Northern Ireland Housing Executive

Strategic Review of Housing and
Housing-Related Information Needs of
Older People
Final Report
June 2008

Acknowledgement

The Social Research Centre wishes to thank all those who gave their time and support for the research relating to this review. Please know that it was greatly appreciated.

Declaration

This report has been prepared for and only for the Northern Ireland Housing Executive in accordance with the terms of reference and our proposal dated 12th January 2007 and for no other purpose.

The Social Research Centre does not accept or assume any liability or duty of care for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

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1. EXECUTIVE SUMMARY

1.1. OVERVIEW OF THIS ASSIGNMENT
The Social Research Centre (SRC) www.srccentre.co.uk was appointed by the Northern Ireland Housing Executive (NIHE) in January 2007 to conduct a strategic review of the information needs of older people.

1.2. TERMS OF REFERENCE
The assignment required SRC to
1. *Identify what sets of housing and housing-related information are a priority for older people and those who support them.*
2. *From this list of priorities:*
   a. *Identify what information already exists;*
   b. *Ascertain the gaps in provision both in terms of geography and service;*
   c. *Make recommendations on how the necessary information can be made available and accessible.*

1.3. METHODOLOGY

The assignment involved a review of the relevant literature on information for older people, four focus groups with older people across Northern Ireland and 10 in-depth interviews with key policy makers and service providers.

1.4. MAIN FINDINGS

The research found that older people themselves perceive the following sets of information to be a priority for them:

Finance-related, which includes:
- finance; and
- rights and entitlements.

Housing and housing-related, which includes:
- carrying out maintenance tasks – internal and external;
- getting adaptations done;
- heat, light and phone bills;
- managing refuse/recycling;
- finding suitable accommodation; and
- help with house move.

Social-related, which includes:
- fear for personal safety;
- social isolation and loneliness;
- loss of local amenities; and
- getting the shopping home.

Personal and medical-related, which includes:

- trying to access carers and support for carers.

Policy makers and service providers agreed with this but also felt that the access to information on the following subjects was important for older people:
- debt management;
- improving literacy skills;
- equity release;
- coping with bereavement;
- health promotion; and
- creativity and the arts.

Whilst much of the required information exists, access to it could be improved in a variety of ways.

1.5. KEY CONCLUSIONS AND SUGGESTED ACTIONS

- **Without access to the key information they require, it is evident that some older people suffer significant emotional, physical and/or financial hardship** – Given that time is often of the essence for this client group, it is important that any measures to improve information provision are put in place as swiftly as possible.

- **The demographics clearly show that older people will form a much greater proportion of the NI population by 2020 –** The issue of services for older people, including information provision, is one which will require more, not less attention for service providers.

- **Much of the information needed by older people already exists but is often widely dispersed and/or difficult to find –** Rationalisation of fragmented information sets and the methods of provision appears to be necessary to reduce duplication and simplify access. Given the scale of the task, a staged approach, with staged evaluations of efficacy involving information providers, policy makers <u>and older people</u>, would seem prudent.

- **Many of the barriers to accessing information are not unique to older people** – However, older people's information needs are distinctive in the following ways:

  o Limited life expectancy means that time is of the essence for older people. The effect of any delay in accessing information is typically much more significant than any other age group.

  o The prevalence of limiting long term illness is much higher (44%) amongst older people (50 years+) compared with the rest of the population (10%)[1]. Consequently, access to information which could help maintain quality of life is critical both for this client group and those who care for them.

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[1] Source: Based on calculations on data from Table S016: Sex And Age By General Health And Limiting Long-Term Illness (Household Residents), NI Census 2001

o Fear of crime has a different impact depending on age. In an Omnibus survey in 2006, 46% of people aged 65+ indicated that they were more fearful of being a victim of crime than at the same time the previous year, compared to 31% of 25-44 year olds.[2] Whilst the fear of crime and impact of crime are significant for any victim, they can be particularly severe for older people who tend to be widowed, single or may live alone [ibid].

- **Collaboration between organisations in a client-centred way should be promoted and encouraged –** This will reduce duplication of provision and if correctly designed and delivered, will improve accessibility for older people.

- **Greater pro-activity is needed –** Bringing information proactively to the attention of older people in a suitable format and a timely manner will be crucial to the success of any future initiatives.

- **Client-related issues which currently reduce accessibility need to be addressed in parallel** – Greater support are needed for older people whose literacy is low, whose proficiency in English is poor and/or who have a disability.

- **Older people can perceive a stigma when asking for certain types of information – for example, managing debt, improving literacy skills etc. –** These will need to be handled sensitively. Campaigns to raise awareness need to carry a positive and supportive message.

- **Some types of older people are at greater risk of not receiving information than others (e.g. older males, older people whose mental/cognitive abilities are deteriorating, older people who are house bound, those not attached to organised groups, people in rural areas) –** Whilst older people who are part of organised networks are relatively easy to reach, creative approaches, potentially involving a wide variety of organisations, will be needed to reach vulnerable, socially isolated people who are not part of an organised 'network'.

- **Empowerment is a key principle –** Empowerment of older people and information and advice providers are key to the attainment of better information and advice services.

- **If information services are reconfigured as proposed above, the overall costs and savings will need to be considered** – Further work will be needed to determine the most cost effective method of re-configuring information services. The final proposals in relation to the current Advice Services Strategy (Department for Social Development) will be critical in this.

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[2] Source : Proposals for the Safety of Older People, Consultation document, NIO, June 2007

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2. INTRODUCTION

2.1. BACKGROUND TO THIS REVIEW

2.1.1. Demographic Trends

Over the next decade or so, the NI population (in common with other parts of the UK) is predicted to experience a major increase in both the number and proportion of older people in the population. Recent projections[3] estimate that by 2018, older people (i.e. those aged 50 years+) will make up over one-third (637,000 or 36%) of the Northern Ireland population. This compares with 537,000 or 31% currently (2007). Twenty or so years further on (by 2041), the total number of people aged 70 and over is predicted to more than double from its level in 2001 (158,000) to 327,000. These demographic changes pose very significant challenges for those who provide services, including information, to this client group.

2.1.2. Social Trends Affecting the Need for Information

Each year the advice sector in Northern Ireland receives thousands of enquiries on homelessness and housing related issues. With a shortage of social rented housing, an escalating homelessness problem and rising consumer debt levels, demand is set to increase for housing (and housing related) advice, advocacy and representation to help prevent homelessness… alleviate poor housing conditions [and related issues].[4]

2.1.3. Research into Information Needs

In January 2007, the Northern Ireland Housing Executive's (NIHE's) Research Unit commissioned the Social Research Centre (SRC) to review the information needs of older people in relation to enabling them to live independently in their own homes. The research was commissioned on behalf of the Supporting People Programme (see below).

This report sets out the policy context for this review,, and the findings, conclusions and recommendations from the research conducted by SRC.

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[3] Source: NISRA, Population Projections at mid-years by age last birthday in five-year age groups (2004-based Principal Projection)

[4] http://www.housingrights.org.uk/about/projects/chap.htm

2.2.   SUPPORTING PEOPLE[5]

2.2.1   What is 'Supporting People'?

The Supporting People programme was introduced in Northern Ireland in April 2003. It is a UK wide programme to improve the planning, development and delivery of housing related support services to vulnerable people.

A number of former funding streams were brought together into one grant. The Northern Ireland Housing Executive administers the Supporting People programme and the grant in Northern Ireland.

The overall aim of the Supporting People programme is to make it easier for people to maintain their independence. This could mean accommodation based support such as warden type services in sheltered accommodation for example, or floating support services to people living in their own homes in the community.

2.2.2   Supporting People in Northern Ireland

The Northern Ireland Housing Executive administers the Supporting People programme and the grant in Northern Ireland through its Supporting People Team. The Supporting People Team is part of a strategic partnership between the Northern Ireland Housing Executive, the DHSS&PS, the four Health and Social Services Boards and the Probation Board for Northern Ireland – the Commissioning Body.

Through the Supporting People programme housing related support services are delivered by housing associations and voluntary organisation providers to a wide range of vulnerable client groups, including homeless people, victims of domestic violence, people with mental health problems, vulnerable young people and older people. The largest of these in terms of numbers of service users is older people.

This research on the housing-related information needs of older people is an integral part of the NIHE's Older People Research Programme commissioned by Supporting People to look at the current and future housing related needs of older people. The programme also includes research items on Retirement Villages; Assistive Technology; Home Improvement Agencies and Care and Repair services; and Equity Release.

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[5] Source : http://www.nihe.gov.uk/supportingpeople/overview.asp

2.3. POLICY CONTEXT

2.3.1. Encouraging People to Live Independently

There is a clear policy drive to support people to live independently at home for as long as possible. Specific targets have been set for this under Priority 5 in the Department of Health and Social Services, Priorities for Action, 2007-8[6].

2.3.2. Housing for Older People in NI[7]

Recognition of demographic change and of an increasing and an increasingly more diverse older population led the Housing Executive to begin to identify and look at the housing and housing-related needs of older people, now and in the future. The Housing Executive carried out an initial scoping exercise on what the issues were and then consulted widely on these issues. A number of broad themes emerged including:

- "a need for better advice and information with regard to the housing options of older people and their families …"

From the consultation a number of research areas were identified as priorities for inclusion in the Older People Research Programme, including a strategic review of the housing and housing related information needs of older people. Details of the research programme are incorporated in the Older People Housing Policy Review Action Plan, due to be published later this year.

2.3.3. NI Strategy – Ageing in An Inclusive Society[8]

As part of the Promoting Social Inclusion (PSI) initiative of New Targeting Social Need (TSN), a commitment was given in the Programme for Government that the Office of the First Minister and Deputy First Minister (OFMDFM) would establish a Working Group to consider the factors that cause Older People to be at risk of exclusion.

The PSI Working Group on Older People was established in 2002 and was made up of representatives from Northern Ireland departments, the wider public sector, the voluntary sector and organisations representing older people, such as:

- Help the Aged

- Age Concern

- The Age Sector Reference Group

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[6] Source : http://www.dhsspsni.gov.uk/pfa_2007-08.pdf

[7] Source: Housing for Older People in NI, A Policy Review, March 2006 (NIHE)
[8] Source : http://www.ofmdfmni.gov.uk/age-ageing-in-an-inclusive-society.htm

Following consultation, the Older People strategy document, 'Ageing in an Inclusive Society' was launched in March 2005. It set out the approach to be taken by Government to promote and support the inclusion of older people in Northern Ireland.

The 2005/06 Annual Report, published in January 2007, summarised the departmental actions taken during 2005/06 to achieve the strategic objectives included in the older people's strategy. Progress on the implementation of the strategy continues to be monitored and up-dated.

2.3.4. 'Caring for Carers', Recognising, Valuing and Supporting the Caring Role[9]

In January 2006, the Department of Health, Social Services and Public Safety issued a strategy in direct response to the recommendations in Valuing Carers – a report which followed detailed consultation with carers, voluntary groups and statutory bodies. Information for carers was identified as one of four main areas where action could be taken to help carers.

Support for older carers was given special consideration.

> *"The 2001 Northern Ireland Household Panel Survey, indicates that … in Northern Ireland … over a fifth of all carers are aged 60 plus. A report commissioned by Help the Aged with support from Carers UK suggests that the number of older carers is increasing and that they form an increasing number of all carers probably as a result of policies aimed at enabling older, ill, or disabled people to remain in their own homes for as long as possible. The report indicates that older carers are likely to offer higher levels of personal and physical care than carers in other age groups. Many older carers are not only caring intensively for many hours per week, but often they have been caring over a long period of time, and in addition may be caring for others while suffering from health problems themselves. More overall support is needed for older carers so as to alleviate the impact of caring in old age."*

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[9] Source: http://www.dhsspsni.gov.uk/ec-dhssps-caring-for-carers.pdf

The Valuing Carers report recommended that Health and Social Services Boards and Trusts need to be particularly active in seeking out and supporting older carers:

> *"Trusts will be asked to pay particular attention to the needs of older people who are themselves providing substantial care to others. Older people who are providing care may be more likely to suffer health and well-being problems and Trusts will need to be very sensitive to changing needs and demands for support, and the need for such support [including information] to be provided in the most flexible manner."*

The remaining recommendations pertaining to information for carers were as follows:

> *"Health and Social Services Trusts and organisations representing carers should consider developing handbooks for carers about local services...*
>
> *The Department of Health, Social Services and Public Safety working with other government departments as appropriate should look at ways of improving the information available on the internet about the services to carers in Northern Ireland and should work to increase awareness of the availability of such information.... [and]*
>
> *All organisations, which have contact with carers, whether statutory or voluntary, need to see their role as part of a wider network of support for carers and be able to refer them to services, which can support them".*

(Whilst there appears to have been some progress in relation to items one and two above, there is room for improvement in relation to the third. (See under 'Organisational' constraints in Section 5.4.1 of this report.)

2.3.5. Proposals for the Safety of Older People[10]

The Northern Ireland Office (NIO) published a consultation document in June 2007 entitled 'Proposals for the Safety of Older People'. The proposed strategy therein had two main aims. The second of these, which includes reference to information, is particularly relevant to this assignment. It is noteworthy too that this second aim is based on the principles of stakeholder engagement and empowerment of stakeholders:

- *"To reduce crime, fear of crime and anti-social behaviour experienced by older people; and*

- *to raise awareness of community safety issues with older people through information and advice, enabling them to feel more confident about their personal safety".*

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[10] Source : Proposals for the Safety of Older People, Consultation Document, NIO, June 2007.

A series of proposed high-level actions to achieve these aims were set out in the document.

Several of the suggestions involved improving information on key personal safety issues for older people. They were:

- To distribute up to 2,000 copies of the "How Secure is my Home?" DVD to older people's groups across Northern Ireland by March 2008 to help prevent older people from becoming a victim of domestic burglary.

- To develop a directory of community safety projects and local support services available to victims specifically targeted towards older people by March 2008 and circulate to relevant older people's groups across Northern Ireland.

- To proactively engage with the broadcast and print media to encourage dissemination of factual information that helps address the fear of crime experienced by older people – it is envisaged that events will be organised with local media representatives.

- To develop a good practice guide on developing and delivering community safety projects targeted towards older people and disseminate to key older people's organisations by summer 2008.

- To produce an information leaflet focused on reducing the fear of crime experienced by older people by autumn 2008 and disseminate through CSPs and older people's groups.

The strategy also proposed to place emphasis on building on the good practice and projects that have been implemented by other agencies including Age Concern, Help the Aged, PSNI, local councils etc.

The distinctive concerns of older people in relation to personal safety and the importance of their being able to access relevant information was evident in the proposed strategy. By way of example, the document stated:

"The impact of crime is significant for any victim but can be particularly severe for older people who tend to be more vulnerable and may live alone. Victim Support Northern Ireland (VSNI) provides emotional and practical support and a referral service to specialist agencies, where required, for all victims of crime. Older people who are victims of crime can access this level of support through Victim Support Branch Offices. In addition, VSNI provides free support and advocacy in making a claim to the Criminal Injuries Compensation Scheme and will support those individuals who appear as witnesses in a criminal court case. It is important that victims are aware of these support services and relevant community safety material developed

specifically for older people will include details of such support services."

2.3.6. 'Opening Doors' – Proposals for the Delivery of Advice Services[11]

In terms of information needs, the recently launched strategy on the delivery of advice services in Northern Ireland is arguably the most significant policy pertaining to this review. On the 10th September 2007, the Social Development Minister Margaret Ritchie MLA, launched the Department's proposal for the future delivery of these services. Titled 'Opening Doors', the strategy sets out a new structure for the future delivery of advice services in Northern Ireland. The intention is that advice centres will be located where they are needed most – and that duplication of services between different advice providers will be eliminated. The proposal is to set up a network of advice providers that will act as 'Area hubs', and these will be linked to local satellite and outreach centres.

The location of the services will be agreed in consultation with councils, other statutory bodies and the Advice Services Alliance (ASA). As well as geographic spread, the new structure will also take into account the information needs of specific groups and deprived areas.

The Department for Social Development will work with the ASA to look at recruitment, training and staff retention issues to support the professional development of staff who are providing this important advice and support service. The ASA will support the Strategy by setting up a specialist advisory panel to oversee quality, training and access to advice provision, and will co ordinate activity in a number of other areas of advice provision.

The information available at the time of writing indicated that the proposed new structures would be piloted during 2007/08, with roll-out expected to commence from 2008/09.

2.3.7. Review of Public Administration

The Review of Public Administration (RPA) represents the single largest set of changes to public administration in Northern Ireland in over 30 years. Under the RPA, it was proposed that the number of public bodies be reduced by 51% from 154 to 76, with functions transferring to existing or new organisations. If the current proposals for RPA are implemented, all public bodies will be affected significantly, both structurally and functionally. Indeed, until recently (late 2007) when it was announced that the proposals be suspended for at least a year, some public bodies, e.g. the health service, had already begun to restructure in line with the RPA proposals. However, others had not. The uncertainty about future structures and functions in the public sector will have impacts on the information and advice

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[11] Source : http://www.northernireland.gov.uk/news-dsd-100907-advice-services-must

services to older people.

2.4. TERMS OF REFERENCE

The terms of reference for this assignment were to:

- *identify what sets of housing and housing-related information are a priority for older people and those who support them (i.e. policy makers, service providers, and carers);*

- *from this list of priorities:*
  - *identify what information already exists;*
  - *ascertain the gaps in provision both in terms of geography and service;*
  - *make recommendations on how the necessary information can be made available and accessible.*

2.5. TERMINOLOGY

Throughout this report we use the term 'information' to mean information and advice.

2.6. CHALLENGES OF THIS RESEARCH

2.6.1. Client Group and Sub-Groups

There is no agreed definition of what age constitutes an 'older person'. However, the World Health Organisation considers 50 years old as the threshold to encourage people in late-middle age to plan for their retirement and ageing[12]. Indeed, "people currently in their 50s will reach pensionable age in the next 10-15 years and long term planning therefore needs to take account of this population group as well as people currently of pensionable age"[13]. For these reasons, we defined 'older people' as those being aged 50 and above for the purposes of this report.

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One of the challenges in carrying out social policy research is that client groups are not homogenous. Consequently, their needs and preferences (in this case in relation to information needs and advice) can be very diverse. For example, people in their 50s are different, in many ways, from people in older age groups and grouping them together for the purposes of research could distort the overall picture. The reader should be aware that, whilst this research identifies general needs across a broad client group, ultimately such needs have to be addressed at individual level. At this level, needs can differ significantly from person to person.

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[12] Source : The Heidelberg Guidelines for Promoting Physical Activity Among Older Persons, World Health Organisation, 1997

[13] Older People, Health, Social and Living Conditions, EHSSB Area, Summary 2006

There are many ways in which 'older people' as a client group could be sub-divided. The following is simply one possible categorisation[14], but it serves to illustrate the variety of life circumstances, capacities, needs, expectations and preferences of individuals within this client group. The reader should note that any categorisation is potentially an over-simplification, since any individual older person could be 'classified' in one or more of these categories:

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[14] Source : Based on material provided by West Belfast Partnership Board

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Category	Older people who…	
1-Wealth	are living below the poverty line	are living above the poverty line
2-Physical	have physical health problems	are in good physical health
3-Mental	have mental health problems	are in good mental health
4-Carer	have caring responsibilities	have no caring responsibilities
5-Independence	are vulnerable for some other reasons and need considerable support	are reasonably self-sufficient and require little or no support

2.6.2. Differences in Service Usage

In addition, there appear to be gender differences amongst older people in the uptake of a variety of services. Recent research[15] indicates that many of the services available for older people (in rural areas) are used mainly by women; only a small percentage (around 2%) are used by men.

In relation to this project, it is noteworthy that the same research found that the usage of information and advice service was almost three times higher amongst older women than older men.

2.6.3. Implications for this Review

The above examples serve to illustrate the complexity of trying to be definitive about the needs of a client group when the group itself is so diverse in terms of its characteristics and behaviour. Consequently, any conclusions and recommendations from this review are necessarily high level only.

2.7. LIMITATIONS OF THIS RESEARCH

The findings, conclusions and recommendations in this review are based on a literature review, four focus groups with older people and ten in-depth interviews with policy makers/ service providers. Whilst a number of themes recurred across all aspects of the research, and these provide useful insights, the samples from which they were drawn were not designed to be and could not be considered to be statistically valid. Consequently, further work would be needed to validate these.

Notwithstanding this, the high degree of consistency between the types of information needs identified by older people and policy makers and information providers alike, and the resonance of these themes with those found in recent more extensive consultation exercises such as Healthy Ageing Interaction Plan, EHSSB Area, 2006-2009 (Belfast Healthy Cities)[16] and others suggests strongly that the information needs identified in this report are certainly compatible with the information needs of older people and consequently, may be helpful in providing insights into this important area.

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[15] Source: Ageing and Rural Poverty, A Research Report, Rural Community Network
[16] Copy of consultation findings and recommendations at
http://www.belfasthealthycities.com/admin/editor/assets/interaction.pdf

3. SUMMARY OF METHODOLOGY

The methodology used by the Social Research Centre for this exercise is detailed in our proposal to NIHE (dated 12th January 2007). In summary, the approach involved:

Stage 1: Project Initiation
(March 2007)
Met Advisory Panel.
Agreed methodology and timescales.
Identified documentation and contacts etc.

Stage 2: Policy Context
(April 2007)
Carried out high level desk-based review to identify policy drivers that affect information for older people.

Stage : Identify the Housing and Housing-Related Information Priorities
(June 2007)
Carried out 4 focus groups with older people (42 participants in all).

Stage 4: Produce the Housing and Housing-Related Information Priorities List
(July-August 2007)
Produced list of housing & housing-related information needs of older people.

Stage 5 : Examine Current Situation Against Priorities
(August-September 2007)
Carried out 10 in-depth interviews with policy makers/service providers.

Stage 6 : Produce Draft Report
(September 2007)
Compiled draft report of key findings, conclusions and recommendations.

Stage 7 : Produce Final Report
(November 2007)
Compiled final report of key findings, conclusions and recommendations.

4. HOUSING AND HOUSING-RELATED INFORMATION PRIORITIES

4.1 APPROACH USED TO IDENTIFY HOUSING AND HOUSING-RELATED INFORMATION PRIORITIES

SRC carried out four focus groups with older people across Northern Ireland. Forty-two people attended in total. All were white. The vast majority were female. Most were owner-occupiers. Two-thirds of the participants were 65 years of age or older. Almost two-thirds indicated that they had a disability. Well over one-third reported that the income to their household was below £10k a year. *(Further details on the profile of the focus group participants can be found in Appendix B.)*

4.2 PRIORITIES IDENTIFIED

Older people were asked to identify the concerns that they had trying to live on in their own homes. They were also asked to indicate how they source information and how easy or difficult this was. Finally, they were asked about the challenges they face when trying to move home. *(Details of the questions asked can be found in Appendix A.)*

Based on points raised, SRC inferred a series of information needs. The specific information needs inferred are set out below. *(Further details on the feedback received are set out in Appendix C.)*

SRC grouped the issues raised by the focus group participants into four themes. Within each of these, we have identified issues which were cited consistently in all the groups and appeared to be the priority. These are shown below in red. The other issues are shown in blue:

Finance-related, which includes:

- finance; and
- rights and entitlements.

Housing and housing-related, which includes:

- carrying out maintenance tasks – internal and external;
- getting adaptations done;
- heat, light and phone bills;
- managing refuse/recycling;
- finding accommodation; and
- help with house move.

Social-related, which includes:

- fear for personal safety;
- social isolation and loneliness;
- loss of local amenities; and
- getting the shopping home.

Personal and medical-related, which includes:

- trying to access carers and support for carers.

Details of the specific information needs are set out in the tables below.

Finance-Related

FINANCE

- Information on:
  - older people's eligibility for concessions in relation to domestic rates and water charges
  - car insurance brokers offering the best deals on car insurance for older people
  - insurance brokers offering the best deals on house insurance for older people.

RIGHTS AND ENTITLEMENTS

- Information on rights and entitlements in relation to:
  - social security benefits;
  - grants from public bodies and others (e.g. energy companies, charitable bodies etc);
  - concessions in relation to various public services (e.g. rates)
  - services for older people (provided by public bodies, community and voluntary groups);
  - aids and appliances (to assist with medical conditions).

Housing and Housing-Related

CARRYING OUT MAINTENANCE TASKS – INTERNAL AND EXTERNAL

- Information on people who can carry out various types of tasks:
  - Light household chores
  - Minor repairs and odd-jobs around the house
  - Painting and decorating
  - Garden maintenance
  - Professional technical services e.g. electrical work, plumbing.

  And ensure that such people have
  - been vetted (against criminal records);
  - had their skills have verified both by professional credentials (for skilled labour) and by feedback from past customers (older people);
  - the requisite insurance(s) to provide services; and
  - demonstrated that their rates are affordable, especially to those on low incomes.

- Information on where and how older people can seek redress if they are dissatisfied with any of the work done.

FUEL, ELECTRICITY AND PHONE BILLS

- Information on:
  - how to reduce fuel and electricity bills (e.g. through insulation)
  - how to get such insulation fitted
  - what benefits, grants or concessions apply and how to access them
  - the costs of different types of heating systems
  - how to make enquiries about cheaper call charges.

GETTING ADAPTATIONS DONE

- Information on:
  - what grants for adaptations are available for older people, the eligibility criteria and the process, the likely timescales and the older person's financial contribution to the grant
  - how the decisions about each application are made – the criteria and the process
  - how best to approach the process so as to minimise the possible delays associated with a) determining eligibility, b) receiving grant monies and c) work getting started and completed
  - any concessions on domestic rates for which an older person may apply if extensions/adaptations are done exclusively for medical reasons
  - aids and appliances which may be helpful for certain conditions and where to source them.

MANAGING REFUSE/RE-CYCLING

- Information on:
  - what support local councils can offer older people, on an ongoing basis, in terms of "assisted lifts" with either their bins and/or re-cycling materials
  - what services others e.g. local community and voluntary groups might offer to get rid of bulky items
  - where refuse collection workers are supposed to return the bins/recycling boxes after emptying, i.e. is it reasonable to expect them to be returned to their original place?

Social-Related

FEAR FOR PERSONAL SAFETY

- Information on:
  - how to make the home as safe as possible e.g. in terms of what security measures would be appropriate
  - grants and concessions etc that are available to help older people to help them put suitable physical measures in place (e.g. locks, lights, security alarms etc) to make their homes more secure
  - other services and local initiatives (public, community and voluntary), for example, 'lock-out crime', neighbourhood watch schemes, befriending projects, NIHE neighbourhood wardens, community police etc that are available to help older people feel safer in their own homes.

SOCIAL ISOLATION AND LONELINESS

- Information on:
  - local events activities that may be of interest to them (i.e. where they go out and interact with others if they wish)
  - services that can support them to engage with others if they wish (e.g. community transport, befriending schemes, loop systems etc)
  - other services for which they are eligible e.g. so that someone comes to them e.g. home help, physiotherapist etc
  - key services they can access if they feel afraid e.g. police, neighbourhood warden, neighbourhood watch etc
  - how to use a mobile phone, send text messages and email (e.g. to keep in touch with family) to empower them to manage their own communication with others if they wish
  - how to apply for a free TV licence (if over 75).

LOSS OF LOCAL AMENITIES

- Information on:
  - services which can, in some way, provide the functionality of a local amenity that has been lost e.g. payment of pensions/benefits directly into bank accounts if a post office is closed etc.
  - local community transport schemes
  - the concessionary fares available to older people using public transport and information on the availability of such transport locally.

GETTING THE SHOPPING HOME

- Information on:
  - retail outlets that will deliver goods purchased
  - others (e.g. DSD, local community groups) that may provide free support in this area
  - how to use the internet to shop for items.

Personal and Medical-Related

TRYING TO ACCESS CARERS AND SUPPORT FOR CARERS.
- Information on:
  - how to access carers both for on-going care and respite care
  - how to access the support of an 'advocate' if need be
  - what to do if the caring arrangements are broken
  - the rights of carers and their entitlements as carers and those they care for
  - where a carer can get support if the caring commitments become a strain on their own physical, emotional or mental health and well-being.

Finding Accommodation

FINDING SUITABLE, AFFORDABLE ACCOMMODATION
- Information on:
  - suitable, affordable housing in the local area either to rent or buy
  - finance options that may make it possible to purchase a new home
  - how to go about being considered for an NIHE bungalow
  - financial matters pertaining to property, e.g. capital gains tax, possible implications of moving into sheltered accommodation, possible need to cover the cost of care etc
  - rights and entitlements and restrictions that apply when one moves from an NIHE property into sheltered accommodation.

HELP WITH HOUSE MOVE
- Information on organisations that are properly quality assured and could assist older people with the physical aspects of the house move at low cost/no cost.

4.3 PREFERENCES REGARDING INFORMATION PROVISION

The focus group participants indicated their preferences in terms of how they would like information to be given to them:

- **Be proactive** – Whilst it is possible that much of the information that older people need is already available in one form or another, the key challenges appear to be encouraging those providing information to become more client-centred by a) ensuring the information actually reaches those who need it on a pro-active rather than reactive basis and b) making sure that such information is available at the point of need. This seems to be especially important when a person's circumstances change dramatically, e.g. after the death of a spouse/partner, diagnosis of a serious illness condition, about to return home from hospital but still far from able to manage independently, etc. This may mean that in future outreach services (i.e. rather than office-based services), perhaps supported by mobile information technology, may need to become a greater dimension of information and advice giving than is currently the case. As an example of proactive and timely information and advice, it was suggested that discussions about rights and entitlements could take place shortly *before* a person is discharged from hospital so that they can leave hospital with an information pack and/or some or all of the necessary paperwork completed, rather than wait until they arrive home to do this.

- **Make the cost of contact low or free** – Those consulted indicated that phoning public bodies could be expensive depending on the situation they were trying to resolve. This is a particular issue for those on low incomes. If there was a way to reduce such call charges, or enable a person to make free calls in relation to their enquiry, or if the public body would call them back, it was felt that this would be helpful.

- **Find ways to reach individuals** – Whilst some people are members of organised groups, and this can often be an effective way to pass out information, membership of a group should not necessarily be assumed to have received all of the information sent to that organisation. There could be a variety of reasons for this, including lack of time, lack of staff to disseminate information etc. In addition, many older people are not members of organised groups and could be at risk of missing out. Hence, ways need to be found to actively bring information to the attention of individual older people so that they can benefit from the services etc that are on offer.

- **Provide the human touch** – It seems that the quality of the relationship with the information provider is very important to older people; it seemed at times almost as much as the quality of the information itself. Hence, word of mouth, personal recommendations and face-to-face sessions with someone with in-depth knowledge of the issues were the preferred methods of communication on

important, especially complex and/or sensitive matters. Given that the quality of relationships with the information provider combined with a preference for face-to-face verbal communication is so important to older people, it would seem beneficial to help create opportunities for older people to exchange information both with 'specialists' and amongst themselves e.g. through groups and events. Building on the relationship that older people already have, e.g. with local churches, community groups etc, would also seem to be helpful. Call centres were not liked. Internet based approaches were not generally favoured; however, there were exceptions (see below).

- **Consider access to internet and email for those who wish to use this** - Some older people did stress that they would appreciate access to the internet and being shown how to send and receive emails since this would help them stay in touch with their children, especially those who lived in other countries. Some suggested that it would be very helpful if someone provided them with a computer and taught them how to use it.

- **Ensure continuous access to information** – Having a designated source of information which was well known and continuously available was preferred to what were thought of as 'one-off' information sessions. This point was linked to the importance of older people being able to build up a relationship with those providing the information and vice versa.

- **Ensure confidentiality and impartiality** – The comments of some participants suggested that they were reticent about discussing their financial positions unless they were sure that a) their confidentiality would be assured and b) that any disclosures they made were not going to have adverse implications for them in relation to the provision of other services/eligibility of other benefits. Hence the importance to them of discussing their affairs with an independent third party as far as possible.

- **Have one point of contact for as much of the information as possible** – Avoid older people having to contact a wide range of places to pull the information together. This may require closer working between a variety of agencies and/or co-location of advice and information provision.

- **Quality assure the information** – Ensure that any information disseminated is accurate and up to date. Also, importantly, ensure that the skills, competence and credentials of potential service providers have been properly assured before their details are included. In addition, introduce a quality assurance system where service users' feedback their ratings of the services offered and the overall ratings are available to potential future service users.

- **Use plain language** – For some, the prospect of filling out forms, e.g. grant applications, appeared to be daunting. It would be important to ensure any

information and advice as compact and as easily read as possible and wherever possible, provide someone to help older people complete the forms. (It should be noted, that only a few of the participants mentioned literacy skills, disability, or English not being a first language in this context.) However, in the wider population of older people, these factors would need to be considered in any plans for disseminating information.

- **Provide verbal advice and information** – This becomes especially important for those with limited literacy skills. Face to face meetings and dedicated phone line support could be helpful here.

5. CURRENT SITUATION AGAINST THE PRIORITIES

5.1 APPROACH USED TO ASSESS CURRENT SITUATION

In August and September 2007, SRC conducted 10 face-to-face interviews with representatives from the following organisations[17]:

- Age Concern;
- Carers Northern Ireland, Belfast;
- Clanmil Housing Association;
- Department for Social Development (DSD);
- Eastern Health & Social Services Board (EHSSB);
- Equality Commission for Northern Ireland (ECNI);
- Help the Aged;
- Housing Rights Service;
- Multi Cultural Resource Centre (MCRC); and
- Northern Ireland Federation of Housing Associations (NIFHA).

See Appendix E for further details.

SRC also analysed a range of literature supplied by the interviewees, much of which is referred to in the body of this report.

In addition, SRC carried out an internet-based literature search in relation to the points raised.

In the sections below, we present each of the questions put to the interviewees and an analysis of the feedback – based on their comments and their literature. This is supported by further references from our own internet literature review.

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[17] This is not intended to be a comprehensive review of information providers to older people. The study was constrained by budget and time and this was the maximum number of interviews that was feasible.

5.2 ORGANISATIONS' PERSPECTIVES

*"What is your organisation's **perspective** in relation to the provision of information and advice to older people on the points that have been raised in the focus group research?"*

There was a general consensus that the themes identified in the focus group **research accorded with interviewees' own views and experiences** of the information needs of older people.

Some interviewees expressed surprise that information on **debt management** had not been raised since some of those interviewed indicated that they are often asked to advise on this. The issue was not so much older people getting into debt as a result of being on a low income, although this can and does happen. The advice being sought appears to be where an older person has signed as guarantor or given a personal guarantee for a loan/hire purchase agreement (e.g. for a family member, child/grandchild) and that person has failed to keep up the repayments. When this happens, the older person becomes liable for the repayment of the debt.

Some of those interviewed wondered why information on **improving literacy skills** had not come up. Our reflection on this was that such sensitive topics were unlikely to be mentioned in a focus group setting especially where some of the participants knew one another. (This is a learning point for future research in this area.)

Equity release was a further issue that did not feature heavily in the feedback from the focus groups and yet some service providers indicated that this was a topic on which they were frequently asked to advise. This could be because the focus group questions centred on how participants would go about identifying a new home rather than how they would finance it.

Information on how to **cope with bereavement** featured little in the feedback from the focus group participants. However, there was a view amongst the policy makers and service providers interviewed that older people are especially vulnerable at this time and that dedicated, easy to access information was crucial to avoid further hardship.

Whilst focus group participants did not mention any need for information on **health promotion**, there was a view amongst the policy makers and service providers interviewed that older people would benefit from information on how to protect and promote their health and well being, e.g. information on the importance of remaining active, how to access health checks, what health-related services and activities were available in their areas etc.

In addition, since interim findings from the Centre for Creative Ageing in New

York[18] suggest that "**creativity and the arts**… [help] keep older people active and healthy (mentally, physically and socially)"[19], there was a view amongst policy makers and service providers that information on accessing creative and artistic outlets was important for older people.

There was a general view that many of the information needs identified could be met from existing sources to one degree or another. However, it was acknowledged that a **more joined up approach** on the part of the various organisations providing information would be very beneficial.

5.3   ROLES

*What do you see is your organisation's **role** in relation to provision of information and advice on these matters?* Where do you 'fit in'? (Probe for the nature and scale of information and advice given in the recent past.)*

There were three main roles amongst those consulted:

- **Policy Makers** – These organisations specified what information was to be provided and how it is to be provided but did not provide it themselves e.g. DSD, ECNI, EHSSB and NIFHA.

- **Primary Information Providers** – These organisations provided dedicated information services specifically tailored to the needs of older people e.g. Help the Aged, Age Concern and Housing Rights Service.

- **Secondary Information Providers** – Information provision was not a core service of these organisations. However, they did provide a range of information on their core services to service users some of whom were older people e.g. Clanmil Housing Association, Carers NI and MCRC.

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[18] Source : www.creativeageing.org

[19] Interim findings report that an intervention group of older people, who had access to participatory professional arts programmes for a period of two years, a) experienced significantly better health than a control group, whose older members were not participating in the arts; b) had less doctors visits in a year and had diminished use of medication than the control group; c) scored better on the Geriatric Depression Scale and Loneliness Scale than the control group; and d) suffered significantly fewer falls and less hip damage than the control group.

5.3.1 Policy Makers

*(NOTE: The descriptions given below are NOT intended to be a comprehensive account of the functions of each organisation. We have merely selected what we consider to be the key points in relation to the specific information priorities of older people identified in this research project.)

The policy makers focused on specifying what information was to be provided and how. The functions ranged from overseeing legislative responsibilities to funding organisations and/or workers (in part or full) to provide the necessary information and support to access the information. In relation to the information needs of older people, their roles were as follows:

DSD
- Develop the advice services strategy for NI; and
- provide information services via the Social Security Agency.

ECNI
- General duty to keep the equality legislation in NI under review;
- promote equality of opportunity and provide advice and guidance in relation to a range of matters including, age discrimination, disability discrimination; and
- provide advice on carrying out equality impact assessments (one of the aspects of service delivery is typically 'communication' including information).

EHSSB
- Set the health service policy and strategy for HSS Trusts;
- ensure that Trusts provide information for older people, have a quality assurance role;
- have a role in helping get adaptations done;
- ensure access to information on carers and support for carers;
- fund the Belfast Carers Centre;
- fund the Independent Living Centre;
- fund workers in Citizens' advice Bureaux to assist people who are deaf or hard of hearing;
- all HSS Boards contribute funding to the Law Centre; and
- Trusts have their own information departments which provide a range of leaflets on health services.

NIFHA
- Set the standards for the provision of information by the member housing associations; and
- co-ordinate the sharing of information and best practice amongst members.

5.3.2 Primary Information Providers

There were three organisations in our interview sample that we classified as 'primary information providers' because they each had information services specifically tailored to the needs of older people. The following summarises the main types of information they provide. It is noteworthy that such organisations typically have structural links and work collaboratively with other organisations that provide services to older people so as to share best practice and maximise lobbying efforts etc.

Age Concern

- Provides an independent, confidential advice and advocacy service aimed at older people, their relatives and friends.

- Age Concern's Advice Line provides direct access to advice, information and practical support on a wide range of issues including welfare benefits, community care, housing and health and welfare. This is a free service and advice may be obtained in person, by telephone, post or via email. The service operates from Monday to Friday from 10.00 am to 12.00 noon and 2.00 pm to 4.00 pm and all enquiries are treated confidentially.

- Over the past five years the Advice Line team has completed over 32,000 pieces of individual work on behalf of older people across Northern Ireland. This has included helping older people to claim over half a million pounds of unclaimed benefits and manage half a million pounds of debt.

- In 2006/7 alone, the Advice Line Age Concern Northern Ireland advice service provided "information, advice, casework and advocacy for 3,345 callers with 4,105 queries and carried out 6,305 pieces of work on their behalf. This work spanned everything from writing a letter on their behalf, to negotiating with creditors to agree debt management, to providing emotional support to distressed callers".[20] More than one-third of the calls to the Advice Line relate to benefits. Whilst the majority of those who access Advice Line are older people, some are carers of older people.

- Age Concern also provides a number of outreach sessions for older people's groups highlighting issues round benefits, community care and the Review of Public Administration.

- It also tries to sign post older people to community safety initiatives that are operating in their area.

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[20] Source : 2006-2007 Age Concern NI Advice Line

- The Handy Van, a scheme run by Help the Aged in partnership with Age Concern, provides a fully equipped van and specially trained fitter to improve home security to older people who are aged 60 and over and have savings/assets savings of £20,000 or less, excluding the value of their home. The scheme currently carries out around 600 calls per year.

- In relation to promoting an older person's health and well being, Age Concern also produces a range of fact sheets called Actively Ageing Well which cover topics as diverse as 'the importance of being active' to 'how the leisure industry can promote physical activity with older people'.[21]

- In terms of structural links with other organisations, it is a member of the Advice Services Alliance (which meets regularly with the Social Security Agency to discuss issues relating to benefits and entitlements for older people) is also represented on Advice NI's Board and works collaboratively with Help the Aged on a number of initiatives for older people.

- The organisation is currently involved in a campaign to establish a Community Care Forum (involving heath boards, health trusts and older people) which would act as a reference group in relation to community care services.

Help the Aged
- Provides a Senior Line service – a free confidential telephone service providing welfare rights advice and advocacy for older people and their families. Between May 2006 and April 2007, Senior Line Advisers in NI dealt with over 12,000 separate enquiries, identified over £876,040 in unclaimed benefits for older people and acted as advocates for 1,225 older people (i.e. by calling or writing to third parties or other agencies on their behalf).

- CareLine is Help the Aged's 24-hour telephone call response service. It is designed to help people who feel vulnerable or at risk, to live independently in their own homes.

- Provide advice leaflets on a wide variety of topics ranging from financial matters, housing and home safety, health and well being, stopping elder abuse, making a will to general services available from Help the Aged. A Northern Ireland magazine, Senior Agenda, also produced three times a year, features news and information aimed at older people.

- The organisation's Community Development Officers provide training, advice

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[21] Further details available on : http://www.ageconcernni.org/factsheets.htm

and support to older people's groups and networks across Northern Ireland. Through the 'Speaking up for our Age' programme, Help the Aged works in partnership with older people and other stakeholders to develop practical services and campaigns locally.

- Help the Aged also runs the 'Information Age' project which is delivered via various libraries and schools across NI. The project is targeted at people aged 50 and over who wish to learn how to use email, surf the internet and do word processing. A key part of the approach is striving to reduce the social isolation of older people by creating new opportunities for making new friends as well as learning new ways to stay in touch with family and friends.

- The Handy Van scheme has already been mentioned above.

- In terms of structural links with other organisations, Help the Aged is also a member of the Advice Services Alliance; has links with Citizens' advice Bureau; is a member of Advice NI; and works collaboratively with Age Concern on a number of initiatives for older people. Help The Aged is also a member of the Age Sector Reference Group and a partner within the Changing Ageing Partnership[22]

Housing Rights Service
- Housing Rights provides advice on housing matters to all members of the public. The latest available statistics show that 10% of its advice line users are older people (aged 60+ years). The subject that most 'older people' asked about was 'homelessness'. For the purpose of Housing Rights statistics, 'homelessness' is defined as 'living somewhere that does not suit the person's needs'. Advice about benefits and entitlements was another area where the level of enquiries was high.

- Whilst Housing Rights may not consider itself to be a specialist in terms of providing advice to older people (so many of the topics they advise on are relevant to a wide range of age bands), it has, in the last three years, developed a special section in its Housing Rights manual to provide advice in relation to financial aspects of residential care. These manuals are used by around 250 organisations across NI that are members of the Housing Rights Service. These manuals are updated every quarter.

- A number of years ago, the organisation also produced a booklet entitled

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[22] The Changing Ageing Partnership (Cap) is funded by The Atlantic Philanthropies and seeks to develop a robust evidence base to inform policy development with respect to older people. Research is being developed across a range of areas including: law; economics; politics; sociology; environmental planning, consequently a diverse range of methods will be used. Partner organisations in the Changing Ageing Partnership (Cap) are Help the Aged Northern Ireland, Age Concern Northern Ireland and the Workers Educational Association in Northern Ireland. Cap's vision of a strong and informed voice capable of challenging attitudes and approaches to ageing is encapsulated in the strap line – *older, louder, stronger*

"Housing Matters for the Over 60s", which contained information on tenants' rights, help with housing costs, repairs improvements and adaptations, moving home and home security. (This publication is no longer in circulation.)

- The information contained in the Housing Advice NI website (http://northernireland.shelter.org.uk/advice/) has been compiled by Housing Rights Service. The site has been produced in partnership with Shelter and is also supported by the Housing Executive. The site was a winner of an e-Government National Award in 2006 and provides information on a range of topics including:

  - homelessness;
  - rights when renting;
  - getting a Housing Executive house;
  - finding a place to live;
  - debt advice;
  - paying for a home;
  - your neighbourhood;
  - families and sharing;
  - intimidation;
  - eviction;
  - repossession;
  - repairs;
  - grants; and
  - complaints and legal action.

- The Housing Rights Service provides information by telephone from 09:00-13:30, Monday to Friday. The website (above) indicates that there is support for people who do not speak English. There is also a facility on the website to receive personal advice by email.

- The Housing Rights Service manages the Community Housing Advice Project[23] (funded by Department for Social Development, Housing Division and NIHE), which was established to help ensure that good quality housing advice is accessible throughout Northern Ireland. It is a three year project jointly developed by:

  - Housing Rights Service;
  - Citizens' advice; and
  - Advice NI.

  The project aims to increase the capacity of frontline advice agencies throughout Northern Ireland to provide quality housing advice, advocacy and representation services for people in their local communities who are threatened with homelessness or experiencing housing need.
  The project focuses on:

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[23] Source: http://www.housingrights.org.uk/about/projects/chap.htm

- preventing homelessness by enabling people to sustain existing accommodation through debt counselling services and dealing with issues threatening their security of tenure;
- assisting people to access suitable accommodation by exploring the full range of options available including social housing, low cost home ownership and the private rented sector;
- providing advice on issues associated with affordability; and
- assisting clients to challenge adverse housing decisions.

The project team is responsible for the development and implementation of partnership arrangements and the delivery of services to 24 frontline agencies operating throughout Northern Ireland - 12 citizens' advice bureaux and 12 independent advice centres.

Partner agencies receive access to dedicated advice and support on housing issues, a wide range of information materials, free training and bursaries for accredited training.

During our interviews and internet literature review, we identified a number of other organisations that provide some of the information needs identified by older people in the focus groups. These organisations serve a range of client groups including older people and carers. A brief summary is set out below:

Disability Action – One aspect of Disability Action's work is an "Information and Advice Service [which] deals with 25,000 enquiries every year. This includes enquiries from disabled people and carers about access to benefits, rights under legislation, information on training and employment, physical access to buildings and where to find and access specialist equipment".[24]

DIAL UK – Disability Information and Advice Line (DIAL) is a national organisation for a network of approximately 130 local disability information and advice services run by and for disabled people. Last year DIAL helped over a quarter of a million disabled people. DIAL has fact sheets, publications, information about organisations and CD ROM/video records available. DIAL also has video and audio footage available for viewing.[25]

Northern Ireland Social Care Council – The Council's website provides details of associations that may be helpful if one is seeking support with a mental or physical health issue (http://www.niscc.info/links/related.htm).

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[24] Source : Working With & For People With Disabilities – 'One in Five' – Disability Action
[25] Source: http://www.dialuk.info/info_service/index.asp

5.3.3 Secondary Information Providers

Clanmil Housing Association[26]

- Clanmil Housing Association has 1,682 units of accommodation in NI and aims to be a primary provider of high quality homes at the lowest possible economic rent for everyone in housing need. It is committed to providing an open and professional service, which is all embracing and sensitive to the needs of the individual.

- It is a member of the Healthy Ageing Consortium (NI) which brings together a range of agencies (e.g. Voluntary Services Belfast, Help the Aged, Age Concern and older people's groups) that are concerned with the needs of older people.

- Clanmil works collaboratively with a variety of agencies that seek to improve information and services to specific types of older people at risk of being disadvantaged. The project with Engage with Age (in South and East Belfast) which targets older men with information on health promotion is an example of this.

- Clanmil, in common with other housing associations, provides written and verbal information on housing options and supports new applicants to apply for housing benefit where applicable. Clanmil has also linked with other agencies, for example the Citizens' advice Bureau, to ensure that existing and prospective residents receive information on benefits and entitlements.

- It also runs 'open days' when members of the public (mainly older people) are free to come and view the housing options on offer and ask questions of the residents and the management of the various schemes.

- To ensure consistency of information provision across its schemes, Clanmil regularly hosts various events and seminars – for residents and management together - which are part social and part informative. In terms of information, such events have included speakers on a range of issues relevant to older people, e.g. use of internet and email (Silver Surfers), Everybody Online; health promotion, benefits and entitlements, preventing falls and accidents in the home (RoSPA); dementia awareness etc.

- Clanmil Housing is a member of ERoSH (Essential Role of Sheltered Housing). ERoSH[27] is a registered charity with a membership across the UK drawn from local authorities, housing associations and related organisations and individuals

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[26] Source: http://www.clanmil.org/aboutus.html

[27] Source: http://www.shelteredhousing.org/information/news/year/2006/month/01/id/erosh-northern-ireland-achieves-a-first-with-new-sheltered-housing-directory

working with and on behalf of older people and the sheltered and retirement housing sector. In 2006, ERoSH launched the first directory of information about all sheltered housing schemes throughout Northern Ireland (i.e. irrespective of landlord). The directory contains the name and address, the facilities and services provided, contact details for viewing and applying for each scheme and is a comprehensive source of information for anyone seeking a sheltered housing property in Northern Ireland. The directory is freely available to download from the Publications section of the EoRSH website, or from the Northern Ireland Housing Executive's website www.nihe.gov.uk.

- EoRSH also publishes a leaflet called, "I lead a sheltered life" which contains information on what an older person can expect from sheltered housing, what the scheme manager does, what other support is available, how much it costs and who provides it in which areas. This is also available to download from the EoRSH website http://www.shelteredhousing.org/

Carers NI[28]
Carers NI, the regional office of Carers UK, works with and for carers throughout Northern Ireland. Carers NI provides services to carers of all ages, the majority of whom are older people. It provides the following:

- An information service for carers and professionals, dealing with a range of issues such as carers' benefits, community care and services for carers.

- A wide range of leaflets and booklets and a regular newsletter for carers, members and professionals. The newsletter is issued to 500 carers and 300 voluntary organisations. The organisation is currently assessing the feasibility of issuing this by email. Examples of leaflets and booklets are "Looking After Someone - A guide to carers' rights and benefits" and "How do I get help? – a Carer's Guide".

- Free one-to-one internet taster sessions for carers to enable them to access information on the web.

- In relation to carers, information available from the website spans topics such as financial help, help with caring, juggling caring and work and new to caring. There are also links to national organisations that offer support to carers (e.g. Alzheimer's Society, Age Concern and Cancerbacup) and local support for carers.

- Carers NI also regularly signposts callers to other agencies who can provide them with more information, e.g. Citizens' advice Bureau, Law Centre, Independent Advice Agencies, Housing Rights Service, Help the Aged, Age Concern. Alzheimer's Society, Mencap, etc.

- Carers NI is currently exploring the feasibility of providing information by email.

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[28] http://www.carersni.org/Aboutus/AboutCarersNI

- Carers NI is part of Carers Information Network[29] (CIN). The carers information pack which was produced by CIN contains information on help for carers, organisations that can provide help, practical help for carers, respite, support, training and caring for yourself (i.e. the carer).

- It also has a formal Care Workers Network to inform and support carers.

- It currently has a project operating in the NHSSB area to support a network of carers groups.

- Carers NI runs a carers' rights workshop a number of times each year to make sure carers are aware of their rights and entitlements. Such events are publicised as widely as possible.

Multi-Cultural Resource Centre (MCRC) [30]

- MCRC is a regional organisation working as a conduit advocating and promoting human rights and equity through empowerment, collaboration and support of Black and Minority Ethnic communities and individuals. Only a relatively small number of its service users are older people.

- MCRC is a member of a variety of fora (including a forum lead by the NIHE) to represent the needs of people from ethnic minorities in relation to public services and information on public services.

- In terms of the specific information priorities identified by older people in this report, it is valuable to note that the MCRC has published an Orientation Pack for Northern Ireland for people from the Accession countries (Slovakia, Czech Republic, Estonia, Latvia, Lithuania, Hungary, Slovenia, and Poland). Although the pack was originally designed for migrant workers, the information in it is beneficial to people from a wide range of age bands, including older people. It includes information on rights and entitlements including housing, employment, social security benefits, health services, education and provides helpful additional information on transport, car insurance, setting up a bank account and so on.

- MCRC also provides an advocacy service and will accompany individuals to meetings with service providers e.g. Social Security, health service providers, NIHE etc.

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[29] This was a consortium set up to improve the health and well-being of carers in Belfast by making it easier for them to get the information they need when they need it. The members comprise Carers NI, Belfast Carers Centre, NI Citizens' advice, North and West Belfast HSS Trust, South and East Belfast HSS Trust. The consortium ended in spring 2004. However, the information generated by this project is still available.
[30] http://www.mcrc-ni.org/

5.4   IDENTIFYING CONSTRAINTS AND ADDRESSING THE GAPS

*What **constraints** does your organisation face in terms of trying to provide such information and advice? Where are the main '**gaps**'? What do you feel **organisations could do** to help fill these gaps?*

Three main types of constraints were identified:

- **sectoral;**
- **accessibility; and**
- **information specific.**

Each of these types of constraints had a number of elements.

We take them in turn below. Our comments on these, and where possible suggestions on how to fill the gaps, are also noted. These are shown in blue.

5.4.1   Sectoral Constraints

The figure overleaf shows the five elements of the sectoral constraints.

Political

Legislative

Structural

Financial

Organisational
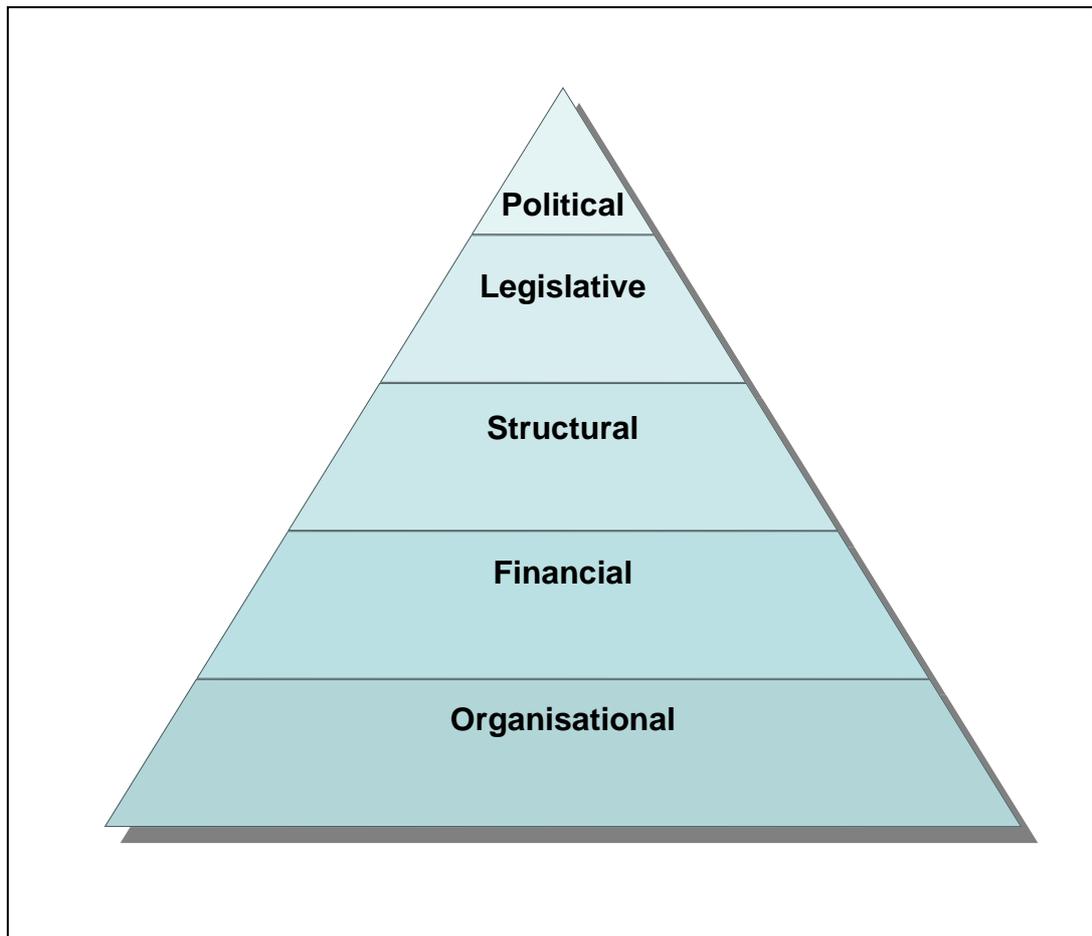
- **Political** – It was felt that if there was an identifiable political champion for older people's issues (e.g. a Commissioner for Older People) and a comprehensive explicit political agenda to serve the needs of older people as a distinct client group (as has been done for children and young people), it would be easier for public bodies to focus on the information needs of older people. We note that the Office of the First Minister and Deputy First Minister (OFMDFM) made a commitment to the establishment of such a Champion in its strategy document 'Ageing in an Inclusive Society, March 2005'. It states, "We will establish a Champion for older people, a senior civil servant to have strategic responsibility for co-ordinating actions to improve the lives of older people in Northern Ireland. Specifically, the Champion will: advocate and promote integrated planning and improved service delivery for older people; ensure that older people's affairs are addressed in key strategies such as the Programme for Government; help to articulate older people's priorities in setting out policy objectives including Public Service Agreements (PSAs) and Service Delivery Agreements (SDAs); facilitate integrated actions required to tackle the exclusion of older people; and monitor progress and identify critical issues, obstacles and solutions relevant to the delivery of the Strategy". The action plan indicated that the target date for this was March 2006. At the time of writing, this target had not been met. However, we do not have any further details on why this is the case, or if a new target date has been set. An update from OFMDFM on this point would be helpful.

- **Legislative** – At the time of writing, age was the only equality ground with no legal protection in terms of the provision of goods and services. We understand that the law on this is currently under review.

- **Structural** – Two main constraints were identified:

  o *Review of Pubic Administration (RPA)* - There was a view that the current suspension of the restructuring of the Health Service (as part of the RPA) has led to a temporary lack of clarity in relation to which business units are responsible for the provision of certain types of information. For example, it is not yet clear whether or when the proposed single Health and Social Services Agency will be established. The future role of the local health and social care groups that have been set up (and whose boundaries were to be co-terminus with the proposed 7 local authorities) is not yet confirmed. Whilst, in theory, a reduction in the number of trusts from 9 to 2 was thought to have the potential to streamline information provision, it seems that the current focus is on recruiting senior teams. It is anticipated that this issue will recede as the new arrangements become better established.

  o *Advice Workers* – There was a view that the workers currently operating in the information/advice field are over-stretched and under-resourced and that it is difficult to retain staff in this area. This would seem to merit consideration in the context of the Advice Services Review.

- **Financial** – Three constraints were identified in relation to funding:

  o *Geography* - Funding is sometimes awarded in a way that restricts service providers to providing information within a specific geographical area. This can prevent the people residing in neighbouring areas from being given information. It was felt that funding arrangements needed to be aligned to enable more flexible ways of working. More flexible approaches to funding would seem to be beneficial.

  o *Short-term* – Funding for community and voluntary work is often only allocated for short periods e.g. one year to three years. This was thought to make it difficult to sustain a stable, continuous, seamless service when a) staffing and resource levels had to be mobilised at relatively short notice to take advantage of the available funds, and b) future funding could be guaranteed. Again, a longer-term plan for information and advice provision would seem to be helpful here. The Advice Services Review has the potential to influence this.

  o *'Innovation'* – There was a view that, despite certain information services operating well (view of service providers), funders often appeared to want 'more' e.g. 'innovation'. There was a view that novelty sometimes appeared to appeal more to funders and that this was to the detriment of established information service that did not offer this 'innovation'. Again, the manner in which advice services are funded and the criteria for funding would seem to fit naturally into the remit of the Advice Services Review.

- **Organisational** – A number of constraints and gaps were identified in relation to this:

  o *No suitable 'vehicle'* - It was felt that the information sector as a whole lacked a suitable 'vehicle' for bringing together leaders from the various organisations that provided information to older people. Whilst several fora existed, it was felt that "something more all-encompassing" would be helpful. Belfast Healthy Cities was referred to as one model which was deemed to have operated effectively in this regard in the recent past. The Joint Planning Model (which involves NIHE and DHSS&PS) was also cited in this regard. Whilst sharing documents was felt to be helpful, face-to-face meetings with key players were thought to be especially helpful. A formal network would appear to be beneficial.

  o *Lack of formal agreements* - The lack of formal agreements between organisations to collaborate in terms of information provision appears to have contributed to a mixed range of provision with some overlaps and gaps, the lack of a strategic approach. Formal agreements would seem to offer the potential for better collaboration.

  o *Level of co-operation* - The level of co-operation between organisations was felt to be linked, at least in part, to the 'cultural compatibility' of the organisations involved. Some felt that the cultural differences between the statutory sector and the community and voluntary sector and the perceived hierarchy of professionalism limited the degree of information sharing in some cases. Formal agreements may assist with this from a process point of view.

  o *Referrals* - Referrals was considered to be an area that merited improvement. It was felt that statutory bodies did not refer clients to voluntary organisations as much as they could. There was also a perception that statutory bodies did not always take referrals from voluntary organisations as seriously as they would from another statutory body. Again, formal agreements may assist with this.

  o *Who does what* - It was acknowledged that, at times, it may be difficult to keep up-to-date with which voluntary service providers are in operation since short term funding meant that some organisations exist only for a short, fixed period. This situation seems unlikely to change in the short to medium term and with a downward pressure on public spending the outlook for the long term seems similar.

  o *Integrated approach needed* - There was a view that a more integrated approach was needed to reach socially isolated people in particular. For example, could those who are in contact with such people e.g. District Nurse, Social Worker etc, be trained to provide key information? It was felt that the information was a key part of maintaining a person's independence and well being and that it was suggested that the role of health professionals needed to

be mindful of this. Indeed, a recommendation to this effect was made in the DHSS&PS's Strategy 'Caring for Carers' (2006) at Section 4.6.[31] The willingness and feasibility of health care professionals to actually undertake this role as a core function has yet to be determined.

o *Improve service providers' knowledge of their own services* - Some of those interviewed felt it was important to improve the knowledge of some staff in public bodies if they were to remain responsible for giving information on specific topics. Whilst it was accepted that certain types of information can change frequently and that some systems were highly complex (e.g. benefits), it was suggested that some of the staff within the Social Security Agency (SSA) (front line staff in particular) could benefit from further training on the various entitlements pertaining to the benefits systems. Indeed, it was suggested that the secondment of staff (with in-depth training in the benefits system) from the Citizens' advice Bureau to SSA had been very helpful in ensuring that accurate up to date information on benefits and entitlements was more readily available to service users. It was also suggested that the officers within NIHE who were currently giving advice on social housing options could benefit from having more knowledge and direct experience of the various sheltered housing schemes. There was concern that the requisite knowledge was patchy across a number of NIHE officers. One suggestion to remedy this was to concentrate the knowledge in a dedicated team of NIHE officers who had received adequate training. Another suggestion was that Housing Associations may be better placed to provide such information. Greater awareness of core services would seem to be beneficial.

o *Improve providers' knowledge of support services* - It was also suggested that not all members of the health service family may even be aware that such services exist. For example, the EHSSB (at least in its own area) funds an interpreting service which any health service provider or user of the health service can request and yet several providers appear not to avail of it. Similarly, NIHE has a 'Language Line'[32] and yet anecdotal evidence suggests that all front line staff are not aware of it. Again, anecdotal evidence suggests that in some organisations, the Equality Officer (or equivalent) may be aware of such support services, but not all staff who need to know about them do. There would also appear to be a need for organisations to a) fully inform themselves in relation to what support services are available from other organisations to support older citizens whose first language is not English and b) to ensure that staff are made aware of such services and avail of them appropriately.

o *Quality of interpreting services* – There were issues raised about the quality of

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[31] Source: http://www.dhsspsni.gov.uk/ec-dhssps-caring-for-carers.pdf
[32] This is a telephone-based language interpretation service designed to enable a service user (whose first language is not English) to communicate in another language during an interview with an NIHE officer.

interpreting services available to support service users to access information about public services and to use public service. It was felt that organisations providing such services should ensure that their staff are qualified to the appropriate professional standard and abide by a professional code of conduct in terms of impartiality and confidentiality. This was thought to be especially important where sensitive or complex technical matters (e.g. in court) were concerned. Rather than create a single organisation whose staff had such standards, it was suggested that existing organisations, who already have networks developed at local level, should be encouraged, and ideally supported, to upgrade their skills to the appropriate level.

o *Service design issues* - Some of the processes that give rise to delays in the provision of information to older people were thought to be rooted in the way in which certain services are provided. For example, the shortage of occupational therapists and the limited number of situations in which NIHE officers are permitted to authorise adaptations contribute to long delays. It may be worth examining the suitability and feasibility of training NIHE officers to take on more of this role and so speed up the process. Issues of service design are outside the scope of this research. However, we simply note here that this area would appear to merit further consideration.

o *Outreach* - There was a view that more outreach work was needed to support those most at risk of being disadvantaged, e.g. older people (especially older men) living alone in rural areas or disadvantaged urban areas. Providing more outreach services would seem to be one of the mechanisms for improving access to information for these client groups.

o *Staff levels* - In at least one case, an interviewee indicated that staff shortages were a constraint on further promotion of information. There was concern that further promotion of information would lead to an increase in enquiries for which there was limited staff support. We would recommend that, in the short to medium term, any promotional initiatives be managed so as to allow for this. The reality of public sector funding and the current drive for efficiency savings means that increasing a staff complement will continue to be challenging. However, this should not deter those organisations who can evidence a need and a make a case for more staff.

o *Motivation* - There was also a view that motivating staff to fully appreciate the importance of information to older people's lives was crucial. It was suggested that this could take two possible forms:

▪ Affirm staff in what they were already doing, by way of information provision, by showing the beneficial impact of their actions on the lives of older people, e.g. in the form of anonymised case studies; and
▪ inform staff about recent research which shows the positive impact of

certain types of information on the health and well-being of older people (and perhaps the adverse impact without it).

These would seem to be helpful suggestions and may be able to be factored into staff induction and/or staff refresher training sessions or other ongoing professional development initiatives.

- o *Personality dependent* – It was felt that some information initiatives succeed because of a) the charisma and drive of the individual who leads them and b) the quality of the relationships they build with various organisations. However, such momentum often dissipates as soon as this individual is no longer involved. There appears to be a need to embed the culture of collaboration within organisations so that it relies much more on process and a shared philosophy of working than personalities. The reference to formal agreements above would seem to be beneficial here.

5.4.2 Accessibility Constraints

It was thought that accessibility to information was constrained by a number of factors related to the clients.

Whilst these issues are <u>not</u> unique to older people, the issues of short life expectancy and the potential impact on quality of life and well-being make the issues more important to address as quickly as possible for older people.

These constraints are represented as 'hurdles' on the figure on page 50. Although every client will face different 'hurdles', the more 'hurdles' there are, the more difficult the journey will be to access the required information. Those facing a greater number of 'hurdles' will require greater support. *However, this was <u>not</u> to suggest that inherently the client is in some way 'deficient' for not being able to access information. It is more that <u>organisations</u> needed to respond to these realities by rethinking how they provide information so as to reduce the adverse impact of these factors as much as possible.*

- **Literacy levels -** It was thought that given literacy levels were a factor given the prevalence of written information. Our internet literature review found that the Northern Ireland findings from the International Adult Literacy Survey published in January 1998 indicate that almost a quarter of the working population has low literacy levels.[33]. Literacy and numeracy skills become crucial when dealing with complex information needs. Some of the areas that were considered by complex by the service providers were interviewed were benefits and entitlements, accessing care service and applying for adaptations. It was considered that

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[33] Source : A Strategy for the Promotion of Literacy and Numeracy in Northern Ireland Department for Education in Northern Ireland, 1998

sustained action would be needed to improve literacy levels in NI. We understand that this is already being led by the Department of Education. However, most of this effort is likely to benefit people aged 49 and under. Consequently, a specific focus is needed on a) reducing the stigma of illiteracy amongst older people and b) increasing the opportunities for older people to develop essential skills. While such skills are being developed, it will be important to ensure that other non-written channels are used for disseminating information. One possible model of practice could be the radio programme currently being run as an initiative between West Belfast Senior Citizens Forum and Feile FM103.2 which invites all senior citizens to become part of a weekly one hour show. The show is "about older people and hosted by older people, bringing their views to the air"[34]. It invites older people to "present, entertain, assist in producing, chose / play music, answer listeners calls". Whilst we were not aware of any formal evaluation of this initiative at the time of writing, we recommend that any assessment of the impact and effectiveness of this model be examined carefully to ascertain the appropriateness of replicating this model.

- **Proficiency in English** – The limited availability of information (written and oral) in languages other than English was felt to be a constraint. Limited budgets were thought to be factor in this. In addition, whilst Section 75 requires public bodies to assess how equitable their service provision is (and one aspect would typically be information provision / communication) there is no comprehensive study of the efficacy of this legislation on the availability and quality of information to people from ethnic minorities (i.e. whose first language is not English). Anecdotal evidence suggests that some people from ethnic minorities are not aware of many of the public services here in NI and how they operate including the right to interpreting services when using a public service. SRC considers that organisations providing information should explicitly review the efficacy of their information and communications policies and practices to ensure that citizens can access the information they need. The efficacy of the information and communication policies relating to older people from ethnic minorities would be an integral part of this. Theoretically, a service user's proficiency in English could be improved if they were to attend classes. However, the current charges for English classes at Belfast Institute of Further and Higher Education (BIFHE) get lower the longer a person is resident in NI. Some of those consulted felt this was a barrier to access and could see an argument for the scale of charges being the other way round. It would seem that to realise the potential of citizens whose first language is not English and to enable them to access information on public services, it would be beneficial to consider providing English classes which were low cost or no cost.

- **Disability** – Again, it was felt that different types of disability could act as a

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[34] Source: Leaflet on the new programme

constraint in terms of accessing information. Reduced mobility could affect an older person's capacity to physically attend information and advice services offices. Sensory impairments and learning disabilities would each require that information was available in appropriate formats. Again, whilst the legislative framework (Section 75) exists for such provision, the actual provision of such information is not always evident in practice. Given that a) the prevalence of disability in the Northern Ireland population is already high – Estimated at 1 in 5[35], b) the prevalence of disabilities is significantly higher in the older age groups (10% of people in NI aged 49 and under have a limiting long term illness, whilst 44% of people aged 50 or over have a limiting long term illness[36]) and c) that NI is projected to have a larger proportion of older people by 2018 (people aged 50+ are projected to make up 36% of the overall population by 2018 compared with 30% in 2007[37]), SRC considers that older people with disabilities are a key group to target and support in relation to accessing information.

- **Willingness to seek information** – One of the constraints was thought to be an older person's willingness to seek information. This may be gender-related. A recent report indicated that females were 2.5 times more likely to seek advice and information than males[38]. It may also arise where an older person feels embarrassed about the situation they find themselves in e.g. managing a debt. SRC considers that more needs to be done to encourage older people, especially older men, to come forward and seek information. In addition, greater efforts are needed to remove the stigma of situations such as debt management and to raise older peoples' awareness of the risks they are taking on in these situations so that they can make a more informed choice.

- **IT literacy** – It was felt that, in general, older peoples' lack of confidence and familiarity with using the internet was a further constraint to accessing information. This view is supported by the current literature. A National Survey carried out across 12 regions in the UK in 2006 found that "there is still a large divide between the young and the old, with 83 per cent of the 16 to 24 age group accessing the Internet within 3 months prior to interview, compared with 15 per cent of the 65+ age group. This is also supported by data that show s there are now only 10 per cent of the 16 to 24 age group who have never used the Internet, compared with 82 per cent of the 65+ age group.[39] The same report indicated that NI had the lowest percentage of households with broad band and internet access across the UK – 30% of households had broad band access and 50% of households had no internet access. This compares with 48% broad band access in

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[35] Source : Working With & For People With Disabilities – 'One in Five' – Disability Action
[36] Source : Based on an analysis of Table S016: Sex And Age By General Health And Limiting Long-Term Illness (Household Residents), NISRA, 2001 Census data
[37] Source: Based on an analysis of population projections by the Government Actuary Northern Ireland.
[38] Source: Ageing and Rural Poverty, A Research Report, Rural Community Network – Table 10
[39] Source : http://www.statistics.gov.uk/pdfdir/inta0806.pdf

households in the South East of England where only 33% of households do not have internet access. Whilst this issue might decline as a) future generations become more familiar with information technology and b) information technology becomes more affordable, SRC considers that more needs to be done to promote older peoples' ability to use and access the internet. Projects such as Help the Aged's Information Age project and the 'Everybody online'[40] initiative are to be commended in this regard and could serve as a model of best practice.

- **Identity** – How people define themselves is key to whether or not a person is likely to access information. For example, if someone looks after their spouse, partner, adult child, they may not define themselves as a 'carer' they are unlikely to seek information on support for carers. However, it is well established that sustained but unsupported care can have serious adverse effects on the health and well-being of the carer. *Hence it is crucial that terminology such as 'carers' is avoided unless a person already defines themselves in these terms and that information to support carers is done in a way that encourages people to acknowledge the roles they perform. A good practice example of this is the way in which Carers NI's literature uses the headline "Looking after someone".*

- **Fear** – Sometimes individual may be afraid to ask for information for a variety of reasons:
  - They will have to consciously acknowledge that the situation needs outside help. For some older people denying the gravity of a situation is a coping mechanism. Accepting the seriousness of a situation can be emotionally difficult.
  - They may perceive their need for help as a personal failure of some kind and this will damage their sense of self-sufficiency;
  - They fear possible negative consequences of looking for help and information from others e.g. that they or their loved ones will be taken from them into care; they may need to face the prospect of moving home etc.
  - They fear that they may be perceived as 'difficult' if they raise issues and that this may affect the quality of service they subsequent receive.
  - They may fear that by asking for information they too will be asked to provide information (e.g. status of their residence in NI) and they be uneasy about how such information might be used (e.g. some citizens would be fearful about passing on any information to 'the State' in case this might have some adverse impact on them in the future).

  Crucial in all of this is the need to understand and be sensitive to the fears and concerns of older people in advance and, in providing information, to allay anxieties as far as possible. It is vital too, that older people and those who care

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[40] Everybody Online is a unique initiative set up by the national charity Citizens Online and supported by BT and Microsoft. It aims to bridge the digital divide by promoting ICT in a fun and friendly manner. http://www.citizensonline.org.uk/everybody_online

for them, are fully informed, in advance, about the standards of service they are entitled to receive and are a) actively encouraged to bring any shortfalls in service delivery to the attention of the service provider promptly and b) are aware of how to make a complaint should they wish to do so. Service providers need to make extra efforts to reassure older people that any such action of their part will not adversely affect the standard of service they receive.

- **Geographical area** – There was a view that more information and advice services are based in urban locations and that older people living in rural areas had lesser access to such services. SRC's internet literature review found that "on the issue of advice and information, benefits, pensions and housing repair issues, all featured prominently [in terms of older peoples information needs]. Older people, living in rural communities, are often disadvantaged by the distance to such services and the poor transport infrastructure which in turn can place higher demands on their family support network, income used to support car ownership or use of private taxis." [41] SRC's internet literature review also found that "where a person lives has a bearing on exclusion as for example, older women living in remote rural areas experience some of the highest rates of exclusion"[42]. However, it was also noted that "older people living in disadvantaged urban housing estates" [ibid] also experience some of the highest rates of exclusion. We understand that a mapping of advice services was carried out as part of the recent Advice Services Review (DSD). However, until the consultation on this has been completed and any necessary changes made to the proposals for advice services, we cannot comment further on the limitations (if any) of the current (or proposed) arrangements in this regard.

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[41] Source : Ageing and Rural Poverty, A Research Report, Rural Community Network
[42] Source: Walker A., (2003) Social Exclusion and Growing Older, Ageing in an Inclusive Society Conference, Europa Hotel, 28th March 2003.

Information

Geography

IT

Identity

Fear

Willingness to seek

Disability

Proficiency in English

Literacy
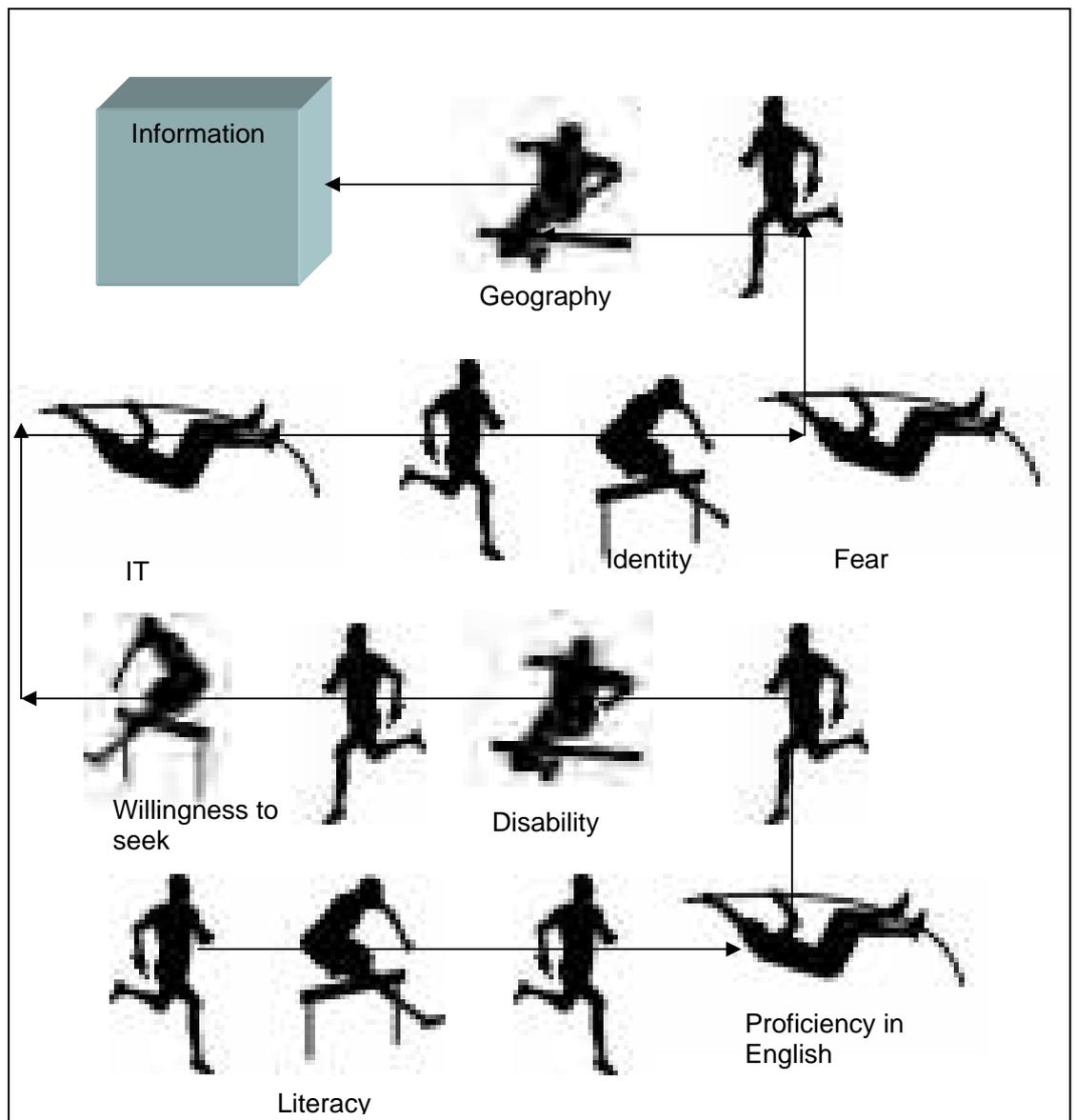
5.4.3 Information Specific Constraints

There were four main types of constraints identified in relation to the specific information needs expressed by older people:

- Some of the information does not exist in the format required and is unlikely to, for a variety of reasons;

- The information does exist but some older people are not aware that this is the case. In fact, some older people are not even aware that specific services exist, hence the question of related information never arises.

- Older people are aware that specific services exist and that the related information exists, but they do not know where to find the information, because:

  a. the 'system' appears complicated and they do not know how to find their way around it unsupported; and/or
  b. the information they require is too dispersed requiring considerable time, effort and skill to collate.

- Older people are aware that specific services exist and that related information exists but the available information is out of date because the situation has changed and providers have not had the resources (typically financial) to make more up to date information available.

The sections below set out each of the information needs in turn along with the views on any constraints that were thought to apply.

Finance-related:

- Finance
It was thought that information on older people's eligibility for concessions in relation to water charges and domestic rates was relatively accessible - Age Concern and Help the Aged both provide information on this.

It was also perceived that information on the various benefits and entitlements (especially the housing-related elements) was already available from a variety of sources, Social Security Agency, the advice agencies, Help the Aged, Age Concern, Housing Associations, Housing Rights, Carers NI etc. However, it was recognised that the benefits system was complex and an advocate and guide was often regarded as very beneficial if not essential. The key issue was felt to be that older people needed a seamless user-friendly method to access such information and that, at present, such an arrangement did not exist.

In relation to insurance specifically, Age Concern indicated that it can provide general information on this matter. Indeed, part of their organisation sells insurance and whilst the organisation provides clients with information on this, the Age Concern insurance offering is not promoted preferentially.

- Rights and Entitlements

It was thought that information on rights and entitlements was available. However, a wide variety of organisations provide such advice (e.g. Citizens' advice Bureau, Independent Advice Centres, Help the Aged, Age Concern, Disability Action, Housing Associations etc). The information is available in a variety of formats but overall provision of information in this area did not seem to be joined up as effectively as it might be. It is possible that there is duplication of provision in the current arrangements. However, it was beyond the scope of this assignment to make any assessment of this.

Specifically, it was felt that access to information about aids and appliances had been adversely affected during the health service's restructuring under RPA. This situation may resolve as structures settle down.

Housing and housing-related, which includes:

- Carrying out maintenance tasks – internal and external

No single database currently exists of people who can carry out the tasks required. It was thought that it would be very unlikely that such a database could be developed for the following reasons:

- The time and cost to keep it updated (with groups and people changing all of the time);

- The difficulties of defining an appropriate professional standard (e.g. membership of some trade organisations is not a guarantee of competence);

- The difficulties this creates in terms of carrying out the appropriate checks on the people actually carrying out the work – e.g. are they appropriate qualified? Do they have anything in their profile/history which would make them unsuitable for working with/providing services to an older and potentially vulnerable person? For example, conviction for assault, abuse, theft.

- Even when all appropriate checks have been carried out, this is still no guarantee that the person will not wilfully or inadvertently harm the older person who they have been engaged to help;

- The potential liability falling to any organisation who recommended someone from the database if the work undertaken was sub-standard;

- The moral obligation on service providers to provide to a duty of care towards their clients and the concern in relation to the risk factors given all of the above.

Whilst technically information on people who could carry out maintenance tasks could be available under The Handy Van scheme (run by Help the Aged in partnership with Age Concern), the scheme is heavily oversubscribed and currently only operates in a limited number of council areas namely Belfast, Castlereagh, Lisburn and Newtownabbey.[43] (At the time of writing, the Handy Van service was also available in the Dungannon area). In addition, scheme's future is dependant on volunteer input and funding which could vary.

- **Getting adaptations done**

There was felt to be considerable written information available in English on getting adaptations done and the general view appeared to be that the information was relatively accessible. Recent research[44] into the experience of users of the housing adaptations service suggests that:

  o The vast majority of service users (85%) (same in 2000) do not find it difficult to access the information;
  o Most (82%) (86% in 2000) said that the advice/information they were given was 'clear/very clear';
  o Most (75%) were either 'happy' with the advice/information and felt that no improvement was needed or 'did not know how' the advice/information could be improved.

The same research also found that, whilst the numbers were small (4%), there was a desire for the advice/information to be available in other formats – larger print was the most frequently requested of these.

Notwithstanding the above, there was felt to be little of such information readily available in languages other than English.

The key criticism in this area was not so much about the information itself but rather the delays in the service itself.

- **Heat, light and phone bills**

It was thought that information on how to reduce fuel bills, insulate homes, get cheaper phone bills was available. However, a variety of organisations provide such information (e.g. NIHE, Housing Associations, Northern Ireland Electricity, environmental groups, phone companies etc) and the variety of formats used was not

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[43] Further details available from:
http://www.helptheaged.org.uk/en--b/AdviceSupport/HomeSafety/SecureYourHome/default.htm

[44] Results of the user satisfaction survey which was done as part of NIHE & DHSSPS's review of Housing Adaptations (2006) [n=508]

joined up as effectively as it might be. A key constraint here is encouraging the not-for profit sector and the private sector – each with their own ethos, modus operandi and core purpose - to work together to provide such information more efficiently and effectively for older people.

- Managing refuse/recycling (and local services for older people)

In relation to "assisted lifts" with refuse collection, a key constraint was thought to be older people's lack of awareness that such services even exist. Without this awareness, they would have no reason to request information.

The fact that much of the information on what local community and voluntary groups could offer older people is not consolidated into one place was thought to be a constraint. Whilst community directories are produced by some local councils, services specifically for older people are not always highlighted. In addition, a directory format potentially poses barriers for those with low/no literacy and low/no proficiency in English. The use of other media e.g. radio, TV, would appear to have some merit in these situations.

Social-related, which includes:
- fear for personal safety;
- social isolation and loneliness;
- loss of local amenities; and
- getting the shopping home.

Much of the information specified in this category was thought to exist already in various formats from a variety of sources.

For example:
- Information on personal safety was available from the Police Service for Northern Ireland, housing associations, Help the Aged, Age Concern and Neighbourhood Watch schemes. In addition, a range of specific measures were proposed in Section 4.18 of the NIO's consultation document, 'Proposals for the safety of Older People', June 2007.

- Information on social isolation and loneliness was available from Help the Aged, Age Concern, Carers NI and the housing associations, befriending projects[45], Good Morning projects[46].

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[45] **Befriending projects** can provide companionship and practical support to lonely and isolated older people within communities. They are particularly beneficial in rural areas where older people are more likely to feel isolated and may not have access to transport or social activities within the community and can have a positive impact on reducing the fear of crime experienced by older people. (Source: Proposals for the Safety of Older People, Consultation Document, NIO, June 2007)

[46] A number of **Good Morning projects** across Northern Ireland have been developed where older people receive a call in the morning to check they are safe and feeling well. A recent evaluation of Good Morning projects

- Information on alternatives to cope with the local amenities e.g. on-line banking was available from Help the Aged and Age Concern.

- The major supermarkets all provide information on how to access their home shopping service – however, the service itself is internet-based, which is currently inaccessible for some older people. We were advised that the Department for Social Development is currently piloting a home delivery services in certain areas of Belfast and information on this was currently limited to specific geographical areas.

However, the key constraint was rationalising where necessary and joining up the various aspects of information provision so that it was seamless to the end user and available in an appropriate format at the time of need.

Personal and medical-related, which includes:
- Trying to access carers and support for carers.

There is general consensus that "provision of care at home services (both high and low intensity) form a vital means of enabling older people to fulfil their desire to stay at home. However, lack of awareness of eligibility to services, particularly for those over 75, appears to restrict access. This can also be an issue for older people in rural areas and those from ethnic minority groups".[47]

Whilst technically, a considerable amount of information on these matters is available through the various carers associations and health trusts (see examples quoted earlier in this report) the systems that provide support to carers were thought to be immensely complex and difficult to navigate without a knowledgeable and experienced advocate.

There was also thought to be limited information available on accessing carers and support for carers in languages other than English.

It was also felt that the information being sought under this category was potentially more accessible when the person requiring care was within the health services 'Care Management' system.

However, if someone was being cared for outside the 'Care Management' system, there was thought to be two main constraints:

- Too much reliance on the older person to 'find their way around' the health

highlighted their benefits and the need for greater collaboration to share good practice and develop strategically. A Good Practice Guide for the development and operation of the projects was also developed. (ibid)

[47] Source : A Time to Move – A literature review of housing for older people, Scottish Executive, Social Research (2006)

service structures when they only have limited knowledge of what the roles and responsibilities of each area are; and

- The recent restructuring of the health service under RPA which has changed some of the roles and responsibilities. Citizens are not up to speed yet on what the new arrangements mean for service delivery or information provision.

Comments in the literature review indicate the adverse effects of lack of knowledge on service users, "Many people had made inappropriate choices based on inadequate information. There was a very low level of awareness of community care issues and the help that might be available – and very little knowledge of the carer's assessment. Because of this, we often found ourselves dealing with clients who were stressed out and in crisis, and this inevitably impacted on the difficulties in achieving resolution for them".[48]

Finding Accommodation, which includes:
- Finding Suitable Affordable Accommodation

All of the interviewees considered that the financial advice aspects of moving house (e.g. advice on finance options, capital gains tax, covering cost of care, or selling land and property (etc) should only be dealt with by a suitably qualified adviser for legal reasons. This could be a constraint for some older people if up front charges were required for such advice.

The key constraint to finding information on suitable, affordable housing in a local area, either to rent or buy, was thought to be the variety of sources of such information. The website http://www.propertynews.com provides information on properties for sale and rent across a number of major private sector estate agents in Ireland, north and south. As indicated earlier in this report, ERoSH recently (2006) launched the first directory of information about all sheltered housing schemes throughout Northern Ireland. The directory contains the name and address, the facilities and services provided, contact details for viewing and applying for each scheme and is a comprehensive source of information for anyone seeking a sheltered housing property in Northern Ireland. It is also available to down load from the web. However, literacy and IT literacy would be prerequisites for accessing such services.

In relation to sheltered or supported accommodation, some interviewees considered that older people were still finding it difficult to get information on a) what such accommodation was like to live in and b) how the common selection scheme works. Whilst NIHE and Housing Associations can and do provide information on both these topics, older people may not be aware of whom to approach to find out.

- Help With House Move

We did not find any information which could help an older person with the physical aspects of moving house.

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[48] Source: 2006/7 Age Concern NI – Advice Line

6 OVERALL CONCLUSIONS AND SUGGESTED ACTIONS

6.1 WHAT ARE THE HOUSING AND HOUSING-RELATED INFORMATION PRIORITIES OF OLDER PEOPLE?

Our research suggests that the housing and housing-related information priorities of older people lie in the following areas. The most important (as determined by older people themselves) are shown in red.

Finance-related, which includes:
- finance; and
- Rights and Entitlements.

Housing and housing-related, which includes:
- carrying out maintenance tasks – internal and external;
- getting adaptations done;
- heat, light and phone bills;
- managing refuse/recycling;
- finding accommodation; and
- help with house move.

Social-related, which includes:
- fear for personal safety;
- social isolation and loneliness;
- loss of local amenities; and
- getting the shopping home.

Personal and medical-related, which includes:
- trying to access carers and support for carers.

Other subjects:
- debt management;
- improving literacy skills;
- equity release;
- coping with bereavement;
- health promotion; and
- creativity and the arts.

6.2 WHERE ARE THE CONSTRAINTS TO CURRENT INFORMATION PROVISION?

There appear to be three main types of constraints: Sectoral, Accessibility and Information Specific. Each of these has a number of elements as shown below:

6.2.1 Constraint 1 – Sectoral Issues

The following were specific elements of this constraint:

- political;
- legislative;
- structural;
- financial; and
- organisational.

6.2.2 Constraint 2 – Accessibility Issues

The following were specific elements of this constraint:

- literacy levels;
- proficiency in English;
- disability;
- willingness to seek information;
- IT literacy;
- identity;
- fear; and
- geographical area.

6.2.3 Constraint 3 – Information Specific Issues

The following were specific elements of this constraint:

- information does not exist;
- lack of awareness that information exists;
- lack of knowledge on how/where to find the information; and
- information is out of date.

6.3   ARE THESE CONSTRAINTS SPECIFIC TO OLDER PEOPLE?

Many of the barriers to accessing information are not unique to older people. However, older people's information needs are distinctive in the following ways:

- Limited life expectancy means that time is of the essence for older people. The effect of any delay in accessing information is typically much more significant than for any other age group;

- The prevalence of limiting long term illness is much higher amongst older people compared with the rest of the population. Consequently, access to information which could help maintain quality of life is critical both for this client group and those who care for them; and

- The fear of crime is greater for older people. Also, whilst the fear of crime and impact of crime is significant for any victim it can be particularly severe for older people who tend to be widowed, single or may live alone.

6.4   WHAT COULD BE DONE TO ADDRESS THE CONSTRAINTS?

6.4.1   Summary

Our research suggests that there are two main issues which, if addressed, would improve the provision of housing and housing-related information for older people, namely:

- Provide the information in the ways that older people have indicated they would prefer; and
- Organisations to become more client-centred in the provision of such information.

We elaborate on each of these below.

6.4.2   Provide Information in the Preferred Way – General Principles

The following summarises how the older people consulted as part of this study suggested they would prefer information to be provided to them:

- **Be proactive**
- **Make the cost of contact low or free**
- **Find ways to reach individuals**
- **Provide the human touch**
- **Consider access to internet and email for those who wish to use this**
- **Ensure continuous access to information**
- **Ensure confidentiality and impartiality**
- **Have one point of contact as much as possible**
- **Quality assure the information**
- **Use plain language**
- **Provide verbal advice and information**
- **Allay fears[1]** (See p52)
- **Provide an advocate where necessary.**

It is important to note that these principles are wholly consistent with the United Nations Principles for Older People[49] which are:

- **independence;**
- **participation;**
- **care;**
- **self-fulfilment; and**
- **dignity.**

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[49] Source: http://www.un.org/esa/socdev/ageing/un_principles.html#Principles

6.4.3 Those Providing Information Become More Client-Centred – General Principles

The following summarises what our research suggests are the key principles for organisations in relation to providing housing and housing-related information for older people:

- **Older people are key** - Any proposed action should seek the views of older people themselves and should be guided by this input as far as possible.

- **Collaboration** – Consider collaboration as the first option in any initiative (existing and new). In this context, we use 'initiative' to mean any aspect of policy development through to service design and delivery, evaluation, promotional activity etc. The aim is to lever the maximum benefit for older people out from the minimum expenditure of public resources.

- **Prevention is better than cure** – Consider when would be the best time for older people to be made aware of specific information. It is crucial to 'design out' crisis wherever possible. Doing so will ensure that older people are in the best possible physical, emotional and financial condition to absorb the information and make the best possible choices for their well-being. In practice, this is likely to mean organisations working more closely with one another and with the media to bring key issues to the attention of older people.

- **Target** – Some older people are at greater risk of not receiving information than others (including, though not limited to, older males, older people whose mental/cognitive abilities are deteriorating, older people who are house bound, those not attached to organised groups, people in rural areas). Whilst some such older people may be part of organised networks and may be relatively easy to reach, creative approaches, potentially involving a wide variety of organisations, will be needed to reach vulnerable, socially-isolated people who are not part of an organised 'network'. Any such targeting should be based on evidence of need.

- **Fact plus fun** – Think of ways to include a social dimension into the information provision wherever possible to reduce social isolation and promote health and well-being.

6.4.4 SUGGESTED ACTIONS – HIGH LEVEL ACTION PLAN

The actions we suggest overleaf are what we consider would be helpful based on the research findings. **We recognise that budgetary and resource considerations will inevitably impact on what can be achieved in practice and that any such high level proposals will require further consideration by a variety of parties**.

Our initial thoughts, however, are that some action on all of these tasks could begin in 2008. The categorisation 'short term', 'medium term' and 'long term' simply reflects our preliminary thoughts on when the results of these actions might be most evident.

NOTE : In addition to what we have proposed here, and given the similarities demographically, economically and in terms of population density, it seems to us that the **initiatives proposed for Scotland**[50] may be worth examining to assess their applicability to NI.

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[50] Source : All our Futures – Planning for Scotland with and Ageing Population, Summary and Action Plan. http://www.scotland.gov.uk/Resource/Doc/169342/0047172.pdf
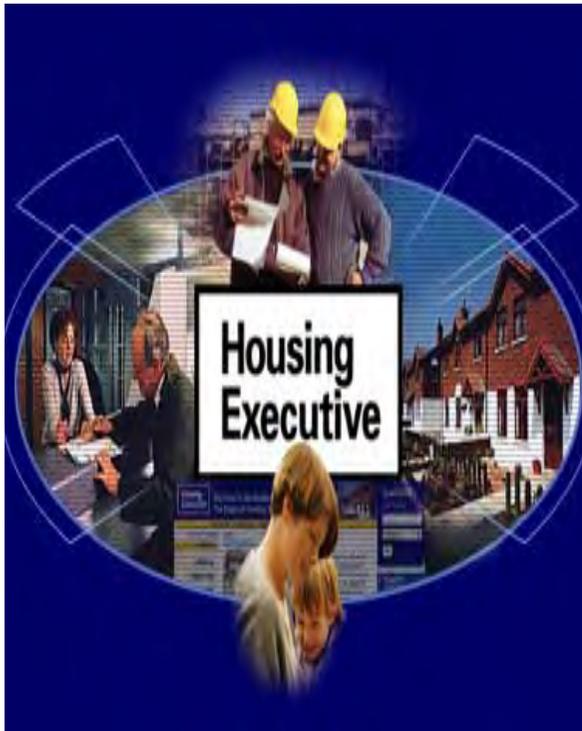
SUGGESTED ACTIONS FOR NIHE TO IMPROVE HOUSING AND HOUSING RELATED INFORMATION FOR OLDER PEOPLE

- Review the provision of the following types of housing and housing related information to assess the extent to which it accords with the general principles set out in this report in Section 6.4.2 and current equality legislation and adjust where possible:
    - Rights and entitlements (NIHE grants etc)
    - Carrying out maintenance tasks
    - Getting adaptations done
    - Improving personal safety and concerns about personal safety
    - Finding suitable affordable accommodation.

- Work in partnership with the DSD group in charge of the implementation of the Review of Advice Services , Age Sector Reference Group and the Equality Commission to devise a formal policy and strategy for the provision of housing and housing related information to older people based on the principles set out in Section 6.4.3 of the report. (There is a need to ensure that the provision of information is equality-proofed as a policy.)

- Improve/refresh front line staff's knowledge of a number of core services (e.g. sheltered accommodation, translation services) and entitlements.

SUGGESTED ACTIONS FOR OTHERS TO IMPROVE HOUSING AND HOUSING RELATED INFORMATION FOR OLDER PEOPLE

Suggested Actions…	Who might contribute to the suggested action…				
	Suggested Lead Organisation(s)/Post	Service/Information Providers[51]	Umbrella bodies	Funders	Media
SHORT TERM - 2008					
Strive to reduce poverty and hardship by encouraging older people to come forward for a full assessment of their situation. Key areas will be benefits and entitlements and caring arrangements. Design an equitable way of phasing this in (bearing in mind resource availability). Empower information and advice agencies to help with elements of this. Advocacy will be crucial to this.	DSD	√	√	√	√
Clarify how information (especially in relation to care and adaptations) is provided within the re-organised Health Service and disseminate	DHSS&PS, Health Trusts, AS[52]	√	√		√
MEDIUM TERM – 2008 - 2013					
Improve/refresh front line staff's knowledge of core services and entitlements	SSA	√			
Use staff induction and/or staff refresher training sessions or other on-going professional development initiatives to motivate staff about the importance and impact of information, or lack of it, to older people.	AS	√	√		
Undertake initiatives that reduce older people's reluctance to seek help in relation to managing debt or improving literacy skills etc. Provide the necessary support in a client-centred way using the principles outlined in Section 6.4.2. of this report.	AS, CfOP	√	√	√	√

SUGGESTED ACTIONS FOR OTHERS TO IMPROVE INFORMATION IN GENERAL FOR OLDER PEOPLE

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[51] Those who provide services to older people.

[52] AS stands for "Age Sector" formerly known as the 'Age Sector Reference Group'

	Suggested Actions…	Who might contribute to the suggested action…				
		Suggested Lead Organisation(s) /Post	Service/ Information Providers[53]	Umbrella bodies	Funders	Media
	SHORT TERM - 2008					
	Establish a Commissioner for Older People	OFMDFM	√	√		√
	Use the ASRG[54] to bring together leaders from the various organisations to consider the information needs of older people.	AS	√	√		
	Ensure that the law is changed so that people of all ages are protected in terms of provision of goods and services.	OFMDFM	√	√		
	Review provision of information and advice, remove duplication. Simplify access paths by using existing 'hubs' wherever possible. (Already underway with DSD review of advice services?).	DSD, AS	√	√		
	Ensure that access paths to information are inclusive and specifically that they address the 'accessibility' constraints highlighted in this report (Section 5.4.2 i,e. literacy levels, proficiency in English, disability, willingness to seek information, fear, identity, IT literacy, geographical) and the preferred approach to information provision as indicated by older people themselves (See Section 4.3 of this report).	AS, DSD, CfOP[55]	√	√	√	
	Promote collaboration between service providers through the funding mechanism.	DSD CfOP	√	√	√	
	Set up formal agreements between organisations for the development and delivery of information-related services to older people and the handling of referrals.	AS, CfOP	√	√		

[53] Those who provide services to older people.
[54] ASRG=Age Sector Reference Group
[55] Commissioner for Older People

Suggested Actions…	Who might contribute to the suggested action…				
	Suggested Lead Organisation(s)/Post	Service/Information Providers[56]	Umbrella bodies	Funders	Media
MEDIUM TERM – 2008 - 2013		√	√		
Explore with health professionals the feasibility/suitability of their receiving awareness training on how to sign post older people to key information services.	DHSS&PS	√	√		
Organisations to a) fully inform themselves in relation to what support services are available from other organisations to support older citizens whose first language is not English and b) to ensure that staff are made aware of such services and avail of them appropriately.	AS,CfOP	√	√		
Encourage, and ideally support, existing organisations to upgrade their interpreting skills to the appropriate level.	AS,CfOP				
Consider the extent to which more outreach services would be beneficial and provide same wherever possible and appropriate.	AS, CfOP	√	√	√	
Actively promote services available to fullest possible extent. Consider how collaboration in this area might lever benefits and economies.	AS,CfOP	√	√	√	
Undertake initiatives that promote older people's ability to use and access the internet.	AS, CfOP	√	√	√	√
Undertake initiatives that improve community infrastructure and encourage people to stay social connected. Carry out related promotional activity that underlines the importance of this.	AS, CfOP	√	√	√	√
Increase information providers' awareness of levels of disability typically increasing with age and encourage service providers to be sensitive and responsive to clients with increased levels of disability	AS, CfOP	√	√	√	√
LONG TERM – 2008 - 2018					
Improve literacy - undertake initiatives that impact positively on improving literacy	DENI	√	√	√	

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[56] Those who provide services to older people.

levels in NI					
Access to information in English - review the efficacy of information and communications policies and practices to ensure specifically that older people including those from ethnic minorities and those with disabilities can access the information they need.	OFMDFM CfOP	√	√		
Proficiency in English - consider providing English classes which are low cost or no cost.	DENI	√	√	√	
Perceptions of older people - undertake initiatives that promote positive societal attitudes towards older people.	AS, CfOP	√	√	√	√
Preparation - Undertake initiatives that encourage people to prepare for old age	AS, CfOP	√	√	√	√

Appendix A

Agenda for Focus Groups With Older People

Appendix A:
Agenda for Focus Groups with Older People

1   Issues and needs…

"What sorts of things/situations are or would put you off/make it difficult for you to stay in your own home?"

Probe: For example, social isolation, fear for personal safety, fear of not being mobile enough, house too cold, too big/too costly/too impractical to maintain, neighbourhood going down

Revisit need and desire for services in these contexts.

To try and distinguish between "needs" and "wants". Work with the group to elucidate the priorities, as follows:

2   Services that are needed…if want to stay in own home and ranking amongst these

- *"If you wanted to carry on living in your **own home**, what services do you **need** (i.e. already) or what services do you think you **might need** at some stage?"*

- *"How do you **find out** about these services?"*
  Probe:
  How easy or difficult is it?
  What are the problems and how could these be minimised?

- *"How do you find services you can **trust**?"*

- *"If you have used any of these services, how **useful** or **not useful** were they to you?"*
  Probe:
  If they have not used the services themselves, do they know of anyone who has?
  What was their opinion of the service?
  What are the problems and how could these be minimised?

- *"If you had to rank these, which are:*
  - *the **most important** to you and why?*
  - *the **least important** and why?"*

3 If want to move home

- *"If you decided to **move home**, for positive reasons i.e. it was your own free choice, e.g. down sizing, to be nearer family etc, how would you go about finding out about your choices in terms of a new home?"*
  Probe:
  As far as possible, see what differences there are in the approaches taken by owner occupier, social housing tenant, person renting in the private sector.
  How is easy or difficult is it?
  What has been the experience of those who have moved home from the point of view of ascertaining their choices?
  What are the problems and how could these be minimised?

Appendix B

Profile of Focus Group Participants

Characteristics	3 Ballymena NORTH	2 Newry SOUTH	4 Belfast EAST	1 Enniskillen WEST	TOTAL	*%*
Gender						
Male	5		0	3	**8**	*19.05%*
Female	5	13	7	9	**34**	*80.95%*
Not answered	0	0	0	0	**0**	*0.00%*
Sub-total	10	13	7	12	**42**	
Marital Status						
Married	10	7	3	5	**25**	*59.52%*
Single	0	3	3	2	**8**	*19.05%*
Divorced/Separated/Widowed	0	3	1	5	**9**	*21.43%*
Not answered	0		0	0	**0**	*0.00%*
Sub-total	10	13	7	12	**42**	
Age						
50 - 65	4	5	3	2	**14**	*33.33%*
65+	6	8	4	10	**28**	*66.67%*
Not answered	0	0	0	0	**0**	*0.00%*
Sub-total	10	13	7	12	**42**	
Housing						
Own	8	11	5	8	**32**	*76.19%*
Rent	2	1	2	4	**9**	*21.43%*
Not answered	0	1	0	0	**1**	*2.38%*
Sub-total	10	13	7	12	**42**	
If Yes for Rental						
Private Landlord	0	1	0	2	**3**	*7.14%*
NIHE	2	0	2	2	**6**	*14.29%*
Not answered	0	0	0	0	**0**	*0.00%*
Sub-total	2	1	2	4	**9**	
Disability						
Yes	1	6	1	4	**12**	*28.57%*
No	7	6	6	7	**26**	*61.90%*
Not answered	2	1	0	1	**4**	*9.52%*
Sub-total	10	13	7	12	**42**	

Characteristics	3 Ballymena NORTH	2 Newry SOUTH	4 Belfast EAST	1 Enniskillen WEST	TOTAL	%
Race						
White	10	13	7	12	**42**	*100.00%*
Chinese	0	0	0	0	**0**	
Irish Traveller	0	0	0	0	**0**	
Indian	0	0	0	0	**0**	
Pakistan	0	0	0	0	**0**	
Bangladeshi	0	0	0	0	**0**	
Caribbean	0	0	0	0	**0**	
African	0	0	0	0	**0**	
Mixed ethnic	0	0	0	0	**0**	
Other	0	0	0	0	**0**	
None of these	0	0	0	0	**0**	
Don't know	0	0	0	0	**0**	
Not answered	0	0	0	0	**0**	
Sub-total	10	13	7	12	**42**	
Income						
Less than £10,000	5	5	1	5	**16**	*38.10%*
Between £10,000 - £20,000	0	3	1	4	**8**	*19.05%*
Between £20,000 - £30,000	0	0	0	2	**2**	*4.76%*
Between £30,000 - £40,000	0	1	0	0	**1**	*2.38%*
£40,000 and above	0	1	0	1	**2**	*4.76%*
Not answered	5	3	5	0	**13**	*30.95%*
Sub-total	10	13	7	12	**42**	
Religion						
Catholic	0	12	7	5	**24**	*57.14%*
Protestant	10	0	0	4	**14**	*33.33%*
Other Religion	0	0	0	1	**1**	*2.38%*
Not answered	0	1	0	2	**3**	*7.14%*
Sub-total	10	13	7	12	**42**	

Appendix C

Summary of Findings from the Focus Groups with
Older People

Social Research Centre
Independence Integrity Excellence

Appendix C:
Summary of Findings from the Focus Groups with Older People

The following sets out the findings from the focus group research.

We have also included references from SRC's internet literature review where they relate to the points made.

1.1.1   Finance-Related

FINANCE

Concerns raised
Four issues were mentioned:
- domestic rates;
- water charges;
- running a car, specifically the cost of tax, MOT tests and insurance; and
- contents insurance.

There was discontent that people who were on benefits may have some of these charges paid for whilst those on low incomes, but not on benefit, would receive no concessions under the current arrangements.

Why Important To Address
- Managing on low incomes, and indeed poverty, are a reality for many older people. Our internet research found that 1.8 million UK pensioners live in poverty.[57] Whilst 30% of our focus group participants declined to answer the question (on our monitoring form) about household incomes, almost two fifths (38%) indicated that their household income was less than £10k per annum.

- The recent domestic rates review (2005) has increased the rates that many people are now required to pay. Those consulted, many of whom were on low incomes, felt a system that was based on property values was unfair and were concerned about how they would cope with the bigger bills. The current rate rebate of £100 was considered too small to make any material difference to the likely future bills.

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[57] Source: http://www.ageconcern.org/AgeConcern/56DBFD5F52934FAC820F948F8E49FFB3.asp

- Whilst the NI Assembly has now deferred water charges until 2008, those consulted were concerned about how they could afford to pay these charges if they were brought in.

- In rural areas in particular, access to a car was regarded as very important for overall well being in that it enabled access to health services, shops and amenities, friends and family and yet the cost of tax an insurance was an additional call on the older person's, often low or modest, income.

- We were given to understand that many older people on lower incomes do not have and cannot afford contents insurance. For such people, a burglary or loss of possessions through structural damage etc was likely to cause greater hardship.

Key Information Needs

FINANCE

- Information on:
  - older people's eligibility for concessions in relation to domestic rates and water charges
  - car insurance brokers offering the best deals on car insurance for older people
  - insurance brokers offering the best deals on house insurance for older people.

RIGHTS AND ENTITLEMENTS

Concerns Raised
The key issue appeared to be the lack of easily accessible information about benefits, grants and concessions to which older people are entitled. Since much of the information about these matters appeared to be uncovered through personal contacts and word of mouth, older people who were part of an organised group often appeared to be better informed about these matters compared with those who were not. Often a representative of the group took responsibility to investigate these matters on behalf of the group members. Consequently, older people who were not part of organised groups appeared to be at risk of missing out on key information. However, even within organised groups, the issue was not simple since the information that those consulted wished to access appears to be produced by a wide variety of organisations each with their own method of disseminating information i.e. not joined up. From a user's point of view, therefore, it seemed more difficult to determine whether or not one was 'missing' out on something.

Why Important to Address

- Given that managing on low incomes, and indeed poverty, is a reality for many older people, it is important to be able to access up-to-date information on benefits, grants and concessions.

- In addition, timely and easy access to relevant benefits, grants and concessions can enable access to equipment and services which can improve the person's quality of life. Where mental and/or physical health are declining, any measures that can improve the affordability and access to equipment and services which can sustain independence and dignity become increasingly urgent and important.

- There is considerable evidence to suggest that significant numbers of people do not avail of the benefits to which they are entitled. Our internet research found that up to £4.1 billion of benefits are unclaimed by older people in the UK each year.[58] The data on benefits realised for older people (see statistics from Help the Aged's Senior Line Annual report) supports this.

Key Information Needs

- Information on rights and entitlements in relation to:
  - social security benefits
  - grants from public bodies and others (e.g. energy companies, charitable bodies etc)
  - concessions in relation to various public services (e.g. rates)
  - services for older people (provided by public bodies, community and voluntary groups)
  - aids and appliances (to assist with medical conditions).

1.1.2   Housing and Housing-Related

CARRYING OUT MAINTENANCE TASKS – INTERNAL AND EXTERNAL

Concerns raised

There were a variety of maintenance-related tasks that the participants mentioned they found difficult. These ranged from light household chores (e.g. changing light bulbs), minor repairs and (e.g. putting up shelves etc), painting and decorating, gardening (e.g. grass cutting, hedge maintenance etc),

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[58] Source : http://www.ageconcern.org/AgeConcern/56DBFD5F52934FAC820F948F8E49FFB3.asp

general works etc (e.g. clearing gutters) through to electrical work and plumbing.

A clear distinction was made between the need for skilled and unskilled labour for certain jobs. The emphasis was on sourcing a dependable, quality service rather than a cheap service, although it had to be affordable.
One of the key challenges appeared to be finding people who could satisfy all of the following criteria:
a) provide such services;
b) had been properly vetted;
c) whose skills and experience had been independently quality assured;
d) are properly insured to carry out their respective service;
e) who would respect the older person's confidentiality; and,
f) whose services were affordable – especially to those on low incomes.

Why Important To Address
- Solving simple things, e.g. changing a light bulb, can have enormous benefits. For example, from a health and well being perspective, better light could reduce the risk of home accidents. From a practical perspective, it could enable the use of a room after daylight hours. Addressing these kinds of simple issues is important since home helps, who used to carry out these types of tasks, are no longer authorised to do so because of health and safety/insurance considerations.
- Painting and decorating appears to matter given the length of time many older people tend to spend in their homes. Those consulted indicated that the aesthetics of their home had a definite effect on their mood with good décor appearing to make a positive contribution to well-being.
- Minor repairs also appear to contribute to well-being since the remarks made by the focus group participants suggest that constantly seeing signs of physical deterioration combined with their feeling frustration at not being able to tackle minor repairs for themselves had a cumulative negative effect on mood. Hence, as well as making physical structures safer, addressing minor repairs was felt to help enhance mood and well-being[59]. Whilst reference was made to the Handy Van Service (run by Age Concern), it appears this service was oversubscribed and the waiting times to access it were deemed too long, e.g. several months.
- When older people referred to the requirement for gardening services, they were concerned not only with aesthetics, (and the relationship between a sense of 'deterioration' and well-being mentioned above) but also with personal safety. There was a view that an overgrown garden signalled that the resident was unable to attend to it and there was a feeling that this

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[59] In contrast, having major works done was sometimes perceived as disruptive and stressful, albeit the end results were unusually long awaited and welcome.

singled them out as 'vulnerable' andconsequently, as they perceived it, at greater risk of attack from intruders/burglars etc.

- Many of those consulted found it difficult to get trades people (electricians, plumbers) at prices they could afford. Some were also unsure how to assess the skills and experience of such people. Ensuring access to competent individuals, whose fees are affordable, could help to reduce accidents in the home as well as help to promote overall well-being by countering the sense of 'deterioration'.

- A vetting process appeared to be vital. This was linked to apprehension many of the participants felt about letting 'strangers' into their home i.e. when they themselves felt vulnerable. Their own personal knowledge alongside reports of attacks on older people in their own homes added to this feeling of fear. Hence, the preference for granting admission to as few people as possible and only when such persons had been vetted or quality assured in some other way. There was a perception that some public workers (e.g. home helps) were not vetted and this was a concern.

- SRC's internet literature review found that "Housing was an issue that also came to the fore in the qualitative sessions … and was coupled with the need for older people to be supported to remain in their homes, especially in relation to maintenance and small grants work. There were concerns about the Housing Executive in relation to levels and time taken for support to older people".[60]

Key Information Needs

- Information on people who can carry out various types of tasks:
    - light household chores
    - minor repairs and odd-jobs around the house
    - painting and decorating
    - garden maintenance
    - professional technical services e.g. electrical work, plumbing.

And ensure that such people have:
    - been vetted (against criminal records);
    - had their skills verified both by professional credentials (for skilled labour) and by feedback from past customers (older people);
    - the requisite insurance(s) to provide services; and
    - demonstrated that their rates are affordable, especially to those on low incomes.

- Information on where and how older people can seek redress if they are dissatisfied with any of the work done.

FUEL, ELECTRICITY AND PHONE BILLS

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[60] Source: Ageing and Rural Poverty, A Research Paper, Rural Community Network, p22

Concerns raised

The key issue appeared to be the cost of the fuel, electricity and phone bills. Whilst alternative forms of energy (e.g. solar panels) area available, we were given to understand that grants for these are currently means tested. There was a view that it would be very helpful if older people were entitled to these automatically.

Why important to address

- Research shows that many older people die in winter time and this is often related to exposure to the cold.[61]
- Also, for some, the operation of important aids and appliances (e.g. special beds to relieve pressure sores) need to be kept on continuously. These add to the overall electricity costs.
- The phone is often an important way for older people to stay in touch, especially those whose mobility is reduced. As such, it is often regarded as a necessity rather than a luxury.

Key information needs

- Information on:
    - how to reduce fuel and electricity bills (e.g. through insulation)
    - how to get such insulation fitted
    - what benefits, grants or concessions apply and how to access them
    - information on the costs of different types of heating systems
    - how to make enquires about cheaper call charges.

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[61] In the last five years, more than 130,000 people over 65 have died from cold related illnesses during the winter months in Britain. In the winter of 2004/2005, 31,250 people over 65 died from cold-related illnesses in England and Wales. That's ten pensioners per hour. The UK has a higher number of winter deaths than in colder European countries.

Source : http://www.ageconcern.org/AgeConcern/ftf_winter_deaths.asp

GETTING ADAPTATIONS DONE

Concerns raised

The key issue appeared to be length of time it takes to get adaptations done where grant monies are involved. The process of getting grant approval was often perceived as complex, rigid and drawn out. This appears to have put some people off applying for grants for adaptations. In some cases, the process was reported to have taken so long (e.g. years) that some applicants simply gave up or did the adaptation themselves out of their own money or experienced months or years of hardship without the adaptation (e.g. a stair lift) being in place.

For some, it was not simply that they became weary with the process. As they saw it, having to 'push' public bodies for what they regarded as simple adaptations, damaged their dignity – they felt like they were begging. Whilst there are no doubt regulations etc that must be complied with, and end users may be not necessarily be aware of these, nonetheless the emotional effect of the perceived delays on some older people was evident. Managing expectations, as well as joining up the parts of the process and speeding parts up, would appear to be helpful.

A further concern was the apparent pointlessness of completing a previously agreed adaptation even if it was no longer needed e.g. the person concerned had died and the extension was no longer required. Those who remarked on this could not understand why this was done.

One person perceived that the number and scale of adaptations was driven more by public sector budgets than actual need.

Another indicated that they had received a larger rates bill following the completion of an extension. As they saw it, the room was only added for medical reasons and thought there should be some consideration of this.

One participant felt that if adaptations could be installed faster that this would support people to live on longer in their own homes and thereby take the pressure a) off them to move b) off the housing market in terms of needing to provide different types of accommodation.

In addition, many participants pointed out that even if small grants or concessions were available they would consider then helpful – provided it was not too onerous to access them. There was a view that it may be helpful to consider if a greater number of small value grants or concessions could be provided, especially for people who are not on benefits but who are on low incomes.

Finally, we were told that a wide range of aids and appliances exists to assist

older people in various ways, e.g. device that opens vacuum sealed jars, devices that help a person who cannot bend down easily to pull on their socks etc. It was felt that not enough older people know about these helpful devices and that more could be done to draw them to people's attention.

Why important to address

- Adaptation grants are aimed at altering the physical structure of buildings so that the health and well-being of a resident can be maintained at the highest possible level for as long as possible within their own home. This is not only beneficial for the older person in many ways, but also helps to avoid the additional expense (either public or private)of an older person having to be transferred into nursing or residential care or hospital. Difficulties in accessing these grants, (and, naturally, delays in getting the adaptations in place), can have material adverse effects on an older person's health and quality of life and can, at the most extreme, contribute to reduced overall life span.

- It is also important as part of this process to manage clients' expectations of what can be achieved and the overall timescales.

Key Information Needs

Information on:
- what grants for adaptations are available for older people, the eligibility criteria and the process, the likely timescales and the older person's financial contribution to the grant;
- how the decisions about each application are made – the criteria and the process;
- how best to approach the process so as to minimise the possible delays associated with a) determining eligibility, b) receiving grant monies and c) work getting started and completed;
- any concessions on domestic rates for which an older person may apply if extensions/adaptations are done exclusively for medical reasons;
- aids and appliances which may be helpful for certain conditions and where to source them.

MANAGING REFUSE/RE-CYCLING

Concerns raised

Some of those consulted indicated that, because of increasing physical frailty, they were finding it difficult to leave out their wheelie bins and re-cycling materials. This was a particular issue for people in rural areas with long lanes leading up to their homes. There was a further concern that some refuse collection workers leave the emptied bin/recycling boxes etc much further away from the owner's home than it was originally. This makes it more difficult for those with mobility problems to retrieve the bins/recycling boxes.

Getting rid of bulky items was a further concern since often Councils charge for this service and this was a further strain on those on low incomes especially.

Why important to address

- There is an increased risk that an older person will injure themselves if, when frail, they try to lift what seems to them like a heavy object. Any injury can affect the health and well-being of that person and, depending on the severity of it, could affect longevity.

Key Information Needs

Information on:
- what support local councils can offer older people, on an ongoing basis, in terms of "assisted lifts" with either their bins and /or re-cycling materials;
- what services others e.g. local community and voluntary groups might offer to get rid of bulky items;
- where refuse collection workers are supposed to return the bins recycling boxes after emptying i.e. is it reasonable to expect them to be returned to their original place?

Social-Related

FEAR FOR PERSONAL SAFETY

Concerns raised

A number of the participants had been victims of crime or anti-social behaviour (ASB) within their own homes. Whilst, for the most part, these incidents had been perpetrated by people the older person did not previously know, participants displayed concern about stories they had heard about older people being attacked by people whom they had allowed into their home, allegedly to provide a service.

Those consulted had reservations about involving the police when the incidents involved minors since they felt there was little the police could really do.

Consequently, some were doing what they could afford in terms of changing locks etc. However, they pointed out that even buying such items and paying someone to install them was a challenge on a modest budget.

A further source of anxiety was nuisance pets. We were told that older people were often afraid to complain about nuisance pets for fear of reprisals. In relation to NIHE tenants, we were given to understand that NIHE's current policy on this is to require the older person to 'challenge' the neighbour about this first and only when this did not resolve the matter would NIHE step in. However, there was concern that this approach a) placed the older person into a conflict situation where they felt extremely vulnerable and b) identified them as the person who raised the complaint. It was felt that it would be very helpful if there was a means of reporting such incidents anonymously, perhaps by phone, and having a third party deal with the matter directly.

Why important to address

- It was evident that the criminal and ASB incidents had caused considerable emotional distress and, in some cases, actual bodily harm. The fear of a reprisal from a neighbour whose nuisance pet had been reported had the potential to become very stressful. All of this is clearly detrimental to the health and well-being of the older person concerned.

- SRC's internet literature review found that of the fifteen options available on the key disadvantages for older people living in rural communities, a fear of crime was ranked number one (77%). This was followed by access to public transport (71%), isolation (69%) and then decline in local services (61%).[62]

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[62] Source : Aging and Rural Poverty, A Research Report, Rural Community Network

- Our internet literature review also found that:

  o "The impact of crime is significant for any victim but can be particularly severe for older people who tend to be more vulnerable and may live alone. Victim Support Northern Ireland (VSNI) provides emotional and practical support and a referral service to specialist agencies, where required, for all victims of crime. Older people who are victims of crime can access this level of support through Victim Support Branch Offices. In addition, VSNI provides free support and advocacy in making a claim to the Criminal Injuries Compensation Scheme and will support those individuals who appear as witnesses in a criminal court case. It is important that victims are aware of these support services and relevant community safety material developed specifically for older people will include details of such support services."[63]

  o "People over 65 are more concerned than the population as a whole about being outside after dark in their neighbourhood".[64]

  o Older people feel that high profile reporting of crime against older people in the media exacerbates fear of crime and that better information along with considerable reassurance is required[65]

  o Fear of crime may be further increased by factors such as street lighting, prize and money scams. Some older people also call for increased police presence in neighbourhoods but many do not want police calling at their door as they feel it would draw attention to them.[66]

Key Information Needs

Information on:
- how to make the home as safe as possible e.g. in terms of what security measures would be appropriate;
- grants and concessions etc that are available to help older people to help them put suitable physical measures in place (e.g. locks, lights, security alarms etc) to make their homes more secure;
- other services and local initiatives (public, community and voluntary), for example, 'lock-out crime', neighbourhood watch schemes, befriending projects, NIHE Neighbourhood Wardens, community police etc that are available to help older people feel safer in their own homes.

SOCIAL ISOLATION AND LONELINESS

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[63] Source: Proposals for the Safety of Older People, Consultation document, NIO, June 2007.
[64] Source: Continuous Household Survey (2006).
[65] Source : Report on Healthy Ageing : Interaction, Towards and Action Plan Event, Belfast Healthy Cities, 2005
[66] Source : Promoting the Social Inclusion of Older People, Ageing in an Inclusive Society Consultation Response, Age Concern NI and Help the Aged (2004)

Concerns raised

Loneliness and isolation appeared to be an issue for some. The most
vulnerable appeared to be older people who:
- had recently lost partner/spouse;
- had few family members/relatives in the local area;
- was living a remote rural area;
- had no access to transport;
- had a condition which limited their physical mobility;
- had a condition which impaired their mental functioning;
- had a condition which impaired their sensory function;
- was not a member of any organised group;
- whose first language was not English;
- did not have/could not use modern communications technology (e.g.
  mobile phone and email); and
- male and living alone.

The greater the number of these characteristics, the greater it seemed was the
risk of isolation and loneliness.

Why important to address
- The link between loneliness and poor physical health is well documented
  in the literature (See Literature refs)

Key Information Needs

Information on:
- local events activities that may be of interest to them (i.e. where they go out and interact with others if they wish);
- services that can support them to engage with others if they wish (e.g. community transport, befriending schemes, loop systems etc);
- other services for which they are eligible e.g. so that someone comes to them e.g. home help, physiotherapist etc;
- on key services they can access if they feel afraid e.g. police, neighbourhood warden, neighbourhood watch etc;
- how to use a mobile phone, send text messages and email (e.g. to keep in touch with family) to empower them to manage their own communication with others if they wish;
- how to apply for a free TV licence – (if over 75).

LOSS OF LOCAL AMENITIES

Concerns raised

The loss of local amenities is one of the reasons some older people find it difficult to remain living independently in their own homes. A walk to the shops and the local post office seems to be becoming a thing of the past. The recent rises in house prices in NI seem to have made it attractive for some retail entities, adjacent to or in town centres, to sell up and make way for residential development (usually apartments). However, this pattern has tended to reduce the number of shops in some of the smaller (especially rural) towns resulting in residents travelling increasingly further for provisions and services (e.g. post office). The closure of some rural post offices has presented difficulties for some older people who are no longer able to collect their pensions as readily as before. In addition, the closure of a number of local libraries has removed free access to the internet which was used by some older people as a means of staying in touch with their children.

Why important to address
- Unless an older person can drive and has access to a car, everyday living can be somewhat more challenging in these circumstances, especially in rural areas where there tends to be less public transport.

Key Information Needs

Information on:
- services which can, in some way, provide the functionality of a local amenity that has been lost e.g. payment of pensions/benefits directly into bank accounts if a post office is closed etc;
- local community transport schemes;
- the concessionary fares available to older people using public transport and information on the availability of such transport locally.

GETTING THE SHOPPING HOME

Concerns raised

The key issue appeared to be physically carrying shopping home if one did not have access to a car. This was considered to be a greater issue in rural areas.

Why important to address
- As years advance, physical strength often declines and physical frailty is quite common in older people. Carrying heavy shopping for any prolonged period is likely to result in fatigue and could possibly cause injury.
- Whilst some major supermarkets do provide a home delivery service, it only operates in certain areas and one has to be IT literate and have access to the internet to use it. In addition, the delivery charge of £5.00 was considered high for those on low incomes.
- There was also mention of a shopping delivery service recently launched by DSD. Whilst details were scanty, it was evident that the service was only operating in a limited way in some urban areas but not yet in rural areas.

Key Information Needs

Information on:
- retail outlets that will deliver goods purchased;
- others (e.g. DSD, local community groups) who may provide free support in this area;
- how to use the internet to shop for items.

Personal and Medical-Related

TRYING TO ACCESS CARERS AND SUPPORT FOR CARERS

Concern raised

One of the issues that appeared to make it difficult for older people to stay on living in the home of their choice was the perceived poor access to carers and support for carers. In order to get a carer assigned, some felt that not only did one need to know how 'the system' worked (which was perceived as complex) but that you also needed "someone to fight for you" (there was a sense that the process was difficult even with a knowledgeable advocate). Even after all this, there was a view that the amount of care on offer was very limited indeed – effectively amounting to minutes.

Some of the focus group participants were carers themselves (e.g. carer for their spouse or adult child). The scale and daily physical and emotional intensity of these caring commitments were considerable for some and indeed, in some cases, such commitments potentially placed the health and well-being of the main carer at risk. Some older people, who were frail themselves, felt abandoned. As they saw it, if one seemed capable of carrying out the caring duties (e.g. for a spouse/partners, adult child etc), "you were just let do it". There was a sense that some assessment of the 'carer's own capacity to take on this role should have been made.

Some participants found it very difficult to secure carers who were competent and reliable. Examples were given of caring arrangements breaking down and the main carer having to resume caring responsibilities.

The lack of choice over who the carers were was also an issue for many with the added complexity of the different individuals coming and going without notice. This lack of control appeared to be unsettling for some. Many appeared to prefer to be given the money themselves and make their own arrangements regarding carers.

The strain of organising carers and/or being a carer was considerable, especially for those older people who had undertaken this role for prolonged periods. One participant pointed out the importance of independent emotional support for carers. They pointed out that often an older person will be reluctant to let other family members know how much the situation is affecting them – they may not wish to burden their family because they feel it might worry or upset them and also, in some cases, they feel almost guilty about attending to their own feelings when the person being cared for is, as they see it, in a much more vulnerable position.

In addition, for some, the very fact of a person in a recognisable uniform

coming to the house on a regular basis, for them, 'marked' their house as having vulnerable people living in it. They felt that this may put the household at greater risk of intruders/burglars. Such participants felt that non-uniformed staff would go some way to alleviate this concern.

Why important to address
- The one being cared for is vulnerable, but in some respects, such a person becomes more vulnerable if the health and well-being of their main carer (and typically advocate) is at risk. It is therefore important that people have access to information on how to access carers and where to get support for themselves if they have taken on caring responsibilities.

Key Information Needs

Information on:
- how to access carers both for on-going care and respite care;
- how to access the support of an 'advocate' if need be;
- what to do if the caring arrangements are broken;
- the rights of carers and their entitlements as carers and those they care for;
- where a carer can get support if the caring commitments become a strain on their own physical, emotional or mental health and well-being.

SUPPORTING MOVING HOME

The focus group participants were also invited to describe how they would find out about moving to a new home, if that was their choice. Most indicated that they would look first in the local area and would consult family and friends about what they thought it was like to live in certain areas in terms of safety and neighbourliness. Key attractions would be nearby access to shops, doctor's surgeries and churches.

Again, a series of concerns emerged and, based on these, we have developed a list of the types of information that may help ameliorate these concerns.

In the sections below, we summarise:

- the specific concerns raised;
- why it is important to address these concerns; and
- the types of information which may help to ameliorate these concerns.

Summary of the Issues

There was essentially one key issue under this heading. This was cited in all the groups:

- finding suitable, affordable accommodation.

There was also a secondary issue of:

- getting help with the house move.

FINDING ACCOMMODATION

FINDING SUITABLE, AFFORDABLE ACCOMMODATION

Concerns raised

Several aspects were mentioned:

- With the recent housing boom in NI, property and land prices have risen very rapidly.

- For those on low incomes, including some older people, buying a property is now out of their financial reach. Even some participants, with the means to buy, reported being out-bid by a wide margin by property developers.

- Whilst cheaper properties can be found, these tended to need a lot of work and/or be far out of town centres and the main amenities and/or be located in areas where the older person may feel unsafe/isolated for some reason. There appeared to be few affordable bungalows either to buy or rent in participants' respective local areas and staying near to their local area appeared to be important for many.

- In addition, property developers, wishing to maximise their return on the land etc they have purchased, were reported to favour building two-storey houses rather than bungalows. Many of the focus group participants considered two-storey housing unsuitable for their needs because of the stairs and felt that private developers should be required to build a certain proportion of bungalows and properties for people on low incomes into their schemes.

- Some participants reported that they had found it difficult to secure a place in sheltered accommodation because they already had their own property and, consequently, did not have enough points. However, they had hoped to be able to sell their own property and give a proportion of the money to their children.

- A few (in the 50 – 65 age group) felt that sheltered accommodation needed to be more spacious than it is currently. Their view was the proportions of the bedrooms were cell-like and unattractive for prolonged use.

- There was also a view that sheltered accommodation would be more attractive if each older person's accommodation had its own front door. Some participants felt it was important that an older person was able to retain this sense of their own space/threshold.

- A few participants commented that they felt pressurised into moving into sheltered accommodation because no suitable alternative could be found locally.

- One person alleged that the NIHE had not fully explained their rights to older people in relation to moving into sheltered accommodation and that what they perceived as limitations/restrictions were only evident after it was too late.

- One person alleged that because they 'signed' after they were 60 years old they were not eligible to buy a house from the NIHE and yet, they contended, someone younger from the same street was able to purchase the same house.

- Whilst participants were aware that NIHE bungalows existed in some areas, some considered that the current allocation system needed to be changed since, currently, it resulted in a bungalow sometimes being allocated to a young family who, as they perceived it, could live in a two-storey house. Whilst there are no doubt more complex issues and rationale underlying such allocation decisions, it seemed to some focus group participants that it would be preferable for the NIHE to reserve such accommodation for older people only on the basis that NIHE bungalows were in such short supply. NIHE's alleged sale of pensioners' bungalows[67] was frowned upon by some of the focus group participants who felt that this merely further reduced an already limited supply of suitable housing for older people.

- Some participants seemed to actively favour renting (and referred to a social housing project that they found especially attractive). Their view was that if they had to move into a nursing home, their house would be sold to pay for care and yet if they had no way of paying the rent they could fall back on the benefit system.

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[67] NB: The following details of the Housing Executive's policy re the sale of single storey dwellings are provided for information:

'Exclusions *[from the NIHE House Sales Scheme]* between May 1993 and September 2002 are:
1. sheltered dwellings;
2. any single storey property or ground floor accommodation with no more than two bedrooms (i.e. effectively one to two bed bungalows and ground floor flats) let to those over pensionable age (i.e. 60 plus) at tenancy commencement date.'

Changes made to the NIHE House Sales Scheme from 1 September 2002:
'The over 60s exclusion – moving from an "age based" to a "property based" exclusion, i.e. one to two bedroom, single storey accommodation (other than a flat) – any tenant, whether over or under 60, with a tenancy commencement date on or after 1 September 2002, cannot purchase the above property type.'

Source: NIHE Land & Property

Why important to address

- The shortage of suitable, affordable accommodation appears to be limiting some older people's choices in terms of where to live when their own home is no longer suited to their needs.

Key Information Needs

Information on:
- suitable, affordable housing in the local area either to rent or buy;
- finance options that may make it possible to purchase a new home;
- how to go about being considered for an NIHE bungalow;
- financial matters pertaining to property, e.g. capital gains tax, possible implications of moving into sheltered accommodation, possible need to cover the cost of care etc;
- rights and entitlements and restrictions that apply when one moves from an NIHE property into sheltered accommodation.

HELP WITH HOUSE MOVE

Concerns raised

Several aspects were mentioned including:
- needing help with the physical aspects of the house move e.g. emptying roof spaces etc;
- getting goods etc packed for the move.

Why important to address

- Dealing with the physical aspects of the move would appear to be helpful to older people.

Key Information Needs

- Information on organisations that are properly quality-assured, and could assist older people with the physical aspects of the house move at low cost/no cost.

Appendix D

Agenda for Interviews with
Policy Makers/Service Providers

Appendix D:
Agenda for Interviews with
Policy Makers/Service Providers

Share a summary of the findings of the focus groups with older people with policy makers and service providers in advance….and then ask

1. *What is your organisation's **perspective** in relation to the provision of information and advice to older people on the points that have been raised in the focus group research?*

2. *What do you see is your organisation's **role** in relation to provision of information and advice on these matters? Where do you 'fit in'? (Probe for the nature and scale of information and advice given in the recent past.)*

3. *What **constraints** does your organisation face in terms of trying to provide such information and advice? Where are the main '**gaps**'?*

4. *What do you feel **other organisations could do** to help fill these gaps?*

Appendix E
Policy Makers/Service Providers interviewed

Appendix E:
Policy Makers/Service Providers interviewed

- Anne Hillis, Programme Planner, Eastern Health & Social Services Board, Belfast

- Grace Henry, Director, Help the Aged, Belfast

- Dan Sweeney, Public Policy Manager (Age Discrimination), Equality Commission for Northern Ireland, Belfast

- Chris Williamson, Director, Northern Ireland Federation of Housing Associations, Belfast

- Caryl Williamson, Regional Co-ordinator, Advice and Information, Age Concern, Belfast

- Sharon Geary, Legal Services Officer, Housing Rights Service, Belfast

- Colette Moore – Director of Housing, Clanmil Housing Association, Belfast

- Geraldine Molloy – Policy Division, Department for Social Development, Belfast

- Helen Ferguson, Chief Executive, Carers NI, Belfast

- Louanne Martin, Community Development Officer, Multi Cultural Resource Centre, Belfast