booklet by itself would
not be useful, as the older person would be distressed and unable to digest the
information. In such a case the older person would need to receive the information
face-to-face. An important issue raised was that one leaflet cannot contain all
available information. There are problems also in trying to keep the information
contained in leaflets/booklets up-to-date. A further issue related to the complexity
of regulations and conditions attached to entitlements and the consequent challenge
of achieving simplicity and ease of reading in a short booklet.

The information providers/holders suggested that local radio and newspapers,
particularly in rural areas, play a vital role in providing information but, they felt
that, to date, these media have not been used to their full potential. It was
suggested that one key method of fully utilising these resources was to include
older people in presenting the information.

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7.3 Perceptions of Usefulness of Different Means of Presentation

7.3.1 Perceptions Among Users

Among the older people who had experience of the different means of presentation of information, two of the most frequently used (print media, informal communication) were also frequently rated as *good*. Some means of presentation that were less frequently used but were rated as *good* included face-to-face communication with professionals, meetings, telephone help lines, audio and videotapes and the Internet. Users were more likely to rate telephone communication with professionals as *poor*.

7.3.2 Perceptions Among Non-Users

Among non-users who gave a rating, the means of presentation most frequently rated as *good* were face-to-face communication with professionals, print media, telephone help lines and informal communication with personal contacts. Meetings, which were seen as *good* by those who used them, were less frequently perceived as *good* by non-users.

Similar to users, the means of presentation most frequently seen as *poor* by non-users was telephone communication with professionals. Non-users also rated the Internet and videotapes as *poor* in contrast to users who unanimously rated them as *good*.

7.3.3 Reasons for *Good* Ratings

Among the older people interviewed, the top five means of presenting information were print media, informal communication with personal contacts, radio programmes, and television programmes and face-to-face communication with professionals.

Print media were rated highly because, as illustrated in the following comments, the older people felt that written information could be read in one's own time, kept and referred back to if necessary and shared with family or friends.

> *I can read over it a few times – I highlight any piece I'm not sure about and go back and re-read it – or if it's important I keep reminding myself about it.*

Easily read and retrieved.

Booklets – you would have them handy to refer to when the need arose.

Without leaflets and papers we would know nothing.

Have time to read them in your own home.

As long as it does not arrive too often, it would be useful regarding entitlements and what organisations are there to help.

Informal communication with personal contacts was rated highly. This finding concurs with other research which has found that when older people need help they often turn to informal networks such as family and trusted friends. Some of the older people's comments were:

Friends are the best way of gathering information.

Probably the most important.

I think it should be recognised as a most useful source of information. Nowadays people will talk about almost anything.

They would have a personal interest.

Their experience is firsthand.

Television programmes were perceived as *good* because older people watch a lot of television. The news and television shows that give out information specifically aimed at the older population were felt to be very useful. Some commented that this means was very informal and could be crucial if used appropriately:

If presented by the right people it would have the desired effect.

Most people listen and are made aware, almost unconsciously, to what is on offer.

Face-to-face communication with professionals, which was also frequently rated *good* by both users and non-users, was given such a rating mainly because older people prefer more personal contact. Some comments from older people on the issue are:

> It is always good to talk face-to-face – more personal contact.

> You can ask questions and get answers.

> Would feel you were being personally looked after.

7.3.4 Reasons for *Poor* Ratings

Telephone communication with professionals was the means of presenting information most frequently rated as *poor*. This was because of the impersonal nature of the contact. The older people felt that it was much better to talk face-to-face with someone and that eye contact was important. Some older people also noted difficulties in using the telephone — people talk too fast — which is unsatisfactory to someone with hearing difficulties. It was also mentioned that it is often difficult to get the relevant person on the telephone. Overall, the outcome of telephone communication with professionals was usually perceived as unsatisfactory. The following comments show how the older people felt:

> At the age of 80 I ring the department, young girls talk too fast – not a good way of getting information.

> Waste of time – never get the answers you want.

> Difficult to get to the relevant person.

> Like to speak to someone face-to-face.

> For elderly, difficulty absorbing information over the telephone.

The following comments from the older people illustrate why other means of presenting information might be considered *poor*.

- *Don't understand how you could do that – don't like the idea.*

- *Would require video equipment*

- *Would not know how to use it – not suitable for elderly people*

- *Easy to miss a programme which could have been important*

- *Not suitable for elderly people – might have a hearing disability or sight problems.*

7.4 Suggested Improvements to Meet the Information Needs of Older People

All the older people were asked what could be done to make information providers/holders better at meeting the information needs of older people. The suggestions given relate to three main issues: the way the information is provided, the importance of personal contact and the characteristics of the information providers/holders themselves.

Manner of Provision of Information

Relevant factors to be taken into account include:

- using simple language; plain writing

- giving information on where to get information

- having a central place that is accessible and convenient

- having a phone number where one person would find the information for you and not be transferred from one to another.

Personal Contact

This can meet the information needs of older people through:

- having someone drop in on isolated old people

- going out and meet the people and listen to their needs

- providing more public meetings

- having a centre for old people to meet

- face- to-face talking generally.

Information Providers/Holders

Improvements can be made in the following ways:

- proper training

- acting on promises; follow through

- better supervision of their work

- gaining experience of the problems

- less red tape

- being respectful; don't talk down to older people

- being patient, friendly, courteous, understanding

- giving more time

- not forcing technology on people

- being less costly.

In relation to making information available, many suggestions were put forward about the provision of an information leaflet for those aged 65 and over which could be sent to the older person's home. It was also suggested that this booklet be written in simple language. The information providers/holders in the focus groups felt that while leaflets were extremely useful at providing back-up information, some

face-to-face communication is also necessary when dealing with certain transition times. They also suggested that the older people should be involved in preparing information leaflets and that presenting the information in loose leaf form would enable any publication to be readily up-dated. One information provider commented that:

> *If the Department were sending out information (with pension books etc) as a clear and readable resumé of what is available in the way of support, this could be helping both the physical, financial and emotional needs of the ageing person.*

Some older people thought it would be helpful to have notices displayed in public places. Others suggested that a central location, which would be convenient and accessible to older people, should be available. One older person felt it would be beneficial to:

> *... have a central group for covering all helpful organisations, for example, a well set up Citizens Information Centre using computerised information. They would also want to be open and available for normal opening hours.*

The information providers/holders also felt that having a central location where information would be readily available, such as a health centre or supermarket kiosk, would be helpful. They believed that this location would need to be very well advertised and be located in an office that is manned all day; perhaps linking with existing Citizens' Information Centres (CICs). As noted previously, there was very low usage and even awareness of CICs among the older people interviewed.

Many older people believed that more opportunities should be made available for older people to have face-to-face contact with other individuals. Information providers/holders in the focus groups also believed that one-to-one contact was a vital means of communication for older people and could be "more meaningful than a host of booklets". The older people suggested that more public meetings should be arranged as well as the provision of a centre where older people can meet. Older people believed that service providers and information holders should also make it their business to go out and listen to what older people have to say. As one older

person expressed it:

> *Maybe some one to drop-in in the evenings for isolated*
> *people on their own – a lot of them don't have family.*

Many improvements were suggested for the way in which service providers/information holders treated older people. These were mainly concerned with ensuring staff are appropriately trained and have better supervision. As one older person stated:

> *Maybe training of such people to deal with older people*
> *might be a help.*

The information providers/holders concurred with the older people and stated that training "is an issue that we need to do more about".

Some older people felt that information providers/holders needed to be able to give more time to older people. It is very important that older people feel they are being listened to and that their concerns are seen as valid. Some information providers/holders in the focus groups noted the usefulness of "listening days"; the older people suggested that information providers should be:

> *... more personal and less official. Bend the rules at*
> *times and less red tape.*

> *... treat people with more respect and courtesy.*

For some older people cost was a factor in obtaining the information they needed and they felt that providers should not be too expensive. As one older person commented:

> *It comes down to money, you have to pay to get the best*
> *care.*

Finally, the older people felt that it was important that technology was not "forced" them. Many of the information providers/holders talked about the potential usefulness of websites and chat lines for older people but they acknowledged that new ways of teaching and affordable classes need to be organised in order for this new technology to be of use. While this is so, there are still many older people who

do not welcome the challenge of new technology, such as the Internet, and would prefer not to be forced to look to these for their information needs.

7.5 Summary

The top four means of presenting information used by the older people included the print media, informal communication with personal contacts, radio programmes and television programmes. The least used means of presenting information were audiotape, videotape and the Internet. Among users, the print media and informal communication were rated highly. Face-to-face communication with professionals, telephone help lines and meetings were not frequently used but were rated highly among those who did use them. Non-users were more likely to rate face-to-face communication with professionals and the printed media as *good* rather than poor. Print media were seen as *good* because they could be held on to and reread if necessary. Personal contacts were seen as the most important means of presenting information for some older people because they were perceived as having first-hand experience. Most of the older people rated face-to-face communication highly because they felt they were being personally looked after. Telephone communication with professionals was rated as *poor* because of the impersonal nature of the contact.

When the older people were asked what could be done to make information providers/holders better at meeting the information needs of older people, the suggestions given related to three main issues:

● these were the manner of passing on the information

● the importance of personal contact

● the characteristics of the information providers/holders themselves.

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Chapter 8

Older People as Seekers of Information: Difficulties and Resources

Chapter Eight
Older People as Seekers of Information: Difficulties and Resources

8.1 Introduction

As part of this study, older people were asked a number of open-ended questions about their perception of individuals who would be likely to experience difficulties in accessing information. They were also asked to consider what they thought could be done to help these individuals. Some further questions were asked about the resources older people feel they have available to them – in what ways could they help themselves and others with regard to meeting information needs?

In this chapter the findings in relation to these issues are presented and also older people's experiences and perceptions in relation to computers. The feedback is presented under the following four headings:

- perceptions of older people likely to experience difficulties

- perceptions of what would help older people

- perceptions of how older people could help themselves

- computer experience and perceptions.

The older people were asked which individuals they thought would have the greatest difficulties in having their information needs met. The many answers given can be grouped into five main categories: disabled/sick people, people lacking social skills, people with poor education, people who lack access and people in isolated circumstances.

Disabled/Sick People

This category includes:

- people with disabilities (for example, blind/deaf, wheelchair bound, housebound)

- people who are sick and in nursing homes

- people suffering from memory loss

- people with mental problems such as depression.

Lacking Social Skills

Older people falling into this classification would be:

- people not good at communicating (for example, those with learning difficulties or those who find it difficult to approach officials)

- people who don't mix with others.

Poorly Educated

Such people might be those:

- who are not well educated

- who do not or cannot read

- who have learning difficulties.

Lacking Access

Older persons lacking access to information would include:

- without a car or not able to drive

- without a telephone and without radio

- travellers and refugees (lack access due to barriers such as language/societal attitudes).

People in Isolated Circumstances

Older persons falling into this category include:

- people living in isolated areas

- people living on their own

- "stay-at home" women

- people with no immediate family

- single men or women

- older people who are "proud" (for example, those who do not let on they are of pension age).

8.3 Perceptions of What Would Help

8.3.1 Older People Experiencing Difficulties

When asked what, if anything, could be done to help people likely to have difficulties accessing information, many suggestions were put forward. These fell into the following three categories: personal contact, improvement in services and a change in attitudes. (These suggestions are similar to those put forward for information providers/holders outlined in the previous chapter.)

Personal Contact

Access to information could be improved by:

- having an "official" call and explain things (for example, someone to visit a few times a year; someone to call when you reach pension age)

- calls from a social worker/nurse/home help

- help from PHNs, GPs, Social Welfare Officers, Gardaí

- someone in every community advising older people

- a neighbour or other contact to get the information for older people.

Improvement in Services

This could be achieved by:

- one-stop shops (for example, parish centre)

- better radio programmes (older people listen to the radio more)

- more user-friendly forms (for example, simple language and larger text)

- more retirement associations

- more user-friendly services

- retirement courses being made free of charge

- sending all the information in a booklet from the Department of Social and Family Affairs/National Social Services Board

- improved interaction/communication between government departments

Change in Attitude

Changes in attitude can be accomplished by:

- a more open attitude towards older people (for example, be friendly, show kindness, be patient)

- better training for personnel in organisations

- non-judgemental services

- listening more to older people.

8.3.2 Older People in this Study

The older people also spoke about the particular circumstances in their own lives that would make getting the information they needed easier for them. There are four main headings under which the responses can be grouped:

- more information: about all entitlements, pensions, moving from home, receiving information with their pension book, more relevant items in the local press and on local radio and the provision of a book containing all relevant telephone numbers

- more personal contact: more visits from the PHN, more associations for retired people and more talks by experts

- use of technology: using the telephone or a help line, using a computer, learning to source information on the Internet

- financial support: free computers for older people, generally more money, as pensions are too small to live on.

8.4 Perceptions of How Older People Could Help Themselves

The older people were asked what they felt they could do to help themselves and other older people in meeting their information needs. Many of the suggestions focused on meeting and socialising with other people. Some older people felt they could do no more than they were currently doing — they felt they did not have the information themselves to be of any help to others. One or two were sure they had done all that could be done and they would now "trust in God".

Older people thought they could help themselves or others in getting information needs met in the following ways:

● meeting and socialising

● using service providers

Meeting and socialising

Older people felt they could get more information through:

● attending retirement/other classes: *Leaflets coming in all the time, courses on offer all the time*

● getting out and talk to people: *keep in touch with people*

● taking more interest in computers: *training course for Internet, access to computer*

● keeping fit and well: *I go for a walk every day and meet/talk to people*

● keeping yourself informed: *Keep reading and listening to friends and radio.*

Using Service Providers

Better use of service providers could be achieved by:

● getting involved with organisations (for example, Society of St Vincent de Paul): *Getting out, joining clubs and organisations*

- seeking out information: *Make more use of medical profession; Seek information from various organisations; Make enquiries regarding care for future i.e. nursing home availability.*

Many of the suggestions for helping other older people focused on being a good neighbour or friend and passing on any information that might be of relevance – being part of an informal network. Here are examples:

> *Explain what is in the paper to people that have not got the paper – community effort.*

> *Be a good listener and try to be a good neighbour and get the information for them.*

> *I share all I know with everyone.*

> *Keep an eye on neighbours and friends ... would like to know if there was someone in Health Board that could be contacted if I thought a neighbour was in difficulty.*

Some older people suggested becoming part of a voluntary organisation to help older people, while others would try to get people involved in activities:

> *Try to get them out and join clubs, send them leaflets.*

> *Being part of voluntary organisation for the elderly.*

> *Try and talk to them, get them to see someone who could give them information.*

Some other older people were keen to be of practical help to others:

> *I could write an interesting and concise resume of information.*

> *Distribute leaflets to those in need.*

8.5 Computer Experience and Perceptions

It was noted earlier that almost one third of the older people said they had access to or owned a computer, yet most of them said they had little (18 percent) or no (65 percent) experience with computers. Many were not confident in how to use a computer. Of the older people who said they had little or no experience, less than half (37 people) said they would be willing to learn something about computers. Nevertheless a substantial number indicated a willingness to learn about computers if suitably tailored and affordable classes were available.

When those who indicated they would be unwilling to learn were asked if there was anything that would make it easier for them, a few older people mentioned affordable one-to-one training. However, the predominant answers were:

> *There are plenty of courses – I just haven't gone – don't think I'll do it really.*

> *At my age – nothing.*

> *I don't want to learn.*

> *Too old to learn.*

Over two thirds of the older people had mostly positive feelings about computers. They felt that computers were useful in providing for their information needs. They felt computers could be used to gather information while at the same time be recreational and educational. When those with mostly negative feelings were asked to describe them, the most common response was "lack of interest". Other responses related to:

- lack of familiarity with computers: *fear of it going on fire, fear of destroying it; couldn't switch it on*

- perceived medical problems: *my eyes are not up to it*

- cost factors: *could not afford it; I could never afford to have one so why would I learn something I would never use.*

The older people perceived as likely to experience the greatest difficulties in having their information needs met included disabled/sick people, people lacking social skills, people with a poor education, people who lack access and people in isolated circumstances. When asked if anything could help these people the suggestions fell into three categories:

- personal contact

- improvement in services

- changes in attitudes.

The older people in this study felt that more information, more personal contact, more financial support and additional technology (for example, help lines) would improve their circumstances and make it easier for them to get the information they needed.

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The older people were asked what they felt they could do to help themselves and other older people in getting their information needs met. Many of the suggestions in helping themselves focused on meeting and socialising with other people. Some older people felt they could do no more than they were currently doing and did not have the information themselves to be of any help to others.

Almost one third of the older people said they had access to or owned a computer, yet most of them said they have little (18 percent) or no (65 percent) experience with computers. Of the older people in this study who said they had little or no experience, less than half said they would be willing to learn something about computers. When those who indicated they would be *unwilling* to learn were asked if there was anything that would make it easier for them, the predominant answer was "nothing". Over two thirds of the older people had mostly positive feelings about computers.

Chapter 9

Conclusions and Proposals for Action

Chapter Nine
Conclusions and
Proposals for Action

9.1 Introduction

Previous chapters of this report have outlined the feedback obtained from older people with regard to the kinds of information they need at transition times in their lives: retirement/reaching pension age; onset of disability or illness; having to move from home for increased care, and bereavement. The earlier chapters have further described the information providers/holders usually used when information is needed and the older people's experience of, or opinion about, these different providers and the factors that make a difference between a good and poor information service. Feedback has been presented on older people's experiences of and attitudes towards different means of presentation of information and the factors that influence the effectiveness of different means. Finally, previous chapters have presented the feedback from older people with regard to their own resources and capabilities for information seeking and their views on the factors that may cause certain older people to be vulnerable and in need of particular consideration. In these earlier chapters feedback has also been included from the information providers/holders on their perceptions with regard to the same issues: information needs at key transition times; the important considerations involved in presenting information in different ways to older people, and the factors that make the difference between a good and poor information source.

The purpose of this final chapter is to use the feedback obtained from the older people and from the information providers/holders involved in the study to design an Action Plan that will address the information needs of older people. The Action Plan is people-centred and takes account of the preferences and concerns of the particular group of consumers involved. It is acknowledged from the outset that,

although the Action Plan is built on structures that to a large extent are already in place, both a reorientation of existing services and resources and additional investment will be required to ensure that this proposal for action becomes a reality. Such a Plan will take time to implement and evaluate. Accordingly, this final chapter also outlines interim measures that should be adopted to firmly set the foundation for the Plan. These interim measures are more concerned with a reorientation of existing services towards the information needs of older people than the development of new structures. They relate to systemic and attitudinal changes that can be adopted immediately by both information providers/holders and older people as seekers of information. In this way, the proposals for action can be considered to be both prioritised and to have short-term and a long-term dimensions.

The Action Plan is presented in the context of policies concerned with older people, described in the literature review, which emphasise:

● living in the community with dignity and independence

● health promotion

● social inclusion and social engagement

● consumer participation.

It is clear that in the enactment of such policies information provision and information usage play a crucial role. Through the provision of 'appropriate, comprehensive, high-quality, accessible and timely information' (Department of Health, 2001), as outlined in the Action Plan proposed, older people will be better equipped to avail of appropriate services that can support them in living in the community with dignity and independence. In addition, the more informed older people are the more empowered they are to make 'healthier choices' which can prolong the period of healthy ageing. Finally, this Action Plan is centred around the specific needs of the older person. It aims to promote the inclusion of older people in their own care in a manner consistent with a democratic model of consumer consultation.

The Plan seeks to take account of the information services and structures already in existence and aims to build on these to provide a service tailored to the particular needs of older people.

9.2 Action Plan

The Action Plan described in the following sections 9.3–9.5 outlines:

● a framework for considering the information needs of older people

● structures for addressing those information needs; one for independent older information seekers and one for older people who need assistance in meeting their needs

● a set of principles to govern the relationship between information seeker and information provider.

9.3 Framework for Considering Information Needs

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The framework for considering information needs is outlined in Figure 9.1 in terms of a set of questions, the answers to which provide the signposts for the steps that need to be taken. Each element of the framework is discussed in detail in the following sections 9.3.1 – 9.3.6. In the discussion relating to each element, efforts have been made to highlight the interim measures (referred to in the introduction to this chapter) that can be adopted in the short term by both information providers/holders and older information seekers to improve current information delivery. These are measures that will ultimately enhance the information capabilities of both parties and set a sound foundation for the implementation of the more structured system outlined in section 9.4.

Figure 9.1 Framework for Consideration of Information Needs
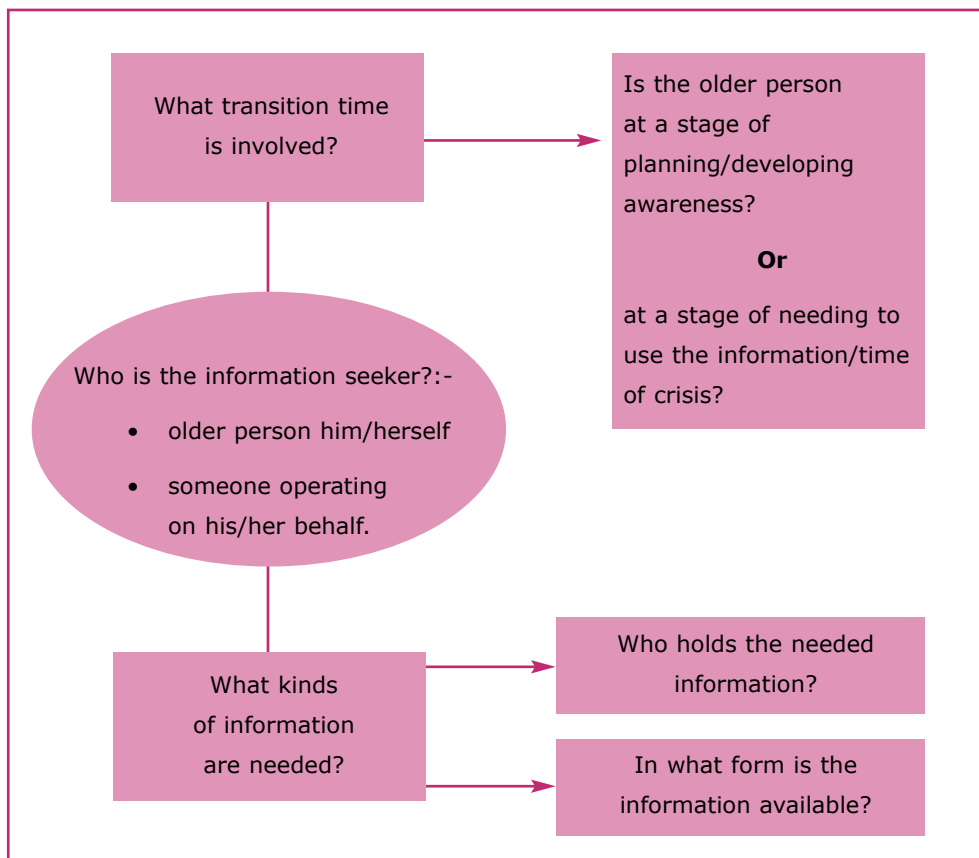
9.3.1 Who is the Information Seeker: A Key Question

In Figure 9.1 the key question is whether the older people themselves are in a position to seek the information needed or whether, because of some vulnerability, someone else has to do the information seeking on their behalf. The answer to this question will determine which of the two delivery structures, outlined in section 9.4, has to be put in operation in order to meet effectively the older person's information needs. In the case where the person is an independent information seeker, the structure needed is relatively straightforward. However, where an older person is vulnerable, for whatever reason, in regard to access to information, then the challenge arises of establishing a specific structure that will address the needs of this particular group. In both of the proposed delivery structures, a major role is assigned to the Citizens Information Centre (CIC) operating in conjunction with a variety of information providers/holders, particularly those whom research has identified as being important to older people such as the GP and the public health

nurse. In the case of older people who are vulnerable in regard to accessing information, the delivery structure encompasses an additional "outreach" element. Both the older people themselves and the information providers/holders involved in the study were emphatic on the need for some kind of outreach service to such groups.

The older people in the present study identified several factors that can cause an individual to be vulnerable in regard to accessing information. The information providers/holders concurred in the significance of these factors, which fall into these categories:

- physical: illness, incapacity, immobility

- sensory: diminishing sight or hearing, blindness or deafness

- social: social isolation, lack of family, poor social skills, poor communication skills

- emotional: shame, embarrassment or anxiety with regard to information needs, too proud to ask, in a stage of crisis

- geographical: isolated location, lack of public transport

- educational: poor literacy skills, learning difficulties, low educational achievement

- material: without a car, phone, radio, television.

In the great majority of cases the information seekers will be the older people themselves. Clearly where an older person is fit and well, socially involved, living in non-remote circumstances and self-assured about his or her information rights, he or she is unlikely to experience much difficulty in addressing information needs, provided that the pathways to such information are clearly marked. But even such an older person may be temporarily vulnerable at a time of crisis and may need assistance at that point. In the case of an older person who is temporarily vulnerable, carers, family and others in the support network play a crucial role in seeking information on the older person's behalf. In this case also, service providers such as social workers, care managers and hospital discharge planners are very important in working with the information seeker to ensure the older person's needs

are met. Older people experiencing chronic vulnerability due to any of the circumstances outlined above are never in a position to address their information needs effectively on their own and need someone else to do the information seeking on their behalf or, at least, to assist them in the task. It is likely in the case of physical or sensory vulnerability that there may be an informal carer involved who could act as information seeker on behalf of the older person. But it should be noted that such a carer also may be elderly and may experience his or her own difficulties with information seeking. Some vulnerable older people will have no carer or anyone else on whom they can depend and need to have an advocate provided for them who can act on their behalf.

9.3.2 What Transition Time is Involved?

The feedback from the older people in the study confirms that the major transitions arising in later life are: retirement/reaching pension age; onset of illness/disability; having to move from home for increased level of care, and bereavement of someone close. The experience of a breach of security due, for example, to an accident such as a fall in the home or to a break-in, while giving rise to certain information needs was not perceived by older people as a transition time in the same way as the other transitions investigated. It was noted that, in the future, marriage break-up might emerge as a significant transition time in the life of an older person. It was also noted that many older people are playing an active and important role as grandparents and that they, as much as parents, need information on parenting issues such as young people getting into drugs, breaking the law and having to cope with the stress of examinations.

In the view of older people interviewed, bereavement, particularly of a spouse, marked a very significant time of transition in their lives. The information providers/holders in the focus groups suggested that the effects of bereavement on the older person were not always recognised or well understood. There can be a perception that because someone has had "a good innings", the loss is not as acute as it might be for a younger person. But feedback indicated that, on the contrary, the loss of a lifetime partner, sibling or friend could be devastating for an older person. The loss was often exacerbated by the older person's own reticence in seeking help through fear of "being a burden" and by the failure of formal service providers in dealing with bereavement.

9.3.3 What Kinds of Information are Needed?

The findings from the study reveal in detail the kinds of information that older people require at the four important transition times in their lives. Table 9.1 to 9.4 below outline the kinds of information needed at each one.

Table 9.1 Kinds of Information Needed at Retirement

Preparation for Retirement	Entitlements/Services	Social/Personal Information
Information on retirement courses	Information on entitlements and benefits	Advice on what to do with your time
Retirement options	Services available and how to get them	Preparation before retirement time as to what it entailed emotionally
Advice on pensions		Health
Advice on money matters		Advice on moving home
		The effect of your retirement on others

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Table 9.2 Kinds of Information Needed at the Onset of Illness/Disability

Medical Advice	Emergency Situations	Additional Supports
Medical advice about the particular complaint	Information on emergency services	Contact details of special organisations for particular disabilities
Details of Hospital/ treatment application procedures and waiting timetime	Names and numbers of certain people considered critical in the situation	Emotional support Information on what help is available
Funding the right person to go to	Phone numbers of neighbours	Details of aids and appliances that help and where they can be got
Where to go next	Contact for community alert, neighbourhood watch	Entitlements and financial help available
Health insurance		

Table 9.3 Kinds of Information Needed when Moving from Home for Increased Care

General Information	Information on Standards and Conditions in Nursing Homes	Help Finding Information
General information on homes	Standards of nursing care	Advice on what schemes /subsidies are available and how to get them
How to apply; availability of places	Policy and practice in homes	Knowing where to go for help
Cost of homes	Sheltered housing Attitudes of staff	Help with making decisions
Advice on managing money matters	Location	

Table 9.4 Kinds of Information Needed at a Time of Bereavement

Practical Information	Services Available/ Entitlements	Personal Needs
How to manage the funeral arrangements	What help is available and where to find it	Information on counselling and bereavement support groups
Telephone numbers of the priest, doctor and undertaker	Pensions and entitlements	Good listeners
How to take care of financial arrangements		Support of family
Legal matters		

All service providers catering for older people need to be informed of these information needs. Assessment of information needs is critical for any service provider interested in providing a comprehensive information service for older people. Assessment, rather than being a one-off exercise, must be carried out regularly, for example through a smaller-scale version of the survey in this study, "listening days", consumer panels and focus groups.

No one provider could deal with all these needs but there are certain cross-cutting themes, the most outstanding of which is the need for information on rights and entitlements and how to apply for and access services. The kinds of information needed cover a very wide range including health, welfare, housing, financial, legal, counselling, recreational and educational matters. The study found that the emphasis on these different categories of information varied according to the particular transition time. For example, at retirement the main emphasis was on entitlements and financial matters whereas at the time of moving home for increased care the main emphasis was on application procedures and standards and conditions of care in the new setting.

Bereavement was the one transition time where older people appeared relatively less sure of their information needs. Feedback from information providers/holders in the focus groups revealed that in present times there are some difficult and sensitive kinds of information of which older people need to be aware but often are not aware. Such information is related to the role of the Gardaí in the event of a sudden death and the need for a post-mortem in certain circumstances. The focus groups also revealed that older people need to be made aware of how valuable appropriate bereavement counselling has been found by older people who have availed of this service.

9.3.4 Who Holds the Information?

The feedback from the older people in the study revealed the range and complexity of the information needed across the different transition times and, consequently, the range of information providers/holders that must be involved in meeting those needs.

Table 9.5 below shows a breakdown of the top five information providers/holders used, ranked in order of preference, at each of the transition times explored in this study.

Table 9.5 Top Five Information Providers/Holders used at each Transition Time

Retirement /Reaching Pension Age	Onset of Illness/ Disability	Moving from Home for Increased Care	Bereavement
• Social Welfare Office • Informal social networks • Your/your spouse's employer • Revenue Commissioners • Accountant /tax consultant	• General Practitioner • Informal social networks • Other health care worker • Public Health Nurse • Health board	• Informal social networks • General Practitioner • Public Health Nurse • Nursing homes • Social Welfare Office	• Priest /clergy • Undertaker • Informal social networks • General Practitioner • Solicitor

The information providers/holders in the focus groups indicated that some of the financial and legal matters involved were complex and required professional training and expertise to handle. The importance of getting the right legal advice, for example, is highlighted by the finding that almost one quarter of one sample of calls to the Senior Help Line were concerned with issues of abuse arising mainly from matters to do with wills, handing over the home and signing over property. One problem identified in the focus groups was that the holders of the information do not always see it as in their best interests to be straightforward or comprehensive in the information they give. One example given was the pension market where products are designed quite deliberately to look more attractive than in fact they are.

The feedback from the older people indicated the narrow range of information providers/holders they currently use. In the state sector the most commonly used providers were the local Social Welfare Office, the GP and the PHN. There was infrequent use of information providers/holders from the voluntary and private sectors. Clearly, there were many information providers/holders who potentially could be very useful to older people but were not being used by them. This finding highlights the necessity of creating awareness of what possibilities are available.

In keeping with the findings of other studies from Ireland and elsewhere, by far the most common source of information for older people was the informal social network of family, friends and neighbours. While reliance on social networks may be necessary where the pathways to information are not clear, such reliance raises serious issues about the accuracy, up-to-dateness and comprehensiveness of the information available to older people at critical times in their lives. A further issue is related to the fact that "ties of kinship", which existed many years ago, are breaking down with family members being dispersed throughout the country and the world. In addition, the number of people aged 65 is increasing dramatically and will represent approximately one fifth of the population within the next thirty years (Department of Health, 2001). The concept of a social network will change in line with these societal changes. The health strategy – *Quality and Fairness,* (Department of Health, 2001) – recognises "the impact of the continuing attrition of traditional 'community' and neighbourhood on older people's confidence and ability to live independently". The findings from the study highlight the importance of treating family members and community members as significant seekers of information in addressing the needs of older people but societal changes also suggest that, for the future, provision must be made for volunteers to take on the role of providing support services such as information seeking.

9.3.5 How is the Information Presented?

Information can be presented in a variety of forms: print media, face-to-face communication, telephone communication, radio, television, audio and videotape and computer based information systems. The feedback from the older people in the present study reveals that the channels with which they had the most experience and which they found *good* were:

- print media

- personal communication

- radio

- television.

Print information was valuable because it could be read in one's own time and in one's own home, it could be studied and reread when necessary and could be readily shared and discussed with others. There are many examples of valuable

print information from the State sector – such as the many detailed information leaflets produced by the Department of Social and Family Affairs and information on services produced by individual health boards – and from the voluntary sector. Information providers/holders in the focus groups raised the issue of ensuring that print material, such as newsletters, actually got to its target audience. Research from other countries (noted in Chapter One) has identified the important factors to be taken into consideration in making print media appropriate for older users who may be experiencing diminished visual acuity; such factors including print size and contrast. There is, of course, a group of older people with poor literacy skills for which print media are totally inappropriate.

Present findings are in agreement with those of other studies that have shown the importance of personal communication to older people. The personal touch was seen as very important as more caring and supportive and likely to engender trust. Personal communication is also more time-consuming and costly in resources but in the long term is more likely to be effective.

The absence of the personal touch is one of the key factors in making telephone communication with professionals the means of information provision most frequently rated poor by older people. Older people also found telephone communication unsatisfactory because "people talk too fast", "it's difficult to get the right person on the phone", "you're held waiting for ages", "you're not given the time to get all the answers you need", and there were the problems involved for people with diminishing aural acuity.

Radio and television were seen by older people and information providers/holders alike as valuable channels for information provision because they were accessible to most older people. Local radio can be particularly important in rural areas where older people can have problems accessing public transport, making it difficult to get to information providers/holders. A suggestion from the focus groups was that local radio stations could have a specific slot each week at a time when listenership is high (such as when the death notices are read) where local information resources are mentioned with different providers featuring each week. There are examples in the Western region of the benefits of the active involvement of local radio in addressing the information needs of older people.

Computer-based information provision is an information medium that was frequently rated as poor by older people. This is not surprising, as although almost one quarter said they had access to the Internet, two thirds of the older people in the study still

had little or no computer experience. The older people described themselves as "not knowing a thing about computers" and as "not having a clue how to use them" and they had concerns about the costs involved. Many felt that nothing much could be done to change their attitude towards computers, as they were "not interested" or were "too old to learn", feedback from information providers/holders in the focus groups indicated that computer-based information provision should not be dismissed out of hand. Projects, such as the St Ann's e-Tea Room, show that computer skills training can be very effective with older people when set up appropriately. Experience shows that important factors are using other older people as trainers, avoiding jargon and providing a learning environment that recognises the significance of social contact to older people.

Research cited in Chapter One indicates that computer access among older people is growing and, accordingly, this medium is likely to play an increasing role in information provision in the future. Recent policy documents recognise the importance for social inclusion of making information and communications technologies accessible to older people. Rising to this challenge means implementing the "five As": accessibility, appropriateness, affordability, availability and awareness.

9.3.6 Planned Awareness or Crisis Needs?

In the case of any of the transition times, an important question to be asked is whether the older person concerned is at a stage of developing awareness or planning for the transition, or is at the stage where he or she is actually experiencing the transition and needs to use the information straightaway. A person at the latter stage is often in crisis and vulnerable as a result. The information provider/holder must take into account that in such a case the information seeker's ability to absorb and use the information is diminished and accordingly must adjust the approach used. For example, an older person in crisis due to suddenly having to move from home to a nursing home is unlikely to get much benefit from an information leaflet on its own and will need personal communication in an understanding and empathetic environment.

Older people must be encouraged to inform themselves at a time when they are not in crisis. Efforts to raise awareness about the need to plan for future transitions face the challenge of overcoming the general fact that people do not take in information until they are at the point of needing to use it. Planning for the transition makes most obvious sense in the case of retirement. But focus group members also

emphasised the benefits of planning with regard to the future possible need for residential care.

In the case of retirement, older people themselves and the information providers/holders were in agreement on the critical importance of preparation beforehand, not only for the financial consequences of retirement but also for the social, emotional and familial consequences. If early preparation does not occur, these issues can be very difficult to deal with by the time one reaches older life. A public campaign is needed that raises awareness in the pre-retirement age group of the issues involved and the sources of information that are beneficial in addressing those issues. Focus group members drew attention to the fact that certain issues, such as pension schemes, income maintenance and health insurance, can be quite complex and are likely to require professional advice. Professional services can be costly but likely to be money well spent in the long term. A problem identified by the focus groups was the lack of a structure in this country for providing affordable legal advice. Employers have a potentially significant role to play in raising awareness. Focus group members pointed out that many large employers do take a responsibility in pre-retirement planning but the majority of employers are small and in these cases most employees are left to their own resources. Older people in the study who had experienced retirement planning courses, such as those organised by the Planning Council of Ireland, typically described them as "excellent".

An awareness campaign could also be beneficial in regard to other transition times. Such a campaign should be directed not only at older people themselves, who may find it difficult to think of planning for incapacity or bereavement, but also at younger members of the support network who may be in a better position to consider planning for a possible future eventuality.

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9.4 Structures for Information Provision

Following on from the framework for considering information needs, Figure 9.2 outlines the structures proposed for addressing those needs. Two structures are proposed; the first catering for the needs of independent older information seekers and the second — the same as the first but with an additional element — catering for the needs of vulnerable older people. In both structures, the Citizens' Information Centre plays a critical role.

Figure 9.2 Structures for Information Provision
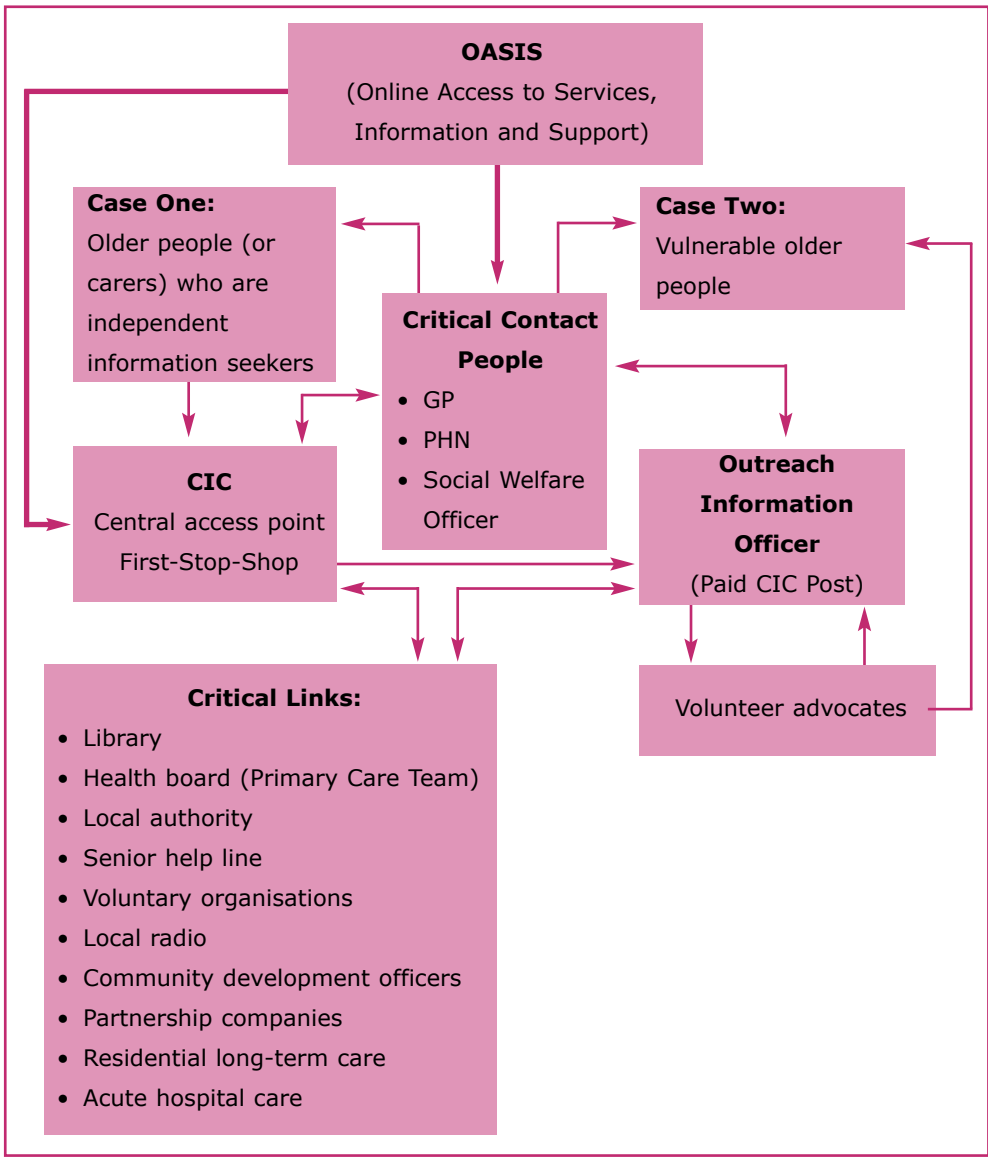
9.4.1 The CIC as a Central Access Point

The feedback from older people reveals the very varied kinds of information required at different transition times in their lives. It is obvious that no one information provider/holder could provide all this information. It resides with numerous professionals, service providers and agencies spanning the State, voluntary and private sectors. But just as no one provider could be expected to hold all the needed information, neither can older people be expected to manage the collection of information from such a diverse group of providers. The critical issue is that there be a locally based center that operates as a central point for accessing information. Such a centre will never replace the individual sources of information but the centre would know the pathways to finding the appropriate holders who can provide the specialist information that may be needed.

It is proposed that, given the necessary resources, the existing CIC structure has the potential to be the lynchpin of information provision for older people. Characteristics of the CICs described below would seem to address many of the needs and issues raised by the older people and the focus group members.

The eighty-five CICs around the country currently act as a central point for information for the general public. The CICs provide free, impartial information on civil and social rights, entitlements and on state and other services. The staff are trained to find different kinds of information on behalf of the client and to offer advice and advocacy. As part of their advocacy remit, CIC staff make phone calls on the client's behalf, fill out forms if required (in cases of visual impairment or literacy difficulties), provide referral to other agencies and provide follow-up and support through an appeals process. The CICs access information through local sources and they are resourced by Comhairle through OASIS and the Citizens' Information Database (CID). A singular advantage of the CICs is that being locally based they have access to local information, particularly with regard to local contact details. The CIC services are offered face-to-face and by telephone and there is also a mobile van service. A Citizens' Information Call Centre, accessed through a local number, has been piloted in two areas and will go nationwide in Autumn 2002. Of the eighty-five centres, thirty-five are key centres which provide specialist information in addition to their generalist information service. Many provide a legal advice service and a financial/tax advice service. A number provide consumer advice services and others offer the services of the Ombudsman and Threshold for special housing advice.

One of the key principles underlying the CIC service is confidentiality and this has important implications for the level of trust that the structure engenders. A concern was raised in one of the focus groups that some older people might feel that confidentiality was compromised if they used a local information provider and, consequently, it was felt there would always be a place for national and regional providers who could access local information on behalf of such people.

If the CIC structure is to fulfil its potential in addressing the particular needs of older people, there are a number of challenges that would have to be addressed. It must be acknowledged that there are variations among the CICs in their capacity to provide access to different kinds of information; for example, as noted above, only certain key CICs are in a position to provide access to specialist information on legal matters.

Another major challenge that would have to be addressed is making the CICs visible and accessible to older people. Feedback from the older people of the study revealed that few use the CICs for information and many have never even heard of their existence. A public campaign, using the preferred channels of older people (such as local radio, television, leaflets sent to the home and placed in public places such as libraries, GP surgeries, health centres, Post Offices and churches), would need to be carried out to publicise the services offered by the CIC and the value of those services to older people. Comhairle already has the experience of providing local and national campaigns for the general public and it plans to assign a staff member to the specific responsibility of publicising and promoting the CIC network. Clearly, a publicity campaign makes sense only where there is commitment of sufficient resources to enable the CICs to carry out the publicised services.

A further major challenge in enabling any agency to act as a central point for information direction is to address the issue of co-ordination between agencies and organisations in the State, private and voluntary sectors. In particular it would be crucial that the CICs work in close conjunction with, and resource, those service providers identified by research as being a very important point of contact for older people. These are not necessarily the people who hold all the information required but they are the people on whom many older people depend within the present system of information provision. It would be very important that such service providers are made aware of what the CICs can offer so that they in turn can inform older people of the pathways to information and encourage them to use the available resources.

The Primary Care Teams, when operational, would be another important partner for the CICs. Apart from health care, the CICs would have to work closely with social welfare personnel and housing authorities. The CICs would also have to work closely with, and resource, other centres of information often used by older people i.e. the libraries, and with the existing Senior Help Line which is an information service operated by older people and dedicated to the needs of older people. The CICs would also need to be kept well informed about the work and services of national voluntary organisations concerned with older people. The Outreach Information Officer (see section 9.4.2.1) would play a critical role in developing, enabling and resourcing these partnership links.

The CICs should be aware of the transition times that are significant in the lives of older people and the kinds of information that are needed to manage those transitions. The OASIS website needs to be amended to take account of these transition times so that the information it contains is grouped accordingly. The CID could also be amended so that the information that is contained on it is separated according to life transitions as detailed in the adapted OASIS website's. The existence of the OASIS website must be publicised to allow service providers and users to be aware of the information that they can access from it. In particular, those information providers identified in the study as being important information sources for older people must be made aware of the website's existence and be encouraged to use it to ensure that they have quick access to information for their clients.

9.4.2 Outreach to Older People Vulnerable in Relation to Information Access

In providing for the information needs of older people who are identified as vulnerable in relation to information access, the main structure is the same as that described for independent information seekers — the CIC as a central access point — but with the addition of an outreach service. The proposed outreach service is outlined in Figure 9.3 below. The two elements additional to the structure for independent information seekers are the appointment of an Outreach Information Officer and the setting up of a panel of volunteer advocates.

Figure 9.3 Outreach Element of Delivery Structure
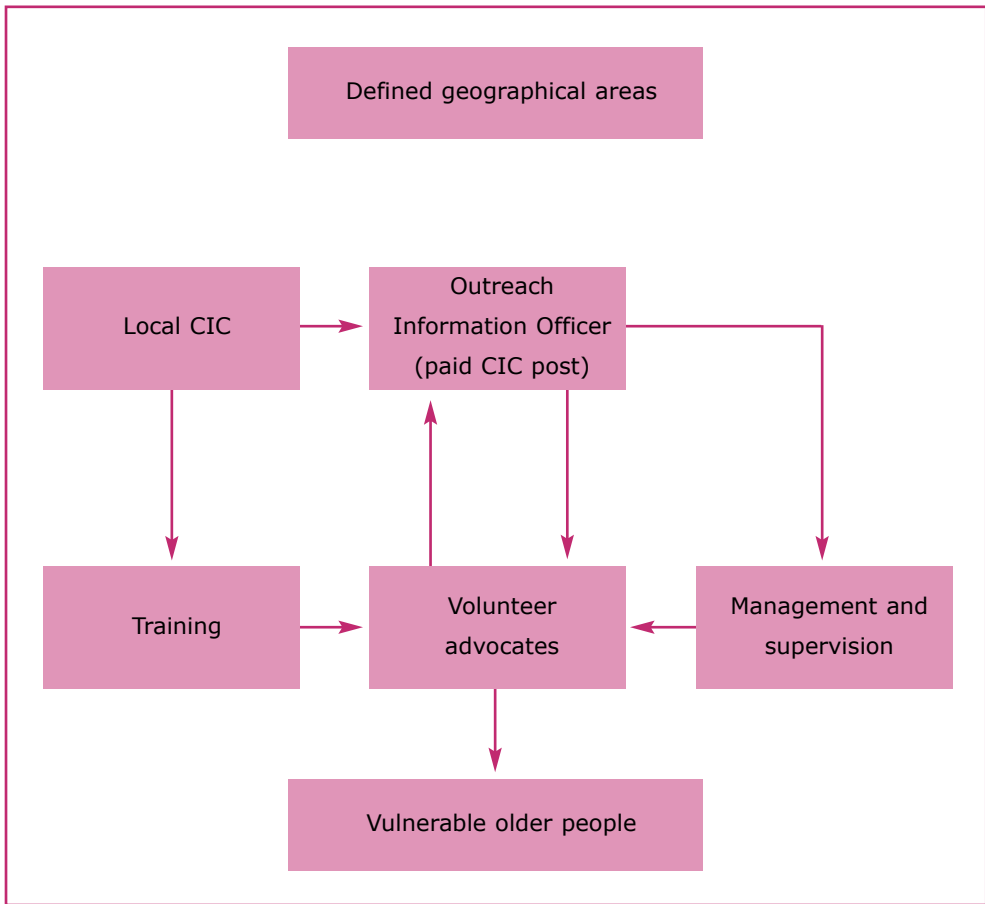
The primary aim of the outreach service is to provide a bridge between information providers/holders and older people not in a position to access information services by themselves. The service would have the secondary aim of raising awareness among the general older population in the area of the different sources of information available, of encouraging and facilitating older people in the use of the services in existence and of normalising the need for information and the value of seeking it out.

9.4.2.1 Outreach Information Officer

It is envisaged that the Outreach Information Officer would play a key role in realising the objectives of the outreach service and in ensuring its effective delivery. The person in the post would be a paid employee of the CIC and accountable within

that structure. She or he would receive training from the CIC through Comhairle. The responsibilities of the Outreach Information Officer would include:

- identifying the older people who are vulnerable; developing and updating a computerised data base of older people who consent to the service

- maximising the utilisation of existing information services

- maintaining the links with and resourcing statutory, voluntary and private information providers/holders in the local area

- maintaining links with and resourcing the service providers important to older people i.e. the GP, the PHN, Social Welfare Office and the clergy

- maintaining links with and resourcing the Senior Help Line

- keeping informed on the services offered by national organisations concerned with older life

- working with well-established voluntary organisations and other sources in the area to recruit volunteer advocates

- managing and supervising the panel of advocates

- arranging publicity for the outreach service and the services of the CIC in general

- negotiating with the private sector for sponsorship, mentoring, provision of volunteers

- arranging for ongoing assessment of information needs through, for example, listening days

- arranging information days

- bringing together the different information providers/holders so they are informed about one another's services

- working with independent older people to enable them to plan for future transitions and to enhance their capacity for information seeking

- raising awareness concerning information needs in the general population

- consulting with older people and obtaining feedback on needs and preferences

- arranging for evaluation of the service.

While the individual Outreach Information Officer is an employee of the CIC with the focus on a local level, it would be important for the development of the service and for the support of the people in the post, that there is also some co-ordination of the service at a national level through Comhairle.

The Outreach Information Officer's ability to work in partnership and to manage the links at the local level would be an important influence on the success of the outreach service. Partnership enables:

- identification of prospective clients

- contact with prospective clients

- maximum usage of existing information resources

- cutting down on costs

- sharing of ideas and expertise

- efficient and speedy service delivery.

9.4.2.2 Identification of Older People Experiencing Difficulties

The first challenge in delivering the outreach service is, within the defined target area, to identify and make contact with those older people who are vulnerable in accessing information and to seek their consent for the provision of an outreach service to them. The operation of the service within a defined geographical area is consonant with current Comhairle strategy for the adoption of a service model approach in the CICs. The Outreach Information Officer would have to work in close

co-operation, particularly with the GP and the public health nurse but also with occupational therapists, practice nurses and other health care professionals who are important gateways within the health care system to reaching vulnerable older people in the community. The Primary Care Teams, when operational, would also be a very important source for identifying those in need of the outreach service. Apart from the health care system, there are other service providers who are often in a position to be aware of vulnerable older people in the community and whom older people trust; findings from the present study indicate that such people include the clergy and social welfare personnel. In this context, one service of note operating in the Munster area is the provision of "Parish Sisters" in all parishes. Locally based voluntary organisations are likely to be another valuable source of information.

Such co-operation raises issues of confidentiality and trust that would have to be worked out. A model for such co-operation exists in the "Carers Charter in Action" project, established by Soroptimist International Republic of Ireland in Clare. When this project was initiated it faced a similar problem in not knowing who and how many were engaged in caring in the area. The problem was solved through successful links with the public health nurses who were able to identify the carers. They then discussed the initiative with the older people and, having obtained their consent, forwarded their names and addresses to the project organisers. A similar partnership could operate in the present context to map older people who may experience difficulty in accessing information for the reasons already outlined. The issue of trust is involved both in inter-agency relationships and in the relationship between the information seeker and information provider; the latter is discussed in section 9.5 below.

9.4.2.3 Provision of Advocates

The second element in the outreach service is the provision of advocates. Where necessary, they would adopt the information seeking role on behalf of the older person or, in the case of a relatively less vulnerable person, would provide the intensive assistance and guidance to enable the person be involved in the information seeking process themselves. In the view of the older people of the present study, such outreach involves calling to the home of the person concerned. Home visits require a large commitment of resources and, accordingly, it is proposed that volunteers should be used in order to make the service feasible.

Recruitment of appropriate volunteers would be one of the key challenges facing the Outreach Information Officer. Well established voluntary organisations in the area

that have the trust of older people, such as meals-on-wheels and care-of-the-aged committees, could play a valuable role in assisting in this task. Volunteers recruited through existing voluntary organisations would have the added bonus of being a resource to those organisations by providing them with information and by passing on information about their services to others.

In choosing advocates it should be taken into account that the preference of the older people in the study was for other older people to provide the information where possible as they felt they had a better understanding of what was needed. A model exists in the Senior Help Line of the value and effectiveness of using older volunteers to serve the needs of other older people. But intergenerational contact is also important and, for the future, consideration should also be given to recruiting the volunteer advocates from younger age groups.

It is crucial that the clients of the outreach service feel they can trust the advocates working on their behalf. Trust can be facilitated by service delivery factors, such as having other older people act as advocates, but trust is essentially a relationship issue. Trust is built up in the course of relationship and its level is determined by the nature of the relationship. The kind of relationship that is likely to engender trust is discussed below in section 9.5.

Research on the use of volunteers in service delivery shows again and again that support of the volunteers is critical to ensuring the maintenance of an effective and continuous service (for example, Ruddle *et al,* 2001). The main pillars of support for volunteers are training, supervision, clear job description, clear expectations and boundaries and acknowledgement and valuing of their work and contribution.

9.4.2.4 Training and Supervision of Advocates

It is quite clear from the feedback from the older people and the focus group members that training and supervision of information providers/holders is a critical task. Training involves both the ability to handle, manage and organise information and communication and relationship issues (see section 9.5 below). While the advocates do not require the same level of information management training as the actual information providers/holders, they do require high levels of communication skills, assertiveness and the ability to create and maintain relationships. It is proposed that Comhairle, which has the experience and the expertise in this area, would provide the training through the CICs for the advocates. Supervision could be carried out by the paid Outreach Information Officer.

9.4.2.5 Evaluation

Evaluation is a key element in determining whether or not the service is achieving the objectives that were put in place at the set-up. It is only through evaluation that the benefits and problems of a service can be identified. While the outreach service is developing process evaluation should be carried out. The most important element of the evaluation should involve feedback from the perspective of the older person. However, in order to create a full picture of the service and issues arising, it would be important to obtain feedback from the volunteers and the information providers/holders as well. In the long term, outcome assessment would be required to evaluate the quality, equity and person-centredness of the service, as well as the impact of the service on older people and their families and other key stakeholders, such as statutory and voluntary bodies.

9.5 The Information Seeking-Providing Relationship

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Information providers/holders must be in a position to enable older people and their families, carers and advocates to access information on the services appropriate to their needs and to enable them to act on that information. This responsibility requires considerable knowledge and skill, commitment and compassion to accomplish. Crucially there is a relationship involved in information giving. The information provider/holder needs an understanding of the older person in the relationship, needs to be vigilant about not taking on board the myths and stereotypes that exist about older life and needs to understand the realities of the ageing process. If there is to be trust between the information seeker and provider there are certain key principles that need to govern the information seeking-giving relationship:

- respect

- confidentiality

- privacy

- non-judgemental attitude

- empowerment

- choice.

Both the older people themselves and the focus group members were adamant about the importance of training for information providers/holders. Such training has two dimensions; the first being concerned with information management and the second concerned with relationship and communication skills. From the feedback obtained in the study the following guidelines have been devised:

Information Management

Successful information providers/holders:

- have the necessary information or at least know where to find it

- know how the service system works and how to access services

- are willing to share the information in a clear, direct and honest way

- ensure that the information is accurate, current, comprehensive

- help people to act on the information; give direction; be practical

- communicate the information in a way that is usable to the person

- use personal communication where possible

- are prepared to give the necessary time

- provide follow-up

- act on promises

- deal with matters as quickly as possible

- are attentive and listen carefully

- are accessible

- are flexible

- use simple language that is familiar to the older person

- seek to inspire trust

- acknowledge their own professional limitations.

Communication/Relationship Skills

The well trained information provider/holder:

- demonstrates an attitude of respect and does not talk down to the older person or patronise

- demonstrates a sensitive manner that reflects an understanding of older people's needs, concerns and preferences

- is kind, caring, friendly, courteous and empathetic

- shows patience

- is reliable

- is supportive

- shows your interest in the person

- demonstrates a willingness to work together with the older person to address his/her needs

- affirms and encourages the older person's own information seeking abilities

- is open, direct and clear

- is honest.

Information seekers can help themselves in developing their capacity for accessing information and in making the most of the information seeking-providing

relationship. Feedback from the older people in the study identified a number of possibilities in this regard. These include the need for older people to:

- recognise their right to information

- take ownership of their information needs

- be committed to taking action in the interest of their well-being

- think through what kinds of information are needed at the particular time

- take initiative in seeking out the needed information

- ask for assistance

- be persistent

- keep themselves informed: read, listen to the radio and watch television

- keep socially involved

- avail of opportunities for continued learning/education and development of information-seeking capacity

- plan ahead for future information needs

- give feedback.

9.6 Prerequisites for the Effective Delivery of the Action Plan

The Action Plan requires cross-disciplinary collaboration and new ways of thinking and therefore will take some time to be implemented as envisaged in this report. In order to deliver this Action Plan, there are key short-term, medium-term and long-term interim measures or prerequisites that should be fulfilled in order to meet the health and social care and welfare services information needs of older people. These measures, which have already been referred to in this chapter, apply to both information providers/holders and older information seekers where appropriate.

Short-term measures which should be adopted almost immediately with regard to improving information provision for older people are as follows:

- the role of all health and social care and welfare service professionals should include an information provision dimension, therefore they have a responsibility to link with other professionals to ensure such information is delivered

- information providers/holders should foster a culture of partnership to enable the sharing of ideas and the delivery of an efficient and speedy information service

- many information providers/holders who potentially could be very useful to older people are not being used by them at present; these providers/holders need to make themselves and the services they offer more visible through linking with other providers. They should publicise their services through national, regional or local advertisement campaigns

- the underlying philosophy of the information giving relationship should be one that is person-centred, respectful and anti-ageist. This philosophy must guide all information provision to older people and others seeking information on their behalf. The philosophy underpinning information provision should be expressed through the following principles which will ensure that the information-giving relationship will:

  - promote an anti-ageist philosophy

  - promote privacy and confidentiality

  - promote a non-judgmental approach

  - be person-focused

  - facilitate choice

  - facilitate empowerment

  - build capability of the older person

- promote partnership.

- the "five As" should underpin the philosophy of information provision; these are accessibility, appropriateness, affordability, availability and awareness

- information providers/holders need to be aware of the major transition times arising in later life as outlined in this research

- older people have a responsibility themselves to plan for transition times and seek out information

- information providers/holders have a responsibility to make older people aware of the need to plan (as far as possible) for transition times and to provide appropriate opportunities to enable older people to plan (for example, pre-retirement courses, national advertising campaigns)

- as each individual older person will be experiencing transitions at different times and in different ways, the aim of information provision should be to provide a tailored package of information that meets the specific needs of the older person

- this study has highlighted the information needs of older people at different transition times; all service providers have a responsibility to be aware of these information needs and to have or know where to find the required information to fulfil these needs

- the important role of social networks in the provision of information to older people highlights the fact that information must be easily accessible and understood by all

- information providers should be careful not to place too much responsibility on family and friends in providing information as these traditional avenues are slowly disappearing. Information provision needs to be proactive and has to develop effectively outside the realms of social networks. The use of social networks to get information should be seen as being a bonus rather than a necessity in making sure that information reaches its target audience and extra measures should be put in place to ensure that information can reach older people through other sources

- people who would be considered vulnerable with regard to accessing information need to be identified. These include older people with an illness or disability, those who are socially or emotionally excluded, older people with poor educational qualifications, those who are geographically isolated and those lacking certain material possessions

- health professionals and service providers, such as public health nurses, occupational therapists, social workers, care managers and discharge planners, should work in partnership to identify vulnerable people and implement outreach services

Medium-term measures which will take a little longer to implement, as they involve making systemic changes to the current information provision structure, are as follows:

- regular assessment of the information needs of older people is required. This assessment must include consultation with older people. Advisory panels are one way of ensuring this assessment is completed

- the effective communication of information is key to this action plan; appropriate training programmes, including age awareness training, need to be developed and delivered to information providers/holders. The guidelines for information management and relationship skills as outlined above should be used in the development of the training programmes

- information providers/holders should move towards providing more personal communication with older people. As this is seen as more time-consuming from the position of the provider it will require the allocation of this responsibility to someone who is sufficiently trained and in a position to spend the required time with the older person

- all health and social care providers should be guided by the National Health Information Strategy (NHIS) in delivering health and social care information to older people and the general public

- the relationship between information provision and service availability needs to be kept to the forefront in the implementation of this Action Plan. This requires the provision of information about services to be backed up by the appropriate services
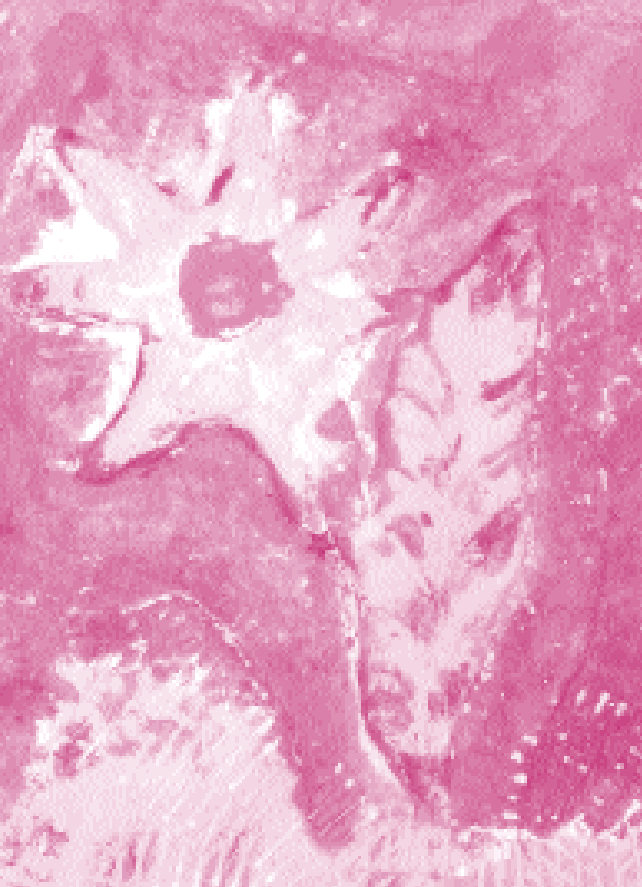
- a distribution strategy should be developed by information providers/holders to ensure the information reaches the appropriate target group. This strategy would build on the following questions: what is the information about? who is the information targeted at? what is the most appropriate means of presenting the information? where should it be distributed to best reach the target group? Information providers should be guided by the findings in this report with regard to the frequently used information providers/holders at various transition times

- in order to ensure effective communication, all information for older people should be presented in a format that is consistent with the five As mentioned above. This involves addressing issues such as print size and contrast, using as little jargon as possible, and literacy and age proofing all documents if possible

- guidelines for entitlement to services should be simplified and clarified and where possible, standardised forms and procedures should be used for assessing eligibility. This would eradicate the unnecessary duplication of information

- local and national radio should be used more effectively by information providers/holders as a means of presenting information aimed at older people

- computer-based information provision should be appropriately developed for older people wishing to use this method. This could include free or subsidised tailor-made classes to encourage older people to build their information capability with regard to ICT

- adequate resources need to be re-orientated and invested in Citizens Information Centres to carry out the work outlined in the Action Plan. This will necessitate a more creative use of existing resources and possibly an allocation of extra resources for this purpose

- as outlined in the Health Strategy (2001), programmes that "foster volunteerism and community responsiveness" should be undertaken so that an adequate pool of advocates/outreach information volunteers can be made available

- National Goal No. 1, Objective 4 of the Health Strategy includes the funding of community groups to facilitate volunteers in providing support services for older people; this funding should be extended to include groups acting as advocates/ outreach information volunteers for older people

- the role of the Volunteer Advocate would include informing the older person of the pathways to finding information, thus becoming a key player in the development of their information capability.

Long-term measures are as follows:

- implementation of the Action Plan as described in the report

- an appropriate evaluation system needs to be developed; this will require determining the type of evaluation, the methods to be chosen, key performance indicators and resources to be allocated to evaluation

- information providers/holders should learn from models of information provision, such as the Senior Help Line in Ireland, the CAREdirect Project in the United Kingdom and the Commonwealth Carelink Centres in Australia with a view to developing the best information provision service and refining the Action Plan as appropriate

The Action Plan that has been developed should be seen as being an organic one that is flexible and responsive to the needs and preferences of both older people and service providers. The adoption of the short and medium-term measures proposed should ensure that, no matter how the Action Plan evolves, it will contain certain core elements that, if adopted, will begin the task of effectively channeling information to older people.

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Appendices

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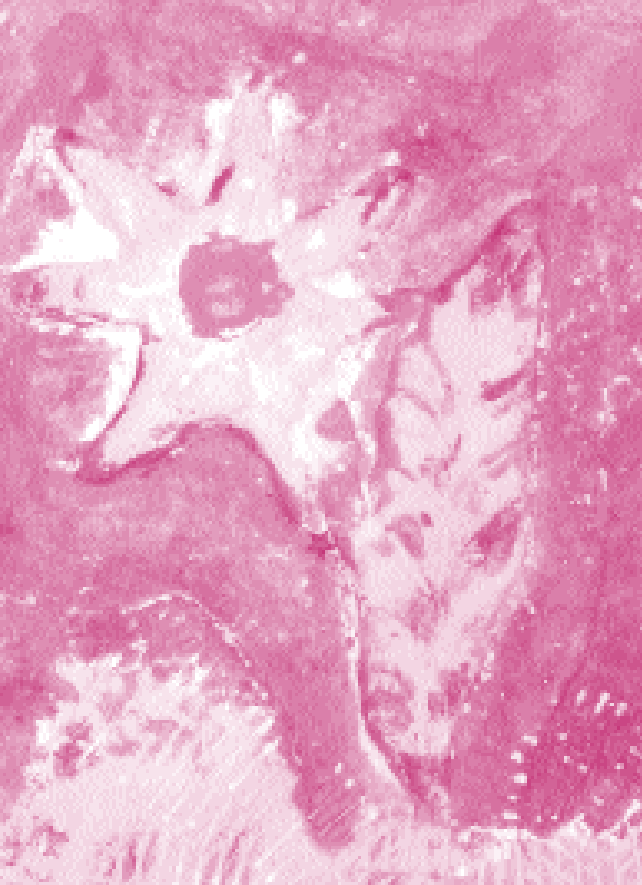
Pessimistic, if informed, views on technology and ageing include references to the following issues: The use and control of technology introduced in later life is less well integrated with the internal knowledge systems and competencies established during earlier stages of learning. Accordingly technology learned in early adulthood will largely determine the technical interaction of people in later life (Sackmann and Weymann, 1991). Technology is now changing so rapidly that the critical age at which new technology becomes less usable and transparent is continually shifting downwards and the pace of technological development is outrunning the capability of ageing persons to successfully integrate its potential benefits into their daily lives. The introduction of new technology is strongly age sensitive and stresses the difference between young and old (TUE-Institute for Gerontechnology, 1999, pp.59-60). The accessibility and perceived usability of new technology is being reduced at the same rate as functionality and complexity expand. (TUE-Institute for Gerontechnology, 1999, pp.59-60). Women tend to be even more wary of complex technology than men – emphasising their precarious position in technological society (Baars et al, 1994, cited in TUE-Institute for Gerontechnology, 1999, p.59). Marking (1998) while recognising the opportunities offered by technology – enhancing capacity, increasing independence, facilitating integration, compensating for impairment – also highlights some of the social and emotional risks involved: dehumanisation of care, anonymous care, too much focus on physical needs and too little attention to social/emotional needs; and ethical considerations such as privacy and choice.

While some of the above may be valid it is not a reason for hopelessness. There are examples from the US, Britain, the Netherlands and Ireland of the successful use of web-based systems for the dissemination of information to older people and their carers. In the US for example, the Free-Net Alzheimer Forum provides free access to carers of Alzheimer patients. An interesting finding from this scheme is that it is used not as expected for medical advice but for support and sharing (Hunt, 1998). A second example from the US is the Older Adult Resources Forum (OARF) developed through a strategic alliance among national ageing organisations and underwritten financially by the corporate sector. The OARF provides information on: the latest research and news on ageing, services for older people, specific health care and housing options, links to national ageing organisations, opportunities to consult with care managers and get on line assessment, links to actual resources, suggestions for active, healthy and involved living and bulletin board discussions on

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topics of interest. A scheme in the Netherlands taught people in old people's homes and in sheltered housing e-mail and Internet skills in a period of four days. While none was too old to learn, it was found to be important to distinguish between the 55-70 years group and older residents and to take account of the person's education and previous work (Van Berlo and Van Valen,1998).

Generally users of technology do not have to understand it in any fundamental way, they only have to master whatever interface is required. It is a challenge for designers to enable those without technical knowledge to use and benefit from new technologies and it is in the interest of manufacturers to meet that challenge. There is increasing awareness of the desirability of developing and encouraging design standards that take account of the needs of all users. It must also be recognised that increasing numbers of older people are becoming competent in the use of such technologies as the Internet and PCs. Marking (1998) emphasises that the three key concepts in the application of technology in older life are: user involvement; user needs; and user acceptance. Marking recommends that developers of technology take note of the famous "five A's": accessibility, appropriateness, affordability, availability, awareness and she adds a further two – anxiety and attitude.

Challenges that can arise for older people using some media, and other observations, are outlined in the tables below. (Outlines are based on information contained in Health Canada, 1999).

Table B1 Challenges in using Mass Media

Mass Media	Observations
T.V. and Video	Pace of both is set by the TV – not by the needs of the viewer. This is important in respect of information absorption and retention. Fast moving short announcements are unlikely to be effective and special care is required in designing television messages for older people. In designing TV or video for older people attention must be given to the types of voices uses, the speed of message delivery, the repetition of key points, avoidance of background noise, and the use of graphics and action sequences to show viewers instead of just telling them what it is they should know.
Radio	Fast paced medium – not preferred by many older people. But can be effective, especially for avid listeners and if defective vision has reduced the appeal of TV and print.
Print	A major advantage of print is that it allows people to absorb information at their own pace. It can also be retained for future reference. Low literacy levels and visual impairment may present difficulties; large print and Braille can help coping with the latter.
Internet	Web site design and online documentation present many of the challenges presented by print and other media, such as telephone answering systems.

Table B2 Challenges in using Other Media

Other Media	Observations
Key Informants	In some circumstances, communicating through people that older people trust and pay attention to may be more effective than formal communication techniques. This observation is based on research that found that when older people need help with a problem they often turn to informal information networks such as family members, trusted friends and neighbours.
Face-to-face Contact	This is often the first and only contact between an older person and health or social service professionals. As such it can have very serious implications and it is especially important for people with low levels of literacy.
Telephone	Like face-to-face contact this can be the first and only contact between an older person and a professional. Accordingly it is of extreme importance. Automated telephone systems, increasingly common, especially in large organisations, are less satisfactory. Hearing impairment can also be an important factor for older people.
Meetings	A meeting can be a practical way of communicating with older people. Advantages include the emphasis on oral communication, the opportunities for exchanging and clarifying information both during and after the meeting, and the possibly benign effects of the social situation.

Appendix C: Levels of Documentary Literacy

Documentary literacy relates to "the ability to locate and use information from documents such as job applications, payroll forms, transportation schedules, maps, tables and graphs". Level 1 "indicates very low level literacy skills, where the individual may, for example, have difficulty identifying the correct amount of medicine to give to a child from the information found on the package". Level 2 "respondents can only deal with material that is simple, clearly laid out and in which the tasks involved are not too complex. This is a significant category, because it includes people who may have adapted their lower literacy skills to everyday life, but who would have difficulty learning new job skills requiring a higher level of literacy". Level 3 is the minimum level considered desirable in many countries but some occupations require higher levels of skill (Department of Education, 2000, pp2-3)

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Timing is also a critical factor in memory difficulties associated with old age. Primary memory, the retention of a few items with minimal processing, is hardly affected in old age. However, when more processing is required, and the number of items to be remembered increases, memory performance decreases rapidly. When more encoding time is available memory performance improves notably. Older people spend more time on encoding but underestimate the amount of encoding time required for successful recall. The time they devote to encoding corresponds to the time they required when younger, and not to the change in their requirements (TUE-Institute for Gerontechnology, 1999).

The memory functions can be considered in terms of different systems such as sensory memory, short tem memory and long term memory. In general it appears that visual or auditory sensory memory is relatively invulnerable to ageing (Craik and Bosman, 1992).

Short-term memory can be subdivided into primary memory and working memory. Primary memory refers to situations where some information is held briefly in mind and is then given as a response in the same form as it was presented. Examples include retaining a telephone number in memory while dialing that number or copying number or letter codes. It is generally considered that age related differences in primary memory are slight. Working memory is applied where information is transformed actively while it is held, or alternatively some information is held while further incoming information is being dealt with. Age decrements in working memory are substantial (Craik and Bosman, 1992).

Long term memory can be subdivided into episodic memory, semantic memory and procedural memory. Episodic memory refers to each person's store of autobiographical events, semantic memory refers to the store of factual and conceptual knowledge, and procedural memory refers to the store of cognitive and motor skills (Craik and Bosman, 1992). Tests of episodic memory have focused on free recall and paired associations, recognition tests, context memory and prospective memory. In tests of free recall (e.g. having being presented with a series of unrelated words objects or pictures recalling their names) and paired associate learning (pairs of words or other verbal stimuli are presented, one member of each pair is then presented as a cue to recall the second member) age related differences are large. Age differences are not substantial in recognition

tests. Tests of context memory, the ability to recall where or when a fact was learned or an event occurred, show substantial age differences. Evidence on age related differences in prospective memory, the ability to remember to carry out future actions, is mixed. Most studies of longer-term prospective memory tasks in real life settings have found older people to be better than their younger counterparts, but possibly because they are better motivated, or the tasks are more important for them. In shorter-term laboratory based tests of prospective memory, older people are as good as younger subjects if they are reminded of the future action by a triggering event, but if the future action is merely "time–based" older subjects are typically disadvantaged (Craik and Bosman, 1992).

Tests of semantic memory, in particular tests of vocabulary and general knowledge, show little decline until the age of 70 and beyond. However, fluency appears to peak around the age of 35 and decline thereafter, and the ability to retrieve names in particular shows substantial losses. Procedural Memory is least sensitive to the detrimental effects of ageing (Craik and Bosman, 1992).

In the early stages of the study, at the initial focus groups, the issue of security was raised by the older people themselves as an important time when information is needed. During the study the issue of security was further explored: whether or not they (or their immediate circle) had experienced a breach of security, what kinds of information would be required at this time and what individuals would be helpful. The findings show that over one-third of the older people interviewed had experienced a breach of security (usually through an accident or a fall) either themselves (28%) or someone in their immediate circle (7%).

It was felt that the main information required at a time like this would be the contact details of the local Gardaí - both to report a crime and to obtain advice on how to make one's house secure. It was also important for the older person to have someone to talk to for support, for example, family members, members of the local neighbourhood watch or community alert. Some older people stated that they would like information on where and how to get panic buttons or personal alarms. One respondent explained:

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> *"Alarms – how much they would cost in your home.*
> *Those alarms that you carry around your neck – I'd like*
> *to know about them."*

The majority of older people felt the Gardaí would be most useful at this time. Other information providers/holders, which were perceived as being helpful if an older person experienced a breach of security include:

Some qualified person who could talk you through it (for example, counselling services, someone to help you deal with the feeling of insecurity)

- Family, friends and neighbours

- General Practitioner/ Nurse/ Priest

- Contractor/builder (for repairs to damage and to ensure house secure)

- Community Alert/Neighbourhood Watch

- Residents Association

- Insurance companies

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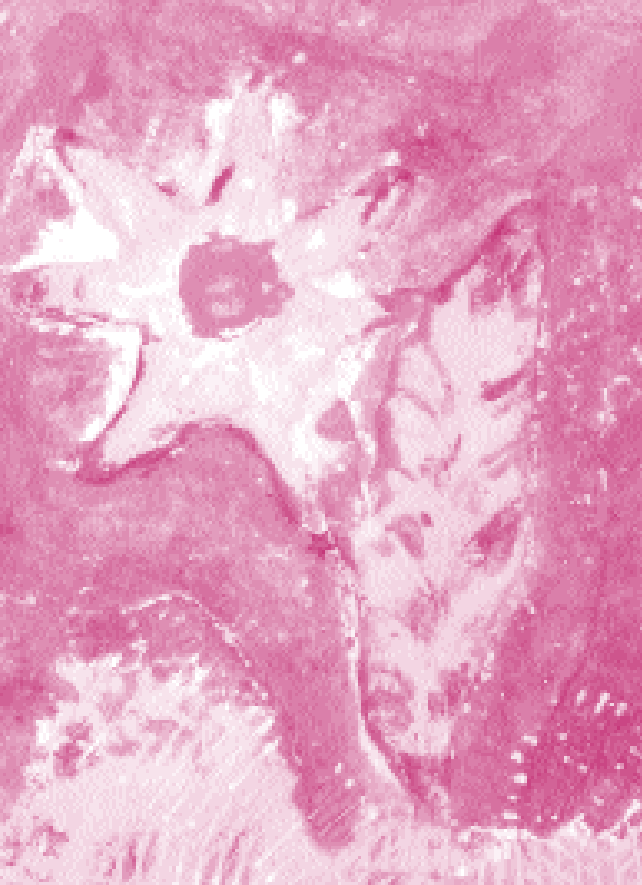
Terms of Reference and Membership

Terms of Reference

The National Council on Ageing and Older People was established on 19 March 1997 in succession to the National Council for the Elderly (January 1990 to March 1997) and the National Council for the Aged (June 1981 to January 1990).

The functions of the Council are as follows:

1. To advise the Minster for Health on all aspects of ageing and the welfare of older people,either at its own initiative or at the request of the Minister and in particular on:

    (a)   measures to promote the health of older people;

    (b)   measures to promote the social inclusion of older people;

    (c)   the implementation of the recommendations contained in policy reports commissioned by the Minister for Health;

    (d)   methods of ensuring co-ordination between public bodies at national and local level in the planning and provision of services for older people;

    (e)   methods of encouraging greater partnership between statutory and voluntary bodies in providing services for older people;

    (f)   meeting the needs of the most vulnerable older people;

    (g)   means of encouraging positive attitudes to life after 65 years and the process of ageing;

    (h)   means of encouraging greater participation by older people;

    (i)   whatever action,based on research,is required to plan and develop services for older people.

2. To assist the development of national and regional policies and strategies designed to produce health gain and social gain for older people by:

(a) undertaking research on the lifestyle and the needs of older people in Ireland;

(b) identifying and promoting models of good practice in the care of older people and service delivery to them;

(c) providing information and advice based on research findings to those involved in the development and/or implementation of policies and services pertaining to the health,well-being and autonomy of older people;

(d) liaising with statutory,voluntary and professional bodies involved in the development and/or implementation of national and regional policies which have as their object health gain or social gain for older people.

3. To promote the health,welfare and autonomy of older people.

4. To promote a better understanding of ageing and older people in Ireland.

5. To liaise with international bodies which have functions similar to the functions of the Council.

The Council may also advise other Ministers,at their request,on aspects of ageing and the welfare of older people which are within the functions of the Council.

Membership

Chairperson Dr Michael Loftus	
John Brady	Eamonn Kane
Noel Byrne	Patricia Lane
Kit Carolan	Ruth Loane
Janet Convery	Leonie Lunny
John Cooney	Mary McDermott
Jim Cousins	Sylvia Meehan
Paul Cunningham	Dr Diarmuid McLoughlin
Joseph Dooley	Mary Nally
Iarla Duffy	Paddy O 'Brien
James Flanagan	Pat O 'Leary
John Gibbon	Mary O 'Neill
Prof Faith	Gibson Martina Queally
Frank Goodwin	Bernard Thompson
Dr Davida De La Harpe	Peter Sands
John Grant	
Director Bob Carroll	