

**Older people's perceptions on services and
activities in the Marino and Fairview area:
A participatory project**

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EXECUTIVE SUMMARY

In January 2007 the Casino Community Forum commissioned the Social Policy and Ageing Research Centre (SPARC), Trinity College Dublin, to research the perceptions of older people and formal and informal service and care providers in Marino and Fairview concerning social supports and medical and care services for the elderly. The fieldwork for the research, which was completed by June 2007, comprised over 200 questionnaires completed by local people aged 60 years and over and information from 33 voluntary and statutory service providers and informal caregivers consulted in seven focus group meetings.

The research findings indicate that many of the older people living in the Marino and Fairview area are active and contribute to the local community in a variety of ways. Membership of clubs and associations is high. Many older people provide unpaid assistance to numerous associations and individuals. In particular, older people in the area are making an important contribution to the well-being of other local residents - young, old and disabled. The findings of the study indicate that there is also a large proportion of people who would like to become involved in voluntary or leisure activities. Therefore, increased connectedness and participation in community life of an even larger number of older people is possible in the future with guidance and support.

Many of those who responded to the questionnaire were not in need of full-time care but required additional 'support' to help them maintain independence and a sense of well-being. The Marino/Fairview area has a higher proportion of elderly people, particularly those over 80 years of age, compared to Dublin city and national figures. Over half of the respondents report their health and mobility to be poor or fair. Lack of information, lack of transport, lengthy waiting lists and poor coordination between service providers are obstacles that they regularly confront. Service needs frequently are not met. High levels of demand for particular services mean that in some instances there is a mismatch between a person's entitlement to a service (such as chiropody, visits from Public Health Nurse, respite care and access to HSE appliances), and the

availability of that service. Concerns were expressed over the lack of availability of certain services as opposed to the quality of these services.

The absence of a day centre in the area is a particular issue of concern. A day centre could serve as a central place for the delivery of essential health related services such as nursing, chiropody and personal care as well as offering essential social supports. The existence of a day centre would also alleviate the problem of people having to travel long distances to centres in other areas. It would also provide a key social contact point for persons who are isolated or housebound and relieve formal service providers and informal carers. It is essential that the development of any day centre be in accordance with the wishes of older people in the area and cater for the diverse social and health care needs of all older people in the area.

Low cost initiatives designed and developed at a local level could bring about a sustained improvement in the area and create a more age-friendly community. Such initiatives could help to improve the quality of lives of older people, their independence, participation in the community and dignity. This study highlights initiatives people were particularly interested in. These included: 1) a local visitation team which could serve a social function, but also help with practical needs; 2) an improved local transport system specifically catering for the needs of older people; 3) the compilation of a local directory of services and trades people and/or the names of local volunteers who are willing to assist with such tasks and 4) the provision of new social activities in the area such as information evenings, local history talks, computer classes and greater opportunities in general to meet people. Other local initiatives highlighted within the focus group sessions included: 1) the establishment of a local structure e.g. a primary care centre, specifically allocated for Marino/Fairview to improve communication between service providers and 2) the development of a local radio programme specifically for older people; and 3) the creation of a 'social events coordinating group'.

It is a stated objective of Government and HSE policy to provide supports and services to older people to enable them to live at home and maintain their independence. The realisation of this objective requires a commitment to putting in place and resourcing the community based services that older people and those who

care for them need. This study highlights, in particular, the importance of the support and care provided by informal carers- family, friends and neighbours to older people in facilitating them to remain at home. Initiatives that support informal caregivers and offer them 'free-time' from their care giving duties are viewed as being very important.

1. INTRODUCTION

BACKGROUND

The Casino Community Forum on Services for Older People (CCF) is a voluntary group of local people and service providers who came together in 2006. The objective of the group is to ensure that older people living in the Marino and Fairview area of Dublin have the services and supports necessary to enable them to actively participate in their community and to remain living independently in their own homes. Members of the Forum include voluntary groups, statutory organisations and individuals involved in the provision of services for older people in the area (Appendix 1)

In November 2006 the CCF decided to conduct research to learn about older people's and informal and formal service providers' views about the services, supports and activities available in the local area. Funding was received from the Health Service Executive (HSE) and Northside Partnership to cover the costs of an external researcher to conduct this research.

The research tender specified that the outcome of the research was the production of a report that would:

- Detail the extent to which older people living in the area are accessing relevant services and supports, and their views about those services;
- Assess the views of those providing care services for older people on issues relating to access and delivery of services;
- Identify gaps and co-ordination issues in service provision and how these might be addressed;
- Refer to key findings from published Irish research on best practice approaches relating to care for older people in the community;
- Identify policy and service delivery recommendations which will inform and influence the policies and priorities of relevant statutory and voluntary agencies that provide services for older people and foster the delivery of such services in an integrated manner;

- Be written in a style using the National Adult Literacy Agency's (NALA) guidelines on use of plain English.

In its response to the CCF's tender request, the Social Policy and Ageing Research Centre (SPARC) in Trinity College, Dublin, proposed the following approach be adopted: 1) the development of a questionnaire designed in collaboration with the CCF and local volunteers; 2) the administration of the questionnaire to older people in the Marino and Fairview area by volunteers; and 3) that focus groups with local family carers, voluntary groups and service providers be conducted to discuss issues relating to the delivery of services and social supports for older people in the area.

METHODOLOGY

The CCF proposed the use of a participatory research methodology. Participatory research aims to involve those for whom the research is concerned i.e. the active involvement of local people.

In early January 2007 the CCF set about identifying older people in the Marino and Fairview area who would be interested in becoming involved in conducting the research. Some 26 people volunteered to take part and a total of 17 meetings was held.

The Questionnaire

The questionnaire was developed with research volunteers over six sessions. Input from CCF members was also received over this period. The final questionnaire comprised six sections; 1) background information; 2) health care and practical services; 3) entitlements and benefits; 4) transport services; 5) safety and help received from families and neighbours; and 6) clubs and organisations. In total it contained 33 questions, six of which were open-ended questions, which allowed people to make additional comments (Appendix 2).

Questionnaires were collected in two stages. In the first stage of data collection, questionnaires were distributed to friends, neighbours and acquaintances of the volunteers. In the second stage, local service providers such as Public Health Nurses,

Meals on Wheels volunteers, General Practitioners (GPs) and members of the clergy invited older people accessing their services to take part in the research. The Marino Active Retirement Group and the Ladies Clubs also assisted in identifying respondents. The assistance of these various groups and indeed the local volunteers in accessing people to complete the questionnaire can be viewed as one of the most important strengths of the project. It meant that people who may otherwise be hard to access, such as service users or the housebound were informed of the research and in the majority of instances agreed to take part.

Each person who completed a questionnaire was informed that they were under no obligation to take part in the research and that they could refuse to answer any questions if they so wished. They were told they could opt to complete the questionnaire by themselves or complete it with the assistance of a research volunteer. The majority (78%) chose to complete the questionnaire by themselves and the remainder completed it with a volunteer. The fieldwork lasted from the end of March to the end of May 2007. A total of 205 questionnaires was collected largely by the research volunteers and CCF members. The questionnaires were statistically analysed by the lead researcher from SPARC, Trinity College.

Focus Groups with Service Providers

The CCF identified local voluntary and statutory service providers to take part in the focus groups. In total 33 people were consulted in seven focus group meetings. Participants included GPs, public health nurses, community psychiatric nurses, home helps, family caregivers, religious members of the community, persons involved in the delivery of pastoral care, volunteers involved in meals on wheels services and community representatives from the Senior Citizens Parliament, Crosscare, the Legion of Mary and the Order of Malta.

The purpose of the focus groups was to discuss the experiences and thoughts of participants about services and supports for older people in the Marino and Fairview area. A semi-structured interview schedule was developed for each focus group. Meetings were recorded, transcribed and analysed by SPARC researchers.

Writing up the findings

Six meetings were held with the CCF in relation to the analyses and write-up of the final report. Drafts of the research findings were written by the lead researcher and circulated to the CCF. The CCF commented on the layout, content and structure of these drafts and provided guidance as to how the information should be presented. On the production of a complete draft of the report meetings were held with the research volunteers and local statutory and voluntary service providers who provided final comments on the recommendations and content of the report.

Structure of Report

The following report is presented in 7 sections. Section 2 provides an outline of the Marino and Fairview area as obtained from the 2006 Census of Population, followed by an outline of the 205 people who completed the questionnaire. Section 3, 4, 5, 6 and 7 outline the findings of both the questionnaires and focus group meetings with voluntary and statutory service providers and informal caregivers. Section 3 discusses the topic of social interaction, Section 4 accessing care, benefits and services, Section 5 opinions on services, Section 6 the delivery of services and Section 7 benefits and services identified as needed. Finally, Section 8 lists the recommendations which resulted from the research findings.

2. PROFILE OF THE MARINO/FAIRVIEW AREA AND SURVEY RESPONDENTS

The area involved in the study covers the Marino and Fairview parishes and the Marino Health Centre area. The Marino Health Centre area also covers areas outside the Marino and Fairview parishes. The area of the study is bounded by (and includes) Richmond Road to Drumcondra Road to Whitehall; Griffith Avenue, Grace Park Road, Grace Park Heights and Charlemont; the Fairview end of Malahide Road, Copeland Avenue, Howth Road to Killester, St. Lawrence's Road, and part of Clontarf Road and Fairview Strand (see Map at Appendix A).

Population of the Marino and Fairview Area Aged 60 years and over

Identifying the exact number of persons aged 60 years and over in this area is difficult because the area includes a number of different district electoral districts (DED). The information provided below is taken from the 2006 Census of Population and includes the electoral districts covered by the Marino Health Centre, that is, Clontarf West C, D and E and Drumcondra South A. While it is not covered by the Marino Health Centre, the electoral district of Grace Park is also contained within the CCF area. As Table 1.1 below indicates a total of 17,798 people live in this area. Some 18% (or 3,183) of this population is aged 60 years and over. Persons aged 60 to 69 years make up 7% of the population, 7% are aged 70 to 79 years and 4% are aged 80 years or older¹.

¹ Additional information on the marital status of Marino/Fairview residents aged over 60 is available in Appendix 3.

Table 1.1 Persons aged 60 years and over in the Marino and Fairview area, (n) and (%)

DED	Aged 60-69	Aged 70-79	Aged 80+	Total aged 60+
Clontarf West C Total pop. 3,503	214 (6.1%)	153 (4.4%)	136 (3.9%)	503 (14.4%)
Clontarf West D Total pop. 2,087	130 (6.2%)	146 (7%)	106 (5.1%)	382 (18.3)
Clontarf West E Total pop. 2,336	191 (8.2%)	260 (11%)	144 (6.2%)	595 (25.5%)
Drumcondra South A Total pop. 3,945	253 (6.4%)	219 (5.6%)	154 (4%)	626 (15.9%)
Grace Park Total pop. 5,927	483 (8.1%)	369 (6.2%)	225 (3.8%)	1077 (18.2%)
Total Marino and Fairview area (population 17, 798)	7% (1,271)	7% (1,147)	4% (765)	18% 3,183

Source: Author's own calculations based on CSO, 2006, Small area population statistics *

There is a higher concentration of older people in the Marino and Fairview area compared to either Dublin city or national figures. For example, while 14 % of the population of Dublin city and county and 15% of the national population are aged 60 years and over, 18% of the population of Marino and Fairview fall within this age group. In particular, there is a higher percentage of persons aged 70 and over living in the Marino and Fairview area, as compared with both Dublin city and county and the national figures, that is, 11% as compared with 7% and 8%. Given the age profile of the area it is very important that the appropriate services and supports are put in place to support the needs of older people.

* All CSO percentages in this report are rounded for presentation purposes.

Table 1.2 Persons aged 60 years and over in Dublin city and county, and nationally (%)

	Population aged 60-69 years	Population aged 70-79 years	Population aged 80 years +	Population aged 70 years +
Marino/Fairview Area	7%	7%	4%	11%
Dublin city and county	7 %	5%	2 %	7%
National	8%	5%	3%	8%

Source: Author's own calculations based on CSO, 2006, Small area population statistics

PROFILE OF PEOPLE WHO ANSWERED THE QUESTIONNAIRE

The questionnaire was completed by 205 people aged 60 years or older living in the Marino and Fairview area. An analysis of the geographical area of people who completed the questionnaire suggests the catchments areas representing the CCF are well represented, with a slightly greater concentration of survey respondents living in the Marino area (including Brian Road, Casino Road and Philipsburgh Ave).

More women completed the questionnaire than men - 164 women and 41 men. Almost three quarters have lived in the area for at least 40 years. Only a small number (12%) have lived in the area for less than 20 years.

Age

Most people who answered the questionnaire are aged between 70 and 79 years of age and a large proportion are in the 80 or over age group. While (as Table 1.3 below illustrates) the age profile of the survey respondents is slightly older than that obtained from the CSO this reflects the aim of the CCF to survey people in the 70+ age-group who may be more likely to be availing of, or potentially requiring supports or

services. As mentioned earlier, local knowledge proved invaluable in accessing people in the older age groups and those who were accessing local services.

Table 1.3 Percentage of people aged 60 years and over from 2006 Census and CCF questionnaire respondents

	60-69 years	70-79 years	80 +years
Census (Marino and Fairview)	39.9%	36%	24%
CCF respondents	16.6%	46.3%	37.1%

Marital Status and Living Arrangements

A substantial majority (74%) of the woman who answered the questionnaire were either widowed or single compared with 42% of men (table 1.4). Over half of the women surveyed live alone, compared with just under a third of men (table1.5)

Table 1.4 Marital status of people who answered the questionnaire

	Women	Men
Married	26%	59%
Widowed	45%	22%
Single	29%	20%
Separated	1%	0%

Table 1.5 Living arrangements of men and women who answered the questionnaire

	Women	Men
Alone	53%	29%
With spouse only	23%	44%
With spouse and children	2%	12%
With children only	10%	10%
Other	10%	5%

Health

People who answered the questionnaire were asked to rate both their health and mobility. Just under half, 48%, rated their health as good, 42% said it was fair, while 11% said it was poor. Similar responses were given with regard to mobility, with 50% of people stating that their mobility was good, 36% fair and 14% poor. More than half of the participants (55%) have a long-term health problem, which affects them in carrying out activities of daily living.

Summary profile of older people in the Marino/Fairview area

- **The Marino/Fairview area has a higher proportion of older residents, particularly in the over 80 years of age bracket, when compared to the national average.**
- **Almost $\frac{3}{4}$ of those surveyed have lived in the Marino/Fairview area for more than 40 years.**
- **Over $\frac{1}{2}$ the women in the study live alone compared with $\frac{1}{3}$ of the men**
- **Over $\frac{1}{2}$ of those surveyed state their health and mobility are either fair or poor.**

3. SOCIAL INTERACTION

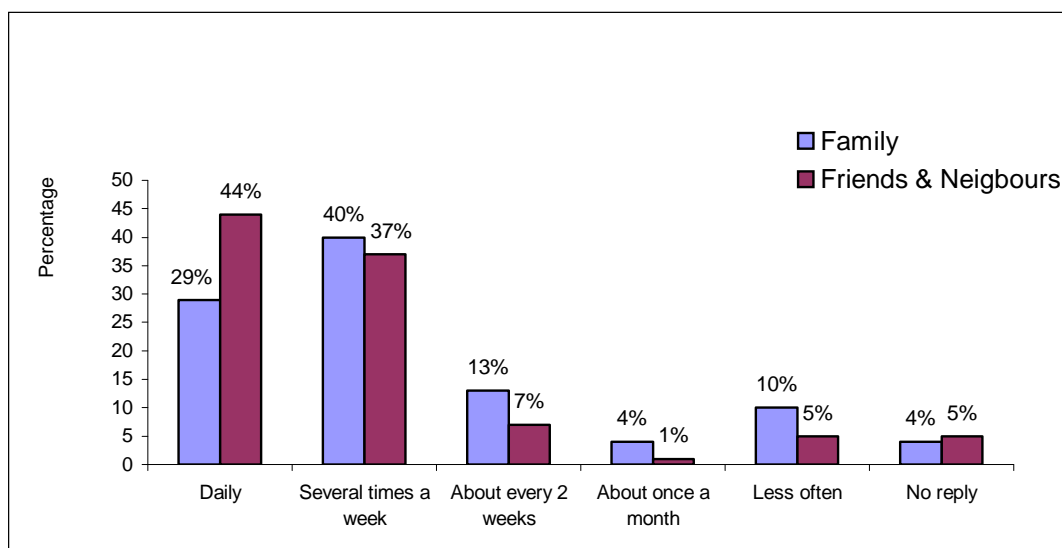
CONTACT WITH FAMILY, FRIENDS AND NEIGHBOURS

Family and friends play a vital part in the social interaction of older people in Marino/Fairview. For example, 69% had contact with family members either on a daily basis or several times a week. The remainder of respondents had less contact with family member-13% had such contact at least once every two weeks; 4% had contact approximately once a month and 10% had contact less than once a month. Low levels of contact were often because respondents had no family living nearby.

Contact with friends and neighbours was slightly different. Some 44% of respondents had daily contact with friends and neighbours, while 37% had such contact several times a week. Others had contact with friends and neighbours either once every two weeks or less frequently (see Figure 1.1).

Although the vast majority of respondents (90%) indicated they are satisfied with the current levels of contact they had with family, friends, and neighbours, there is a small but significant group of respondents (10%) said they would like more contact with family, neighbours and friends. Some 8% of respondents were interested in receiving a call from the Friendly Call Service, a new initiative in North Dublin, which offers a free social telephone call five days per week.

Figure 1.1 Levels of contact with family members, friends and neighbours

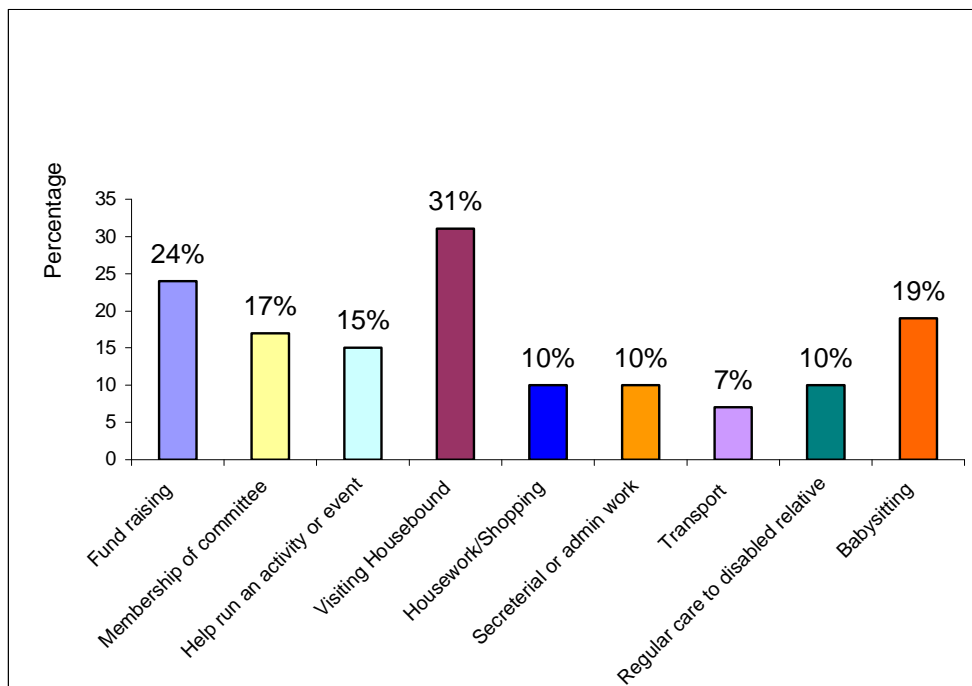


VOLUNTEERING AND MEMBERSHIP OF CLUBS AND ASSOCIATIONS

Participation in clubs and associations is high amongst survey respondents, with 64% indicating that they are currently a member of a club or an association. Membership of a religious association is highest, at 43%. Membership of other associations included social clubs (38%), neighbourhood associations (20%), sports organisations (15%), charitable associations, educational, arts or music groups (12% each). A number of respondents indicate that they have ceased being a member of a club or organisation in the recent past. The reasons given for this include poor health and/or mobility, lack of transport, lack of interest or family/care giving responsibilities.

Involvement in voluntary activity was also high. Overall, 56% of respondents had taken part in a voluntary activity in the past 12 months. The types of activities which people were involved included fund raising (24%), membership of a committee or board of a voluntary organisation (17%), organising an event or activity (15%) and secretarial or administrative work in a voluntary or community organisation (10%). A large proportion also provided care to a sick, disabled or older person, which is discussed in more detail in Section 5.

Figure 1.2 Voluntary help given in the past 12 months



Focus group participants stressed that the contribution of older people as volunteers within the Marino and Fairview area is extensive. In their opinion, there is already a strong sense of community involvement among the older population. However, there appears to be also a large proportion of people who would like to become more involved in the community either through voluntary action or through social and leisure activities.

A number of focus group participants believed that the CCF could play an important role in bringing together a pool of willing volunteers and devising a strategy that would ensure the inclusion of the maximum number of people within the area. As one participant commented:

‘We know people who have time on their hands and would love to do something in a structured way, maybe once or twice a week.... And we have people who would like to receive that and it would be nice to bring our local knowledge to bring those two groups together and that would improve the local quality of lives for a lot of our patients.’

The point was made that while many older people are willing to take part in additional voluntary initiatives, they may be slow in coming forward. For this reason, focus group participants believed it was important to approach people individually and ask if they would like to become involved.

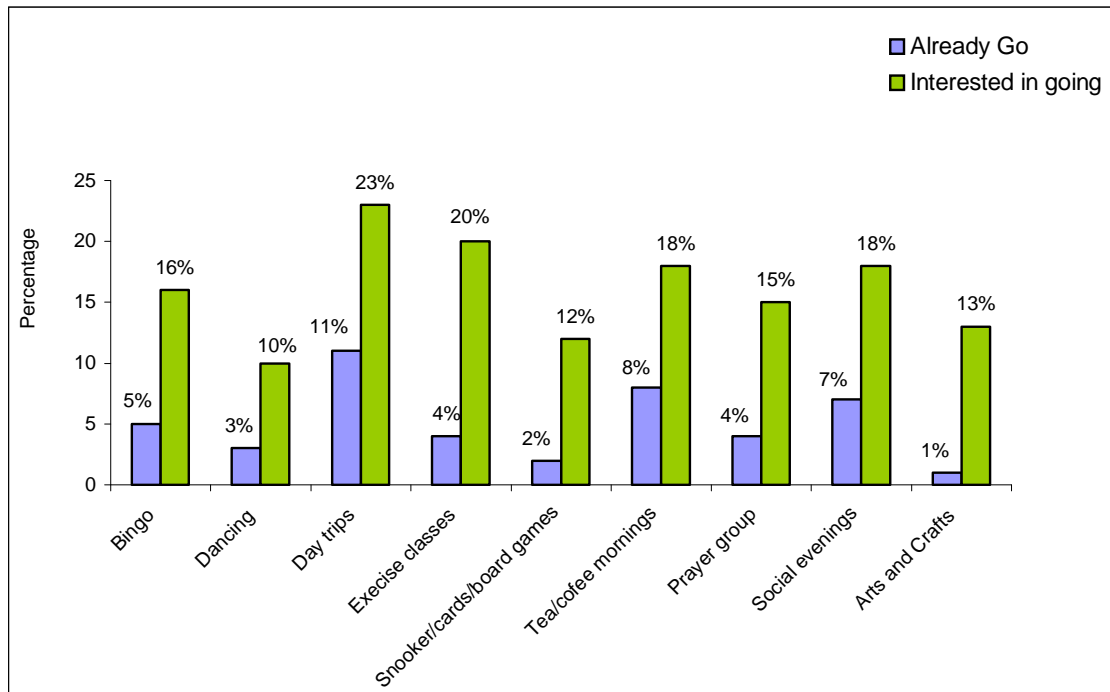
SOCIAL AND LEISURE ACTIVITIES

A wide range of social activities such as bingo, social evenings, day trips and tea/coffee mornings are currently available through local groups such as the active retirement group in the Marino and Fairview area. However, the majority of survey respondents indicated that they are not currently involved in these activities. Of those that are involved, the most popular activities are day trips (11%), tea/coffee mornings (8%), social evenings (7%), bingo (5%), exercise classes for older people (4%) and prayer groups (4%).

Of those respondents who did not take part in such activities, most expressed an interest in locally organised day trips (24%). Exercise classes specifically for older

people are of interest to 20% of respondents, while attending tea/coffee mornings or social evenings appealed to 18%. Joining a prayer group was of interest to 15% of respondents, while smaller numbers indicated an interest in arts and crafts, snooker/cards or board games and dancing (see Figure 1.3).

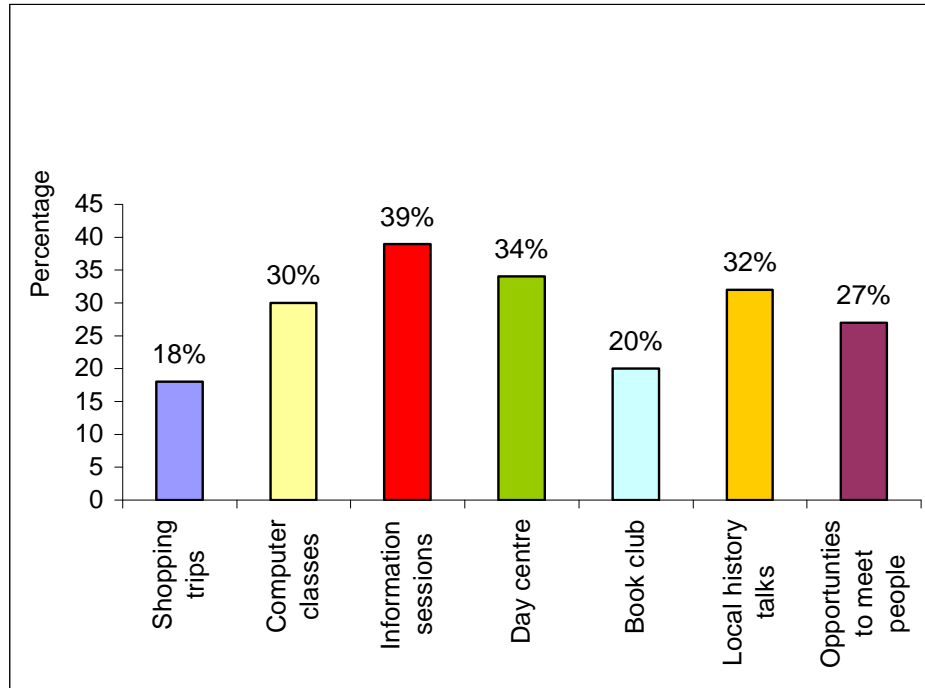
Figure 1.3 Participation in and interest in attending social and leisure activities (%)



Other activities not currently available to older people in the Marino/Fairview area were explored with survey respondents. Information evenings on entitlements and benefits were of interest to 39% of respondents. Just over one third (34%) of respondents stated that they would like to attend a day centre if it was available in the area (Figure 1.4). Some 32% were interested in local history talks and 30% in computer classes. Of note is the fact that 27% of respondents would welcome greater opportunities to meet people in the local area, suggesting that almost one in three would like to be more socially involved. Finally, 20% were interested in a book club and 18% in organised shopping trips. It is clear that the people who participated in the research are very open to the idea of taking part in new activities, extending their social networks and keeping themselves informed and educated about entitlements and technological advances. The afternoon is the favoured time for most people (58%) for these kinds of activities, with smaller proportions stating a preference for

the morning (14 %) or evening (7%). The strong interest in a day centre is particularly noteworthy and is discussed in more detail in Section 7.

Figure 1.4 Activities currently not available that people are interested in.



A number of survey respondents expressed an interest in participating in additional social and leisure activities not listed in the questionnaire, including swimming and exercises in the pool, tai-chi, language classes, bridge, line/old time dancing and astronomy. Another made the comment that they ‘would prefer integrated services and activities which include the elderly rather than marginalise them’.

ISOLATION

As highlighted earlier in the report, some 10% of questionnaire respondents stated that they were dissatisfied with the levels of contact they had with friends, neighbours and family. Moreover, 10% had no contact with family and 5% had no contact with friends or neighbours in the past month.

Some participants in the focus groups believed that it might be a personal choice made by some older people to have little social contact. As one participant commented:

‘It’s a skill to live by yourself happily and contently and there are certain personalities that that suits. Now the majority I would say it doesn’t suit, but I just want to be respectful, that there is a certain core group and they don’t need to be looked after all the time, and they actually find it a bit intrusive, there is no point in us spending time actually worsening their position.’

For others, however, social isolation was seen as something that is not chosen but may have resulted from ill health, loss of mobility, death of a spouse or loved one, or distance from family and friends. In other instances, inability to leave the house due to poor health, safety concerns or lack of transportation was believed to cause isolation. The changing neighbourhood and arrival of new residents within the community was also seen to lead to a greater sense of isolation for a number of older people. One respondent who completed a questionnaire commented:

‘The neighbourhood is not what it was in the past. New neighbours don’t give a damn about anyone else only themselves, and one would not like to approach them for any assistance or help, you would find you were interfering in their time and space.’

A number of focus group participants acknowledged that service providers such as home helps and meals-on-wheels play a very important role in maintaining social contact with older people who may have become housebound or isolated. However, the length of these visits is by necessity limited. For the meals on wheels volunteers, each visit by necessity can typically last no more than five minutes, while the home help visit is generally one hour, usually in the morning. While not everyone wants to partake in social activities in the community, most focus group participants believed that the majority of housebound people would welcome the opportunity of social contact and a social visit to their homes.

SECURITY

The vast majority (90%) of respondents said they believed the Marino and Fairview area was a safe place to live. A number of respondents suggested that a stronger police presence was required in the area particularly at night, while, two respondents mentioned that they only felt safe because their family were nearby to ‘lock-up’ each night.

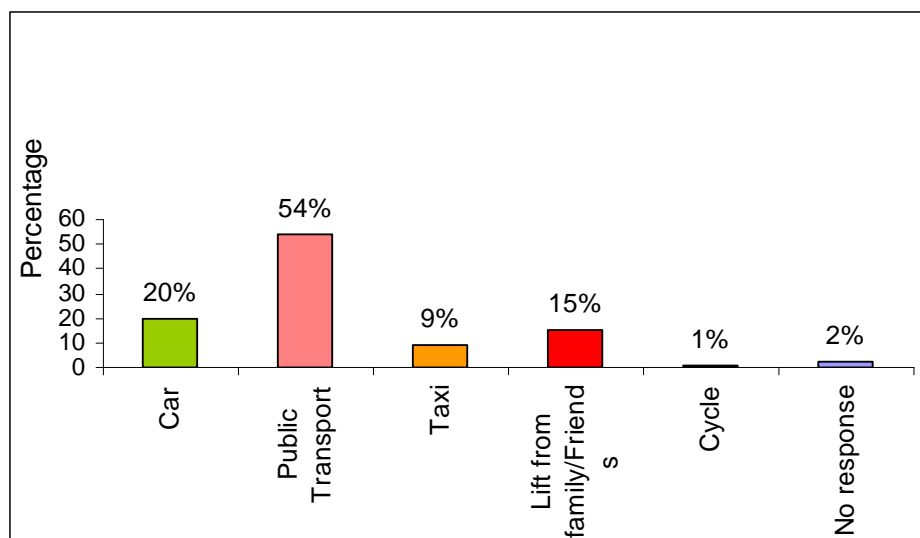
The issue of security was also raised in several of the focus group meetings. There was a consensus that trust within the community was very important, particularly if new community social initiatives were to be introduced. It was hoped that trust could be improved by building on existing social networks such as the active retirement groups in the area. The installation of remote control security intercoms, which would enable housebound/immobile persons to communicate with callers without having to answer the door, was advocated during the course of one focus group.

TRANSPORT

Transportation was an issue of concern for a significant proportion of respondents. For instance, 21% found it difficult to travel to a chiropodist; 17% to visit friends and family; 16% to get to their GP; 13% to go to the bank; 12% to the church and 10% found access to local shops difficult. Attending a social activity or function in the local area can also be made difficult because of lack of transport. 25 % of people said they would require transport to attend a function, while 15% said they were unsure of their requirements stating it would depend on the time and location of the activity.

More than half of the respondents (54%) who completed the questionnaire use public transport as their main form of transport, 20% use a car, 15% are dependent on family or friends for transport and a further 9% on taxis (Figure 1.5).

Figure 1.5 Type of transport most commonly used by respondents (%)



In concluding comments in the questionnaire, two people mentioned that better parking should be available for older people. One person commented:

‘Parking spaces marked for drivers/passengers with a disabled person sticker if provided at local shops, doctors' surgeries, banks, post office etc. would be of benefit to many elderly people in the area.’

A focus group participant noted that the Order of Malta has a wheelchair adapted mini bus which could be made available to assist older people with transport or mobility difficulties participate in local activities. As the Order could not, however, provide drivers for the bus, the development of such a service would be dependant on securing volunteer drivers.

Summary of results on social interaction in Marino/Fairview

- **Family and friends play a vital part in social interaction with older people**
- **A small but significant number of older people feel isolated**
- **Involvement in voluntary activity is high among older people**
- **The majority of survey respondents are not involved in social activities but many have an interest becoming more involved.**
- **The vast majority of respondents believe the Marino/Fairview area to be safe**
- **Transportation is an issue of concern for at least a quarter of respondents**

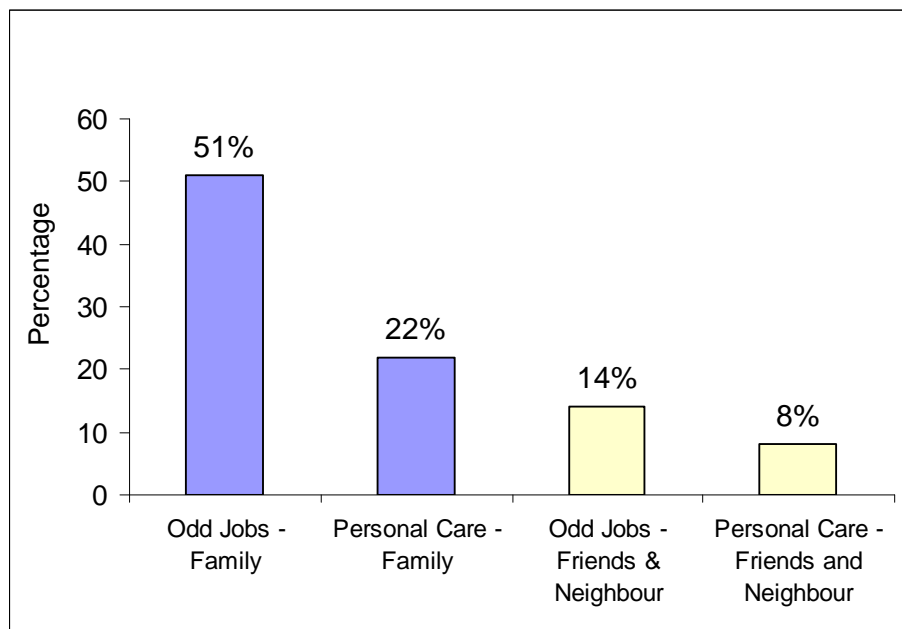
4. ACCESSING CARE, BENEFITS AND SERVICES

INFORMAL CARE

Research in Ireland has shown that frequently older people are involved in providing informal care to family and friends as well as receiving it (Hanlon, McGee and Barker, 2005). The responses to the questionnaire support this and suggest that in the Marino and Fairview area many older people are both providing and receiving some form of informal care. For instance, 31% of survey respondents visited the housebound, 19% babysat, 10% helped an older person residing elsewhere with housework or shopping; a further 10 % provided regular help to a relative with a disability and 7% provided assistance by way of transportation.

Support offered by families and friends to an older relative in need of care is also strong. (Figure 1.6). Support offered by families and friends to an older relative in need of care also appeared to be strong. For example, 51% of survey respondents received help with odd jobs around the house from family members, while 22% received help with personal care from a family member. Amounts of assistance received from friends and neighbours was considerable - 14% received help with odd jobs around the house and 8% received help with personal care tasks (see figure 1.6).

Figure 1.6 Help received from family members, friends and neighbours



Providing High Dependency Care

‘In the end it took its toll on me. I have never been as well or anything since, really, mentally and physically.’

A focus group was held with informal carers living in the Marino and Fairview area. Some of these have been caring for a sick or disabled relative for between 10 and 20 years. The intensity of care delivered is often dependent on the availability of additional formal support services. For many, the amount of time spent providing care increases over the years. For example, one carer eventually came to be providing 24 hour, round-the-clock care.

The participants in this focus group described how becoming a carer often brings with it the requirement to learn new skills such as negotiating for services and understanding the bureaucracy surrounding the health care system in Ireland. Furthermore, as the comment below illustrates, carers can end up delivering care tasks that they previously never considered doing:

‘I remember the nurse coming out and asking would I be prepared to clean around the catheter in his stomach and put it back in, so I said ‘Show me what to do and come back to me about two or three times to make sure I’ve got it right and I’ll do it’. So I did and I ended up doing it, so I was doing that as well. Something I thought I’d never do’.

While all the carers emphasised that they want to care for their loved one out of both love and duty, they also mentioned that the role of carer can at times be ‘overwhelming’, ‘stressful’ and ‘difficult’ and providing regular care can cause emotional, family and health difficulties:

‘Things that you would take for normal, going on holidays, weekends, normal things, going out at night for a meal ... you feel guilty.’

Participants outlined how putting life on temporary ‘hold’ is sometimes necessary when a high level of care is required. This can bring difficulties of its own, such as

strains on family relationships, the need to give up work and the consequent reduction in income:

‘I ended up having to give up work. I was working full time and I went on to part time when all this was getting worse. I ended up having to give up work and I got no Carer’s Allowance then because we were living in the house. They said if you move out and come and look after her you might get something then. I said ‘are you mad’?’

Much of these findings relating to the personal costs of caring reflect findings of both Irish and international research on informal care (O’ Connor and Ruddle, 1998; Daly and Lewis, 1998).

Support for informal caregivers

‘Very often the focus is on the person who is being cared for and carers will say to us all the time ‘you go out on the street and meet somebody who will ask how is the person you are caring for and you stand there saying well, ‘who am I?’ ‘You can get lost in it. The carer needs huge support really in terms of remaining healthy and well.’

Providing care to a loved one can be a solitary activity and as the above comment suggests a carer’s work can at times be taken for granted. A number of the participants in the focus group had contacted Crosscare and commented on the invaluable support they offered. They explained that respite is a very important support to carers since it can give them free personal time to engage in additional social activities and take a rest from their care-giving duties. According to the focus group participants, however, there is only a limited amount of respite available:

‘I was there 24 hours and I found it hard towards the end, the personal care and it was only that I was put on to the Public Health Nurse and she organised someone to come. But it was only once a week. I could have done with it more often.’

Furthermore, in instances where a respite bed is required, advance notice of three to four months is sometimes required particularly if a person is hoping to avail of a respite bed during the summer or public holiday period. Another challenge facing

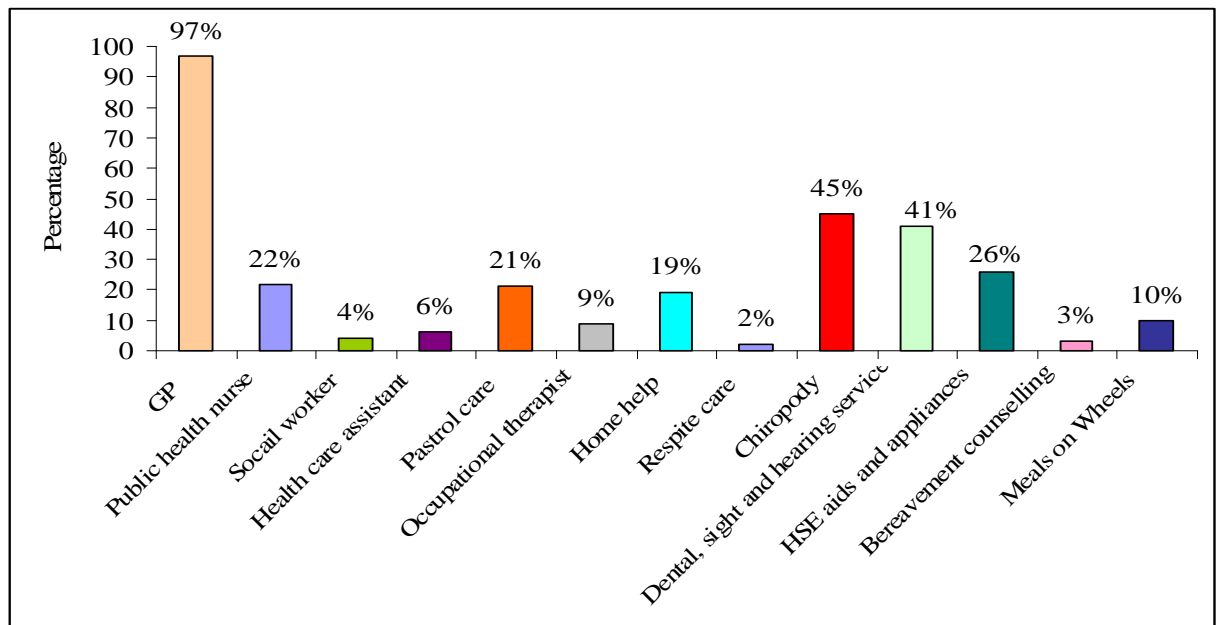
some carers is that their loved one may not be comfortable with the thought of an unknown carer coming into the house which can present its own set of difficulties for a carer.

HEALTH AND SOCIAL CARE SERVICES RECEIVED

A range of benefits and entitlements are available to support older people depending on their particular circumstances. Responses to the questionnaire indicate that 88% of respondents received the medical card, 42% were in receipt of the Living Alone Allowance, 4% the Carer’s Allowance, 3% the Mobility Allowance² and 2% the Respite Care Allowance.

The most frequently availed of service among the survey respondents is GP care with 97% attendance at their GP in the previous year, chiropody (45% of respondents), followed by dental, hearing and ophthalmic (sight) services (41%). A considerable proportion of respondents also received visits from the public health nurse (22%); pastoral care (21%); home help (19%) and, meals on wheels (10%) (see Figure 1.7).

Figure 1.7: Health and social care services received by survey respondents



² ‘The Mobility Allowance is a means tested monthly payment payable by the Health Service Executive (HSE) to people aged between 16 and 66 who have a disability and are unable to walk or use public transport and who would benefit from a change in surroundings; (for example, by financing the occasional taxi journey). If an allowance is awarded, it will be continued beyond the age of 66 but you may not apply for the allowance if you are aged 66 or over’. (http://www.citizensinformation.ie/categories/travel-and-recreation/transport-and-disability/mobility_allowance)

SERVICES REQUIRED

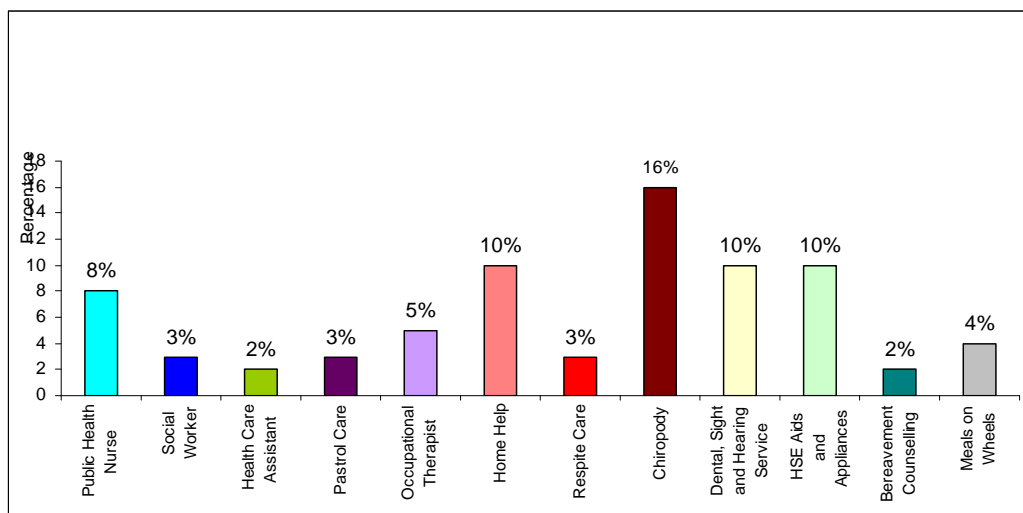
A small but significant proportion of older people in the Marino/Fairview have unmet needs. Of those respondents who identified the need for formal services, the most frequently required services were chiropody (16%), home help (10%), dental, sight and hearing services (10%), appliances and aids from the HSE (10%) and visits from the public health nurse (8%) (Figure 1.8).

The above figures may be a conservative estimate as respondents may not be aware of the service that a particular health professional offers. An element of stigma may also be associated with particular services. For example, there was a belief among a number of focus group participants that stigma may be attached to the meals-on-wheels service so that older people may be disinclined to avail of it. As one meals-on-wheels volunteer commented:

‘I had a lady and she was very nice and her neighbour was very caring but saying that, when I left it [the meal] with the neighbour and the lady came out and said ‘oh don’t leave it with the neighbour, I don’t want her knowing my business’.

The issue of stigma was also highlighted in the HESSOP I and II reports (Ruddle et al. 2002; O’Hanlon et al. 2006); where it was found that many participants would not use meals-on-wheel, home help or personal care assistants even if needed. Although HESSOP II indicated that feelings of stigma towards these services appeared to be declining from 2000 to 2004 among the sample they surveyed.

Figure 1.8 Services required



**Summary of results relating to accessing care, benefits and services in
Marino/Fairview**

- **Many older people are providing as well as receiving informal care**
- **Family and friends play a vital role in supporting older people**
- **Respite care is a very important support for carers but is very limited**
- **The most frequently used medical service among the respondents is the GP services**
- **An element of stigma still remains around accessing care services.**

5. OPINIONS ON DELIVERY OF SERVICES

Respondents were asked if there were any changes or improvements they would like made to any services they received. Twenty percent of respondents replied to this question. Of those, 38% had problems with chiropody services, 19% wanted to receive more home help hours, and 14% wanted more visits from the public health nurse. Thus, it would seem that the issue which concerns people most is the lack of availability of services as opposed to concerns with the quality of services. One person commented:

‘If it was possible that when people need a public health nurse that the PHN could keep a more regular contact, as I found when looking after my Dad that I could have done with more help as I only got a personal assistant to Dad to come once a week.’

General Practitioner (GP) services

GPs have a major role in the care of the elderly in Marino/Fairview area. The majority of respondents visited their GP in the previous year (97%). Of interest, 24% visited their GP eight or more times in the previous year, 41% had made 4-7 visits and 32% between 1 and 3 visits. The majority believe they receive a good service from their GP (86%), 10% a fair service and 2% a poor service.

Issues of concern relating to GPs were raised i.e. the manner in which GPs communicate health information and the difficulty in getting a GP out of hours. One person stated:

‘I would like our GP to give us more answers, that is, results of blood tests and tests instead of just saying everything is OK, and then prescribe us tablets and there are not always reasons given for such medication.’

Another person commented:

‘The GP services in general in the North City are so overloaded and restricted in their hours of attendance it is very difficult to get an appointment and out of the question at weekends’.

Chiropody

Issues relating to chiropody were that: 1) the three visits a year allocated were too little; 2) paying privately for chiropody is very costly; 3) waiting lists for local chiropodists are full and there is little possibility of getting an appointment; and 4) house calls are no longer made by chiropodists.

According to one focus group participant, the shortage of chiropodists in the local area leads some older people to be dependent on neighbours and friends to maintain their feet.

Home Help

The only issue raised by respondents concerning home help was that not enough home help hours were available. There was a belief among a number of focus group participants that this rationing of home help hours can mean that essential care tasks are not delivered regularly. A number of focus group participants believed that the allocation of care hours is not person-centred and that there is a lack of flexibility in relation to the hours of service delivered. As one carer commented:

‘You know the home care package was meant to respond to the person’s needs but it often seems that what packages are available you are just meant to accept. You have people having carers coming into their house at 9 o’clock at night when they don’t want to go to bed and they have not asked for this service and it is like people are having to take what services are there and are grateful for them. Seven or half seven they used to come and put her to bed.’

Another issue arose related to job security and payment. Hours worked and consequently payment received may vary considerably over time. A number of home helps believe that this insecurity could contribute to a reduction in the pool of willing home care workers in the future:

‘Who is going to take a job and you haven’t a clue what money is going to get handed to you? You could have €20 or €200 a week’.

This matter also came to the fore in research carried out by Timonen, Doyle and Prendergast (2007) on home care services in Dublin, who pointed out that this is a difficult issue to resolve given the varying health needs of older people and the unique environment of working in the home. The lack of availability of home help hours was also raised by these researchers, who highlighted that despite the clear policy objective of keeping people in their own homes little has been done to regulate both eligibility and levels of entitlement to home care (see Ahearn, Doyle and Timonen, 2007 for discussion).

Meals-on-wheels

None of the respondents mentioned any difficulties with the meals-on-wheels services, although one respondent did mention that they would like to receive the service, but as yet, had still not received it. A focus group interview was held with meals-on-wheels drivers who voiced their concern that meals are only provided three times a week with no weekend service. The total reliance on volunteer drivers was also raised as an issue of concern.

Aside from the delivery of meals, it seems the volunteers also served a second ‘unofficial role’ of looking after and monitoring the health and well being of the people to whom they delivered meals. In some cases, they acted as an important liaison person between older people and formal service providers, as the comment below illustrates:

‘They know me so long now I open the door and I automatically go in and some of them would be in bed and I would help them get up, doing something for them, put on a cardigan when they are cold or whatever.’

The volunteers said that helping people with odd jobs or remaining to have a chat is difficult because they are aware that others are waiting for their meals, and the food is getting cold. For this reason, they believed that social contact by additional volunteers, either face-to-face or by telephone would be very valuable and may serve to reduce the reliance some people have on them. The meals-on-wheels services in the Marino/Fairview area are faced with the challenge of declining numbers of volunteers. Appeals have been made locally with a view to recruiting additional

volunteers. However, the reliance on volunteers raises questions as to the long-term sustainability of providing this key service on its current basis. A national study examining the Meals-On Wheels services is currently underway in the Social Policy and Ageing Research Centre in Trinity College. When complete this study will shed more light on the meals-on-wheels service and will doubtless have relevance for the Marino and Fairview area.

Household adaptations

The need for household adaptations was mentioned by 21% of respondents. Amongst the adaptations required were a downstairs bathroom and/or modifications made to their existing bathroom, a hand rail for the stairs and security modifications, such as a security alarm, security light at the front door, security lock or peep-hole. Additional adaptations listed by a smaller number of people included a chairlift, dishwasher, profiling bed, a mobile toilet and an instrument to help open jars etc. due to osteoarthritis.

Summary of opinions on delivery of services

- **There is a local shortage of chiropodists**
- **There is an insufficient number of home help hours**
- **There is a greater concern with the lack of availability of services rather than with the quality of services**
- **The reliance on volunteers for the provision of the meal-on-wheels service may not be feasible in the future.**

6. SERVICE PROVIDERS' PERSPECTIVE

Formal and informal service providers were of the opinion that there are a number of problematic issues in relation to the current provision of health and social care services in the Marino and Fairview area. These include lengthy waiting lists, the difficulty of accessing services and poor co-ordination between the various providers.

Accessing Services

A shared frustration among the majority of the focus group participants was the perception that access to services is generally driven by an emergency or crisis situation. Many believed that certain services were only available if a person was discharged from hospital. Otherwise, obtaining services was associated with persistence and luck, as the comment below illustrates:

'Well, I went and badgered everybody. I think they were sick of me, because I would just ring up, and I'd ring, and ring, until I got it, it is terrible that you have to do that, you know. It was very hard to get the most basic things at times.

Service providers in the area are also frequently unable to access the required service for their clients. This inability was said to be particularly frustrating in situations where a person's health was deteriorating. An added frustration from the perspective of the service providers was that their failed attempts to access a service can then lead to negative relations with the older person and/or older person's family. As one service provider explained:

'It's frustrating that it does come to crisis, a few times families that are doing their best and then a crisis happens and next thing they have everything delivered within 24 hours. So immediately almost the family feel that this is what it took, we got this, our action, in this crisis, we got this and you have been fobbing us off for years. And it is frustrating we can't get respite, we can't get

into day centres, that we have to almost go to these facilities, and it's almost like your extracting a favour rather than it being automatic'.

Another service provider commented:

'Simple things like a stair rail, if they are very ill, they'll get in quickly, and they'll do a lot of things, but a regular patient, there is no urgency attached, you have no idea when they are going to be seen and its quite frustrating for them and us'.

Finally, difficulties concerning access to information about entitlement to services were viewed by many as being particularly frustrating. A number of focus groups participants mentioned that there seems to be a mismatch between entitlement and availability. However, there was a belief that improvements in communications, coordination and referral strategies between service providers at a local level may reduce some of these problems.

Co-ordination between service providers

Service providers participating in the focus groups reported that there is a need to set up a formal structure and communication link between the various voluntary and statutory providers at a local level, to better co-ordinate the delivery of services. In the words of one service provider:

'If we get everyone involved in the delivery of care - and we brainstorm and come up with set goals for realistic targets, but put it into a structure and then possibly that group would meet every four months, three times a year'.

The rollout of a primary care unit in the area was noted by a number of service providers. Criticism was expressed with regard to the geographical remit of this care team, as it does not cover all of the Marino and Fairview catchment areas. This, it was argued, could produce inequities at a local level, as entitlement to certain services could depend on a person's address or the location of their GP,

‘Your neighbour next door might not be with the doctor that’s in the primary care team, so she has to wait the extra year, and the lady next door says, “Oh I got that put in, in a week or two.’

Summary of service providers’ views

- **They and their clients were frustrated with lengthy waiting lists particularly for, home care, respite care and day care services.**
- **They believed that there is poor co-ordination between various service providers.**
- **Provision of services appears to be crisis driven.**
- **There was a concern over the lack of a primary care centre planned specifically for the Marino/Fairview area.**

7. BENEFITS AND SERVICES IDENTIFIED AS NEEDED

Need for a day care centre

The absence of a day care centre in the Marino and Fairview area is particularly important given the very high concentration of older people living in the locality, relative to other areas and the fact that one third of survey respondents said that they would like to attend one. All of the focus group participants spoke of the value of such a facility. Day centres can provide a range of both health and social care services such as the provision of meals, chiropody services and personal care. They can also provide social activities and serve as a central point where people can socialise.

There was a perception among focus group participants that the availability of a day centre in the area would promote a better sense of community among older people in the area and also help to maximise their independence and autonomy. The difficulties facing older people and their carers due to the absence of a local day centre was clearly expressed by a carer in one of the focus group meetings, who commented:

‘We tried to get access to a day centre because she was stuck in the house all day long, on her own with little or no interaction with anybody. And that went on for about three years and that was just a circular ... nobody could tell us how to go about getting the day centre and you would go from the doctor to the nurses. So you had to get one outside the area but they could not take her to one outside the area because they had no transport to come into the area.’

It was considered that the availability of a day centre would have the added benefit of reducing dependency on a range of caregivers including family carers, home helps and volunteers working in the area. As one informal carer commented:

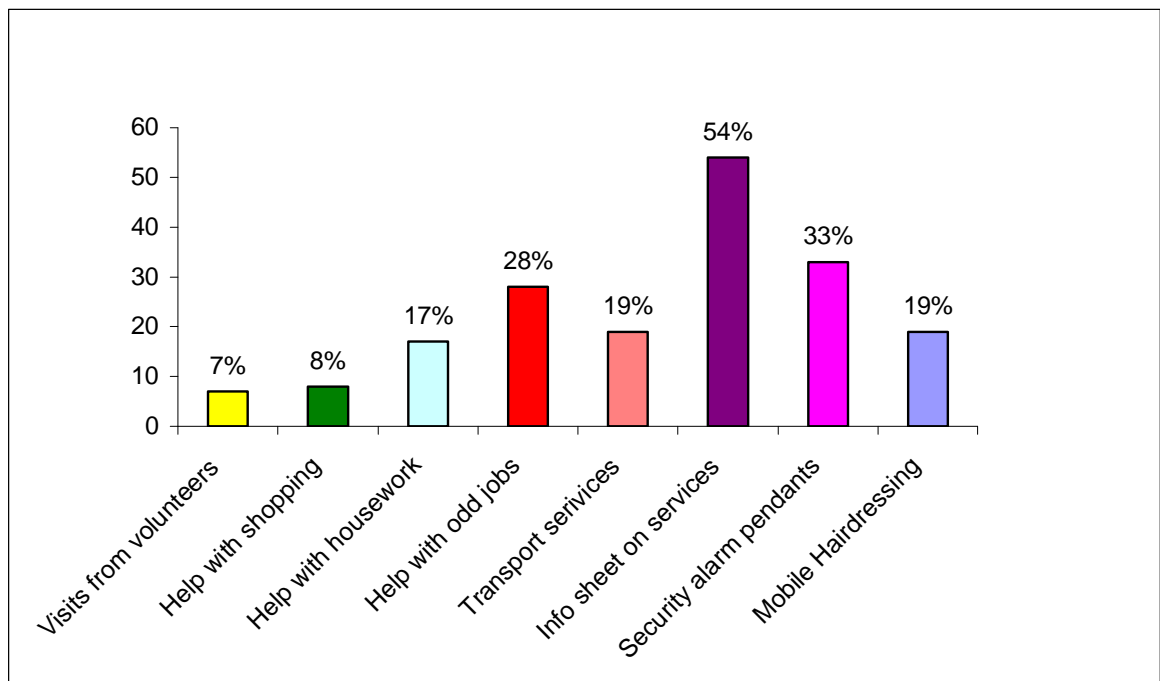
‘Well, also if she gets out of the house, it has a knock-on effect. If she is out of the house, has somewhere to go, like a day centre or drop-in centre, she is out of the house for the day, she has met people. She is in good form when she comes home in the evening. So, she is not relying on one of us all the time for contact with the outside world.’

A day centre could also facilitate the delivery of services such as health education, dietary advice etc which could play a key role in improving the health and quality of life for many people. Problems of accessing services with limited resources such as physiotherapy and chiropody could also be addressed if service providers had the opportunity to visit a number of clients in one location, rather than make individual house calls.

Additional Practical Supports Required

Survey respondents identified a range of practical supports that would benefit older people in the Marino and Fairview area. These included an information sheet outlining the different services available in the area (54% of respondents). Other supports included a security pendant (33%), help from volunteers with odd jobs around the house and garden (29%), with housework (16%) and with transport (19%). A smaller proportion of respondents stated that they would like to receive help from volunteers with shopping (8%) and social visits from local volunteers (7%) (Figure 1.9).

Figure 1.9: Additional practical supports in which respondents expressed an interest (%)



Information on services

Lack of information about services and entitlements is an important issue for older residents in the Marino and Fairview area. According to focus group participants such information is frequently acquired in an ad hoc manner and often by word of mouth. The lack of one central point where individuals could access information is particularly difficult when an older person or carer is confronted with an emergency or crisis situation. This was illustrated by the following comment made by one focus group participant:

‘Not knowing where to start and also you are at your most vulnerable usually when something happens, when somebody has a stroke or when somebody dies or somebody is just diagnosed and your capacity to do that at that time is just non-existent, so it is doubly stressful’.

Help with odd jobs, house work and shopping

‘What would improve my quality of life would be to have a list of people available for repair work in the house and garden. I find it frustrating to try to get small jobs done’.

According to both survey respondents and focus groups participants there is a lack of information available on local trades people who could assist with odd jobs and household repairs. A number of focus groups participants discussed the possibility of compiling a local directory listing the names of local trades people and handymen. It was suggested that the directory could be made available to people in GP surgeries, on notice boards in the Community Hall and Churches or handed out by other service providers working in the area.

Another suggestion offered was that local volunteers help with practical household jobs. These volunteers could in return receive a small fee for their service. A database of volunteers willing to do such jobs could be created and stored in a central place and accessed by local people. However, as one focus group participant pointed out, the issue of insurance would first need to be clarified.

The need to establish a formal visitation team was mentioned by three respondents who completed the questionnaire and was regarded by all of the focus group participants as something that would be particularly valuable in the area. Members of

the religious clergy already place an important emphasis on visiting people who are not able to attend church services. However, due to time constraints, the duration of these visits is typically short. The clergy also pay visits to people who are hospitalised on a regular basis. The creation of an additional formal visitation team, which would include members of the wider community, was viewed as something that would be hugely beneficial to a large proportion of older people in Marino and Fairview. Such visitation teams could work with and complement existing services and help to reduce the pressure on services such as the clergy, the home helps, meals-on-wheels volunteers and local GPs.

Participants in one focus group stressed the importance of making social contact with people after they have been discharged from hospital. It was believed that a gap currently exists between a person's discharge from hospital and the delivery of services in the home. Another suggestion was that a local initiative be developed with transition year secondary school students who could help older people with shopping or household and garden maintenance.

Additional local issues

A number of respondents/participants raised concerns that were particular to the local area. These were that 1) footpaths in the area are dangerous and discourage people from walking and 2) more places to sit outdoors in the Marino and Fairview area are needed. It was also pointed out that the Marino Library would be interested in helping out with the establishment of a book club. One focus group participant suggested that a local radio programme aimed specifically at older people in the area be aired for a couple of hours each day.

Summary of benefits and services identified as needed

- **A Day Care Centre for Marino/Fairview**
- **Information sheet on services available in the area**
- **Easier access to security pendants**
- **Compilation of a local directory of local tradesmen**
- **Establishment of a visitation team**

8. RECOMMENDATIONS

It appears that a number of obstacles act as barriers to independence for some older people in the Marino and Fairview area, preventing them from actively participating in the community, receiving adequate levels of care and leading a life of dignity and self-fulfilment. This section of the report focuses on these barriers and outlines a number of recommendations, for consideration by the CCF, the HSE and the wider population of Marino and Fairview residents.

Recommendation 1: Day care centre

A day care centre should be established within the Marino/Fairview catchment area where health and social care services for older people can be delivered. The centre could provide a place where older people could socialise and help promote a better sense of community and reduce isolation. The objective of the centre would be to support older people in accessing services and supports and facilitate the provision of community- based health and social care services in the most efficient and effective manner. The range of activities to be made available should include nursing, personal care, chiropody services, the provision of meals and advisory/information services. It should also incorporate an informal drop- in facility.

Recommendation 2: Transport services

The feasibility of developing a transport service focussed on the needs of older people should be examined with the Order of Malta and any other relevant organisations.

Recommendation 3: Directory of services

It is recommended that the HSE compile a local directory to include information on the medical and care services available to older people in Marino/Fairview area and how to access these services.

Recommendation 4: Citizens Information services

The possibility of the Citizens Information Advice Service providing a regular service in a local venue (e.g. Carleton Hall) should be pursued. This information service would be of value to the entire community.

Recommendation 5: Directory of trades people

Information on local trades people should be collected and compiled in a reader-friendly directory. There is then a need to identify the best channels through which this information can be communicated.

Recommendation 6: Information on social activities

It is recommended that information on existing social activities be made more widely available. An information sheet outlining the dates and times of various social activities should be distributed to local residents. In addition, a social events 'open day' in the Carleton Hall could be convened where representatives of all existing clubs /groups would provide information on their activities. The possibility of developing additional activities in the local area could also be explored at this meeting.

Recommendation 7: Friendly Call Service

First steps are already underway to establish a Friendly Call service in the Marino and Fairview area. Findings from the research suggest that the service is of interest to a small but significant proportion of people in the Marino and Fairview area. A local committee should be established to oversee the roll out of the service in the area and ensure that everyone who may benefit from the service is made aware of it.

Recommendation 8: Local volunteer teams

It is recommended that the CCF establish a number of subgroups to explore the possibility of creating various voluntary activities, such as, a visitation team or a team of volunteers willing to assist in house hold chores and odd jobs. The committee could explore the possibility of involving young people in these activities (e.g. transition year students and scouts) to create a community spirit shared by all age groups.

Recommendation 9: Co-ordination of services

It is recommended that a structure for regular dialogue and co-ordination between health and social care providers in the Marino/Fairview area be established. The establishment of a Primary Care Centre specifically for the population of Marino/Fairview catchment area would enhance teamwork and provide opportunities for dialogue among health providers in the area.

Recommendation 10: Home care services

Regulation of the home care system is required to ensure equity of access for clients, high standards of care delivery and good terms and conditions of employment for all care workers. The eligibility criteria defining who and how much home care a person is entitled should be more clearly defined, so that people can be better informed of their entitlement to and how to access home care.

Recommendation 11: Recognise contributions of older people

Residents in the Marino and Fairview area should strive to better recognise the contribution of older people within their community. The possibility of convening social functions, which would celebrate the activity and contribution of people, could act as a first step in recognising their invaluable contribution. The suggestion was made during the research that a community radio programme be developed in accordance with the interests of older people in the community. This programme could also serve as a useful forum to highlight activities, achievements and contributions of local people in the area.

Recommendation 11: Follow-up action

To ensure follow-through on the recommendations in this report, it is recommended that the report be circulated widely within the community and following consultation with local residents, service providers, voluntary and statutory groups, social clubs and associations, a plan of action developed to implement the agreed recommendations.

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Questionnaire

<input type="checkbox"/> Self Completion	<input type="checkbox"/> Completed with volunteer
Date	
Name of Interviewer: (if not self completion)	
Start Time of Interview: (if not self completion)	
<p>Instructions</p> <p>This is a survey which explores older people’s perceptions of the services and activities available in the Marino and Fairview area. The purpose of the project is to identify what existing services older people are using and to find out if people think they could be improved. It is being conducted by the CASINO Community Forum in conjunction with The Social Policy and Ageing Centre at Trinity College Dublin.</p> <p>The questionnaire covers 6 sections:</p> <p>Section 1: Background information</p> <p>Section 2: Health care and practical services</p> <p>Section 3: Entitlements and benefits</p> <p>Section 4: Transport Services</p> <p>Section 5: Safety and help received from families and neighbours</p> <p>Section 6: Clubs and organisations</p> <p>Please read each question carefully and answer each question. If there are any questions that you do not want to answer please skip to the next question. All information that you provide will be kept confidential.</p> <p>If you have any questions regarding the questionnaire please ask the volunteer who delivered the questionnaire or contact the research coordinator Martha Doyle at the Social Policy and Ageing Research Centre in Trinity College at 01 896 2911 or martha.doyle@tcd.ie</p> <p style="text-align: center;">© Social Policy and Ageing Research Centre, Trinity College Dublin</p>	

Section 1: Background Information		
1 Gender		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	
2. What is your current marital status?		
<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	
<input type="checkbox"/> Separated	<input type="checkbox"/> Single	
3. What are your current living arrangements?		
<input type="checkbox"/> Living alone	<input type="checkbox"/> Living with spouse	<input type="checkbox"/> Living with children
<input type="checkbox"/> Living with spouse and children	<input type="checkbox"/> Other (Please Specify)	
4. How long have you lived in this area?		
<input type="checkbox"/> 1- 10 years	<input type="checkbox"/> 11-20 years	
<input type="checkbox"/> 21-40 years	<input type="checkbox"/> 40 plus years	
5. How would you rate your overall health?		
<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
6. How would you rate your overall mobility?		
<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
7a. Do you have any long term health problems that affect you in your daily living?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7b. If yes: What type of health problems?		
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Bronchial Condition	<input type="checkbox"/> Angina	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Cancer	<input type="checkbox"/> Stroke	<input type="checkbox"/> Nervous Problems
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Circulatory Problems	<input type="checkbox"/> Hearing Difficulties
<input type="checkbox"/> Sight Impairment	<input type="checkbox"/> Memory Problems	<input type="checkbox"/> Other (Please Specify)
8a. In the past 12 months, approximately how many times have you visited a GP?		
<input type="checkbox"/> 1-3 times	<input type="checkbox"/> 4-7 times	<input type="checkbox"/> 8 or More times
<input type="checkbox"/> Not at all		
8b. How would you rate the service you received from your GP?		
<input type="checkbox"/> Good	<input type="checkbox"/> Fair	
<input type="checkbox"/> Poor	<input type="checkbox"/> Not applicable (have not gone)	
9. What age group do you belong to? Is it		
<input type="checkbox"/> 60-69	<input type="checkbox"/> 70-79	
<input type="checkbox"/> 80-89	<input type="checkbox"/> 90 +	

Section 2: Health Care and Practical Services

10a. There are a number of services that older people in the community avail of from time to time; can you tell me if you receive any of these;

Public Health Nurse	Yes	No	10b. And if you do not already receive the service, do you think you need any of the following services? N/A = Not Applicable	Yes	No	N/A
Social Worker	Yes	No		Yes	No	N/A
Health Care Assistant (Personal Care)	Yes	No		Yes	No	N/A
Pastoral Church Care	Yes	No		Yes	No	N/A
Occupational Therapy	Yes	No		Yes	No	N/A
Home Help Service	Yes	No		Yes	No	N/A
Respite Care Service	Yes	No		Yes	No	N/A
Chiropody Service	Yes	No		Yes	No	N/A
Dental, Sight and/or Hearing Service	Yes	No		Yes	No	N/A
Aids or appliances from the HSE	Yes	No		Yes	No	N/A
Bereavement Counselling	Yes	No		Yes	No	N/A
Meals on Wheels	Yes	No		Yes	No	N/A

11. Are there any changes or improvements that you would you like to see to the services you receive?

--

12. And then thinking about other types of practical help, if it were available, would you be interested in receiving;

Visits from local volunteers	Yes	No	Unsure
Help with shopping	Yes	No	Unsure
Help with housework	Yes	No	Unsure
Help with odd jobs around the house and garden	Yes	No	Unsure
Transport services	Yes	No	Unsure
Information sheet which outlines contact information of service providers	Yes	No	Unsure
Security alarm pendants	Yes	No	Unsure
Mobile hairdressing services	Yes	No	Unsure

Section 3: Entitlements and Benefits

13a. Are you receiving any of the following benefits and entitlements?

State Pension	Yes	No	13b. If NO: Do you know about their existence?	Yes	No
Living Alone Allowance	Yes	No		Yes	No
Medical Card	Yes	No		Yes	No
Fuel Allowance	Yes	No		Yes	No
Free Transport	Yes	No		Yes	No
Free Telephone Rental	Yes	No		Yes	No
Free Television Licence	Yes	No		Yes	No
Carers Allowance	Yes	No		Yes	No
Respite Care Allowance	Yes	No		Yes	No
Mobility Allowance	Yes	No		Yes	No
Free Electricity/Gas Units	Yes	No		Yes	No

14. Is there any equipment or household adaptations that you do not have available that you think could improve your daily quality of life?

Section 4 : Transport Services

15. What is your first most common daily form of transport? Is it

<input type="checkbox"/> Car	<input type="checkbox"/> Public Transport	<input type="checkbox"/> Taxi
<input type="checkbox"/> Lift from family/friend	<input type="checkbox"/> Cycle	

16. And if you wanted to go to any of the following places, how easy or difficult would it be for you to get there?

(a) Bank or Post Office	Very Easy	Quite Easy	Difficult	Don't go
(b) GP	Very Easy	Quite Easy	Difficult	Don't go
(c) Chiropodist	Very Easy	Quite Easy	Difficult	Don't go
(d) Church	Very Easy	Quite Easy	Difficult	Don't go
(f) Family/Friends	Very Easy	Quite Easy	Difficult	Don't go
(g) Local shops	Very Easy	Quite Easy	Difficult	Don't go

Section 5: Safety and help received from families and neighbours

17a. Would you say you feel safe living in this area?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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17b. If NO: What do you think could be done to make the area a safer place?

18. In the last month how often did you have contact with family members who do not live with you, was it?

<input type="checkbox"/> Daily	<input type="checkbox"/> Several times a week	<input type="checkbox"/> About every 2 weeks
<input type="checkbox"/> About once a month	<input type="checkbox"/> Less often	

19. In the last month how often did you have contact with friends or neighbours, was it?

<input type="checkbox"/> Daily	<input type="checkbox"/> Several times a week	<input type="checkbox"/> About every 2 weeks
<input type="checkbox"/> About once a month	<input type="checkbox"/> Less often	

20. In the last month have family members helped you with housekeeping or odd jobs around the house?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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21. In the last month have family members helped you with personal care?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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22. In the last month have friends or neighbours helped you with housekeeping or odd jobs around the house?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

23. In the last month have friends or neighbours helped you with personal care?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

24. And in general would you say you have enough contact with friends, family and neighbours?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Section 6: Clubs and Organisations

25a. I am now going to list a number of possible clubs and associations people are sometimes involved in, could you tell me if you are, or used to be, a member of any of these? UTB = Used to be

Church or other religious group	Yes	No	UTB	25b. For all ticked NO. And would you be interested in becoming a member of a:	Yes	No	Unsure
Social Club/Active retirement group	Yes	No	UTB		Yes	No	Unsure
Charitable association or group (eg SVP)	Yes	No	UTB		Yes	No	Unsure
Neighbourhood or residents association	Yes	No	UTB		Yes	No	Unsure
Education, arts, music group or evening class	Yes	No	UTB		Yes	No	Unsure
Sports club, hobby or, exercise class	Yes	No	UTB		Yes	No	Unsure

26. (For those who used to be a member of a club). Why did you stop being a member of the club or organisation mentioned above?

--

27. A number of social activities are already available in the Marino/Fairview area. Can you tell me, if you already go to these activities? And if you do not, would you be interested in going to any of them?

Bingo	Already Go	Yes	No	Unsure
Dancing	Already Go	Yes	No	Unsure
Outings/Day trips away	Already Go	Yes	No	Unsure
Exercise classes specifically for older people	Already Go	Yes	No	Unsure
Snooker / Cards/ Board games	Already Go	Yes	No	Unsure
Tea/Coffee Mornings	Already Go	Yes	No	Unsure
Prayer Groups	Already Go	Yes	No	Unsure
Social Evenings	Already Go	Yes	No	Unsure
Arts and Crafts	Already Go	Yes	No	Unsure

28. And would you be interested in becoming involved in any of the following if they were organised in the area?

Shopping trips	Yes	No	Unsure
Learning how to use internet/computers	Yes	No	Unsure
Information sessions about practical entitlements and benefits	Yes	No	Unsure
Day centre or drop in centre	Yes	No	Unsure
Book club	Yes	No	Unsure
Talks about local history/reminiscence	Yes	No	Unsure
Opportunities to meet new people in the area	Yes	No	Unsure

29. Are there any other social activities that I have not mentioned that you would be interested in becoming involved in?

--

30. Would you require transport to attend the activities you are interested in?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
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31. At what time of day would you prefer these activities to be available?

<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
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32. During the last 12 months have you given any unpaid help to any groups, individuals, clubs or organisations in any of the following ways?

	Yes	No
Fund raising	Yes	No
Membership of a committee	Yes	No
Organising or helping to run an activity or event	Yes	No
Visiting people who are housebound or sick	Yes	No
Doing housework or shopping for someone else	Yes	No
Secretarial, admin or clerical work	Yes	No
Providing transport/driving	Yes	No
Regular care to an older/ill or disabled relative	Yes	No
Babysitting or child minding	Yes	No

33. And finally, is there anything else relating to health and social services or your neighbourhood that we have not raised in the survey that you would like to comment upon?

--

At a later point we would like to follow up with people to either see if they believe services/community activities have been improved or to enquire if they would like to get involved in some activities. If you are happy to be contacted at a later date, please can you complete the below contact information. If you do not wish to be contacted can you just name your street address so that we can map the geographical areas in which people have completed the questionnaire. Many thanks you for your participation:

Name: _____

Address: _____

Phone Number: _____

Email: _____

If do not want to be contacted in the future: Street Name:

End time of interview (if not self completion)	
If not self completion – Have you outlined the Friendly Call Service to the respondent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does respondent wish to be contacted by Friendly Call Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not self completion – Is there are further comments you would like to make about this interview?	

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Appendix 2

Interest Sheet Form

CASINO COMMUNITY FORUM RESEARCH PROJECT

The Casino Community Forum on Services for Older People was set up with the objective of ensuring that older people in the Marino/Fairview area have the services and supports they need. Members of the Forum include voluntary and statutory groups and individuals who are involved with the provision of services for older people in the area.

With the help of the Social Policy and Ageing Centre in Trinity College, the Forum is undertaking research to find out 1) what are the issues that concern older people living in the area, 2) what people's views are on the services they use and 3) whether or not people would like to see any additional services developed. To find out this information we are hoping to administer a 15 to 20 minute survey with 250 older people in the Marino/Fairview area. The survey will be administered primarily by local volunteers. These volunteers can complete the questionnaire with people who agree to take part in the research in their own homes, or if people prefer to complete the questionnaires on their own, the volunteers will drop off the survey and call back to collect them at an arranged time.

Participation in the research is completely voluntary and all personal information provided will be kept in the strictest confidence. As the objective of the research is to identify and deliver improved services we would like to hear the views of as many people as possible.

If you are willing to participate please complete the attached slip and we will contact you (by telephone) to arrange a suitable time to complete the questionnaire. Alternatively if you would like to find out additional information about the project you can call Martha Doyle at 896 2911.

Thanking you in advance for your help.

I am interested in participating in the Casino Community Forum research project on services for older people in the Marino/Fairview area and I agree to be contacted to arrange a time for completion of the questionnaire.

Name:

Address:

Telephone:

Preferred time to be contacted:

Morning Afternoon Evening

Appendix 3

Persons aged 60 years and over in the Marino and Fairview area by gender,
(n) & (%).

Geographic Area	Aged 60-69		Aged 70-79		Aged 80+	
	Men	Women	Men	Women	Men	Women
Clontarf West C Total pop 3503	102 (5.9%)	112 (6.3%)	46 (2.6%)	107 (6.1%)	34 (2%)	102 (5.7%)
Clontarf West D Total pop. 2087	63 (6.2%)	67 (6.3%)	56 (5.5%)	90 (8.5%)	27 (2.6%)	79 (7.4%)
Clontarf West E Total pop. 2336	78 (7.3%)	113 (8.9%)	96 (9%)	164 (13%)	43 (4%)	101 (8%)
Drumcondra South A Total pop. 3945	122 (6.5%)	131 (6.4%)	89 (4.7%)	130 (6.3%)	50 (2.6%)	104 (5.1%)
Grace Park Total pop. 5927	203 (7.3%)	280 (8.8%)	133 (4.8%)	236 (7.5%)	69 (2.5%)	156 (5%)
Total 17, 798	568 (3.4%)	703 (3.9%)	420 (2.4%)	727 (4.1%)	223 (1.3%)	542 (3%)

Source: Authors own calculations based on CSO, 2006, Small area population statistics.

Disaggregating the age group by gender within these five electoral divisions, it can be seen that there are approximately equal numbers of men and women aged between 60 and 69 years. However, there are more women than men aged 70 years and over (Table 1.9).

Persons aged 60 years and over in the Marino and Fairview area by gender, (n) & (%)

Aged 60-69		Aged 70-79		Aged 80+	
Men	Women	Men	Women	Men	Women
568 (3%)	703 (4%)	420 (2%)	727 (4%)	223 (1%)	542 (3%)

Source: Authors own calculations based on CSO, 2006, Small area population statistics. See Appendix 3 for break-down per DED.

The Census of Population also provides information about the marital status of Marino and Fairview residents. Most people in the 60-69 age group are either married (64.7%) or single (18.6%). There is a noticeable reduction in both the 70-79 and 80+ age group of married people and a striking increase particularly in the 80+ age group in the numbers of widowed people. In addition, the numbers of single people are highest in the 80+ age group.

Table 1.3: Marital status by different age groups in the Marino and Fairview area (%)

	60-69 years	70-79 years	80+ years
Married	64.7%	44.6%	23.9%
Single	18.6%	24.8%	26.3%
Widowed	10.6%	28.6%	48.9%
Separated/Divorced	6.1%	2%	0.9%

Source: Authors own calculations based on CSO, 2006, Small area population statistics

Looking at marital status by gender and age, it is found that there are more single women in the age group 70-79 and 80+ and that across all the ages there are more widows than widowers (Table 1.4). For example, at age 70-79, 16% of men are widowed as compared with 35.9% of women and 30.5% of men are widowed in the age group 80 years or over as compared with 56.5% of women.

Table 1.4: Marital status by age group and gender

	60-69 years		70-79 years		80+ years	
	Men	Women	Men	Women	Men	Women
Married	67.4 %	52.1%	63.8%	33.4%	47.1%	14.4%
Single	18.7%	29%	18.1%	28.7%	20.6%	28.6%
Widowed	5.6%	12.9%	16.0%	35.9%	30.5%	56.5%
Separated/ Divorced	8.2%	6%	2.1%	1.9%	1.7%	.6%

Source: Authors own calculations, CSO, 2006, Small area population statistics



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