



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

Conference Proceedings



National Council on Ageing and Older People

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

Conference Proceedings

John Heuston (Editor)



National Council on Ageing and Older People

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Foreword

The National Council on Ageing and Older People (NCAOP) has long asserted the need to improve information provision for older people in order to enable them to make informed choices in relation to their health, social care and welfare services and to become partners in their own care. This is consistent with current policy initiatives intended to re-orientate services towards the older person and to place him or her at the heart of service planning. Furthermore, the Council is of the view that it is essential to determine from older people themselves what information they require, how it should be provided and where they can access this information most usefully. In that context, the Council commissioned a study of older people's information preferences entitled *Meeting the Health, Social Care and Welfare Services Information Needs of Older People in Ireland*. The study was undertaken in 2002 by a research team from the Policy Research Centre, National College of Ireland, Dublin.

To mark the launch of the study, a one-day Conference was held at the Burlington Hotel, Dublin on 10 October 2002. Attended by over 200 participants from government departments, statutory agencies, voluntary and community groups, organisations working with and for older people, as well as older people themselves, the Conference was formally opened by Ivor Callely TD, Minister for Services for Older People at the Department of Health and Children.

The study is unique in providing the perspectives of older people in relation to their own health, social care and welfare services information needs. This was then used to develop an Action Plan designed to meet those needs and to ensure that information provision is user- rather than producer-driven. Central to the Action Plan is the proposal that Citizens' Information Centres (CICs) should become the main access point for information and that information should be tailored around the four specific life events or transition times identified in the study.

The Council believes that this study, and the adoption of the Action Plan, will enable service providers' and older people to carry out their respective roles as information providers and information seekers more effectively and efficiently. It is envisaged that the

study will promote social inclusion of older people and empower them to adopt a proactive role in the management of their own care.

Introduction

The Conference focused on two major themes:

- building older people's capabilities in relation to accessing information
- enhancing the capability of service providers to deliver information to older people.

The structure of this report follows the format of the Conference. It begins with the opening address by **Mr Ivor Callely TD**, Minister for Services for Older People. The Conference presentations, which took place across four sessions, follow.

Opening Session

In her presentation of the main findings of *Meeting the Health, Social Care and Welfare Services Information Needs of Older People in Ireland*, **Geraldine Prizeman** of the Policy Research Institute, National College of Ireland emphasised that the overall objective had been to develop an Action Plan to meet the information needs of older people. The key aims of the study were to investigate the kinds of information needed, the most appropriate means of communicating information and the best ways for older people to access that information.

The study framework was based on four life events or transition times in the lives of older people:

- retirement or reaching pension age
- onset of illness or disability
- moving from home for increased care
- bereavement.

The study outlined the major findings in relation to each of these transition times. It examined how frequently different means of information dissemination were used and older people's attitudes to these methods. It was clear that printed materials remain the medium of choice for accessing health, social care and welfare services information but what also emerged was the importance placed by older people on face-to-face

communication with professionals. When asked about the presentation of information, participants in the study considered the use of simple language to be paramount.

Their need for greater personal contact with information providers could be improved with greater outreach by the nationwide network of information providers in Social Welfare offices, CICs, health boards and other statutory and voluntary organisations. Training for such providers was considered to be of vital importance to ensure that they are at all times respectful, patient, friendly and courteous in their dealings with older people and understanding of the cognitive, physical and emotional changes occurring in later life.

In her paper entitled *Adjusting to Transitions in Later Life: The Importance of Information for Successful Ageing*, **Geraldine Kenny**, Principal Clinical Psychologist with the Northern Area Health Board pointed out the need to counter the ageist attitudes that exist regarding older people's dependency, need for care, loss of intellectual ability, inactivity and social isolation. There is a need to promote positive information about normal physical, psychological and social ageing in order to counter such ageist and stereotypical views. Focusing on the four transition times identified in the study, she noted that retirement was not only a specific event but also a process with its own pre-phase of anticipation and preparation and subsequent post phases. Furthermore, the general view of retirement being a stressful transition, contributing to a decline in both physical and mental health, tends not to be supported by empirical evidence except in relation to a minority of people who anticipate financial difficulties or are forced into retirement.

With regard to the effects of retirement on relationships, Geraldine Kenny noted that the most consistent findings indicated that it was seldom the source of significant psychological difficulties. Research into couples where both spouses work outside the home has found continuity in congenial or emotional support before and after retirement, regardless of status. The consensus is that those with good mental health maintained it post-retirement, while those with mental health problems before retirement, such as depression, continued to be affected.

It was observed that the onset of illness or disability was the most common development to negatively impinge on the lives of older adults, occurring in a quarter of community samples during a 12-month period. In particular, the evidence of depression was higher in physically ill older people and the recent onset of disability posed specific adjustment problems that can last for many months. In order to manage personal and emotional responses to their symptoms and overall situation, older people will need adequate information on all aspects of their condition.

Moving from home for increased levels of care was the third life event examined. It was noted that at this time both older people and their families need information regarding their options and also require advice on finances, aids for independent living, adaptations to the home or increased health or social care. Information on how to access these services and the length of time one has to wait for entitlement to financial aid is vital. Despite this need, it is clear that the necessary information systems are not currently in place and there is a shortage of staff in Community Services.

Relocation from one's home is not an event but a process. Its outcome is influenced by pre-move factors such as the older person's physical and mental health, the degree of prior preparation and choice the person has been able to make and the extent of their environmental change. In order to make the correct decisions people require independent financial, medical, social and psychological advice. A poor decision will have long-term consequences for a person's physical, psychological and social health.

Finally, Geraldine Kenny focused on bereavement. Despite it being such a complex experience, the vast majority of bereaved people manage to make the considerable emotional and social adjustments required without showing any significant mental health problems and do not need any specific interventions. However, a significant minority of bereaved people may benefit from focused intervention and could be identified early in the grieving process by predictable factors such as depression, low self-esteem or demonstrating a sense of not coping well.

In conclusion, it was deemed important that people have information regarding the normal bereavement experiences and that education in respect to bereavement is a necessary requirement for older people, their families and for health and social

professionals. Existing bereavement services need to be made known to both service providers and the general public.

Parallel Sessions: Building Older People's Capability to Access Information

In Workshop One, 'Planning for Transitions in Later Life: Retirement', Eamon Donnelly, noted that people are living longer but are moving into retirement much earlier. He highlighted four basic changes occurring at retirement, which are income, health, use of time and the effect of retirement on relationships. He concluded that if people want to be happy in their retirement they must be realistic, have a value index, be proactive in relation to money, time and relationships and must focus on the needs of family and the community. It is vital that people develop a personal philosophy of life, perhaps a spiritual dimension, that will give their life meaning and a sense of direction.

Michael O'Halloran asserted that many of the problems older people now face in relation to income, health care and other issues, can be attributed in part to their own failure to influence the policies and decisions directly affecting them at an earlier stage in their lives. If people want to ensure a better life for when they get older, they must begin this process long before they reach retirement age. Individuals can do a certain amount but there is an urgent need for collective action and older people as a group must apply pressure to achieve the most beneficial outcomes. At an individual level, good personal relationships are essential for a happy life but they need to be nurtured throughout a person's lifespan. In this way, a person can positively affect himself, family members, friends and the wider community.

In Workshop Two 'Planning for Other Transitions in Later Life', **Dónal McManus**, focused on housing and noted that the range of options currently available to older people wishing to move from home to more suitable accommodation was very limited. Nursing homes represent the main option, with subsidies and provisions for tax relief usually geared towards this type of accommodation. However, other options include group housing schemes for independent living or sheltered housing for residents requiring more on-site support. Given the substantial increase in the numbers of older people in Ireland over the next decade and beyond, greater provision for a workable and

beneficial transitional housing option is urgently required. Regrettably, older people are generally unfamiliar with the options available and do not have enough information on later life housing.

Dr Shelagh Wright noted that when people move from a home they have lived in for many years, they are leaving behind not just the physical infrastructure but their intangible, emotional connections to it. A successful move can often have more to do with our 'functionability' in these circumstances, so planning to maintain 'functionability' should be a lifestyle issue from an early age. Dr Wright also noted that the right information is required to enable informed decision making throughout the life cycle. However, professionals in the health, social care and welfare services can wrongly assume that older people are able to access the necessary information to make these important choices. There is a pressing need for professional awareness of older people's possible poor education, literacy problems or social and physical isolation that may prevent them from accessing appropriate information. Health and social service providers should also be made more aware of the severity of bereavement and that bereavement counselling should be made more widely available and given a raised profile. Improving the flow of information to older people will also mean challenging the generally negative attitudes towards them.

In Workshop Three 'Enhancing Older People's Capacities to Access Information in the Computer Age', **Paddy Carey** described a project designed to help older people acquire computer skills. In outlining how the project was initiated and developed, he emphasised the importance of creating a welcoming and accepting atmosphere in which older learners can mix comfortably, as well as the necessity of one-to-one training. The language and approach used should be simple, with jargon avoided at all costs. It is clear that most actively retired older people interested in new technology want to use email and access the Internet for relevant information. Warning that technology could be a possible cause of social isolation, Mr Carey stressed that a computer should not be seen as a solution to loneliness. Social contact is crucial to quality of life and should be encouraged and facilitated in any project involving computer training for older users.

In a presentation describing several learning programmes introducing older people to computers, **Joan Galvin** said that although participants were initially afraid of the

technology they slowly but surely overcame their hesitations. Since the project was established, a growing number of older people have acquired their own computers. Computers are not simply the preserve of the young; on the contrary, most older adults are not technophobic and once they begin to appreciate the possibilities of new technologies and acquire the basic skills they can make great progress. Just like every other challenge in later life, learning about new technology is one that can be overcome provided that older people have access to the right training and equipment.

In Workshop Four, 'Overcoming Literacy and Health Literacy Barriers', **Lil McDermott** said that the reality of having a literacy problem is similar to travelling in a foreign country without being able to read or write the language of that country. She noted that literacy problems are the cause of enormous distress to a substantial number of people in Ireland and that many go to exceptional lengths to conceal their difficulties. Women who have been widowed after relying on their partners for help are especially vulnerable, and they can find accessing any kind of health, social care or welfare information particularly difficult. Considerable thought should be given to finding ways to empower people who are forced to contend with the stigma and handicap of illiteracy.

In her presentation, **Anne McCarthy** defined functional health literacy as 'the ability to use written and oral material [in order] to function in health care settings and maintain one's health'. People with health literacy problems may experience a significant emotional impact when they are interacting with health professionals, often involving a profound sense of fear and shame. Consequently, it is essential that health professionals at every level are aware that their clients may be feeling vulnerable. Despite the prevalence of literacy problems in the Irish population, research shows that most health practitioners have no awareness whatever of the crucial effects of literacy difficulties on their patients. However, when the seriousness of the issue is conveyed, most professionals and service providers indicate a need to hear more about health literacy problems and a desire to find effective solutions.

In Workshop Five 'Empowering Older People as Information Seekers', **Éilis Redmond**, described a programme that was set up after many older clients attending a counselling centre had presented with low self-esteem and lack of confidence. The programme provides people aged 55 and over with an opportunity to examine their own ageing and

society's reaction to them, helps to develop non-ageist views and provides an opportunity to experience health and social gain. Participants focus on their positive qualities and life achievements and are empowered to take a more active role in their own ageing, health and well-being.

Frank Dorr outlined the Older People's Peer Advocacy Service, a Cork-based pilot scheme to provide ongoing support and supervision to volunteers who will serve as advocates for older people. The task of the advocate is primarily to help their clients maintain and develop competence, confidence and dignity in dealing with the public and private services. As 'knowledge is power' some older people without the relevant knowledge and information could find themselves in a powerless situation. It is crucial that older people be empowered as information seekers.

Parallel Sessions: Enhancing Service Providers' Capacity to Deliver Information to Older People

In Workshop Six 'National and Local Information Gateways: OASIS, the Citizens' Information Database and CICs', **Caroline Ryan** discussed OASIS, the Irish e-Government public service information system available via the Internet. Based on an innovative approach to the presentation and delivery of information on public services, OASIS uses the concept of life cycle events as a method of organising information, starting with childbirth and leading to retirement. Users can also access information on health centres, libraries, budgeting services, Citizens' Information Centres and Social Welfare offices as well as financial advice.

Sarah Drea described how CICs are local information 'gateways' providing access to information on a broad range of topics from various sources. Intended to be 'a service for everybody', CICs exist to help people deal with whatever is happening in their lives, regardless of age or situation. The significant increase in the numbers of people using CICs in recent years has been attributed to the service achieving much greater visibility at a local level. She concluded that CICs provide an important bridge between the citizen and information provider by endeavouring to remove common barriers, mainly complicated language and new technology.

In Workshop Seven 'Effective Delivery of Information to Older People', **Geraldine Cullen**, focused on the importance of promoting an anti-ageist philosophy among information providers. Ms Cullen referred to the Information Needs study, calling for services that are person-centred and customer-focused that will facilitate choice and promote empowerment. Providers should be non-judgemental towards information seekers and ensure privacy and confidentiality. Ms Cullen also drew attention to the pressing need for age-awareness training, particularly for those providing health and social care and welfare services information. Such training must be seen in the overall context of 'Information for All' – the right of every citizen to equality of access to information. The presentation promoted the definite role for information advocates, partnership between agencies involved in information provision and the need to influence social policy.

Michael Kenny outlined the ten pointers that had emerged from a three-year project on the provision of public services to communities in areas of declining population. Noting that equitable access to public information is a basic human right, he stressed that the provision of information to older persons needs to be a dynamic and proactive process. In effect, service providers must not only attend to those who actively seek information but must also discover the information needs of those people who do not present. It was suggested that older people should be involved from the beginning in any process that sets out to disseminate information related to them.

Mary Nally described the Senior Helpline Service for older people which is run by older volunteers. Many calls come from older people seeking information and such requests require attentive listening and a sympathetic response. The one thing service providers should be aware of is the need for greater consultation with older people themselves on every aspect of information provision.

In Workshop Eight 'Fostering Communication Between Health Service Providers and Older People', **Ann Doherty** provided details of a Community Welfare initiative to increase the availability of appropriate information and enhance people's access to it. The project produced a substantial amount information on the needs of older people living in a rural setting, notably that the 'oldest old' were in greatest need of information and that older, single men living in isolation were most at risk. The project also revealed

the burden of unnecessary duplication of forms. The central challenge in the years ahead will be how to respond to current and future information requirements with the involvement of older consumers, patients, carers and voluntary groups.

Maureen Caffrey described a 'Listening Day' initiative, designed to foster communication between health service providers and older people, determined that the provision of information was of primary importance to the participants. Listening days, although regarded as a valuable form of consultation, are not carried out in all health board areas and the response from those invited to participate is often disappointing. It is clear that voluntary organisations could play an important role in contacting older people for such initiatives.

In Workshop Nine 'Fostering Communication between Social Service Providers and Older People', **Rita Morrissey** outlined the work of the Information Services Unit in formulating policy for information provision. She described the Department's direct and indirect provision of information to older people and the nationwide Customer Panels established to provide feedback on age-related topics such as retirement the use of language in forms. It was noted that in the future Social Welfare offices will assume a more proactive role as sources of information. Despite the best efforts of information providers in the statutory sector to improve their information delivery systems, older people in particular maintain that they still 'do not have information'.

Brendan Teeling highlighted recent research has indicated that some 25 per cent of library users are aged 55 and over, many of whom are frequent users of library services such as reader and art groups, lecture programmes, meetings and exhibitions. It is felt that in the years ahead there should be better communication between libraries and agencies working with and for older people in the interests of improved information dissemination.

In Workshop Ten 'Local Information Delivery to Older People', **Anne Dempsey** discussed the findings of informal research undertaken in Greystones, Co. Wicklow to assess the range of outlets providing information to older people in the town, including the local library, post office, parish office, pharmacy, shop windows and the Citizens' Information Centre. It was found that information of interest to older people is in

circulation but is not easily accessible. It is clear that agencies and organisations working to disseminate information to older people must target their messages and materials more effectively. There may be a role here for retired people with skills in communications or public relations in training members of local organisations working with and for older people.

In a presentation on local community radio, **John Murphy** described the production of CRC FM's information-based programme. The programme, which currently involves five volunteers all in their seventies, aims to reach older people, particularly those living in isolation, with important information on a range of topics relevant to their needs. He believes that older retired people have an enormous amount to offer as researchers, producers and presenters of information programmes directed at their peers. As a medium for disseminating information, Community Radio has great potential for local and national organisations and should be used more effectively.

Final Session

Outlining the Action Plan developed from the research study, *Meeting the Health, Social Care and Welfare Services Information Needs of Older People in Ireland*, **Dr Helen Ruddle** noted that the national network of CICs could be the driving force in proposed structures for enhancing information delivery to older people. The 85 local CICs are already providing a broad range of information to the general public through a service that is free, confidential and is delivered face-to-face or by telephone. She suggested CICs could be used as a 'first-stop-shop' for older people and act, in conjunction with key information providers, as an important central access point for information.

It is proposed that the CIC network employs an Outreach Information Officer to establish and work with a panel of volunteer advocates who would either seek information on behalf of the older person or by provide intensive assistance in person. The level of community volunteerism is reducing and so recruitment of new volunteers could be problematical. A useful approach might be to build on already well-established local voluntary organisations that have gained the trust of the community at large.

An essential element of the proposed structure will be support for volunteer advocates by means of training, supervision, clear direction and the formulation of realistic expectations. Above all, recognising the value of contributions made by these volunteers will be a cornerstone of the whole initiative.

The Conference concluded with a panel discussion and an open forum.

Opening Address

Ivor Callely TD, Minister of State for Services for Older People

The term 'older people' encompasses a vast range of individuals, each shaped by a unique set of life experiences, each with aspirations and needs just like other members of society. The growth of older people as a proportion of the population represents both challenges and opportunities. As we age we must all be enabled to live with dignity. The challenge to provide adequate incomes for vulnerable older people must be met and adequate care must be provided where it is needed. All older people – whether living independently in the community or living in care settings – must be enabled, to the maximum extent possible, to participate in the decisions that affect them and in all the facets of life that contribute to their well-being.

The increase in life expectancy has been one of the great achievements of western societies in recent times. As the standard of living for the young and middle-aged in this country has risen, so the quality of life for successive generations is also improving. Modern medicine, in conjunction with social policies, political will and community enterprise, has so changed and developed societies that more and more people are living longer and more fulfilling lives.

We know that there are economic and financial consequences to people living longer, and each generation in their active years must accept a share of responsibility towards the support of older people so that, when they in turn grow old, younger people will support them. It is no more than they are entitled to expect in the light of their contribution to the country, not only in economic terms but also in the social and humanitarian values they have passed on to us.

The information needs of older people

During my time in public life I have been inundated with requests for information on a whole range of services. I always answer to the best of my ability but often have to refer these enquiries to a third party – an information centre, the office of a public enterprise or

voluntary organisation, or a well-informed individual – without knowing whether that third party will be able to give a complete and thorough answer to the question being asked.

I was more than pleased then to learn that the National Council on Ageing and Older People had commissioned the study entitled *Meeting the Health, Social Care and Welfare Services Information Needs of Older People*. I concur with the main thrust of the Action Plan which looks to a properly resourced network of CICs as being the central access point for the delivery of information, together with an outreach back-up. I also note the suggestions for expanding the Senior Help Line and that greater use should be made of local community radio.

There are many hurdles to overcome before a satisfactory system is in place. Not only do CICs need to be increased in numbers and brought up to an optimal standard, but older people must themselves be educated to appreciate both the existence of such centres and the value of the information and the services they can provide. There will also be the problem of securing suitable volunteers to assist the outreach officers. I will do my best to ensure that progress is made in both implementing the recommendations contained in the body of the study and those set out by the Council in its comments on the study.

The Inter-Departmental Group on the Needs of Older People has a brief to examine a range of issues that impact on the lives of older people, its goal being to bring a positive influence to bear on the various services provided for them. As Chair of the group, I will be delighted to explore with the Council, the best means of driving this Conference's agenda in whatever way possible.

In conclusion, the wide-ranging agenda of this Conference will be of benefit to organisations and individuals working with older people and will, in particular, enhance the capacity and skills of information providers. The NCAOP has assembled an impressive array of experts on the many aspects of this important topic. I wish you well in your day's work and I compliment the authors of the study on a job well done.

Introductory Remarks

Dr Michael Loftus, Chairperson, NCAOP

The title of our Conference – *Meeting the Health, Social Care and Welfare Services Information Needs of Older People in Ireland* – is also the title of the Council's latest research study, the findings of which will be presented by Geraldine Prizeman of the Policy Research Centre.

In 2001, the National Council on Ageing and Older People completed a major study evaluating health and social services from the perspectives of the older people needing or using them. In the wake of this report, the Council decided to commission a further study to determine more precisely older people's health and social services information needs and their preferences for how and where this information should be accessed. In commissioning this study on the information needs of older people, the Council has been motivated by its fundamental belief that older people must be assured of the necessary health, social care and welfare services to enable them to live healthy, fulfilling and independent lives in their own homes for as long as possible.

Furthermore, the Council believes that quality services for older people will only be achieved if the individual is placed at the heart of service planning, delivery and evaluation with older people being allowed to become active partners in their own care rather than merely passive recipients. It is clear that patient-centred services will only be achieved if older people have the necessary information to let them make informed decisions.

The crucial importance of information provision for older people is supported by several policy documents produced recently at national and regional levels, as well as by the Council's own research. All these documents point to how a lack of information creates a significant barrier to older people in their efforts to access health and social services. In the course of my work as a GP, I have become very much aware of a pressing need for clear, concise and up-to-date information for older people as they experience specific life events.

Given the growing awareness of the importance of information provision for older people in Ireland, the Council is pleased to provide a forum for discussion of these matters.

First Session

Chair: Leonie Lunny, CEO, Comhairle

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

Geraldine Prizeman, Research Officer, Policy Research Centre, NCI

Introduction

The overall objective of this study was to develop an Action Plan to meet the health, social care and welfare services information needs of older people in Ireland. The key aims were to investigate:

- the kinds of information needed by older people
- the most appropriate means of communication
- the most effective points of access for this information.

The study framework was based on OASIS, in which the information is presented in relation to key transition times in the lives of older people. For this study, we chose four transition times:

- retiring or reaching pension age
- onset of illness or disability
- moving from home for increased care
- bereavement.

Methodology

The study was divided into two distinct phases, the first of which was a survey of older users of information. This survey included face-to-face interviews with a national sample of people aged 65 years and older. Using the ESRI Monthly Consumer Survey, 196 interested older people were identified of whom 95 eventually took.

The second phase involved focus group discussions with information providers/holders. A single group dealt with each transition time. In the course of the research two focus groups were convened in Dublin, one in Mayo and one in Cork, the participants being identified mainly by the project's Consultative Committee. The primary aim of the second

phase was to examine both the responses of older people themselves regarding their information needs and the initial findings of the study, relate these details to the information providers and then ascertain their responses to the older people's views. This process laid the foundation for the Action Plan that was finally developed.

65 per cent of the participants in the study were male and thirty-five per cent were female. In terms of location the breakdown was as follows: rural (41 per cent); city (35 per cent); village (12 per cent); and town (12 per cent).

In terms of age, the majority were under 64, with smaller groups aged 75-79 and 80 years and over. More than half of the participants were married, one third were widowed, 11 per cent said they had never married while a small number (2 per cent) said they were separated.

Work and education status

Three quarters of the participants were retired, while 12 per cent said they were engaged in 'home duties'. A further 11 per cent were self-employed. In terms of education, over 40 per cent had had primary education; 20 per cent had the Leaving Certificate or equivalent, 7 per cent had post-leaving education and about 16 per cent had a third level qualification.

Everyone had access to radio, television and a telephone, while one third said that they had access to a computer, usually through a relative or neighbour. More than three quarters had access to a car.

Key findings

Transition time one: retirement and reaching pension age

The key time when information is required is not on reaching the age of 65 but at the person or their spouse's actual retirement from paid employment. The types of information required fell into three categories:

- preparation for retirement (information on retirement courses; advice on pensions and other money matters)

- entitlements/services (information on medical cards; entitlements to free schemes)
- social and personal information (what to do when someone has retired; advice on leisure/pastimes, voluntary work; health issues, particularly regarding the effect of retirement on family members).

The top five organisations used when sourcing information on retirement were Social Welfare Office (55 per cent), informal social networks (51 per cent), employer/spouse's employer (36 per cent), Revenue Commissioner (32 per cent) and accountant/tax consultant (26 per cent). Other sources used included solicitors and CICs.

Transition time two: onset of illness or disability

The kinds of information needed during this transition time included:

- medical advice (information in relation to a particular complaint; health insurance; accessing health services)
- emergency situations (having the names of local community alert; Gardai, ambulance service, etc.)
- additional supports (emotional support; aids and appliances; entitlements for disabilities and specific ailments).

The sources most used when seeking information on illness or disability were GP (81 per cent), informal social networks (57 per cent), other health care worker (37 per cent), Public Health Nurse (20 per cent) and health board (17 per cent). Other sources included Community Welfare Officers and carers' groups.

Transition time three: moving from home for increased care

The kinds of information needed during this transition time included:

- general information (objective information on nursing homes; how to apply for a nursing home, including costs; advice on money management when moving to long-term care)
- information on standards and conditions (information on policies and practices of nursing homes and how these might differ; practical information about visits from family GPs or PHNs)
- help in finding information (advice on making decisions; subsidies and schemes available).

The sources most used when seeking information on moving from home for increased care were informal social networks (35 per cent), GP (25 per cent), PHN (24 per cent), nursing home (21 per cent) and Social Welfare Office (16 per cent). Other organisations used included the health boards, CICs and specific voluntary organisations.

Transition time four: bereavement

Over two thirds of participants said that they themselves, or someone in their circle, had recently experienced a bereavement. The information required at this time included:

- practical information (how to manage a funeral; how to purchase a plot in a graveyard; telephone numbers of relevant people; advice on financial/legal arrangements)
- services available/entitlements (information on pensions and grants)
- personal needs (information on counselling and support groups).

The sources most used when seeking information on issues relating to bereavement included priest/clergy (66 per cent), undertaker (66 per cent), informal social networks (59 per cent), GP (51 per cent) and solicitor (24 per cent). Other sources used included the PHN and Social Welfare Offices.

Presentation of information: frequency of usage of different means

Participants were asked what means they had used in the past to access information. The most widely used means were print materials (79 per cent), informal communication with personal contacts (79 per cent), radio programmes (72 per cent), television programmes (71 per cent) and meetings (41 per cent). Other means included face-to-face meetings with professionals, telephone communications with professionals, telephone helplines and the Internet.

Presentation of information: reason for a 'good' rating

A substantial proportion of respondents decided that printed material was more usable than other methods of presentation. The following comment by one respondent explains why:

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.

Other means mentioned as being most useful included informal communication, television programmes and face-to-face communication with professionals.

When asked how information provision to older people might be improved, the respondents' replies fell into three main categories:

- the manner in which the information is provided (the use of simple language was deemed essential, particularly in printed materials; having a contact phone number; having a central place accessible by older people where information might be sourced)
- more personal contact (people living in isolated areas should be visited by officials who could impart information on various entitlements and listen carefully to their needs; older people themselves should be encouraged to seek information and facilitated to do so; a centre where older people could meet and discuss their needs among themselves was felt to be most useful)
- providers/holders of information (proper training should be provided for information providers/holders; there should be better supervision of their work and less 'red tape'; information providers/holders should be respectful, patient, friendly and courteous to older people and understanding of the difficulties older people may experience; information providers should be aware of the need to give older people more time when passing on information).

Older people as seekers of information

Older people's experience of difficulties

When asked which older people might have difficulties sourcing information, respondents identified the following categories:

- disabled/ill people (wheelchair bound; those in nursing homes)
- those lacking social skills
- poorly educated people (people with literacy problems)
- those who lack access (those without a car; travellers and refugees)
- people who live in isolated circumstances (geographical or social isolation).

When asked what would help these people to access information, participants highlighted the following means:

- personal contact with PHNs, GPs, Gardai and people in the community
- improvement in services such as 'user-friendly' forms, making services more friendly and accessible, having a 'one-stop-shop' to access information at one point rather than several different locations
- a change in attitudes by information providers in relation to older people.

Accessing information

When the participants were asked what would help them at this point in time to access information, they emphasised the following:

- more information on local radio and in relevant print media concerning entitlements and other matters
- more personal contact
- help in using of technology such as telephone helplines and computers
- financial support to help older people buy computers e.g. an increased state pension.

When asked how they believed they could help themselves to access information, respondents suggested the following:

- meeting and socialising with people in general and by attending pre-retirement courses and other classes
- keeping in touch with community activities; keeping healthy, fit and well-informed
- making greater use of service providers by actively seeking out information and getting involved with organisations
- helping others by being a good neighbour and being of practical help.

Experience of computer use and perceptions of new technology

When asked about their experience of computers, respondents revealed that:

- most older people had little or no (experience with computers, while one third had access to computers, usually through family or neighbours
- some older people would be willing to learn if affordable computer classes suited to their needs were made available
- computers can play a positive role in providing information.

Development of an Action Plan

The overall focus of the study was to develop an Action Plan for effective practice in information provision for older people. A framework for action has been developed using the feedback from 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 both a re-orientation of existing services and resources and additional investment will be required to ensure this proposal for action becomes a reality. Such a plan will take time to implement and evaluate. The Action Plan is presented in the context of policies related to 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 the information needs of both independent older information seekers and those needing assistance
- a set of principles to govern the relationship between information seekers and information providers.

Adjusting to Transitions in Later Life: The Importance of Information for Successful Ageing

Geraldine Kenny, Principal Clinical Psychologist, NAHB

Many older people live independently in their own home in relatively good health (Dept. Health and Children, 1998) and yet the ageist view exists that old age is a time of dependency and needing care, loss of intellectual ability, inactivity and social isolation. To counter these myths there is a need to generate information regarding normal physical, psychological and social ageing in order to contradict this stereotypical view of older people. The lack of correct information on normal ageing has led to ageism, which in turn effects how people anticipate and adjust to life's transitions.

The life events of retirement, onset of illness or disability, moving from home for increased care and bereavement may occur on a given day. Each event, however, is not simply a specific event but a process or transition with its own pre-phase of anticipation and preparation and immediate and longer-term post-phases. The psychological processes underpinning these life events and the adjustments they require can occur over a long period of time.

Retirement

The prevailing view of retirement is that it is generally a stressful transition contributing to a decline in both physical and mental health. The empirical evidence, however, tends not to support the notion that the pre-retirement process provokes inordinate stress or anxiety. One exception is the minority group that anticipates financial difficulties or forced retirement. Even in the case of anticipated financial difficulties, pre-retirees tend to favour retirement and dread the prospect of poverty (Bosse, Spiro and Kressin, 1996).

Research on post-retirement adjustment has examined the effect of retirement transition on married couples and the findings have tended to be bipolar. At one extreme are 'the prophets of doom' whose negative predications may be summarised as 'the husband under foot syndrome'. The opposite view is of retirement as 'a second honeymoon'. Both

views stem from the traditional conception of the husband working outside the home while the wife works as a homemaker. The most consistent finding is that the retirement of either or both spouses is seldom the source of significant psychological difficulties. Most studies of the traditional marriage, with the husband working outside the home, report a gradual increase in companionship and overall satisfaction. Research with more contemporary couples, with both spouses working outside the home, find continuity in congenial or emotional support before and after retirement, regardless of whether either or both were working or retired (Bosse, Spiro and Kressin, 1996).

The consensus of the research findings is that those who have good mental health maintain it after retirement while those who experience mental health problems, such as depression, continue to after retirement. Thirty per cent of retired people experience some stress in the year or so after retirement, but this group of people also adjust in time.

There are certain predictors of this thirty per cent who find retirement psychologically stressful. They are as follows.

Circumstances

The timing of retirement has been shown to have negative consequences for some people with those who retire early perhaps due to declining health, business failure or downsizing, feeling more distressed. Men whose retirement was unexpected or involuntary found the process more stressful and would thus require additional support.

Socio-economic status

General perceptions of an inadequate income appear to be a significant predictor of poor morale and poor adjustment to retirement. This has implications for pre-retirement planning and for information about the necessity of investing in pensions, not just for post retirement but for the longer-term future when care may be necessary.

Health

Retirement due to poor health or consequent poor health is second only to inadequate finances in predicting poor adjustment to retirement. This will be dealt with more fully in the section on illness.

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Social support

Those who adjusted well to retirement reported significantly more social support than others. Being aware before retiring of the importance of a social network and taking part in enjoyable activities can, in part, compensate for the loss of social contact and routine following retirement. The social network may also provide friendship and support in times of stress such as illness, bereavement or marital break-up (Bosse, Spiro and Kressin, 1996).

Planning for retirement

Formal preparation and planning for retirement helps people to adjust although only a small proportion of those retiring in Ireland currently have the opportunity to attend a pre-retirement course. Greater awareness is needed concerning the relevant times during the life and work cycle when planning for retirement should take place and the relevant information made available. There is also a need for particular types of information at different stages of the life and work cycles. The times when planning and information to assist with adjustment are required are generally thought to be as follows.

Mid-life planning

Ideally a course should be offered to all employees aged fifty offering:

- an opportunity for personal reappraisal
- information regarding work (flexible working, promotional opportunities),
- financial information and planning
- health promotion and prevention of illness information.

Planning for retirement

Planning is recommended at about ten years before retirement to examine:

- the physical, psychological and social aspects of ageing and adjustment to a new way of life
- financial matters such as a pension, health and social welfare entitlements, investments and taxation
- housing, possible living arrangements, release of equity from one's home, security and safety in the home
- legal matters such as power of attorney, making a will
- work and leisure options, phased retirement, part-time or voluntary work, educational opportunities, clubs, hobbies and physical activities.

Pre-retirement

Ideally a course similar to the one for mid-life planning but given shortly before retirement and specifically geared towards financial health and leisure interests.

Post-retirement support

Information on how an employer can continue to offer:

- counselling and support relating to adjustment to retirement, bereavement or other life or family problems
- extended membership of group health insurance schemes, business, sports or social clubs (Kenny, 1995).

It is important to remember that people who retire suddenly may miss out on one or more of these stages and the accompanying information. Their planning and education needs should also be met.

When retirement is viewed as a transition process, the finding is that it does require some psychological, social and financial adjustment. It is important that older people, their families and service providers are aware of the nature and extent of the adjustments required.

Onset of illness or disability

Health events are the most common to impinge negatively on older adults, occurring in over a quarter of community samples during a 12-month period. The prevalence of depression is raised in physically ill older people and is estimated at 30 to 70 per cent (Davies, 1996). The diseases of old age tend to have chronic courses and the severity of symptoms can fluctuate.

In general, a physical illness entailing sudden loss, such as a stroke, is harder to adapt to than the gradual disability caused by the slower onset of a condition such as arthritis. Similarly, declines in function are more stressful to both patient and family than a stable health condition. It has been found that older people anticipate illness and are as a result less emotional about it and less likely to seek information, which may consequently affect the outcome of the illness. The tendency to not seek information in these circumstances needs to be considered by service providers (Davies, 1996).

It is acknowledged that the onset of disability poses particular adjustment problems that may last for several months. Older people with a disability face many adaptive challenges: they may have to deal with pain and fatigue, loss of capacity and learn how to monitor and manage their symptoms. They need adequate information on managing personal and emotional responses to their symptoms and how to maintain a sense of hope.

There are three stages of an illness or disability each with its adjustment tasks and information needs. The first stage may be one of crisis, especially if the illness starts very suddenly as in a heart attack, or stroke or accident. In this first stage, the illness requires medical attention and following tests, decisions regarding treatment. This is a time of many mixed emotions, of desperation mixed with hope, and people feel that they have lost a normal life and may grieve for its loss (Kenny, 1995).

At this stage the service providers need to offer information in a form that suits the ill person (verbal, written or on video). There is a need for appropriate information about diagnosis and proposed treatment in line with their stage of disease, their level of acceptance and adjustment to their illness. Voluntary organisations such as the Irish Cancer Society and the Alzheimer Society can be very important sources of information

on diagnosis and treatment as well as living with long-term illness. It may also be necessary to access information on what treatment will be covered by health insurance, the necessary aids and equipment available, adaptations to be made to the home and on entitlements and allowances (e.g. home help services, mobility aids).

The second stage represents ongoing adjustment and acceptance of illness or disability. This can involve either rehabilitation from a sudden illness or the increasing disability of a deteriorating condition such as Parkinson's disease or dementia, and this is the 'long-haul phase'. They place many demands on the older person, their carer, family and friends (Kenny, 1995). It is important for long-term carers to have information on taking care of themselves, both physically and emotionally.

There will also be a need for information on respite, from weekly respite to longer holiday breaks. With illnesses that can involve relapses (asthma, heart disease, and diabetes) or cause sudden death, there can be the additional strain of uncertainty as to when an attack may happen. As this can affect day-to-day life, guidelines are needed from the doctor regarding the amount of activity and normal stress the person can cope with. Reassessment of the need for increasing levels of treatment and care, additional aids or equipment and adaptations to the home will be required.

The final psychological stages of this process are giving up hope of a cure and preparation for death. The person needs the opportunity, both emotionally and practically, to prepare for death (for example, by making a will or planning a funeral). In the final stage of illness it is not always clear when the terminal or end phase is reached, but for all involved it is now a question of 'when, rather than if' (Kenny, 1995). Once again, there is a need for clear information from the doctor and hospital on the management of this stage. Hospice or palliative care may be required and one needs information on how to access the services offered locally. Following a death it is important that friends and family have information regarding all the common reactions to the grieving process and on looking to the future.

Moving from home for increased care

Remaining at home for as long as possible is the preferred option of many older people and declared government policy. Older people and their families need information on remaining in their own homes that details advice on finances, aids for independent living, adaptations to the home or increased health and social care. This may require medical advice from a GP, geriatrician or other specialist and input from the Community Services staff (occupational therapist, PHN, home help organiser, meals-on-wheels or a social worker). The information on how to access these services, relevant waiting times and entitlement to financial aid is vital. However, the necessary information systems are currently not in place and there are staff shortages in Community Services.

In addition, the older person may be ill, disabled and/or have some degree of visual or hearing loss that makes communication more difficult. People can also mistakenly believe that sensory loss equals loss of cognitive functioning and the ability to make decisions for themselves. Sometimes families or service providers can be ageist, believing they know what is best for the older person and, therefore, the older person does not receive all the relevant information to make an informed choice about staying put or moving for increased care.

An older person may, however, have to consider moving from home if he or she has become physically or mentally ill or disabled, cannot afford the upkeep of the family home or if he or she wants to be closer to family, friends or services. When thinking about a move from home information is required on the options available and the following should be considered:

- if the major problem is financial, in that the cost of running and maintaining your house is too great, or additional care in the home needs to be paid for, consider releasing some of the equity from your home
- if you want to move to a smaller house or to one nearer your family or improved support services, it may be an option to buy or rent accommodation in a retirement, social or sheltered housing complex
- some older people may decide to leave home and live with a family member. This may involve the transfer of money or the building of additional accommodation for the older person. This is a critical decision, as it may not leave money available for future nursing home care if it becomes necessary. Independent financial and legal

information for the older person are vital at this transition, as is a realistic appraisal of what living together will be like now, but also in the longer term, especially if disability occurs

- some health boards run a 'boarding out' scheme in which an older person lives permanently with a family
- older people who require raised levels of care can move to homes for the aged or community units, which are provided by the local health board
- finally, for people in need of a high level of care nursing homes, run by voluntary groups, private individuals, companies or the local health board, are available.

Relocation from one's home is not an event but a process. The outcome will be influenced by pre-move characteristics, such as the physical and mental health of the older person, and is moderated by the degree of preparation and choice the person has made and the extent of environmental change (Davies, 1996). The process can be considered to consist of the following four stages, with detailed information and support required at each stage:

- the pre-move decision and preparation process
- the move itself
- the immediate post-move phase (from three to six months)
- the long-term.

The pre-move or preparation phase includes addressing the older person's information, environmental and emotional needs. The person can be familiarised with the layout of the new environment and meet the staff. It may even be possible for someone to spend short periods of time in the new residence, indeed some people will benefit from a trial period lasting a number of months. People also have to feel they have choice and control over the move. Poor adjustment to new surroundings is to be expected if the move is involuntary, involves significant environmental change or when pre-move physical or mental health is poor. For a person with dementia, relocation will require more preparation and additional orientation and support.

It is important that service providers understand that the loss of one's home can generate a type of bereavement process during the pre-move phase that can intensify in the post-move stage. Service providers need to have the knowledge and skills to provide

support for both residents and their families at this time of major transition (Davies, 1996).

To make any of these decisions people require independent financial, medical, social and psychological advice. A poor decision will have long-term consequences for the older person's physical, psychological and social health. Older people and their families should ideally be assisted in the decision making, offered the opportunity to discuss the options with a professional who can deliver the appropriate information. If not, written information is needed about this decision making process. People also need information on how to choose a particular facility, considering whether it is affordable now and in the longer term, and if they will be able to keep in contact with friends. They will need information on the accommodation available, the daily routine and the choice of remaining at the facility during an illness.

Bereavement

Bereavement is a complex psychological, social, physical and spiritual process demanding significant adjustments on the part of the bereaved person. Generalisations regarding this transition time are difficult when so many factors are involved and bereavements are experienced differently. It is essential that older people and their families understand the pervasive and lengthy process of bereavement.

The vast majority of bereaved people manage to make the considerable emotional and social adjustments required of them without any significant mental health problems and do not require any specific interventions. Spouses have been found to exhibit great resourcefulness, personal strength and adaptability after the loss of their partner. Those people experiencing higher levels of distress, such as anxiety or depression, have been found to experience a gradual reduction in the first year and, after two years, reach a level of functioning similar to those who have not been bereaved (McKiernan, 1996).

A significant minority of bereaved older people will, however, be at risk of physical and mental health problems and may benefit from focused intervention. It may well be that early assessment of a person's responses to grief would identify vulnerable individuals who might benefit from targeted interventions. Other people who may benefit are those

known to have cared for someone suffering a chronic illness. Interventions could be directed towards them, in some cases even prior to the death itself.

Early detection of those most at risk enables interventions to be targeted without pathologising the condition or undermining the vast majority of people who manage to adjust to life without their loved one. Education regarding the process of bereavement is required for older people, their families and health and social care professionals. It is important that people have information on the normality of the bereavement process and that families and those involved in care and service provision are aware of the ways of coping with what can be one of the most difficult and traumatic life experiences. There are many organisations offering support to the bereaved person but information regarding their availability and how to access them needs to be made known to both service providers and the general public.

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Parallel Sessions:
Building Older People's Capability to Access Information

Workshop One: Planning for Transitions in Later Life: Retirement

Chair: Bernard Thompson, General Secretary, NABCO

Speaker: Eamon Donnelly, Consultant, Retirement Planning Council of Ireland

The Retirement Planning Council was founded 26 years ago and its objective is to prepare people for the transition from work to retirement. We run courses on retirement for about four thousand people annually. The people attending our courses are usually in their late fifties, suggesting that 65 is no longer the retirement age. The age of 65 features as the ideal in pension schemes but it does not reflect current reality because people are tending to leave the workforce much earlier.

We know that, in general, people are now living much longer than ever before. According to recent statistics from Germany, life expectancy is increasing by one year every seven years. That may mean that in the future it could be quite common for people to live to one hundred years or more. And yet, although people are living longer, we are stopping work much earlier and moving into a retirement stage of life which, in many cases, could turn out to be longer than the working stage of life. As well as living longer people are also remaining active well into old age. This is a novel situation, the details of which we have not, until now, fully grasped.

There are four basic aspects of a person's life that change when people move through this transition point into retirement. We examine:

- money (how to maintain a proper standard of living, especially as less than half the people in Ireland have a pension scheme; where to get information about their pension fund, State pension, savings and investments and equity on their house)
- health (how to keep physically and mentally alert; the importance of psychological health, particularly for men)
- use of time (developing new, long-term interests to replace the challenges of work)

- relationships (facing sociological issues such as possible conflict with a spouse or the return of adult children to the family home).

In conclusion, there are some essential requirements for a happy retirement, including:

- adequate income beyond subsistence level
- good physical and emotional health
- suitable accommodation
- good friends and neighbours, especially given people's tendency to be more isolated in the community
- a personal philosophy, such as a spiritual dimension, that gives meaning to life.

In a brief overview of issues relating to retirement we would encourage people to be realistic; to have a value index; to be proactive about money, health, time and relationships; to look outwards and focus on the needs family, community and others, and to develop a sense of direction.

Speaker: Michael O'Halloran, CEO, Irish Senior Citizens' Parliament

I am going to make a somewhat provocative statement: I believe that the cause of most of the problems older people currently experience may be attributed to their own inaction. This is because when they were younger they failed to influence the policies and decisions that would affect them directly. Consequently, when they become older, there is the sudden realisation that their pensions, healthcare system or provision of long-term care are inadequate.

In the pensioners movement we are not simply arguing for ourselves, we are also campaigning on behalf of the next generation. Not only that, we are working to ensure that the benefits which the current generation are entitled to will also be there for the next generation.

We know that demographic changes in Ireland will mean greater numbers of older people. I see this not as a problem but as a challenge. Consequently, if people want to improve their situations and ensure a better life when they get older, then they have to do something about it at a much earlier stage.

This can be approached in two ways: as individuals we must do what we can but there is also a crucial need for collective action. Society as a whole needs to discuss the issues touched upon here but which, regrettably, are not currently on any particular agenda. In the Programme for Government there are a number of important commitments to older people and these are to be welcomed. But it must be said that older people themselves, as well as those who are currently not old, do not exercise sufficient influence on those who formulate and implement the policies.

Compared with other interest groups in our society older people, as we know, tend not to shout too loudly about the issues that affect them directly. Just as other groups try to influence outcomes, so too should older people try to assert pressure in order to achieve the outcomes that will be most beneficial to them.

There can be little doubt that from the time we are born we are in preparation for the later stages of our lives. If physical or psychological difficulties are apparent when a person retires, the likelihood is that these difficulties were present before retirement. An individual who is active and outgoing before retirement will benefit from this following retirement but, on the other hand, if a person has not been active and outgoing, perhaps due to psychological difficulties, there is every chance that problems will be compounded in retirement.

As Sigmund Freud observed, to have a successful and happy life two things are necessary: work and love. Affectionate relationships will not necessarily flourish in later life – they have to be nurtured throughout one's life.

Conclusion

There is no question that older people, and those who could not yet be termed old, will have to become much more assertive. If older people are not listened to and if they fail to engage younger generations in a search for a better future for all our older citizens, then there will be no progress, no improvement and no advancement. If older people want the 'good life', they will have to prepare it at each stage of their lives. A better future will only be won as a consequence of the actions people take today.

Discussion: Challenges and Strategies

It was noted that retirement had become an inadequate term for the transition process involved in leaving full-time, paid employment. Nowadays many people are not retiring in the old sense but merely changing their lifestyles, moving away from jobs in which they have spent much of their lives and into situations in which they may do many different things. A current ageist perception is that older people should be content with a basic income and not expect 'extras', such as the chance to enjoy leisure time pursuits or holidays. Consequently, it is likely that the issue of supplementing income in later life will become more relevant.

There are indications that the retirement stage of life will soon last much longer than the work stage and yet very little is being done to prepare people for the challenges and opportunities of later life. The demographic changes leading to greater numbers of older people in Irish society offer the chance to create a greater range of opportunities for older citizens.

It was noted that there are not enough pre-retirement courses, either in the public or private sectors, and that there is a pressing need to provide such courses well in advance of retirement age. It was suggested that the trade union movement be encouraged to use its influence with the social partners to ensure that pre-retirement planning becomes an accepted and necessary part of working life.

It was accepted that employers should not be singled out for criticism in relation to pre-retirement education. It is unrealistic to expect all employers to initiate pre-retirement courses but there is nothing to stop employees from placing greater emphasis on pre-retirement education initiating real change in the lead up to their own retirement. It was noted that there could be a certain fear around being seen attending pre-retirement training and that attendance may somehow generate incorrect assumptions regarding a person's work intentions.

Recommendations

- New forms of pre-retirement education and training are needed from the age of fifty and not just in the months prior to retirement.
- People should be encouraged to develop positive and pro-active attitudes towards retirement issues such as money, health, time management, relationships and the needs of others.
- Financial planning must begin at a much younger age.
- Collective action is needed to influence the direction of policies at all levels.
- The trade union movement could be encouraged to use its influence with social partners for the development of pre-retirement training and planning.
- Demographic changes should be viewed in a positive light with older people regarded as a 'resource' contributing to society.

Workshop Two: Planning for Other Transitions in Later Life

***Chair: Mary McDermott,
Regional Director of Services for Older People, WHB***

Speaker: Dónal McManus, Executive Director, Irish Council for Social Housing

Moving from home is a very stressful time in anyone's life, regardless of age. Some of the key influences on older people's decision to move from home include:

- health (a person may not be as mobile as before; a person may want to move from a two-storey to a single storey dwelling)
- security (perceived loss of security; neighbourhood burglaries may influence a person's decision to move to more secure accommodation)
- cost (household bills or maintenance may no longer be affordable)
- location/accessibility of services (older people may require a location with improved access to shops, church etc.)
- change in circumstances (a person may want to move back to the home town or be closer to their children; support from family or friends may be no longer be available).

The range of options currently available to older people wishing to move from home to more suitable accommodation is limited. Nursing homes represent the most available option, where care and support is available 24-hours a day regardless of whether such care is needed or not. As the present system stands, most state subsidies are geared towards nursing home accommodation, as are provisions for tax relief.

Although the range of long-term accommodation options is presently rather limited there are other choices available. These include:

- group housing schemes for independent living for older people who do not require very much on-site support or assistance

- sheltered housing with on-site support.

Group housing schemes tend to suit the more independent older person and are now to be found around the country. In such schemes residents pay rent for management and maintenance. Some schemes make use of visiting support services such as meals-on-wheels and are located close to existing day-care facilities. Sheltered housing schemes offering a level of support lower than nursing home care and are suitable for people who need some assistance to remain independent. They may include on-site communal facilities such as catering, laundry and recreation areas, with residents' security ensured by effective alarm systems, on-site wardens or caretakers. Support may also be provided to assist with cleaning or personal care.

About 40 per cent of the new housing built every year by voluntary housing organisations is for older people, amounting to about 500-600 units per year.

Conclusion

Given the substantial increase in the numbers of older people in Ireland over the next decade and beyond, there can be little doubt that greater provision is urgently required to provide older people with a workable, beneficial and affordable transitional housing option. However, older people are unfamiliar with the options available. It is clear that there is not enough information available regarding people's housing and care options.

***Speaker: Dr Shelagh Wright, Senior Health Promotion Officer,
Services for Older Persons, SWAHB***

The key transition points in later life – moving from home, the onset of illness or disability and bereavement – have loss as a common thread running through them. When people move from a home they have lived in for many years they are leaving behind not just the physical infrastructure but also the intangible, emotional connections, such as the memories, that are so important for every individual's quality of life. When that sense of continuity with the past is broken, there may be an impact on the person's sense of self and meaning. Therefore, moving from home has implications for self-esteem and personal happiness.

There are both positive and negative implications of moving from home. Relatives may appreciate the benefits of the newer building being in better repair or more accessible for the family. If the older person moves to a residential community unit, he may benefit from a health care professional being available on a 24-hour basis.

The older person may regard the disadvantages as qualitative and not quantitative, for example, moving from the family home may result in a loss of identity due to separation from friends and the support of his or her local community. Moving may also bring with it a sense of being a burden on others, and the older person may find him or herself in a state of dislocation in a residential care setting that has no connection with the person's past. As a consequence, the person's sense of personal worth may suffer. If, on the other hand, the older person is able to move to the home of a family member, positive benefits can include the possibility of more meaningful and extended contact.

The HeSSOP report shows that 76 per cent of respondents had never discussed their preferences for long-term care with their families or a trusted person, which indicates there is very little planning for such a major life transition. The decision to leave home and enter long-term care is often made in a reactive rather than a proactive manner, perhaps as the consequence of a sudden injury or the onset of a disability brought about by a fall. Perhaps the decision has been made following a bereavement.

Such life events by their very nature provoke anxiety and are often the causes of depression in older persons. The HeSSOP study estimates that the incidence of clinical anxiety and depression may be higher in older Irish women than in men, with gender differentiation shown particularly in relation to anxiety levels. Such anxiety or depression may be worsened when older people find themselves no longer able to cope in their present circumstances, or when financial considerations are further reducing their quality of life.

Respondents in the HeSSOP study noted a lack of information on the various accommodation options, such as sheltered housing, residential care and moving to a family home. It may well be that the information is out there but how are older people able to access it?

Functional capacity

Moving from home is often underpinned by a particular event and, as many people who are in contact with older people acknowledge, it is functional ability that determines an older person's level of social interaction, ability to manage in an existing locality or whether he or she should move away. Planning to maintain optimal functional ability should be a lifestyle issue from a young age and one that we are only now starting to address. In other words, what we do in our younger years has implications for our later lives. It is important to realise that great health gains can be made and functional decline prevented when people take regular exercise in their middle years. One obstacle in planning for our later lives may be that very young people cannot envisage their older years. To contemplate what it means to be older may not sit well with younger people who cannot identify with an older image of themselves.

Living and working environments influence our health. Consequently, it is vital that policies are in place to facilitate people in their middle years to optimise their health and health gain for their older years. That means making exercise facilities in the community readily available, having easy access to green space and implementing workplace policies that lead to health gain. Optimising people's ability to maintain independence within their own social community has many health benefits from an holistic perspective.

Younger older persons who are resident in a nursing home are significantly more at risk from hip fracture than those living in a private home.

We will require information to make informed choices throughout our lives. We need access to information regarding the benefits of, for example, flu vaccination, which is particularly relevant for older persons. How do we get that information across in a way that makes the choice easier for an older person? How do we help older people access the kind of information that we as health, social care and welfare professionals take for granted? How do we reach those who are disadvantaged by poor education or the one in four people with literacy problems? How do we reach those living in isolation or who suffer deprivation? How do we reach those who lack social skills or have little or no social contact?

There is a pressing need to enhance access to information for older people and one of the most effective ways of doing this is through increased personal contact. Improvement in services, particularly primary care services, is also important and the introduction of one-stop-shops, in which multidisciplinary care services are available, will contribute towards information provision for older people.

Information technology

With the use of information technology becoming widespread, the ability to use new technology will become more important for older people. The value of lifelong learning in terms of computer training must be emphasised. Provision of appropriate and affordable technology courses enabling people to access the vast amount of information now available on the Internet should be facilitated as a priority.

Bereavement

With the weakening of informal social networks, many older people who experience bereavement find it difficult to access the information they need at this time. There is a pressing need for easily accessible and relevant information to be made available when required. The harsh reality of loss through bereavement needs to be appreciated by health professionals and other service providers. Bereavement counselling should be

made widely available and such services should receive the profile necessary to make them easily accessible to the older person.

Ageism

A key factor underlying the improvement of information flow to older people will be the challenging of negative attitudes towards ageing and older people that exist in our society.

Many older people require acute health care provision and maintenance programmes. They should be consulted as partners in their own care. It is vital their health care professionals have the correct attitudes towards them and use the most appropriate language when communicating with them. Patronising or condescending attitudes and language should have no place in the interaction between health professionals and older people.

Barriers to effective communication, such as health literacy problems, should be taken into account. The use of advocates for older people in this situation could be very beneficial.

Discussion: Challenges and Strategies

The workshop acknowledged that older people are often familiar with the more usual forms of long-term care such as nursing homes or hospitals. It also noted that more older people are opting for voluntary group housing but sheltered housing is still one of the most undeveloped types of housing for older people in Ireland.

Demographic change will mean greater provision of suitable and affordable accommodation for older people is vital if future demand is to be met. It is acknowledged that a significant rise in the number of housing associations providing accommodation for older people will be required.

The majority of housing being developed for older people is for those in good health. There is limited development of intermediate housing, such as sheltered housing, and an over-dependence on nursing homes as an option in long-term care.

It must be acknowledged that those with the greatest difficulties in accessing information are the disabled, people with low levels of social skills or standards of education and people who are socially isolated for various reasons.

Recommendations

- There is a need for a publication that sets out all the housing options available to older people. It should advise on issues such as how to apply for rented housing through a local authority or housing association, or whether to opt for a local authority house in later life.
- Special attention must be paid to those older people who cannot access information for themselves, with the provision of advocates encouraged.
- One-stop-shops as a means of providing information to older people should be promoted.
- Barriers to effective communication between older people and service providers should be identified and appropriately remedied.

- Information aimed at older people should be accessible, clear, relevant and user-friendly. It should acknowledge the very real and severe communication difficulties older people can experience.
- A change in attitudes is needed on the part of service providers towards all older people, regardless of ability or health status. In particular, older people should be considered partners in their own care.
- Lifelong learning should be promoted to combat health literacy problems.
- Computer training is essential if older people are to access information via the Internet.
- Community care services should receive greater financial support and the financial arrangements for such services should be underpinned by legislation. Social centres can offer the social interaction and information so beneficial to older people undergoing key life transitions. Awareness of key life transitions should be emphasised in community care settings.
- All persons should be facilitated to live at home for as long as possible and social centres can play a major role in this regard.
- People with disabilities should be included in all aspects of community planning and service provision.
- Enhanced information provision for older people is needed at key transition points.
- Bereavement counselling is currently inadequate. It should be made more widely available and be well publicised in the community.

Workshop Three:
**Enhancing Older People's Capacities to Access Information in
the Computer Age**

***Chair: Úna Ní Fhaircheallaigh, CAIT, Department of Community, Rural and
Gaeltacht Affairs***

***Speaker: Paddy Carey, e-Learning Trainer, St Anne's e-Tea Room, Dawson
Street, Dublin***

St Anne's e-Tea Room is situated in the centre of Dublin. Here, the 'over 55s' who attend our e-Tea Room learn how to use the Internet and how to send and receive emails. The e-Tea Room was started in 2000 and I was one of the first trainers to participate in the project. It got off to a very good start and received substantial coverage in the media. Since then, many older people have benefited greatly from learning basic computer skills, knowing how to use the Internet and being able to communicate with relatives and friends using email.

Relevant points

It might seem like an obvious statement but it is crucial that each and every older person who comes to the centre be made to feel as comfortable as possible. When people first arrive they tend to be shy and ill at ease, even apologetic at times. Such people may never have been part of the mainstream workforce and may feel under a certain amount of pressure. Simply by coming into the centre they will have had to overcome their fear of embarrassment.

It is very important that anyone acting as a tutor to older people should be able to create a rapport with them. With all due respect to younger people who may be highly competent in computer terms, the older people I have just described will first and foremost need a sympathetic and patient older tutor. From the very minute they arrive, the presence of an older tutor helps to put them at their ease because you will hear them

say, 'As an older person like myself, you will understand if I have difficulties,' or 'If you can learn at your age, so can I!' So, from the beginning they are more relaxed and that is of enormous benefit to the overall learning process.

It is absolutely essential that computer-jargon be avoided as far as possible. Several older people have told me that had attended computer courses before but could not understand the language being used by the trainers. These were often expensive courses tailored primarily for people requiring professional computer training but not suitable for the average older person looking for basic computer skills.

Essentially, an active retired person wants to be able to learn how to use the Internet and how to send emails. I cannot overemphasise the difference that being able to send and receive emails can make to a person with a son or daughter overseas, not only in the speed and low cost of keeping in touch but also in being able to send and receive photographs.

Some people may want to access specific types of information relating to a hobby or an interest. For instance, there is a retired person attending our centre who loves to travel all over Ireland. He comes to the e-Tea Room to learn about particular destinations before he sets out to visit them. Although most older people are happy learning about email, the fact that they are successfully learning to use a computer may encourage at least some to venture further into new technology.

Computers have enormous potential for helping people to stay in touch with relatives or even for making new friends. However, there is a danger that they may also have the opposite effect and actually become a cause of social isolation among older people. I have seen older people joining our e-learning project after being given a computer as a gift, perhaps by a son or daughter. Sometimes it is obvious that the computer is given to the older person as a possible solution to loneliness. Evidence from other countries suggests that older people can spend hours on end surfing the net, without any human contact. Consequently, we must be conscious of doing all we can to enhance social contact rather than unwittingly causing greater social isolation.

Social contact is crucial to quality of life and should be encouraged and facilitated. In any project involving computer training for older people the social dimension of e-learning should be emphasised at all times. It is essential that people are made to feel comfortable and have the opportunity to mingle with other older learners a setting appropriate for their needs.

Conclusion

Most of the people taking computer courses at St Anne's have never used computers during their working lives but have come to appreciate the benefits of new technology, usually after being inspired by friends or relatives. Their most common motivation for acquiring basic skills is to use email and to access the Internet. Although they are sometimes uneasy about taking the course, a welcoming atmosphere and the presence of tutors who can empathise with older learners makes for a more relaxed and, above all, a more enjoyable learning experience.

Speaker: Joan Galvin, Pastoral Centre, Kilmallock, Co. Limerick

Introduction

Kilmallock in Co. Limerick was designated an Information Age Town in 2000 and our Pastoral Centre was chosen as the location for the town's Internet Café. Initially, we were allocated four PCs by the local authority but within a year it was necessary to purchase three more and this was made possible by a generous grant from the People-in-Need Fund.

In the first year of operation it was mostly younger people who visited the Internet Café and so we decided to set up several learning programmes aimed at older people. The local adult education college ran and funded a basic skills computer course for older people and, following the appointment of an excellent tutor under a FAS scheme, we continued to introduce members of the Active Age Club to the benefits of using the Internet, including sending and receiving emails.

Our members were initially somewhat afraid of the technology but they slowly overcame their hesitations about using it. Since the project was set up two years ago, more and more older people have become PC users and home computer ownership among the group has increased.

Out of a current membership of sixty in our Active Age Club, one in three could be called 'computer literate' while about one in six have a computer at home. All of those who are computer literate have taken either basic skills computer classes or Internet classes. Recently, our centre became a location offering the Equal Skills course. This course has been designed to give people a basic working knowledge of computers, enabling the learner to feel comfortable around computers and to perform everyday tasks such as accessing the Internet and using email.

In a survey, our members revealed that they use their computer training time to:

- send and receive e-mails from family members living abroad
- make greeting cards

- make travel arrangements and book tickets
- play games and puzzles
- read the newspapers or obtain weather information
- record poems, stories and reminiscences to create a social history of their locality and a treasure for future generations.

Common misconceptions regarding older people and computers

Over the past two years our project has provided a number of insights concerning people's perceptions of information technology and older people's capacities to access information with it. These are some of the negative aspects they tend to come up against:

- computers are the preserve of the young – a belief reinforced by the axiom that 'you can't teach an old dog new tricks'
- older people have a fear of new technology that acts as a barrier to computer literacy
- a lack of typing skills may deter some potential older users
- the computer industry only concentrates on young adults, hence the high cost of equipment.

The positive view

The experiences of older learners at Kilmallock can certainly be seen as positive and blow apart the common misconceptions:

- it certainly is possible to teach older people 'new tricks'. They are more than capable of learning about new technology and using it to the full. They love a challenge and regard computers as a mystery waiting to be solved
- older adults are not technophobic. Once they begin to appreciate the possibilities of new technology and acquire the basic skills there is usually no stopping them – they have joined the Computer Age and they know it
- lack of typing skills is not necessarily a barrier to computer use
- a computer is no longer a luxury and must be brought within everyone's reach: if the costs of buying computers and using the Internet were reduced, perhaps the

industry would realise that its marketing efforts should be directed towards older adults.

Conclusion

There can be no doubts about older people's capacities to learn about computers and to acquire the skills that will enable them to access information in the computer age. Unmasking the mysteries of life is not new to them so why should technology be a threat? Revealing the mysteries of the World Wide Web is just another challenge in the lives of older people and just like every other challenge it is there to be overcome. Education or lack of it, is not itself a pre-requisite to entering the computer age. The challenge is how can we set about enhancing the very real capacity that older adults have to learn about and use new technology.

Discussion: Challenges and Strategies

There was a strong consensus among those who participated in the workshop that information technology should be seen as an opportunity for older people. Older people in Ireland are already conscious of the benefits of technology, particularly email. It was noted that free or affordable access to computers is crucial, and this relates also to the cost of acquiring the necessary equipment. The cost of training currently varies throughout the country – some courses are free while others are subsidised. It was acknowledged that for some older people access to computers could lead to social isolation. To counter this, people should be encouraged to access computers wherever there is the possibility of interaction with others. It was also acknowledged that the response of computer manufacturers in Ireland in regard to encouraging older people to use computers has been generally disappointing.

Recommendations

- Free or affordable computer training is essential and should be made widely available through community groups, VECs, libraries and adult education centres.
- Most older people learn best when taught by a patient member of their own peer group.
- Older learners must feel at ease for basic IT skills training. Patience and empathy with the learner is essential to boost their confidence and encourage continued learning
- The use of jargon must be avoided and training given in a language that is fully comprehensible to the older learner.
- One-to-one learning is most effective.
- People with disabilities should be specially catered for. Those who provide computer training for older people should be aware of their particular needs.
- The danger of social isolation through computer use should be countered by encouraging people to access computers through community groups, libraries or other centres where there is the possibility of interaction with others.
- Considerable effort should be made to encourage older learners with initiatives at a local level such as those provided by public libraries or funded by CAIT.

- A mobile training facility for rural areas and communities in which there is low library usage, could raise awareness about information technology.
- Provision of reconditioned or recycled computers is vital in helping to make technology accessible and affordable for older users.

Workshop Four: Overcoming Literacy and Health Literacy Barriers

Chair: Inez Bailey, Director, NALA

Speaker: Lil MacDermott, Literacy Tutor, KLEAR Adult Education Centre, Dublin

Having a literacy problem is like living in a foreign country without being able to read or write the language of that country. Imagine that you need to acquire a birth certificate or some information on social welfare entitlements. You don't know exactly where the office is but you have a map which, unfortunately, is in Chinese. You find your way to the street but the street names are also in Chinese. You eventually find the building but the directions to the office you want are also in Chinese. You eventually find the right section and you are handed a form to fill out – but that is also in Chinese. This situation may seem farcical but it is probably the nearest we can get to imagining what it must be like not to be able to read and write.

I had no idea how much of a handicap not being able to read or write can be until I met three people in a shop who asked me to choose some cards for a relative who was in hospital. After chatting for a few minutes it became clear that they were unable to read or write. This incident distressed me so much that I now teach reading and writing to adults on a one-to-one basis at the KLEAR Adult Education Centre, Kilbarrack, on the northside of Dublin City.

Over the years I have given classes to several middle-aged women. Apart from literacy problems they all had something else in common. They all relied heavily on their husbands to take care of the correspondence, to do the weekly grocery shopping, to read the menu if they were eating out and even select programmes from the TV Guide because they could not do so themselves.

It is a fact of life that women live longer than men, with the result that we have more widows than widowers in our society. It is dreadful to lose your partner in life but to be without the person who helped to conceal the fact that you have reading and writing problems is doubly traumatic. Imagine the difficulties such a person must face when having to access information relating to health, social care or welfare services: whom do they approach, what questions do they ask and how do they interpret the information when they get it?

Or imagine the situation of a recently widowed woman in her seventies with no children. She needs to organise a widow's pension but she is not sure how to access the relevant information. Her uncertainties may now be compounded by the classic symptoms of bereavement such as lack of concentration, loss of confidence and depression.

If she can summon the courage and the energy she will phone the relevant social welfare department. It could take several calls to different sections before she eventually finds someone who can help her. She may even have to negotiate an automated telephone system with a recorded voice offering her a menu of options.

There are some things that make life difficult for older people and this kind of new technology is one of them. For example, when phoning an organisation for information, it is now more likely that a recorded voice will tell you to press Button One on your phone for one option, Button Two for another and so on. As one who still uses a rotary dial telephone, I know only too well about being forced to make several calls to different numbers before it is possible to speak with another human being.

If a person with hearing difficulties needs information a simple telephone enquiry can become a stressful experience and even something to be avoided. If this person eventually finds the right person to talk to, she will be told that she will be sent a form to fill in and return with a list of documents, such as a death certificate or marriage certificate. This is an extremely daunting task for someone undergoing the trauma of bereavement and also living with a literacy problem.

Conclusion

For the substantial number of people in Ireland who have problems with literacy it is often the cause of enormous distress and many of them go to extraordinary lengths to conceal it. Women who become widowed after their partners have helped to conceal their literacy problem are especially vulnerable. For these people, accessing any kind of health, social care or welfare information can be a major difficulty. Considerable thought must be given to finding ways to empower people who are forced to contend with the stigma and handicap of illiteracy. At the moment, at a time when people reach the stage when they have earned the right to relax and take things easy, life can very often let them down.

Speaker: Anne McCarthy, Independent Consultant

Health literacy is more than simply not being able to read or write. It describes the problems experienced by people who have literacy difficulties when they engage with the health services or when they are involved in their own health development.

The National Adult Literacy Agency (NALA) recently completed research into health literacy. Pioneering work on health literacy has already been carried out in the USA but, through this research, NALA has focused on the need for greater awareness of issues relating to health literacy in Ireland. The definition of health literacy adopted for the study is ‘...more than simply understanding written and oral communication about health. Functional health literacy is the ability to use written and oral material to function in health care settings and maintain one’s health’.

The report, entitled *Overcoming Literacy and Health Literacy Problems*, had a number of objectives:

- to identify barriers to health literacy problems
- to identify possible solutions to health literacy problems
- to learn from other models
- to develop a policy and strategy.

The study set out to identify the barriers that people encounter when accessing health care or information on health. The sample group of eighteen NALA students represented:

- women/mothers
- men/fathers
- young women and young men
- older women and older men.

A number of health professionals were also interviewed, including:

- nurse practitioners
- GPs
- health professionals from one general hospital

- nurse manager and staff of a diabetes day clinic
- hospital doctor from a cardiac ward.

Key findings derived from the student group were classified as the emotional impact of health literacy problems, the relational impact, environmental factors and stress issues relating to informed consent.

Emotional impact

There is a significant emotional impact on people with health literacy problems when they interact with health professionals. This may involve a profound sense of shame and is illustrated by the case of one woman in the study who was unaware, six weeks after an operation, of which part of her body had been removed. Needless to say, she was very upset and this was having a significant impact on her recovery. (On a more positive note, she received support from others involved in the study and, as a result of their advocacy, was accompanied on a return visit to her doctor. The important point is that she needed that kind of support when she was undergoing her operation but it was not made available to her.)

As this case illustrates, people can experience a great sense of fear and shame in their dealings with hospital staff. It is essential for professionals at every level in the health services to be aware that their clients may be feeling very vulnerable.

Relational impact

This aspect of the study was concerned with how people interact with health professionals and all other hospital staff, from the porter to the consultant. When people feel they cannot speak up for themselves, their sense of shame prevents them from effectively relating with the health professional. Lack of literacy skills can be a major barrier to the kind of communication that is essential for effective treatment to take place.

Environmental issues

People with literacy problems can encounter enormous problems in hospitals simply by not being able to read the signs. The American pioneer of health literacy observed that in hospital the nephrologists know where they are going but does anyone else? Significantly, one Dublin hospital has replaced the sign for 'Haematology' with one reading 'Blood'.

Stress

When the anxiety caused by illness is compounded by a health literacy problem, the resulting stress can be a significant factor in a patient's recovery patient.

Conclusion

Much needs to be done to alleviate the difficulties encountered by people with health literacy problems. One in four adults in Ireland has a lower literacy level than might be expected in a modern industrial society, while a further thirty per cent have some literacy problems. This means that about half of all Irish adults may find it difficult to understand leaflets that are currently being provided through the health services.

People are usually undergoing a certain amount of stress when accessing health services, but this can be made worse for people unable to both read and fully understand the information given to them. This psychological barrier stops them from asking further questions and this factor may, in turn, have serious implications for a person's overall recovery.

Despite the prevalence of health literacy problems, the study reveals that most health practitioners have no awareness of this issue. However, when its seriousness was conveyed, they indicated that awareness helped them to 'make sense' of many issues with which they had to deal. Most said they needed to know more about such problems and wanted to find solutions for them.

Discussion: Challenges and Strategies

This workshop acknowledged that well-prepared printed materials are important for communicating with people with literacy problems but human communication is absolutely vital. Hospital patients who are forced to contend with literacy problems may need a higher level of attention, something that could prove difficult for today's hard-pressed hospital staff.

The workshop discussed the model of communication used in children's hospitals. While it was noted that this method may not be particularly apt, the greater sense of empowerment people enjoy within this setting suggested that much could be learned to enhance the situation of older people with literacy problems in the health services.

It was agreed that medical professionals are not trained to discuss difficult issues with families. Some decisions regarding a person's health may not be communicated formally or appropriately. It was also noted that medical professional often use complex medical terminology with a patient who can often be too embarrassed to ask for explanations of the terms used.

Research indicates that consent forms are often not properly explained to people. It must be emphasised that silence does not signify consent – in fact it often signifies the presence of a health literacy problem. Health professionals need to recognise that the way in which they ask questions will affect a person's responses. They should ask whether the information is understood and offer to go over it again.

Recommendations

- Awareness of literacy problems needs to be raised in the health sector.
- Health professionals and service providers at all levels should be trained to communicate more effectively with patients.
- Non-medical personnel should also receive training in sympathetic communication.

- The relevance of non-verbal communication must be stressed: a warm and welcoming approach will generate a positive response from someone who is self-conscious about health literacy.
- Health professionals must work together to develop ways of improving communications with patients who have literacy problems.
- Hospital signs must be simplified.
- There is a need for information to be delivered in person rather than in printed form.
- Improving everyone's access to information, not just specified groups with literacy difficulties, will require an integrated approach throughout the health system.

Workshop Five: Empowering Older People as Information Seekers

Chair: Sylvia Meehan, President, Irish Senior Citizens' Parliament

Speaker: Éilis Redmond, Coordinator, Ageing with Confidence, Northside Counselling Service

The idea for the Ageing with Confidence Programme came about after many of the older clients attending our counselling centre presented with low self-esteem and lack of confidence. It led to the development of an educational programme designed to highlight the abilities and wisdom of older people and the positive contributions they can make to their families, communities and society as whole.

Following consultations with Age and Opportunity, Northside Counselling (NCS) approached the NAHB and it was subsequently agreed to devise and deliver a group programme for people aged 55 and over. This programme provides:

- an opportunity for older people to examine their own and society's reaction to ageing
- help in developing non-ageist views of their own and other people's ageing
- an opportunity to experience health and social gain.

Based on the ethos and experience of NCS, the Ageing with Confidence programme was influenced by the group-method of learning employed at the centre. It was devised by the principle clinical psychologist with the Dublin Clinical Psychology Service. The programme also included training for the group facilitators and the production of a comprehensive training resource pack for facilitators. The project was funded by the NAHB and the National Lottery.

The programme is held over eight weeks in two and a half hour sessions, with an information day held before the course starts. Sessions are presented in a psycho-educational format and include opportunities for participants to discuss their views.

Conclusion

By focusing on participants' positive qualities and their achievements in life, the Ageing With Confidence programme's most encouraging outcome is its capacity to empower participants to take a more active role in their own ageing, health and well-being.

The programme provides older people with opportunities to access information in ways other than the traditional means of leaflets and telephone helplines. The group work approach enables participants to learn from each other as well as to from skilled group facilitators.

Speaker: Frank Dorr, Director, Cork Social and Health Education Project

It is well known that the numbers of older Irish people will increase significantly in the years ahead. It is projected that by the year 2011 there will be some 520,000 people in Ireland over the age of 65. This represents 14 per cent of the total population. The largest increase will be in the eighty plus age group. These demographic changes present serious challenges but will also offer new opportunities and resources.

A major challenge will involve helping people to remain active and involved as they get older: in the words of *Adding Years to Life and Life to Years*, 'older people must be encouraged and enabled to participate in all aspects of life which promote their health and well-being.' However, some older people find this difficult, even when they are physically well enough to do so. They may lack knowledge about their rights and entitlements or about the opportunities that are available to them. They may also lack the skills needed to gain such knowledge and the communication and assertiveness skills to use it effectively.

Moreover, in a society in which ageism is pervasive, older people may find it difficult to maintain their self confidence and self esteem, particularly when dealing with health, housing or social welfare officials in the public or private sectors.

Nevertheless, an ageing population may also offer a new resource to society. Many older people are fit, active, highly competent and experienced, with some being only too pleased to maintain an active involvement in society. In this regard, volunteering to work as advocates for older people who are less competent and active than themselves may offer them a chance to put their skills to work and continue to make a valuable contribution to society.

What is advocacy?

The word 'advocacy' may mean different things to different people. Solicitors or barristers, for example, are advocates for people in the sense that they speak on their

behalf in court. But as well as professional advocates, there can be peer advocates who meet and work with other people as equals.

Another important distinction is that peer advocates may act by situating themselves alongside the people with whom they work, helping them to find their own voices rather than speaking directly for them. Advocacy may also focus on a group or category of people and work with them in relation to issues the group faces in society, or it may focus on the individuals from those groups. A wide variety of advocacy models have emerged which reflect the different meanings of the word. Nevertheless, each model can make a valuable contribution in its own way, but it is important to be clear on the differences.

The Older People's Peer Advocacy Service

The Older People's Peer Advocacy Service is a Cork-based initiative for older people and is currently in a pilot phase. Established by the Cork Social and Health Education Project, the project is funded by the SHB and by the Department of Community, Rural and Gaeltacht Affairs. Policy direction for the service is provided by a steering group which draws its membership from a wide variety of organisations and individuals involved with older people. Funding for the advocates training course was provided by Cork City Partnership with further funding to employ a coordinator and to develop the service coming from Cork-based company De Puy (Ireland) Limited.

The purpose of this free and confidential service is to train, deploy and give ongoing support and supervision to volunteers who will serve as advocates for older people. The service is currently limited to parts of Cork city and its environs but it is hoped that it will eventually be extended to the wider region.

The service is primarily intended to help empower and support older people who have difficulties with knowing their rights and entitlements, finding or understanding relevant information, expressing their needs, asking for help or filling in forms. In general, the service is intended to help older people relate with competence and dignity to the public and private services around them. A secondary objective is to train the advocates who

will help family members or voluntary carers in relation to the needs, well-being and dignity of the older people for whom they care.

The service trains volunteer advocates to work with people as equals. It is directed towards individual older people rather than older people as a group. It aims to help older people find their own voices although, when required, the advocates may speak on behalf of their client. The primary purpose is to help people access the information they need and, having done so, to develop the self confidence to speak for themselves. Advocates meet their clients in community centres, hospitals, nursing homes, day-care centres or in the older person's own home.

The service has been conceived to work in harmony with key aspects of government policy set down in *Adding Years to Life and Life to Years*, the National Health Promotion Strategy and the white paper *Supporting Voluntary Activity*.

Advocates and their work

The task of the advocate is always to help the person find his or her own voice when dealing with officialdom. An advocate will also help clients to maintain and develop their competence, confidence and dignity in dealing with the public and private services they require. More specifically, it is intended that trained advocates will:

- listen in an empathic, non-judgemental and respectful way
- help the client identify needs and preferences and clarify what efforts have already been made to meet their needs
- help their clients to access relevant information on services
- communicate in a language appropriate to the client's ability to understand
- encourage and support the person in expressing their needs in appropriate ways
- help a client by telephoning, writing and filling in forms on his behalf
- accompany clients to appointments with officials, professionals or service providers when they have difficulty expressing themselves and need further support
- if necessary, make supporting calls or fill in forms on behalf of clients, or speak in their support in meetings with officials.

It is important to make the following points concerning advocates with the service:

- they do not offer material or monetary help to clients
- they are not legally trained
- they are friendly but do not take on a friendship role
- they do not offer counselling or psychotherapy, though they make empathic listening the basis of their work
- they are clear on their limitations and aware of the differences between listening and therapeutic counselling
- they do not make decisions for clients and are aware that the boundary between support and acting on the client's behalf will vary from case to case
- they are not expected to be lobbyists for the rights of older people as a group (although the service may have a role to play in seeking to influence social policy).

In general, our advocates tend to be older people themselves, but not exclusively so, and are either drawn from a panel of trained volunteers or have been selected for training by the coordinator and organisers of the service. Advocates have to learn the relevant information about rights and entitlements and to have explored some of their own attitudes to ageing. They will, naturally, have developed a capacity to listen effectively. Our advocates must be prepared to work under supervision and accept continued in-service training and support.

Training

The training course is intended to provide basic, practical training to enable people to function successfully as advocates. The course material is divided into five main sections:

- advocacy
- ageing and ageism
- listening, communications and feelings
- information
- practice.

It is envisaged that at the end of the pilot phase there will be a thorough evaluation and review of the service to assess the satisfaction of the trainee advocates, the clients who

have used the service and those who have made referrals. The findings will be used to guide the future direction of the service.

Conclusion

Knowledge is power and, without knowledge and relevant information, there is a very real danger that some older people will find themselves in a powerless situation. It is absolutely crucial that older people be empowered as information seekers. The general thrust of the peer group advocacy course is very much in line with the recommendations made in the Information Needs study.

Discussion: Challenges and Strategies

This workshop discussion acknowledged that courses such as those featured in the presentations could contribute greatly to the social inclusion of older people who might otherwise be marginalized. It was noted that the courses help the participants to understand their own ageing as well as enabling them to explore the myths about ageing with which they are continually confronted. In this regard, it is important to identify the ways in which society views older people and to encourage participants to view later life as a time for new opportunities, a time to assess one's own self image and, above all, a time of enjoyment and fulfilment. Later life should not be seen in terms of adding years to life but adding life to years.

It was agreed that the courses are run in harmony with the Information Needs study (and other reports) in which social inclusion for older people is an important objective. Social inclusion is at the very heart of the development of a healthy and happy life in older age.

Recommendations

- Older people must be encouraged to see themselves as agents for their own change.
- Advocates can assist this process but without 'taking over'.
- The empowerment of older people as information seekers in an increasingly complex information based society will be of vital importance if they are to experience greater social inclusion.
- Courses for older people should be designed to counteract discriminatory ageist attitudes.
- Courses should facilitate older people to acquire the knowledge and skills necessary to help them live more independently and to take greater control of their own health and general well-being.
- The physical and cognitive changes that come with ageing must be taken into account by those providing information for older people.
- Attention must be paid to the advocacy and information needs of older people in long-term institutional care.

- Service providers must acknowledge the importance of advocacy for older people and ongoing funding for the service secured.
- There is a need to establish structures in which volunteers can operate as advocates; the provision of adequate and ongoing resources to deliver an advocacy service throughout the country is of paramount importance.
- It is crucial that older people maintain and enhance their physical and mental health and seek opportunities for self development throughout the ageing process.

Parallel Sessions:
Enhancing Service Providers' Capacity to
Deliver Information to Older People

Workshop Six:
**National and Local Information Gateways: OASIS, the Citizens’
Information Database and CICs**

***Chair: Brian McCauley, Information Society Commission, Department of
the Taoiseach***

Speaker: Caroline Ryan, Information Executive, OASIS, Comhairle

OASIS (Online Access to Services, Information and Support) is the Irish government's public service information system available on the Internet. Formally launched in 2001, OASIS was developed by Comhairle and is one of a number of related measures initiated by the government to reform the Irish public service. These measures include the REACH and BASIS projects that aim to develop the infrastructure enabling online transactions between the public and the public services (see www.reach.ie).

OASIS is based on an innovative approach to the presentation and delivery of user-friendly information and access to on-line public services. The service is accessible at any time and uses the concept of life events to organise the information.

Life events is the term given to the times in our lives which require us to transact with one or more public service agencies, for example, the birth of a child, finding somewhere to live, moving to another country, finding a job, entering education or retirement. The OASIS website has been built around the needs of the individual and not of the public service provider. Its focus, therefore, is broader than that of any single service provider. When you find the information on your chosen topic, you will also be offered information about other related services. So, instead of having to research each related service separately by contacting each individual agency, you can find all the appropriate information concerning a particular life event in one place.

The section on Key Life Events, such as birth, employment, retirement and bereavement, will be of particular interest to the citizen. Visitors to the website can also

look at 'Find your Local Service' which lists contact information for local health centres, public libraries, money advice and budgeting services, Citizens' Information Centres and Social Welfare offices. It is even possible to search the catalogue of your local library through OASIS.

The website has centralised the information previously available from other government departments and, as a result, has cut out the need for repeated personal visits and repeated requests for information. The information resources on the site are accurate, current and free to use. Visitors will not be asked to disclose any personal information unless they are requesting a form to be sent by post, have a query that needs answering or are giving feedback. Information on the site is available in Irish and English and certain documents are also available in French and Romanian. The site is also accessible to the visually impaired and complies with the Web Content Accessibility Guidelines.

The appearance of the site changed in 2002 and further facilities were added, allowing the user to personalise information, track document changes and mail documents to a friend. There is a direct link from OASIS to the various government departments and service providers, and people can apply online for services ranging from domestic refuse collection to driving tests. By using the 'Mail me a Form' facility you can request passport application and driving licence forms and then receive immediate confirmation from the site that your form will be sent out.

OASIS has recently launched contacts.gov.ie, a website dedicated to providing contact information for all public service providers in Ireland. They can find contact information for all Garda stations, schools, government departments, local authorities, public hospitals, post offices and ESB offices. It enables users to assemble an address book of contacts used most frequently. But we look at this as only the start.

Speaker: Sarah Drea, Development Manager, Kilkenny CIC

There are many gateways to information at a local level for all members of the population and for older people in particular. These range from the local shop or post office to the more formal services provided by branches of voluntary and state services. The Citizens' Information Centre (CIC) is an example of a local gateway that brings together information from various sources on a broad range of topics. It provides what is termed 'an integrated service'.

Citizens' Information has been operating in parts of Ireland for almost thirty years. Over the last few years it has become a more visible presence, reflecting greater investment and funding for development. It is a service for everybody and does not seek to target specific groups or to categorise people in any way. The same service is available whatever the age of the information seeker, and staff at CICs respond to the specific needs of the person seeking the information.

An outline of Citizens' Information

Citizens' Information is available throughout Ireland and at 85 centres. There is a large CIC, or key centre, in each county that is usually open five days per week during general office hours. There may also be several smaller, part-time or outreach centres in each county and the purpose of these is to bring the service to people, rather than expecting people to travel to the key centre. CICs operate from buildings that are physically accessible to everyone.

In addition to CICs, there are also Citizens' Information Services or Citizens' Information Networks, which are essentially the same. These are funded by the Department of Social and Family Affairs through Comhairle, the statutory agency with responsibility for ensuring that all citizens have access to information on their rights and entitlements.

CICs across the country dealt with a total of 393,000 inquiries during 2001, an increase of 25 per cent on the previous year, of which 30 per cent came from males and seventy per cent from females.

How does a CIC operate?

A CIC is a place where information on a range of issues can be obtained. Because they exist outside the formal structure of state services, they enable people to seek information independently of service providers and thus avoid prejudicing any applications for services they may wish to make. People looking for information can call in to the Centre, telephone us, write in or email. The breakdown of inquiries made to the Kilkenny Centre in 2001 is as follows: personal call (47 per cent); telephone (47 per cent); radio (5 per cent); and letters/e-mail (1 per cent).

As well as providing information on core services, many CICs operate additional services such as legal advice, financial services, consumer advice and information relating to the Ombudsman, Equality Authority and refugee issues. Some centres, like the Kilkenny centre, have a weekly slot on a local radio station as a means of disseminating information to listeners.

Most CICs can talk to specific interest groups or operate outreach services in conjunction with others such as active retirement groups, hospitals, prisons or day centres. Staff can also set up information stands at events being run by other groups, the basic intention always being to ensure that people have easy access to information. CICs also offer assistance with filling in application forms and can write letters and make telephone calls to service providers on behalf of clients.

In addition, CICs gather data on how particular policies are affecting people's lives. This data is fed to Comhairle, which in turn uses it to fulfil its statutory obligation to advise the Government on social policy issues.

Information of interest to older people

The information available that is of specific interest to older people concerns pensions, extra benefits (e.g. ESB, telephone, TV allowances), health services and local services.

A key aspect of the Citizens' Information service is a commitment to giving people time. Many people using the service just need to be listened to. In addition, many clients need a little extra time to absorb the information being provided.

Where does the information come from?

Wherever possible and appropriate, CICs provide printed information in the form of booklets, leaflets and other materials produced by information providers and is given or posted to the person making the enquiry. Information can be supplied in large print format or on disk for people with sight difficulties. CICs also source information from the Citizens' Information Database, the Internet and from telephone contact with service providers.

Who works in the service?

CICs were at one time staffed on a voluntary basis, but nowadays centres tend to have paid information givers who are provided by employment schemes or directly funded by Comhairle. Some centres use a combination of paid and voluntary staff.

There are centres that are run entirely by volunteers, some of whom may be older people. In this regard, CICs offer an ideal opportunity for people to become involved in a form of voluntary work that is both challenging and rewarding. They offer opportunities for people to make new friends and to learn lots of new things, including computer skills.

Conclusion

CICs seek to provide local access to a wide range of information. By endeavouring to remove the barriers of complicated language and technology, CICs may also be said to provide a bridge between the citizen and the service provider.

Discussion: Challenges and Strategies

The workshop discussed the traditional and modern methods of delivering information by focusing on CICs and the OASIS project.

With regard to older people accessing OASIS, it was acknowledged that the majority of this population group has little or no experience of using computers or no access to the Internet. It was also pointed out that most public libraries now have internet access and that OASIS could be accessed in these or similar settings such as community centres.

It was acknowledged that the Equal Skills initiative helps people with no experience of computers to overcome their fear of new technology and gain basic computer skills. The pilot scheme is operating in the south west of the country and is funded by the Information Society Commission. It was also noted that an e-Government Roadshow had toured the country over a four-month period in 2001, offering basic introductory training in email and the Internet.

Despite these developments, it was felt that the use of new technology in accessing information will not replace the traditional methods of being able to write, telephone or visit an office, but will complement those methods already in existence.

The OASIS site is being increasingly used in CICs and it was accepted that, in this context, information provision is still in the process of development. It is hoped that OASIS will become more widely available through CICs in the years ahead, given its ease of use. The OASIS website was recognised as easy to use and, as a 'self-service' site, the general presentation is excellent. It has been suggested that the information on the OASIS site be incorporated into the Citizens' Information Database, however it was noted that use of the Database required a certain amount of training, whereas OASIS has been developed with a 'self-service' dimension that allows people to access information from their own homes or in a setting such as a library or community centre.

The increase in the numbers of people visiting CICs in recent years was attributed to the fact that CICs are achieving greater visibility, becoming better known at local level and

operating more user-friendly opening hours. It was noted that the outreach service is very important, particularly in rural areas. CICs can help older people access information in a supportive atmosphere, one in which the information seeker has a person present to help interpret the information or to seek clarification.

Recommendations

- Service providers must be aware of the innovations that will be required to bring people closer to new technologies.
- There will be a continued role for services that provide information in the traditional manner but that there will be ever-growing pressure on them to meet the challenges posed by new information and communications technologies.
- The Citizens' Information Database is a welcome source of information but some elements do not make it very easy to use.
- It is envisaged that OASIS will ultimately provide information based on local services, for example, information on local and regional health services, cancer treatment services and hospices.

Workshop Seven: Effective Delivery of Information to Older People

***Chair: John Kincaid, Community Care Administrator, MHB and
Chairperson, Age and Opportunity***

Speaker: Geraldine Cullen, Training and Development Manager, Comhairle

Comhairle is a statutory body, funded through the Department of Social and Family Affairs, with responsibility for a range of activities relating to the provision of information, advice and advocacy to the public. We have a particular responsibility to people with disabilities but older people are also an important client group.

There is a set of core principles that informs Comhairle on the delivery of services. These are:

- equality
- access
- promotion of empowerment and participation
- mainstreaming information
- influencing policy
- customer focus
- a partnership approach
- quality of service.

In carrying out its duties, Comhairle gives considerable attention to the quality of the information materials given to clients. But as we pay just as much attention to the delivery process we firmly believe that customers should be the primary focus of information provision and that their needs at a given time must be paramount. It is crucial, therefore, to enable people to exercise their rights as citizens in the context of accessing information and so the promotion of empowerment and participation is an important principle underlying all our work.

Comhairle also believes in the value of a partnership approach whereby we work with others to develop a more integrated, comprehensive, one-stop-shop type of information service for the public. We encourage the development of an information service that is impartial, non-judgemental and non-directive.

Training

Within Comhairle there is a Training and Development Service with responsibility for implementing policy in relation to the training and support of information providers, mainly in the voluntary sector. It is responsible for providing information to Citizens' Information Centres and support services, including training, to the CIC network.

Comhairle currently provides training throughout the country on information topics, interpersonal skills and management/organisational skills. This training is relevant to the social services in general and we place great emphasis on the information-giving process, underlining that the relationship with the customer or client is a vital part of the whole process. Training courses in interpersonal skills emphasise that it is not simply having the right information, or knowing where to find it, but imparting it that is of value. We also provide and develop a range of training resources. Comhairle believes it is very important for information providers to be trained and that training should be recognised, accredited and linked to some national system of standards.

Age awareness

The Information Needs study has laid down a number of principles which have been devised to guide the planning, co-ordination and delivery of health, social care and welfare services information to older people. These are very much in line with Comhairle's own core principles (listed above) but feature, understandably, some additional principles that focus specifically on older people and the importance of promoting an anti-ageist philosophy.

It is vital that we encourage the involvement of the users in the planning, delivery and promotion of quality information services; we must consult the recipients of the services and not only those who deliver them. In this regard, the Information Needs study

provides us with the views of older people in relation to their needs and preferences in accessing health, social care and welfare services information. Consequently, we must examine carefully what they are saying to us about the information sources they are currently using.

In general, the older people consulted for the study felt there was great room for improvement in the way in which information is provided. They also feel there is a need for a change in attitude on the part of service providers and that there should be better supervision of those who provide information to older people. More specifically, older people place great importance on personal contact with information providers and on what could be called the 'added value' that should be present in personal interactions with the information provider. They feel that sufficient time should be allotted for every interaction and that the information provider should inspire customer confidence with their promises to deliver. Older people demand that information providers treat them with respect, patience, friendliness, courtesy and understanding.

Conclusion

There is clearly a pressing need for age-awareness training for those providing information to older people. Such training should be provided across the statutory, community and voluntary sectors, particularly to those offering health, social care and welfare services information to older people.

Any consideration of the need for age-awareness training must be seen in the context of 'Information for All' – the right of every citizen to equality of access to information. We must also be aware that every older person is unique and that each will have needs and preferences that are individually specific. Furthermore, there appears to be a definite role for 'information advocates' for older people. On a broader level, partnership between the agencies involved in providing information to older people is important, as is the need to influence relevant social policy at the macro level.

Speaker: Michael Kenny, Lecturer, Department of Adult and Community Education, NUI Maynooth

A few years ago I was involved in writing the final report on a three-year project which had set out to examine the provision of public services to areas of declining population. These areas tended to be mostly rural areas where the population happened to be composed mainly of older people. It was possible, therefore, to extract from this research the following ten pointers regarding better information provision for older people:

- equitable access to public information is a basic human right
- the provision of information to older persons needs to be a dynamic and proactive process
- the use of technology in information provision, though generally helpful, can be a further barrier to effective information provision
- information provision is only the first step in accessing services for the older person. It must be followed with a specific referral or assisted application or response
- information provision is most effective when it complements the response to an older person's specific need
- the older person has unique needs that must be addressed from his or her perspective
- access to information is improved through partnerships with voluntary and non-statutory community based groups working with older people
- front line providers of public information should be regularly briefed and updated on the best practice process for getting information to the older person
- older people generally prefer human assistance in negotiating the various levels of information seeking
- the content and process of information provision to a specific target group should be proofed and managed by a related peer group to ensure appropriate content and method.

Information needs are addressed most effectively when they complement a specific service for the older person. A good example of this is shown by the experience of the Summerhill Active Retirement Group's Senior Helpline project.

Speaker: Mary Nally, National Coordinator, Senior Helpline

The Senior Helpline is a service provided by older volunteers for older people. Established four years ago, there are now eleven centres throughout Ireland. For the price of a local call to the Senior Helpline, older people can reach another older person who will offer them a 'sympathetic ear'. We currently have 300 trained volunteers, all of whom are older people. The service is available for six hours per day, seven days per week.

We receive many calls from people who are seeking information but, in the course of these calls, our volunteers often detect other difficulties the caller may be experiencing. However, this only comes through listening patiently. Fortunately, we have the time on the Helpline to give the kind of attentive listening and sympathetic response that the older caller needs. An empathetic listener is also ideally placed to meet the information and referral needs of the older person.

If there is one thing that service providers should be aware of, it is the need for greater consultation with older people themselves in relation to the provision of information.

Discussion: Challenges and Strategies

It was acknowledged that older people as a group are not homogenous and that each and every older information seeker is an individual with specific information needs and preferences. Consequently, training programmes devised for information providers must be sensitive to the unique needs of every older person. It was acknowledged that these programmes must reflect that people are entitled to have information presented in a form that suits their needs, preferences and appropriate language requirements.

Recommendations

- Greater consideration must be given at all levels towards building the information gathering capacity of the older population in general.
- Older people must be consulted at all stages of a project's development as they will ultimately determine the quality of that service.
- The potential of older people to act as information providers must be appreciated and their potential contribution towards the development of services recognised.
- All front line information providers in the health, social care and welfare services should have age awareness training, as should those in the community and voluntary sectors.
- Age awareness training must emphasise the crucial nature of the relationship between information provider and information seeker. All service providers should become aware of their own attitudes to older people.
- Such programmes must emphasise the need to acknowledge the social environment in which older information seekers find themselves; they must also recognise that older people have changing needs in relation to information, that they need to access information in advance of decision making and at relevant times in their lives
- Information providers must be trained in the necessary skills to achieve 'added value' in a relationship with an older information seeker.
- Greater understanding of older people and the ageing process should be promoted among service providers. In this regard, there is a pressing need to dispel the myths and stereotypes associated with ageing that have built up over time.

Workshop Eight: Fostering Communication between Health Service Providers and Older People

Chair: Michael Lillis, Customer Care Coordinator, SHB

Speaker: Ann Doherty, Director of Strategy and Planning, SHB

The older population is a heterogeneous group with wide and diverse health, social and financial circumstances. From our experience working with older people in the SHB, the information requirements of older people vary considerably from person to person, depending on their life circumstances. These requirements fit into five broad categories:

- benefits and entitlements
- health
- residential and nursing home care
- support and services for people at home
- housing.

A survey carried out by Help the Aged in the UK found that the most frequent areas of enquiry included:

- financial issues, especially benefits and allowances
- health and care issues, especially equipment/adaptations, practical help and residential care
- housing.

The SHB aims to operate as a person-centred organisation that can respond to the needs of individual older people. In this regard, we held a consultation process that included a series of 'listening days'. These sessions involved older people themselves, professional and voluntary groups working with and for older people, GPs, local authorities, Gardai and other stakeholders, as well as SHB staff.

Several recurring themes emerged throughout the consultative process, one of which was the pressing need for information, not only on how older people access information about particular services but for staff to have more information on these services, thereby providing information to older people with some degree of competence.

Our consultation process has led to the development of several projects designed to meet the information needs of older people. These focus on:

- customer care
- community workers
- community welfare
- carers' services.

All these projects aim to foster communication with a view to meeting the information needs of older people.

The Customer Care project involves a telephone information centre that acts as a referral service. Although the service is not primarily for older people, a substantial proportion of those accessing it are older citizens. The number of queries handled by the service almost doubled in a single year, from 5,000 in 1999 to 9,000 in 2000. The majority of calls related to:

- medical card eligibility
- community welfare services
- social welfare and social welfare allowances
- home helps, housing aids and repairs
- day care centres.

The Community Work project, an initiative known as Integrated Service Process, operated in a targeted urban area and had three core targets:

- better communication and sharing of key agency information
- breaking down bureaucratic systems, understanding agency process and clarifying referral pathways
- listening to communities and families.

A task group set up to focus on services for older people drew upon the findings of our listening days, which heard evidence on the needs of older people, especially those living in urban areas, who felt just as marginalized as those living in rural areas. The task group also held inter-agency training days, arranged a local co-ordination system for carers and set up a pilot scheme involving community based repair services for aids and appliances. This project was based on listening to our older consumers, building a communications system and responding to their needs for information and services.

The Community Welfare initiative aimed to increase the availability of appropriate information and enhance people's accessibility to it. It targeted a rural area in Kerry and its main focus was on outreach community welfare services operating through day care centres, social-satellite centres and PHNs. What we have learned from this pilot-project will influence how we develop general or specialist community welfare projects in the future. The main findings were:

- the 'oldest' old are most in need of information
- there are more female referrals but older, single men living in isolation are most at risk
- there is complexity and unnecessary duplication when it comes to form filling
- there is persistence of poor living conditions for older people
- problems are caused by isolation, inadequate transport or lack of transport
- security issues
- the crucial importance of early intervention
- the need to provide 'intra' and 'inter' provider links.

Very often it falls to carers to act as advocates for older people when it comes to accessing information about services. Our carers' services strive towards meeting their needs and have the following components:

- carers' support group
- information and support
- personal development
- advocacy
- respite care
- provision of a newsletter, *The Carers' Voice*.

The inter-agency dimension of the carers' project was considered important and involved all the health board disciplines, the Department of Social and Community Affairs and other state and voluntary agencies. Provision of information for carers is vital and their needs are met with a dedicated newsletter (three issues per year distributed through GPs, PHNs and voluntary services) and information days allowing carers access to a wide range of services.

Bridging the information gap

The process of building relationships between service providers and older people can take time, particularly in building the confidence of older people. It is also important to take steps to empower the staff to meet the needs of older people. As a service provider we have to examine what responses need to be put in place in partnership with other organisations but most of all, in partnership with the people who use our services.

Conclusion

We need to help consumers gain access to comprehensive, accurate and appropriate health information that is accessible and responsive to individual needs. We need to increasingly involve consumers as partners in planning and evaluating future services and aim to achieve integration between services. It is hoped that the establishment of advisory panels for older people and their carers will facilitate greater communication between the service provider and the consumer that in turn will enable us to meet needs and facilitate choice.

Speaker: Maureen Caffrey, Area Coordinator of Services for Older People, NEHB

As an example of an initiative designed to foster communication between health services providers and older people, I would like to describe a Listening Day organised by the NEHB. The event was part of the Formulation Process devised by the Board in 2000 to develop a strategy for older people.

The aim of the Formulation Process was to elicit the views of all stakeholders in older people's care in the Board area. As part of this consultation process, a Listening Day was held. Participants included service users, carers, voluntary organisations, local authority housing officers, representatives from An Garda Siochana and the Department of Social, Family and Community Affairs as well as the NEHB's own staff who provide services to older people.

Service user session

The Listening Day featured a Service User Session in which three older people told of their experiences using local services. The main difficulties they outlined related to the choice of options and lack of information, particularly when it was needed at crucial times.

Workshops

Five workshops were established to identify the issues most relevant to older people and the provision of services needed in the area. With regard to service users, several key issues were identified and the following recommendations made:

- the means test for the Carer's Allowance should be reviewed
- patients should have an input in regard to the choice of their carer
- night and weekend support for carers of dementia patients is needed
- the chiropody service should be made free of charge
- increased funding for acute and non-acute services is needed

- there should be greater availability of transport given that it is essential for independence, social activity and accessing medical treatment.

The key recommendations relating to service providers were divided into various care sectors.

Primary care

- Access to information needs to be improved.
- GPs need more contact with health boards.
- PHN staffing levels and support need to be increased.
- Home help and home support services should be coordinated to create a single point of access.
- Services should be integrated and coordinated regionally to improve access.
- Medical card guidelines should be reassessed.

Community care

- Housing repairs should be more widely available.
- Respite units must be localised.
- Long-term care should be available when required.
- Night and weekend respite for carers of dementia patients must be more widely available.
- There should be greater emphasis on promoting the community in rural areas, especially in relation to vulnerable older single men (i.e., the Older Men's Network).

Day care

- There should be increased support and activities for day care.
- Day care should be viewed as an ideal venue in which to empower older people.
- Day care centres could become information points for older people.

Hospital care

- There should be discharge planning and follow-up.
- Greater emphasis on preventative health care.

Carers

- The means test should be reviewed.
- Training for carers is vital.
- Patients have an input regarding choice of carer.

Voluntary sector

- The health board could be an active agent supporting voluntary groups, such as in the establishment of active retirement groups.

Conclusion

All participants at the event were provided with feedback in the form of a Listening Day Report. We went on to launch a five year *Healthy Ageing Strategy for Older People in the North Eastern Health Board* (2001) which, we believe, reflects the views of the service users.

Discussion: Challenges and Strategies

The workshop focused on fostering communication between older people and health service providers and raised the following issues.

- Older people's capacity to make sound choices in relation to health, social care and welfare services is undermined by lack of information.
- When there are limited resources it can be very difficult for service providers to offer the range of care choices that would be most beneficial to people. However, it is still important to consult with the user and provide the kind of information that enables the person to make a sound decision.
- While the value of listening days was acknowledged, it was pointed out that this form of consultation is not carried out in all health board areas and uptake can be disappointing. It was agreed that voluntary organisations could play an important role in attracting older people to listening days.
- The public sector in Ireland is moving towards much greater inclusion and this is recognised as being a very welcome development.
- Older people have a lack of awareness about where information could be accessed. It was suggested that, as many older people attend church, this might be considered as a dissemination point, with information on relevant services either posted on church notice boards or printed in parish bulletins.
- The need for resources that would help older people to feel more secure in their homes was strongly emphasised.
- It was pointed out that the Comhairle publication *Entitlements for the Over Sixties* will be posted to every pensioner in the country by the Department of Social and Family Affairs. However, distribution of the booklet is not in itself sufficient: it is crucially important to develop strategies that will enable older people to access relevant information on a service at the time at which they need that service.
- The concept of partnership between information agencies was deemed important.
- There is no all-encompassing means of providing information to older people. It was noted that every member of staff in a health board has a responsibility to provide people with information or at least to point them in the right direction. The low-cost

Customer Information Line established by the SHB was recognised as being a most effective method of disseminating information.

- It was acknowledged that the Community Welfare Officer outreach programme, set up to provide information through day centres and PHNs to those people who do not come near services, has been successful.
- Two key groups in need of information are the 'oldest' old and single men living alone, particularly those in isolated areas. Organisations such as older men's networks can play an important role in helping to lessen the dangers of being isolated from services.
- Difficulties in maintaining health board staffing levels, particularly with regard to chiropody, occupational therapy or PHNs, is undermining efforts to provide user-friendly services.

Recommendations

- Health service staff should be fully aware of what information is available and they should be in a position to provide it themselves or to act in a referral capacity.
- The provision of training and support for carers is vital. Information specific to carers could be provided by means of a designated carers' newsletter.
- Much good work in terms of information provision can be achieved through day centres and other places frequented by older people.
- Partnership between government departments, state agencies and voluntary organisations is vital in getting information to older people and every effort should be made to enhance these partnerships with a view to providing a coordinated approach.

Workshop Nine: Fostering Communication between Social Service Providers and Older People

Chair: Michael Browne, Independent Research Consultant

Speaker: Rita Morrissey, Information Services Unit, Department of Social and Family Affairs

The provision of accessible, clear and up-to-date information is a priority for the Department of Social and Family Affairs. The Department's Information Services Unit formulates policy in relation to information provision. Indeed, we are currently writing a strategy outlining the plans for the Information Service for the next three years. The Department's information function can be divided into direct and indirect provision.

Direct provision of information

The Department is obliged to advertise all new schemes and services as they come on stream and to publicise any updates or changes to an existing scheme or service. For this we use various direct means of disseminating information:

- national and provincial newspapers, magazines, Aertel, websites and information TV screens as seen, for example, in Credit Union offices. (A recent MRBI survey revealed that people were receptive to information as they waited in queues in their credit unions.)
- television and radio campaigns, such as the recent campaign to reassure older people about social welfare payments at the time of the currency changeover
- printed materials including posters, leaflets, booklets and newsletters such as those outlining entitlements for pensioners. We also use direct-mail drops to disseminate information
- a telephone information service with a central phone bank that can be accessed by dialling a single number. We are currently trying to improve all our telephone systems

- a Leaflet Line accessed by dialling a Lo-Call Number can provide callers with any leaflet they require within three days
- information seminars to provide training for our information officers; age awareness training has now been introduced
- exhibitions, presentations and attendance at major exhibitions such as the Over-50s Show; officers also go out to groups such as retirement and senior citizens groups.

I firmly believe that people 'want information when they want it'. In other words, you can advertise all you like but unless it is aimed specifically, people will not be interested. The important question is what happens when a person wants information on a particular aspect of social welfare? There are 130 local Social and Family Affairs offices around the country in which there are dedicated Information Officers. As part of the Department's new strategy these officers will adopt a much more proactive approach by doing outreach work with particular local groups.

Indirect provision of information

Comhairle is entirely funded by The Department of Social and Family Affairs and so the Department indirectly funds the 85 CICs. We also provide funding for national and local voluntary bodies through a special grants scheme. For instance, the Department, in conjunction with the Mayo Emigrant Liaison Committee, has funded a seminar and holidays in Ireland for older Irish people from the UK, providing them with all the relevant information they would need if they decided to return to Ireland. In this regard, we have considerable contact with the Federation of Irish Societies in Britain and emigrant centres in the USA.

Other information initiatives

Several customer panels have been set up throughout the country to focus on various topics including retirement, old age and disability. These panels have proved to be very successful and the Department has acted on the feedback they generate.

The most notable initiative in relation to providing information for older people was the recent mailing of the Comhairle booklet *Entitlements for the Over Sixties* to all

pensioners. There is also a 'forms review committee' that meets with older people to discover how forms can be improved.

Finally, the result of a Department commissioned survey indicated that when people want information on social welfare they go to the Social Welfare Office. Almost 90 per cent of people confirmed that this would be their first stop in a search for information.

Speaker: Brendan Teeling, Assistant Director, The Library Council

Firstly, here are some facts about the public library service before we look at what the library service is doing about fostering communication with older people:

- public libraries are provided by the local authority
- there 327 branch libraries nationwide and 30 mobile libraries
- there are 11 million visits to public libraries each year
- around 25 per cent of library users are aged 55 plus
- library services spent €75.4m, or €20.80 per head of population, in 2002.

How does the Library Service find out what the user wants?

The Library Service is unique in that it is delivered face-to-face and on-site. Virtually every transaction involves communication between the staff and the user. Unlike other services, very little business is conducted over the phone. However, we are doing an increasing amount of business via the Internet.

Seventy per cent of library users are regular customers and visit as frequently as once a fortnight, so staff can get to know them. This facilitates good communications between the user and the service. The advantages of such frequent usage are that if there is a problem, it is possible for it to be solved there and then. However, a disadvantage is that regular users may be reluctant to bring a complaint to staff they know. This can prevent the users telling us what they want and information may not be passed on to management. Indeed, the very fact that the complaint is made at local level may also make it unlikely that appropriate action will be taken.

Promotional outreach activities

Libraries also run outreach activities including reader groups, art groups and lecture programmes, or the library be the venue for meetings or lectures. These are useful ways for the library service to listen to the public and learn what people want. The demand for such activities in itself is an indication of what the public requires. When the library puts

on an activity in response to a demand it indicates that staff are listening to the public and taking steps to answer their needs.

Such activities tend to be very focused, as with a reader group or an active retirement group. Consequently, the information that is fed back will be specific and will help staff to make efficient and fast decisions about individual aspects of the service. If, however, users are attending for a particular reason they might not engage in broader conversation, again presenting the problem that information may not be passed on to management.

What are library users looking for?

We are aware that twenty per cent of library users are looking for a particular book. Requests and reservations can be recorded on the computer system, and this then provides data for management about what users want. The disadvantage is that it relates to just one element of the entire library service - borrowing books - so we are not getting the bigger picture from this means of recording what people want.

Customer care programmes

Some libraries operate customer care programmes encouraging people to comment on the service by means of cards. Most importantly, there is a system in place allowing the information to be channelled to management so that a response can be made. Unfortunately, such programmes are not widespread and the formality of filling out a card can discourage people for a variety of reasons. Although the information can be channelled upwards through the system, it doesn't always get to those staff able to change things at the point of service.

Finally, a survey of public library users was carried out nationally in 2002, in which 28 of the library services took part. It involved users completing a simple questionnaire. Some 23,000 people responded to the survey that sought information about what users do in the library, as well as asking for information about the users themselves. The replies are currently being processed and among the interesting findings were that 25.4 per cent of respondents were aged 55 and over.

Conclusion

One of the most important elements in relation to library usage in the years to come will be the need to bring about better communications, at a regional and national level, between library services and other agencies such as those working with and for older people. We must ensure that staff training is improved so that personnel can encourage users to express their views on the service. Staff should undergo age awareness training to make them more conscious of a particular group's specific requirements, perhaps with regard to visual impairment, hearing difficulties or access difficulties.

The library service must make user feedback a 'normal' part of the service and put in place a system to make it work. Finally, we must ensure that all documents produced by the service are available in suitable formats, such as large print, and we must establish local user groups to ensure that older people are specifically represented.

Discussion: Challenges and Strategies

It is envisaged that the newly upgraded Information Officers employed by the Department of Social and Family Affairs will use their own initiative to reach out to the many types of community organisations and local groups. It must be acknowledged that every area will have different needs to be addressed. Every means should be used to target those who need social welfare information, including parish newsletters and local radio. Two things are important to note: people only look for information when they need it and they want to go to an office where they can speak with someone in person, regardless of the printed materials are available. Very often people are unsure of whether they are reading the information correctly and all they require is some reassurance.

A problem faced by the Department of Social and Family Affairs relates to the fact that such offices were historically known as 'dole offices' or 'unemployment offices'. It has to be stressed that they now Social Welfare offices.

In relation to the opening hours of libraries, it was noted that there was an ongoing programme to improve this aspect of the service.

Government departments and agencies have been proactive in trying to improve their information delivery systems but older people in particular still maintain that they do not have information. It is obvious that there is a gap between the experience of individual citizens and the best efforts of the statutory agencies to provide their information needs.

Why should this be the case and what needs to be done to remedy this situation? It was acknowledged that the presence of local information officers who are proactive in their communities could help to solve this problem. It was felt that the existence of such information officers should be advertised nationally and that this would also help to remove some of the stigma associated with attending Social Welfare offices.

It was noted that in some rural areas social welfare information is available at Post Offices. It was pointed that proposals are currently being discussed to replace the local post office with a 'government services outlet', but a decision is not imminent.

In some parts of the country, one-stop-shops are being established that contain the local social welfare office, county council office and library. Although it may initially seem a good idea, accessibility is often overlooked. One such building is a mile outside the town and difficult to reach for those without transport.

People should have access to an integrated information service. For example, when an older person goes into a local Social Welfare office with a specific query that then triggers further queries, help should be at hand. We should not have a situation whereby information is supplied in a drip feed fashion. People should be referred to other agencies only as a last resort. The enquiry should be treated in a holistic manner and this is the overall direction in which the Department is heading. People are demanding information through Social Welfare offices and we must respond to this preference. The provision of accurate comprehensive information is a priority and this workshop acknowledged that various initiatives are being put in place.

Recommendations

- All government agencies should consider referral to be a last resort.
- Information should be provided from one place in a holistic approach.
- Statutory bodies are the main providers of information but CICs and other independent providers could help to bridge the gap between the citizen and the state.
- Statutory board membership of CICs is important.
- Older people must be assured of personal contact with services providers.

Workshop Ten: Local Information Delivery to Older People

Chair: Paul Murray, Head of Publishing and Information, Age Action Ireland

Speaker: Anne Dempsey, Journalist and Counsellor

As a basis for this presentation I take the word 'local' very literally and the word 'information' very widely. In preparation, I asked myself the question, 'Do older people have different information needs to the rest of the population?' and I decided that the answer was yes and no. Older people need much the same kind of information as the general population, such as library or supermarket opening hours and even information about local crèches given that so many older people are now caring for children. But, in addition, older people need specific information at certain times of crisis or change. Of course, it is not only the older person who will need such information – if somebody is going into a nursing home, family members will also need relevant information.

Then I asked myself whether older people need a different method of information delivery. Again, the answer was yes and no. Some people may need to be catered for in a particular way, for example, the 'young' old and the 'old' old may require different approaches that take into account their particular circumstances.

My community is Greystones, Co. Wicklow, a town of about 8,000 people. In the past the town had a well-established community with a mature population but in the past 30 years there has been an influx of younger couples. There would not have been much interaction between the settled, older element of the population and the new arrivals, many of whom are commuters.

My research for this presentation included a walk around my local area looking at the kind of information that is available at locations such as a GP's surgery, the library, pharmacies and newsagents, and these are my findings.

Shop windows

The local newsagents had information about healing massage therapy and language classes, and featured advertising from a childminder, typist, gardener and tradesmen. Most of this information had a general relevance for the population as a whole. The local health food shop provided similar information but with added belly dancing classes!

Library

General information notices are displayed prominently and several computers offered Internet. With some help from the librarian I found it quite easy to access information in this way. The librarian pointed out that only seven or eight older people use the library computers and this is mainly to email family living far away. The library also had the Age and Opportunity Newsletter and leaflets on diabetes, smoke alarms, eye care, asthma, exercise initiatives for older people, cancer support, computer classes and holistic practitioners. In addition, the library also had magazines and an exhibition space that would be very useful for any group wishing to raise awareness about its activities.

Regrettably, there was no information on display relating to older people's entitlements or specific health issues. The librarian opened a filing cabinet containing information for older people which, she noted, was used very little, but older library users could not have been aware of its existence. This raises issues of visibility, access and awareness of what information is located in the library.

Bookshop

There was plenty of health-related information here and some material on managing life changes that would be relevant to retirement.

Post office

Most of the information leaflets seemed to be directed at younger people, except one on household budgeting picturing older people on the cover. This raised issues relating to how printed material might be presented to older people and the underlying messages that might be transmitted by their design and the images portrayed in them.

Parish office

Here I met a parishioner in her seventies who was looking after the flowers for the parish and this emphasised that many older people give of their time and expertise in a purely voluntary capacity. This lady had recently had a stroke and had encountered great difficulty accessing information locally in relation to her condition. Interestingly, she had sourced most of her information via the Internet, thus indicating older people are ready, willing and able to use new technology to access information.

Active Retirement Association (ARA)

This group listed its current activities in the parish newsletter but without giving any contact number or venue details. This is a very good example of how not to disseminate information to older citizens.

CIC

There is a CIC in Bray which attracts many older people. The information officer indicated that people ask how to get a particular service, such as Home Help, or they have medical card queries. Some older people feel they are stupid if they are not able to use new technology but they often express feeling better for having had a face-to-face interaction with the CIC's information provider.

Pharmacies

Information can be obtained at pharmacies but not all are user-friendly for older people. It seems there is an increasing tendency for pharmacies to place greater emphasis on commercial activity rather than on their more traditional community role in which they dispense information as well as medicines.

Conclusion

During this research exercise I learned firstly that older people are not a homogeneous group – they vary enormously in terms of interests and abilities. Secondly, it was obvious that many older people want to access information but they want to obtain it from people who are friendly and sympathetic. Thirdly, it was apparent that older people often ask information providers for health related information because they do not want to 'take up

the doctors time'. In this regard, it seems that GPs do not provide the kind of information that would benefit their older patients. It was also clear that some older people are finding new technology difficult to cope with.

There is considerable scope for organisations working with and for older people to make contact with local networks. There seem to be many missed opportunities when it comes to using local newspapers and local radio. There is information around that would be of interest to older people but they have to go to considerable lengths in order to access it. Consequently, organisations need to target their message more effectively. There may be a role here, perhaps through the social mentor programme, for retired people with appropriate communication skills to train members of local organisations working with and for older people.

Speaker: John Murphy, Radio Journalist, Community Radio, Castlebar, Co. Mayo

Community Radio has a very important role to play in getting information across to all sections of the public, but particularly to older listeners. CRC FM is based in Castlebar, Co. Mayo and has been on the air for seven years, despite the funding difficulties it faces from time to time. It can be heard within a 25 mile radius of Castlebar and it has a listenership of between 5 and 8 per cent. Most of the programmes are chat-based, with an emphasis on local news and views. With criteria set down by the Broadcasting Commission of a 60:40 chat to music ratio, there is considerable scope for disseminating information of all kinds. However, just because information is broadcast over the radio, it does not mean that people will listen to it, much less use what they have heard.

A Community Radio station is one that is run by the community, for the community. As with all radio stations, it is difficult to attract and keep audiences. Nevertheless, we are aware that it has a great capacity to enrich the lives of people living alone, especially older people. Community Radio is not limited to attracting younger listeners in the same way as commercial stations, so we are always open to ideas and input from voluntary groups.

It must be pointed out that CRC FM's listener catchment area has a very high proportion of older people, because Mayo has one of the largest proportions of older people of any county in Ireland. As people live longer, their health, social care and welfare services inevitably need to become more acute as does their need for information on such services.

My work in research for speech-based programmes requires a certain amount of contact with different organisations. In providing information to vulnerable groups, including the old, the station facilitates organisations working with and for these groups by enabling them to produce their own information programmes. We also broadcast from residential homes and day centres. These shows are very popular with older listeners as they feature storytelling and people reminiscing about the past.

We rely heavily on volunteers to produce the programmes and we currently have five volunteers working with us who are in their seventies. These volunteers are a great resource because they research and present programmes and one of them is on the station's board of directors. Indeed, younger and older people who research and present programmes get on very well together and we are told that this inter-generational solidarity comes across in the programmes. We target different groups, such as the disabled or people living alone, who can often be vulnerable and need to be constantly reassured about their security.

Conclusion

I would like to see many more older people getting involved in radio programme production. One of the positive aspects of retirement is that it is often the first time that people have the opportunity to do what they want to do. The crucial question is how to use this free time and there can be no better way than getting involved in local radio. The numbers of older people involved in production may be small but their capacity to improve the lot of other older people is considerable. Community Radio is there for all and should be used by all.

Discussion: Challenges and Strategies

It was acknowledged that the local library is a great resource in any community and one that is used by a significant proportion of older people. It was acknowledged that Community Radio also has a very important role to play in bringing about social inclusion for older people. The role of the local press, including 'free sheets' and Community Radio, was deemed to be crucial in communicating information for older people on security related issues. It was also noted that local radio in general is receptive to input from groups of all kinds and that there are many opportunities for information dissemination through this medium.

It was emphasised that the information supplied for publication or broadcast should be well prepared and concise if it is to get the desired level of media exposure. In relation to press coverage, it was felt that the onus is on organisations with newsworthy stories to approach the relevant features editors, using what is termed 'opportunity PR'.

Concern was expressed at the degree of negative and stereotypical coverage of older people in the national media. It was noted that news editors tend to have little or no interest in good news stories in relation to older people. Unless there is a sensationalist aspect to such stories, it is extremely difficult to have them published.

Recommendations

- Despite that fact that libraries may offer Internet access, many older people are frightened by the new technology and must be helped to use it. The use of simple language in tuition for older people is considered vital to the success of such programmes.
- Groups working with and for older people must be proactive in using the existing opportunities for disseminating information.
- It is essential that voluntary agencies regularly renew and update printed material and consider the style of its presentation.
- Accuracy of content is vital to information provision and people working in the press and radio should strive for accuracy at all times to avoid the risk of misinformation.

- The Broadcasting Commission is slow to issue licences for community radio stations and this is a significant barrier to enhancing the lives of older citizens through local radio.

Final Session

Chair: Ita Mangan, Barrister and Information Consultant

Proposals for Implementing the Information Needs Study Action Plan

Speaker: Dr Helen Ruddie, Policy Research Centre, NCI

Much of what has emerged from these workshops challenges us to take a wider perspective of the information needs of older people, to look at the current situation in a more imaginative way and to try to deepen our understanding of the information related issues we have identified.

The Action Plan developed from the Information Needs study is based directly on the feedback we received from the older people who participated and attempts to take account of their expressed needs, preferences and concerns. In addition, we have taken account of the preferences and concerns of service providers and information holders. Finally, we have attempted to build on what already exists and to use the services and structures that are in place rather than adding a new element.

There are three dimensions to the Action Plan. Firstly, we present a framework for looking at the information needs of older people; secondly, we identify the structures that will be necessary for addressing those needs; thirdly, we focus on some of the principles we feel will be needed to govern the relationship between the information provider and the information seeker.

A framework for considering the information needs of older people

In setting out to develop a framework for considering the information needs of older people, we have devised a series of questions. The answers provide the signposts for what needs to be done.

What are the key transition times?

In the study, the key transitions are identified as:

- the transition from work to retirement
- the transition brought about by ill-health or disability

- the transition of moving from home into long-term care
- bereavement.

These transitions are a different experience for every individual because they are shaped by the life circumstances of that individual. One commentator has remarked that the experience of retirement brought about by sudden redundancy is quite a different experience to a retirement that is anticipated and planned for well in advance.

Arising from this first question are three related questions:

- what kinds of information are needed at a particular transition time?
- who holds the information?
- how is the information presented?

What kinds of information are needed?

It is clear from the findings that a wide range of information is needed about health, housing, legal and financial issues, counselling, education and recreation. Some of this information is very complex and requires professional expertise to disseminate it. Any service provider dealing with older people should be aware of the information needs that accompany these different transition times.

Who holds the information?

The findings show that although a variety of agencies and organisations hold relevant information, older people seek information from a narrow range of sources. Most importantly, older people rely heavily on family, friends and neighbours for their information. The importance of these social networks as sources of information is underlined repeatedly in the study and has also emerged in the Conference workshops. However, such reliance on informal networks raises the issue of the accuracy, detail and currency of the information provided in this way. This is significant, given the complexity of the information that is sometimes required.

These findings also highlight the fact that family, friends and neighbours are significant information seekers and need to be recognised as such. However, social networks shrink due to social change and this is an important factor for older people seeking information.

How is the information presented?

The findings show that the channels which older people tend to rate as 'good' include print media. It is essential that such printed material is written clearly and designed so that the information is easily accessible. It is clear that older people prefer to have the additional back-up of a sympathetic information provider to explain and clarify the printed details. Local radio is a very important source of information for older people and television is also rated quite highly.

Computer-based information was frequently rated as 'poor'. There is significant evidence from the study that computer training can be very effective, particularly when an older person is involved in providing the tuition. An interesting finding is that older people who become confident in basic computer skills are willing to take more advanced classes. It is crucial that older people are made aware of the benefits of technology and that computers are made affordable, accessible and available to them.

Who is the information seeker?

The majority of older people are independent information seekers but the study reveals that several factors can make them feel vulnerable when trying to access information. These include immobility or other physical incapacity, visual or hearing impairment or emotional difficulties. For some people there may be an element of embarrassment about certain information needs, or a fear of appearing uneducated. Others may lack social skills, suffer from social or geographical isolation or be going through an unplanned stage of transition. A lack of access to transport, phones and computers also constitutes a significant barrier for older people seeking information. The key question is whether or not the older person is capable of independently accessing information. The answer determines the kind of structures that will be needed if the delivery of information to older people is to be enhanced.

Proposed structures for addressing the information needs of older people

Older people seeking information independently will consider certain people as key contacts. These include the GP, the PHN, the Social Welfare Officer and, at times of

bereavement, the clergy. Whatever structure is put in place will have to incorporate these key information providers.

In the proposed structures the lead role is assigned to the CICs. However, CICs cannot be expected to undertake this role alone and there will always be a place for specialist information providers in the health or legal sectors. Clearly, the CICs will have to work very closely with other information providers and the voluntary organisations that are already providing information, such as the Senior Help Line and Social Welfare offices.

The reasons for designating CICs

With 85 local centres throughout the country, the network of CICs is already providing a broad range of information to the general public. The service is free and confidential, and is provided in person or by telephone by personnel trained to source information and provide referrals to other agencies. The network is resourced by Comhairle and the national information gateways of OASIS and the Citizens' Information Database. In addition, they have set up call centres that can be accessed through local numbers and others are due to be established. Each CIC could act as a 'first stop shop' for older people, operating as an important central access point for information, and working closely with key contact people and major information providers.

There are, of course, challenges for CICs in assuming this role. The network would have to be expanded and the variations in the capacities to provide specialist information examined. Most importantly, there must be greater awareness of CICs among older people, given that their current awareness profile is low with this sector of the community. In this regard, a public awareness campaign directed at older information seekers would be of crucial importance.

A further challenge for the CICs would be the need to develop effective working partnerships with key information providers and information holders. While the need for partnership is widely acknowledged, the best means of achieving it are not always so apparent. It is clear that OASIS and the Citizens' Information Database will have to be amended to take account of the transition times identified in the study.

Older people who require assistance to seek information

In order to assist older people seeking information, this Action Plan proposes that the CICs employ an Outreach Information Officer who would establish and work with a panel of volunteer advocates. The responsibilities of this key player would include:

- identification of vulnerable older people in the community
- maintaining links with and resourcing key service providers and information holders
- recruitment, management and supervision of volunteer advocates
- publicising of information services
- assessment of information needs
- enhancing older people's information seeking capacity
- arranging for the evaluation of the service.

Provision of advocates

Advocacy can be interpreted in different ways but in this instance we envisage a network of volunteers who would either seek out information on behalf of an older person or provide intensive assistance to older people, thus enabling them to seek the information by themselves. If an older person is vulnerable, he or she will need a considerable degree of personal contact, perhaps even home visits. This scheme would require substantial resources, hence the proposal to use volunteers. However, this would depend on the recruitment of volunteers at a time when volunteerism in general is weakening.

It would be helpful to approach locally based voluntary organisations that are already well established and have the trust of the community. Again, older people themselves could work as advocates, but it is important not to play down the importance of inter-generational contact. For any volunteer advocate, whether young or old, establishing trust with a client will be vital.

Volunteer advocates must be supported by means of training, supervision, clear direction and the formulation of clear expectations. Making sure that volunteers know of their valued contribution will be a cornerstone of the approach.

The relationship between the information seeker and an advocate will be crucial. The advocate will require the knowledge and the skills to impart information but also the commitment and compassion necessary to carry out the role effectively. The relationship must be non-judgemental and grounded on the principles of respect, confidentiality and privacy, and it must be guided by the desire to facilitate empowerment and choice for the information seeker.

The personal skills required by an advocate will include:

- the ability to work from an anti-ageist stance, with an awareness of ageist stereotypes
- sensitivity to the needs, concerns and preferences of older people
- awareness of the need to be kind, courteous, caring, patient, encouraging and affirmative
- a capacity to be honest, open, direct and clear.

Advocates will also need the practical knowledge and ability to source information, and will be aware of how service systems operate. They will have to communicate the information in simple and clear language, while at the same time have the capacity to listen and be attentive to the older person's requirements. They must be reliable and willing to give the necessary time in order to follow up queries and to deal with matters as quickly as possible.

Older people taking action

Older people too must recognise their right to be given information. They must show initiative where possible and think about the information they might need at a particular transition time. They must be willing to ask for assistance in sourcing information and have the persistence to pursue it. They should keep themselves informed and maintain social involvement. They should avail of whatever opportunities for continued learning may be available and try to plan ahead for future transitions. Finally, older people should be willing to provide feedback regarding their information needs and services provided for them.

Key requirements identified in the workshops

- All health, social care and welfare services need to include information provision in their service strategies.
- Agencies need to be aware of the transitions of later life, the adjustments involved and the concomitant information needs relating to them.
- Service providers must be respectful in their approach and anti-ageist in outlook.
- A culture of partnership needs to be developed between various information providers.
- Services need to be visible so that older people can expand their sources of information.
- There must be ongoing assessment of the information needs of the older population.

Finally, there is no point in providing information unless it is backed up by services that are adequately resourced, flexible and responsive to the needs of older people.

Responses to the Action Plan

Speaker: Sinead Quill, Research Officer, NCAOP

The NCAOP endorses the Action Plan for several reasons. It is based on feedback from older people who have indicated what information they want at particular transition times, how and by whom they want it delivered and where they want to access it. Given that the study is based on the preferences of older people, the findings are both evidence-based and person-centred and this should underpin the delivery, planning and evaluation of good quality services.

The issue of social inclusion has been mentioned and it is clear that older people are still marginalised. Indeed, vulnerable older people could be considered to be 'on the margins of the margins'. This plan is clearly socially inclusive because it is tailored to the needs of all older people. It is also consistent with current policy initiatives to re-orient services towards consumers and with the more democratic approach towards consultation of older people. By shaping the Action Plan with their views, older people have a unique opportunity to say how information services should be provided.

The plan is pragmatic in that it does not necessarily require new resources but looks for a more creative and intensive use of existing resources. Hopefully, the success of the Action Plan in the immediate term will be a powerful persuader for the allocation of new resources in the future that will allow it to develop to its fullest potential. Clearly, the Plan will not be implemented overnight – there are systemic and attitudinal changes that have to be made before it becomes a reality. The short- and medium-term measures that have been proposed should go a long way towards assisting information providers and information seekers to carry out their roles more effectively.

Finally, the Council believes that the Action Plan will empower older people to become partners in their own care but it is again crucial that adequate services exist to complement the information provided.

Speaker: Jimmy Duggan, Services for Older People, Department of Health and Children

In terms of how the Department of Health and Children might respond to the findings of the study, particularly with regard to the Action Plan, it should be noted that there is now an inter-departmental group working to bring about an integrated approach to the delivery of services for older people. There are currently five departments involved – Health and Children, Environment and Local Government, Social and Family Affairs, Public Transport and Enterprise and Employment – and the intention is to expand the membership of the group when the need arises.

Essentially, our intention as an inter-departmental group would be to consult the National Council on Ageing and Older People at the earliest opportunity in relation to what practical steps we might take to act on the Action Plan.

In relation to questions about eligibility for services, a separate legislative unit has been established within the Department that looks at the amendments necessary to bring about the various commitments contained in the Health Strategy. One of these refers to setting down the specific entitlements to services in legislation. A National Health Information Strategy is also at an advanced stage and this initiative should be informed by the findings of the Information Needs study.

Speaker: Rita Morrissey, Information Services Unit, Department of Social and Family Affairs

As a service provider, the Department of Social and Family Affairs is obliged to provide the best possible information service to the public. In this regard, the Department has been developing an information strategy that addresses most of the information related issues raised at this Conference, particularly the need for empathy on the part of the information provider.

The Department of Social and Family Affairs now has 130 local offices throughout the country and it is envisaged that the provision of information on all social welfare

schemes and services will be a core activity, with each office having an information officer who will be responsive and proactive in supplying information to individuals and groups. It is hoped that information officers will not only respond to information requests at the local office but will also enhance the profile of the service locally by liaising with local media and meeting groups of different kinds. It is expected that officers will also coordinate the provision of social welfare related information by ensuring that local statutory and voluntary organisations have the most up-to-date information to offer their clients.

We are about to introduce age-awareness training for all our information officers. In addition, a Forms Review Committee examines the whole issue of forms and we are in consultation with organisations working with and for older people to see how our forms can be improved. Customer panels have been established to elicit material on what kinds of information is needed.

All the surveys we have carried out indicate that when people want information on social welfare they go to the Social Welfare Office and this is also reflected in the Information Needs study. Accordingly, it is incumbent on the Department to deliver an information service of the highest quality to the many customers who see us as their first source of information.

Speaker: Leonie Lunny, CEO, Comhairle

This report gives a very high degree of prominence to Comhairle and the CICs, and there are substantial resource implications in the study and the Action Plan. Comhairle is currently devising its second Strategic Plan in which this study will be invaluable.

Comhairle believes that the prime responsibility for information provision lies with the service providers. It is the natural 'information route' taken when people know the kind of information that they want and this clearly puts the onus on all service providers to give considerable attention to information provision. It also means that service providers must consider the recommendations from this report to ensure that people's information needs are met.

It is obvious that there are enormous opportunities for Comhairle to work with service providers in order to bring information to the people who need it. That is a key feature of our work, whether it be through OASIS, the Citizens' Information Database or our booklet on entitlements for those aged 60 and over. We gather information from all the service providers, in both the public and voluntary sectors, integrate it and then strive to make it easily understood and accessible for all.

We have worked to ensure that every social welfare pensioner receives the new edition of *Entitlements for the Over Sixties* and this is just one example of a partnership to enhance information provision to older people. Given that resources are limited, we have to ensure that we use them well and that we focus on satisfying the information needs that people have.

From Comhairle's perspective, I would like to emphasise the importance of what we call the different channels that exist for providing information. These are:

- the one-to-one personal channel (supported by the CICs)
- the telephone
- the Internet
- printed materials.

In conclusion, I welcome this report and the good advice it has for Comhairle and other service providers. But I would like to emphasise that Comhairle is just one component in the system. I would hope that in working with other people we can make a marked improvement to the quality of information available to older people.

Speaker: Ann Doherty, Head of Strategy and Planning, SHB

As health service providers, we welcome this very comprehensive study. Needless to say, the Action Plan will pose challenges for the system but we view them as opportunities for some very useful developments in the sphere of information provision. The study has identified the pivotal role of the GP and the PHN and it is clear that these health professionals will need support and training in how to deliver on the Action Plan.

A distinction should be made between 'planned awareness' and 'crisis need'. It is an important distinction for the health service because many of us engage with the service at times of crisis need only. Unfortunately, when it comes to planned awareness, most people are poor at knowing how to live healthy lifestyles. Consequently, there needs to be a different approach to promoting 'planned awareness'.

When it comes to using radio and television as a means of disseminating information, we in the health system need to be careful that there is just one message emanating from the system and not several different ones.

In implementing the Action Plan there is a need to develop local solutions to local problems. Allowances must be made for each local health board to develop ownership of the Plan. At the same time it is essential to promote partnership between agencies because duplication is counter-productive. Finally, it is essential that every public sector agency sees information dissemination as a crucial element in its strategic planning. Planning is easy – the difficult part is delivering on the challenge to provide information in a more effective manner.

General Discussion

It was noted that information dissemination programmes in other countries, such as New Zealand and Australia, have seen the information outreach project workers having to respond to the social problems experienced by those seeking the information. Consequently, it is essential that the necessary back-up be put in place to support information outreach schemes.

The relationship between information holder and information seeker could be improved by implementing age-awareness training. It was deemed vital to the whole process of interaction between service provider and consumer.

It was acknowledged that responsibility for implementing the Action Plan had to be shared by all relevant information providers. Given that the Council had initiated the study, it was felt that it should play a key role in the overall implementation of the Plan in the years ahead. Again, it was stressed that facilitating the relationship between

information providers and information seekers would be fruitless unless the services were put in place in the first instance. It was noted that while progress might seem slow in terms of implementing the recommendations of reports such as the Information Needs study, evidenced based research undertaken by the Council is resulting in very positive effects in policy formulation at a national level.

Closing Remarks

Bob Carroll, Director, NCAOP

Information *per se* is not the be all and end all of life, even at times of major transitions. Good communication that conveys respect on the part of the information provider is likely to be much more important to the well-being of the recipient. We are not always able to comprehend the information being provided at major transition times. We are able, however, to recognise quickly whether the information or service provider has our best interests at heart.

We are all different. Some people are like squirrels; hoarding information for a rainy day. Others like to get information only when they need it. And then there are those who are more passive, with no great interest in gathering information, but willing to let others look after them at times of crisis. The skill of the successful information provider is to recognise the different needs of the recipient and to help them attentively and with respect. If information giving of itself does not make good communication, it does provide the opportunity for it.

In Ireland we often pride ourselves on our willingness to be helpful and generous with information. Why this pride should desert us when we are required to act as professionals is worth reflecting on. Are we all too rushed in our own work to share relevant information with our clients? Is it that professional training too often neglects to promote the concept of the client as partner in favour of a more impersonal, prescriptive approach that is ultimately authoritarian in character?

Information is power and the sharing of information is therefore the sharing of power. We might criticise older people for being too passive, but perhaps they have no choice in this because we are unwilling to share time and information in a way that matters to them.

In undertaking this work on the information needs of older people, the Council wishes to recognise the Policy Research Centre and its research team, headed by Dr Helen Ruddle, for their excellent research and analysis of the views expressed by older people.

We are also indebted to Mary McDermott, Chairperson, and the members of the Council's Committee for overseeing the study in a consultative capacity.

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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 Minister 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 coordination 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
 - (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 Cllr Eibhlin Byrne	
Mr John Brady	Dr Davida De La Harpe
Ms Kit Carolan	Mr Iarla Duffy
Mr Paul Cunningham	Mr Frank Goodwin
Mr John Grant	Dr Ruth Loane
Ms Patricia Lane	Ms Sylvia Meehan
Ms Martina Queally	Mr Paddy O'Brien
Mr Bernard Thompson	Ms Mary O'Neill
Mr Noel Byrne	Cllr Jim Cousins
Mr Michael Dineen	Dr Ciaran Donegan
Fr Peter Finnerty	Mr James Flanagan
Mr Eamon Kane	Dr Michael Loftus
Mr Michael Murphy	Ms Mary Nally
Mr Pat O'Toole	Ms Rosemary Smith
Ms Pauline Clancy-Seymour	Ms Martha Sullivan
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