

Active ageing through wellbeing – the role of information in ‘that little bit of help’

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Abstract

Information and the ability to act on it are seen as vital parts of the choice and personalisation agendas in health and social care. This is particularly important as older people are encouraged to do more for themselves in an era of budget reductions. The right information given at the right time can give access to that ‘little bit of help’, first described by the Joseph Rowntree Foundation (2005), to help keep people independent and out of health and care systems for longer. Understanding how, where and why people access services and information is therefore key to developing supportive policies for an ageing society. This paper describes some of the literature and focuses on two projects aimed at widening access and improving information. LinkAge Plus was a £10million government funded project, trialling a variety of different approaches to widening access. The Stratford-upon-Avon Early Intervention Project trialled a digitised self-assessment process for wellbeing linked to local sources of help. This paper stresses the importance of social networks and describes how outreach work in Tower Hamlets, one of the LinkAge plus pilots, was working to improve these.

Keywords: older people, ageing society, information, independence, wellbeing

Introduction

Major policy shifts taking place in relation to older people depend on effective information and access to services. The choice and personalisation agendas in health and social care, attempts to shift away from high cost services and interventions and towards people being able to do more for themselves, are all dependent, to one degree or another, on older people being aware of their options to improve health and wellbeing, and being in a position to take advantage of them.

Information and the ability to act upon it has been shown to be vitally important for older people in maintaining their independence and quality of life. Sykes *et al.* (2008, p.27) refer to an important correlation between access to information and access to services, and between access to services and quality of life for older people. Gilroy, 2005 (cited in Sykes *et al.*, *op cit.*, p.27) also found that older people place a higher value on information than other groups of the population.

Like many countries around the world the population of the UK is ageing (United Nations, 2010; Office for National Statistics, 2012.) This, together with the significant public service budget reductions since 2010, has emphasised the need for a new approach. With tighter resources and rising needs, demands and expectations, new ways of looking at services are needed. Most older people continue to contribute to their communities and families, adding value to society, but much of the attention in policy, research and practice – and in service funding – has been, and is, focused on frail older people – yet they constitute only a small proportion of the older population.

The funding gap for adult social care is growing and it is widely acknowledged that current systems for funding and accessing adult social care are confusing, complex and not sustainable in their present form. Information from the Association of Directors of Adult Social Services (ADASS) indicates that in the three years since the start of the

current UK government's austerity programme 'some £2.68 billion savings will have been made by adult social care – 20 per cent of net spending' (ADASS, 2013, p.1). 50 per cent of ADASS members think that fewer people will be able to access adult social care services in two years' time (*ibid*, p.2) and 83 per cent of councils have set their eligibility thresholds for 2013-14 at substantial or above (*ibid*).

As authorities are finding that they are increasingly having to focus their ever more limited resources on vulnerable people and groups, the general population of older people is increasingly expected to do more for itself. Measures to help promote and maintain independence and wellbeing therefore have a potentially key role to play in future approaches to service delivery – what the Joseph Rowntree Foundation (2005) has referred to as 'that little bit of help'. Keeping people out of the costly parts of the health and care systems for as long as possible are key aims. Seamless signposting and information is likely to have a key role to play in this.

In this paper we will explore issues around information for older people, using the experience of two studies in which we were actively involved. These projects were the LinkAge Plus pilot programme for the Department for Work and Pensions, 2006-9, and the Stratford Early Intervention Project (EIP), 2011-12. The latter formed part of the Department of Health's Common Assessment Framework for Adults Demonstrator Site Programme. Both projects involved older people actively in focusing on the issues of concern to them, both contained action research as well as evaluation, both had people-centred services at the heart of what they were aiming to do. Both projects had helping older people to maintain and sustain their independence at the heart of what they were trying to achieve, but the projects each took a different approach to the provision of information for older people.

In the following sections we firstly set out some background on the two projects. We

highlight the example of urban outreach in Tower Hamlets, from the LinkAge Plus pilot programme. The Stratford EIP is then used to highlight issues concerning the use of internet and internet-based service approaches for older people. We then go on to look at the question of age and information more generally – and what older people want/need to know. From here we discuss issues concerning access to information and look at the importance of social networks.

We conclude that the evidence from our work on LinkAge Plus and the Stratford EIP is that social networking and face-to-face communication are still key, but that pressures on budgets are limiting the opportunities for older people to have this kind of contact. Older people are becoming more comfortable with the internet but the situation is dynamic and changing rapidly. The need for effective information strategies – getting the right information to the right people, in the right way, at the right time – is becoming ever more pressing.

LinkAge Plus

LinkAge Plus was a £10 million programme led by the Department for Work and Pensions (DWP). The programme had its roots in Opportunity Age (HM Government, 2005) and Sure Start for Later Life (ODPM *et al.*, 2006) which set out a vision for tackling social exclusion for older people through a universal service that actively reaches out to older people at risk of isolation. At the heart of the LinkAge Plus vision was a strategic, whole systems approach to older people, one which aimed to put older people at the centre of policy making and service delivery.

The programme sought to develop and deliver services which were accessible, relevant and tailored as far as possible to individual needs and offered support of up to £1 million to develop locally relevant services for older people across a range of urban and rural areas, building on LinkAge Plus principles and testing out a proof of concept. The projects were individually assessed by local

evaluators and the programme as a whole was nationally evaluated (Davis & Ritters, 2009).

The national evaluation worked alongside the projects as they developed locally applicable improvements to their services for older people. Principally these improvements were around joining up services, improving referrals and reaching out more widely to those older people currently being missed by the system. Evaluators visited the pilot sites, interviewed project leaders and stakeholders involved in the pilots at local level, as well as local opinion formers and service managers. They also worked with local evaluators who carried out research with programme participants and engaged with local residents. Evaluation workshops brought together local and national evaluators and project leads at various points in the project, and project managers regularly met with each other and with DWP project leads. A steering group linked all this work with the views of national opinion formers.

Eight pilot areas took part in the programme – Devon, Gateshead, Gloucestershire, Lancaster, Leeds, Nottinghamshire, Salford, and Tower Hamlets – together with two additional sites focused on streamlining the assessment of attendance allowance applications with social care assessment – namely Greenwich and Lewisham.

LinkAge Plus went further than purely testing out various means of getting information to older people, nevertheless it recognised that the effective provision of information was a key part of empowering older people and ensuring that existing resources were utilised to their fullest extent. The approaches to widening access through LinkAge Plus broadly fell into four categories – outreach, working through others, enhancing telephone and contact centre activities, and specialist advice and information services.

In one of the pilot areas, Tower Hamlets, outreach approaches were used to increase take up of local community centre activities, making the centres themselves more vibrant

and reducing the social isolation of those who took part. In a rural setting, Gloucestershire developed a ‘village agents’ scheme to improve access through referrals to local services. Schemes like Nottinghamshire’s First Contact worked at increasing awareness of what local services were able to offer to older people and to encourage cross-service referral. A simple checklist was used to assess likely need and the system was underpinned by effective follow up. These are all reported on in Davis & Ritters, 2009, *op cit*. A number of local authorities used the programme to build on work to enhance local call centre offerings by partnering with older people’s organisations, such as Age Concern, and by offering extra services such as benefit checks. Some authorities set up or built on specialist information and advice services in areas such as employment and volunteering or around housing options (helping older people to downsize or relocate to accommodation more suited to their current needs).

In this paper we particularly draw upon those aspects of LinkAge Plus that related to the role of information in the effective engagement and empowerment of older people.

The Stratford Early Intervention Project

The Stratford Early Intervention Project (EIP) took place in Stratford-upon-Avon, Warwickshire, 2011-12 and formed part of the Department of Health’s Common Assessment Framework for Adults Demonstrator Site Programme. The Joint Strategic Needs Assessment for Warwickshire (JSNA) (Warwickshire County Council & NHS Warwickshire, 2011) highlights ‘old age’ as one of its five key themes – themes having been chosen by virtue of the magnitude of the issue, poor outcomes being achieved and/or worsening situation. The JSNA notes the projections for a particularly high rate of increase in the number of people aged 65 and over living within the county. This is particularly noticeable in the Stratford-on-Avon District where the projections are for an already

higher than average older population to continue to increase – with the number aged 65 and over projected to reach almost one third of the local population by 2033 (*ibid*).

The EIP aimed to test out the acceptability of an electronic self-assessment for use by older people, to test wellbeing, give pointers for improvement and signpost to sources of help. Evaluators worked alongside project staff as it developed, attending group meetings to monitor progress. They conducted interviews with project stakeholders to test the impact and effectiveness of the scheme and how far it might contribute to the goals of stakeholder organisations. They also worked directly with older people as they trialled the tool at a number of events across Stratford-upon-Avon. A structured evaluation questionnaire was produced to sit alongside the self-assessment and this was completed by participants once they had trialled the tool itself.

The EIP made use of the existing Easy-Care Standard Instrument, seeking to digitise that instrument and test how far older people might engage with a computer based self-assessment process. Easy-Care was originally developed, 1990-94, as a World Health Organisation (WHO) project and formed part of the European Commission's research and development programme. The framework for the development of the Easy-Care instruments was agreed by a WHO (Europe) expert working group in 1993, which in turn led to a number of pilot studies in the UK, Finland and Spain between 1994 and 1996 (Davis, Philp & Ritters, 2011). Between 1998 and 2001 further development and validation of Easy-Care instruments took place as part of a European Union funded project and, since 2009, the use of Easy-Care instruments has been broadened from mainly European use to global use – with more than thirty countries using common protocols. This latter work was facilitated by a non-promotional grant from Pfizer (*ibid*).

Key to Easy-Care is its structure of seven domains, developed to provide a holistic

framework for the assessment of older people's health and wellbeing, and which can also be developed into practical plans to address the most serious priorities as identified by the user. These domains are structured around the most significant threats to health, independence and wellbeing in older age namely:

- Seeing, hearing and communicating
- Looking after yourself
- Getting around
- Your safety
- Your accommodation and finance
- Staying healthy
- Your mental health and wellbeing.

In the Stratford EIP this was developed into a digitised self-assessment questionnaire, using these seven domains, which then signposted to appropriate resource settings through a database with links specific to the Stratford-upon-Avon area.

The self-assessment tool was then trialled with older people in a variety of settings. For self-assessment, the tool was put onto the internet, to enable it to be accessed from any computer with an internet connection. It was also made available in settings where it was thought older people might be encouraged to try it. These included the local library, the reception in the District Council's main office, and in a busy local medical centre. It was also used in an assisted setting with a local pharmacist, a practice nurse, Age UK case workers and at special events across the Stratford (coffee mornings, lunch clubs, garden centres, and in sheltered housing). In Stratford the tool was used to bridge into the health and social care system, not starting with the professionals as such. As ageing is a process rather than an event, the system was also seen as potentially having value to individuals as a repository for their information over time.

Over the period of the trial 84 people completed the online assessment and 32 of these completed our evaluation questionnaire. There are therefore caveats and words of

caution that should need to be stated in relation to our results. Firstly, it proved more difficult than had been anticipated to get older people to take part in the trial and therefore our sample size is small. Secondly, Stratford-upon-Avon District is relatively more affluent than some other parts of Warwickshire. Levels and acceptability of internet use in this setting may therefore be higher than average.

Having set out above the nature of the two programmes whose experience we describe and draw upon in this paper, we now move to look more specifically at the use of urban outreach in the Tower Hamlets LinkAge Plus pilot and the use of internet-based self-assessment in Stratford-upon-Avon.

Urban outreach in Tower Hamlets

The LinkAge Plus pilot in Tower Hamlets sought to build on the idea of developing social networks through its urban outreach and other support for local network centres. Tower Hamlets is an inner London borough with a great deal of population churn and social mobility. Younger families with children have moved away due to high housing costs in the capital, leaving older relatives in social housing increasingly isolated and without the networks of family and neighbours they grew up with to support them.

However, a particular feature of Tower Hamlets is the number of voluntary organisations active in the borough, with hundreds of organisations active in the area. The priority for the LinkAge Plus pilot was therefore felt to be to co-ordinate activity and to work to connect older people into services that were already available. Partnership working between voluntary and community organisations and statutory services was already strong due to work on previous bids for project-based funding.

The borough had a good network of community and day centres, but some of these needed to be made more vibrant by drawing more people in and enabling them to

put on more attractive activities and events for older people. There was work to be done to encourage the plethora of voluntary sector organisations working with older people to coordinate their activities better and for community facilities to produce joint activities and events for older people.

LinkAge Plus pilot helped to establish network coordinators and outreach staff at five network centres across the borough. Typically this involved a network coordinator and two to three outreach workers (either full or part time) managed by the network coordinator. Outreach staff primarily worked to identify and connect with socially isolated people but also had a role in developing and organising activities in the centres themselves.

The outreach workers linked in with other community workers, such as wardens in sheltered housing complexes, and with anyone in the wider community, to identify those at risk of isolation:

I've been going to the doctors' surgeries and chemists and hairdressers where I feel there are older people to tell them what we do and I say, "well if you recognise somebody that wants to come out or that's on their own, please refer them to us or give them one of our leaflets and they'll call us." (LinkAge Plus outreach worker)

They would befriend those identified as being at risk of social isolation and encourage them to come along to day centre activities, perhaps accompanying them on the first few visits. For older people this enabled them to establish or perhaps re-connect with social networks, to participate in healthy living activities, and to access advice, information and sources of help to improve their wellbeing. Outreach workers could also talk to older people about their needs and possible sources of help. The way in which outreach work linked to the network centres is set out diagrammatically (**Diagram 1**, p.29).

The support of the outreach worker in giving people the confidence to attend, and the quality of the experience at the centres once there, began a virtuous cycle in which the availability and positive experience at the centres was spread by word of mouth and more and more people were encouraged to attend.

LinkAge Plus seed funding was used to encourage voluntary sector organisations to work collaboratively rather than in competition as had sometimes happened in the past. For example, centres compared events timetables to ensure that two similar classes were not held on the same day, they started to cross refer to each other to encourage older people to attend more than one centre. Local school buses were utilised outside normal times to ferry people from day centres to local leisure facilities. Because local centres worked together, with the possibility of easier transport, local leisure centres had sufficient take up to justify specialist services such as women only sessions at the local swimming pool.

For community and day centres, wider attendance enabled them to put on more meaningful and interesting activities. Their ability to evidence increased footfall, particularly in relation to key target groups, supported applications for local funding and also enabled them to draw in other local groups, such as drama and arts groups to work at the centres. This then led to further evidence that older people liked, trusted and used the centres.

For local services, having a local access point that was vibrant, trusted and well attended by their target groups made it viable for them to put on specialist information sessions, such as healthy eating events, that supported wellbeing. It also justified the centre's role as a portal for information and advice about local services:

Without the network centres there's no natural place for older people to meet – it's absolutely the right group for preventive messages. (LinkAge Plus national evaluation interview, PCT worker)

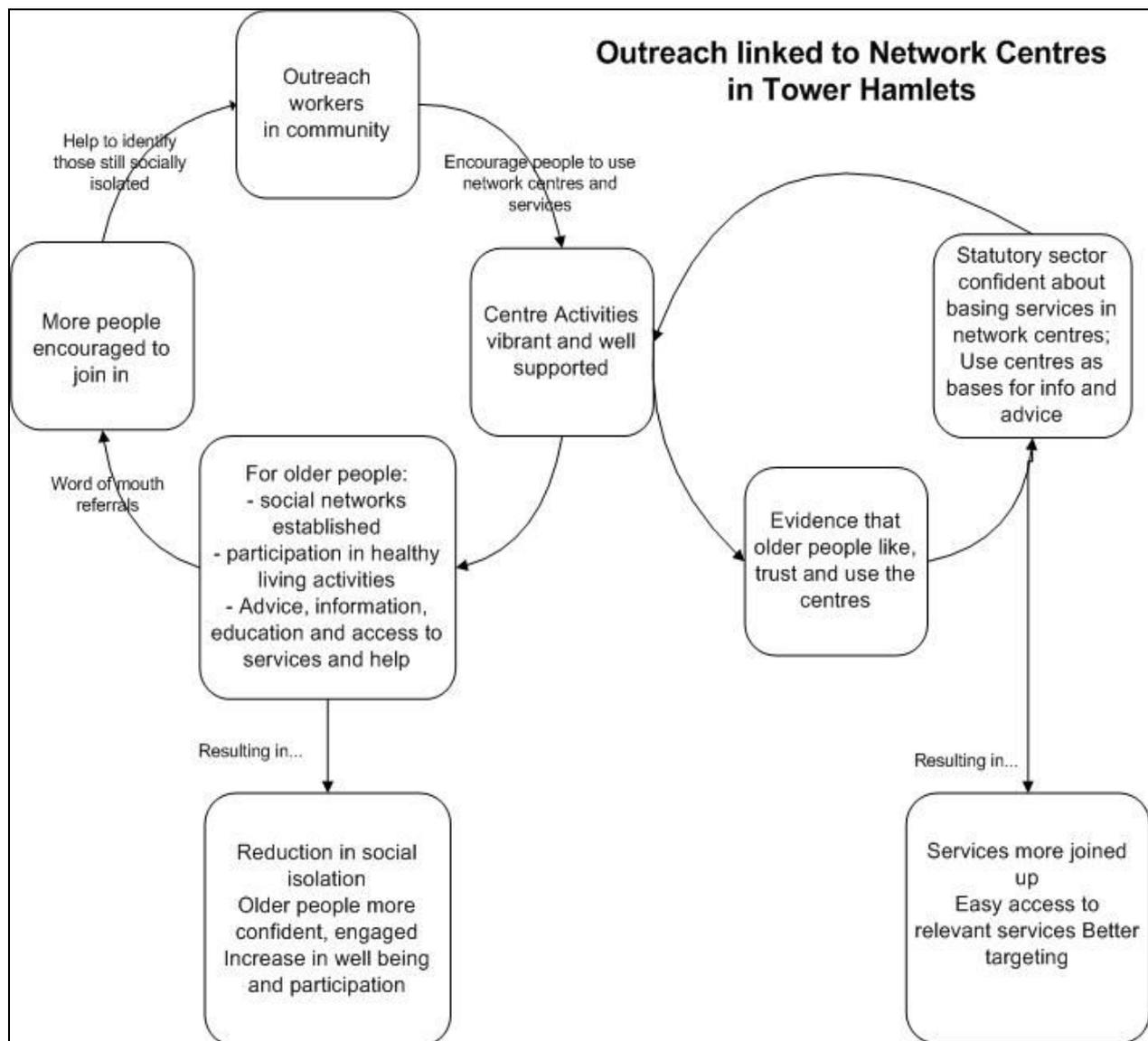
For those older people attending the centres, strengthened social networks had the potential to increase confidence, engagement and participation in local life.

When viewed purely from the point of view of access to services and the provision of information, it would seem that the outreach model is resource intensive, when compared say with an access model based on enhancing existing contact centre facilities. However, it is important to recognise that the primary purpose of the centres is to provide an area where older people can meet and socialise and take part in a range of activities. Help in accessing services and information provision is not the primary purpose of outreach in this model, although it may be a valuable spin off.

The role of the internet

A key question, for both the LinkAge Plus pilots and the Stratford EIP, was how older people would react to internet-based sources of information, assessment and advice.

In LinkAge Plus a number of the pilots reported that their web-based information resources were being used to help signpost older people into relevant services by GPs and people from the voluntary and statutory sector working with older people. However, particularly amongst the oldest old, internet-based sources of information can present a barrier to use. For example, the vast majority of respondents in the Leeds survey (Whyles, 2007, p.6) did not use the internet to find information and did not indicate that they might wish to use it in the future.

Diagram 1. Outreach model

The EIP in Stratford-upon-Avon was promoted as the 'Stratford Early Intervention Project Help and Information Service' and headlined 'Helping you to help yourself' – 'by finding out what's important to you and putting you in touch with local help and information' (Warwickshire County Council & NHS Warwickshire publicity leaflet, 2011). The welcome screen of the digital tool explained that: 'This service offers help and information on health and wellbeing for older people in Stratford-upon-Avon' and that 'By answering a few simple questions we will be able to connect you to the most appropriate local help and information on the topic giving you the most concern at the moment'.

In the Stratford EIP project, 66 per cent of users completing our evaluation had access to a computer at home or through a family member, one third used a computer every day, and 60 per cent used a computer at least once a week – although it has to be acknowledged that the numbers were small (32 respondents). Over half (56 per cent) were able to complete the self-assessment on their own, the remainder with help. When asked what they would prefer to use to fill it in if they were to complete the assessment again, just 44 per cent opted for pen and paper. 72 per cent of respondents said they would be happy to complete the assessment

again on their own, with 28 per cent saying that they felt they would need help.

The Stratford EIP internet-based self-assessment for older people

Results showed that once they had tried it, older people liked the electronic tool and the responses it generated. 87 per cent (n=28) of older people answering our questions found it very easy or easy to complete, 75 per cent would be happy to recommend the assessment to people they know, and 75 per cent found the information given either very or quite useful.

From those that tried the system there was a range of motivations for doing so. Some had a genuine interest in finding out more about health and wellbeing:

Control of one's life. Helping to manage a disability. Self-determination.

My approach is different to most people but the single word is curiosity.

For some, the technology itself was an incentive:

Curious as to using a computer. Thought this might show more about the assessment.

Others responded to peer or family pressure, or to publicity:

Absolutely simple – wife is always complaining about me not doing what I am supposed to do so I thought I would try it.

Of the seven Easy-Care domains used by the EIP (and set out earlier in this paper), those found to be most useful were the domains on 'seeing, hearing and communicating' and on 'getting around'. These were followed by the domains on 'looking after yourself' and 'staying healthy'. The domains covering safety, accommodation and finance, and mental health and wellbeing were less popular.

Stakeholders were generally supportive of the EIP as a project, as an idea, and in terms of the potential of the system itself to help them meet the objectives of their own part of the health and social care system. However, these objectives differed. Most saw the tool as a means of empowerment for older people, enabling them to make choices and to help them manage their old age. But for some, the test of whether funding should continue to develop the tool was whether it would lead to reduced future demand for their services and relieve pressure on budgets.

We wanted to explore whether, in answering independence and wellbeing assessments older people might answer in relation to an anticipated rather than a current need. In the evaluation we therefore asked specifically about the need for information. 35 per cent of respondents (n=11) were interested in information to meet a current need and over half wanted to find out about needs they may have in the future.

In terms of benefits of trying the assessment, most users (53 per cent) felt that the most important benefit was to help them think about their health and wellbeing. Other benefits were prompting them to make changes for a healthier lifestyle (9 per cent), as a tool to help them talk to friends, family, carers and doctor about their health and wellbeing (9 per cent), or to keep as a record of how they were feeling on a particular day (9 per cent).

For those who were encouraged to try the web-based assessment, these results would therefore suggest that the experience seems to have been positive. However, they must be treated with caution because of the low sample size and perhaps a tendency for those older people more interested in wellbeing and/or computing to put themselves forward for the assessment.

We now move to look at how age itself may affect the kind of information that older people require and how they prefer to access it.

Age and information

In developing strategies for informing and empowering older people, our research has suggested that a key variable is the age of the older person in question. This supports the findings of other researchers, but there are differing opinions as to where the line should be drawn. For example, research for the Central Office of Information (COI) (cited in Sykes *et al.*, 2008) concluded that there were two key age-related sub-groups amongst the over 50s – those aged 50-75, and those aged 76 and over. Sykes *et al.*, 2008, *op cit.*, recognised three important sub-groups – those aged 50 to state pension age (SPA), those between SPA and 75, and the over 75s. It was felt that these stages were distinguished from one another by factors such as employment, family life stage, relative incidence of health problems and disability, and the extent of friendships and family support networks. In Leeds, however, the Older, Better strategy (Leeds Older People's Modernisation Team & Healthy Leeds Partnership, 2006) employed slightly differing sub-groups, mainly on the basis of healthy life expectancy and differences in attitudes, expectations and needs. The sub-categories employed by Leeds were 50-65, 66-79 and 80 years and over.

Age is also a factor in determining the attitude of the person seeking information, which may affect how likely they are to access the information and then in turn to act upon it. Sykes *et al.*, 2008, *op cit.*, suggested that the attitudes of older people in accessing information varied depending on whether the person was born before the Second World War ('Old Society') or afterwards ('New Society'). 'Old Society', it was suggested, was more likely to see independence as a virtue and to be resistant to the idea of state support whereas 'New Society' was more likely to embrace state help and to be resistant to the idea of ageing.

Our own interviews for LinkAge Plus suggested that some commissioners of adult social care were also already starting to think

about, what we might term 'Next Society', i.e. the needs of the coming generation of older people. This group, it was felt, were likely to be more comfortable with the idea of being consumers in relation to social care, to be happy to use the internet, and to use a wider range of information sources to choose the type of provision and providers to meet their needs. This vision of how older people of the future will be able to use and work with information fits with the choice, personal responsibility and personalisation agendas for services. Nevertheless, there are, of course, always unknowns and a key unknown here is whether this 'Next Society' generation will actually feel the same way about such issues when they themselves are, say, aged 80 plus.

What do older people want/need to know – and how do they access it?

This section discusses the particular requirements that older people may have in relation to information, drawing on published and unpublished research, together with the findings of the 'Big Talk' event in Leeds (Townsend & Godfrey, 2007).

Just as with the rest of the population, it is likely that older people do not want to be bombarded with information before they perceive a need for it. Rather, they would prefer to have the confidence to know that they will be able to find out what they need to know when they need to know it. However, there are some life events that may require a sudden and immediate need for information and support, and which arguably are more likely to affect older people to a greater degree than the rest of the population. The sudden onset of illness or disability, a change in circumstances such as having to move house – perhaps into sheltered accommodation, retirement, or the bereavement of a close friend or family member.

Moving from the context of information needs, we can also see some of the specific information needs that have been highlighted by research. Sykes *et al.*, 2008, p.30, cited the

following as examples of topics about which respondents recalled wanting information about over the previous few months and reflect the differing information needs and wants of different age groups of older people:

- 50-59 year olds – travel insurance; health cards for travelling abroad; services for grandchildren; locally available transport concessions; getting a pension forecast; and car tax.
- 60-74 year olds – benefits and entitlements available (and how to claim); how will manage through long retirement – financially, physically, mentally (coping with retirement); information about specific health problems; refuse and recycling; transport concessions, including bus passes and taxi tokens; rail fares and timetables; age law at work; energy efficiency; tax matters; age-related entitlements (other than pensions); working opportunities after SPA; flexible work after SPA; tax and NI concessions after SPA; benefits and services for carers; council tax; and a list or directory of government contacts.
- 75+ year olds – aids and support available to people with disabilities/health problems; inheritance tax; tax matters generally; health; filling in forms; drawing State Pension; finding out about/claiming Pension Credit; managing at home; age-related entitlements (other than pensions); ideas for holidays; local house prices and estate agents; and information about government services.

In addition, older people may need greater support in sorting out what might be termed ‘daily hassles’ – what to do now that the local post office has closed, that postage rates have changed due to the size of the envelope, the switch over to digital television, changes in adult social care packages, the closure of a local shop, fear of crime, etc. All may take on a greater significance for older people than for the rest of the population.

A number of studies and projects have looked not only at the kind of information older people require but also at how they prefer to access it. Darnton, 2005 (cited in Sykes *et al.*, 2008, p.28) identified a number of features of how older people said they preferred to access information. For example, there was a preference for face-to-face communication, ideally in an informal setting. Official information in hard copy was welcomed and older people were more likely to preserve this than other age groups. Telephone helplines were appreciated, but there were concerns for people with certain kinds of impairment and those with language difficulties.

In terms of channels already used by older people, Darnton (*op cit.*) found that older people watched more television per day than any other age group, peaking at around age 70. However, they had the lowest advertising recall of all the age groups studied and less interest generally in advertising. Older people listened to more radio than other age groups (again peaking around 70) but were less interested in commercial stations. One quarter of 70-74 year olds read a daily paper and Saga was the most popular magazine (read by 18 per cent of those aged 65-69).

In Leeds, one of the LinkAge Plus pilot areas, the University worked to engage with older people around how they currently received information and help. The Leeds Involvement Project (Whyles, 2007, p.6) found that most older people got information from family members (22 votes), followed by voluntary sector groups (20 votes) and their GP (13 votes).

At the Big Talk event to which we have already referred (Townsend & Godfrey, 2007, p.9), older people commented on the fragmented nature of local service provision:

Who do you fall back on? – getting an appointment with a welfare worker is harder than getting one with a dentist. Everyone is compartmented off – they pass the buck from one to another. (Participant)

When services themselves are so fragmented, it makes accessing them and understanding how their provision fits together so much more difficult for those who need to use them.

The importance of social networks

Our research indicated that social networks had an important role to play in informing older people. LinkAge Plus was at its most effective when tapping into an existing, often already successful, infrastructure and/or network of relationships, as is described in more detail below. In Stratford too, when trialling the EIP self-assessment it was important to secure the support of local GPs, day centres, social clubs, etc, in order to spread the word about the web-based tool. Once introduced to the tool in a social setting older people were very positive about it and how it might help them. However, simply putting the website onto static computers in public settings such as a local council office reception and library, and signposting via posters and static advertising, did not generate much response.

In the Big Talk event in Leeds, older people spoke of using local network centres as a venue for socialising and keeping them in touch with the wider community. There was particular appreciation for the role of neighbourhood network centres in Leeds as a safety net, anchor, source of information and access to other support. The approachability and friendliness of staff and volunteers was also felt to be important:

It was through Margaret, a friend I met there that I found out about the network – she was a volunteer. We get lots of information that I wouldn't have known otherwise. We have talks from the fire service, the police. As a single person living alone, I fully appreciate the fact that I can call on the scheme for advice or suggestions at any time. I find this most helpful. There is someone you can speak to about anything. People felt they could contact staff if they were in trouble or in

difficult times. There was someone to unburden to. (Townsend & Godfrey, 2007, p.4)

Concluding remarks

The programmes described in this paper are intended to be illustrative, rather than fully representative of the large variety of projects aimed at widening access and awareness of the options to improve wellbeing for older people. They describe a snapshot in time but it should also be recognised that the context is changing rapidly as budget reductions continue apace and also with the continuing rise of the internet, along with the skills of older people in using electronic media.

Websites and electronic signposting are now a key part of information provision. Helping older people to improve their IT skills can therefore be important. However, barriers to use of the internet do not appear as great for those at the younger end of the over-50s age spectrum. The view may also be taken that work to establish good information databases currently helps carers, families (particularly those living in areas some distance from their older relatives), and some older people who use the internet ('silver surfers'), and are also building a foundation to help older people and others access information that will be useful to them in the future.

Consumer organisations are increasingly concerned about the move by companies towards internet-based communications with their users. A press release by the 'Keep me Posted' campaign (June 2013) quoted ONS Q1 2013 data showing that 14 per cent of adults (7.1million) in the UK have never used the internet. Independent research by Opinium in May 2013 (*ibid*) found that 84 per cent of adults are unhappy when companies take away their right to choose how they are communicated with and 40 per cent of people say the removal of paper statements entirely could seriously affect their finances through the risk of missing bill payments.

From the point of view of an organisation trying to get information across, the internet has the potential to reach a large number of people in a cost-effective and timely manner. Key to keeping the websites relevant, however, is the quality and timeliness of the information on the database.

In LinkAge Plus, and in the Stratford EIP, work to develop the information base and to structure pathways into existing sources of information was time consuming but key to their success. Thinking around how to develop and maintain these sources in an up to date and sustainable way is vital, as information quickly gets out of date. One approach is that of developing a portal and linking into organisations that will ensure that their own information is up to date. The idea of an older persons' wiki has also been discussed, whereby a community of older people will add to and update information based on their own experiences.

The role of the internet will inevitably continue to increase, bringing with it access to relevant, timely and targeted information, with unprecedented levels of breadth and depth. However, it will also leave behind those without the skills or resources to access it. Budget reductions could place these individuals in a more precarious position in getting to the right information – particularly where they, as individuals, are part of the general population of older people not receiving direct support from public services.

Evidence from LinkAge Plus and the Stratford EIP suggests that social networking and face-to-face communication have a key role to play. Outreach work in Tower Hamlets, supported by investment in day centre provision was able to create a virtuous cycle of support, vibrancy, collaboration and engagement. In terms of an outlet for service and wellbeing messages, this was seen as a valuable investment both for health and social care organisations. It also strengthened the voluntary and community sector. In Gloucestershire, village agents were able to link those in isolated communities into

services on offer, and in Stratford-upon-Avon, social networks were key to persuading people to try the online self-assessment tool.

There was no single blueprint for the LinkAge Plus projects and the Stratford EIP was a stand alone, digitised self-assessment, so no firm conclusions can be drawn from their comparison. However, they did show that when older people were introduced to sources of information and help they were used and appreciated.

As the funding gap for adult social care continues to grow and support systems become ever more complex, the need for effective information strategies becomes more urgent – that 'little bit of help' delivered in the right way at the right time can make all the difference between an independent, healthy lifestyle and a decline into dependence. Systems are then put under more strain and older people lose their cherished independence. Information and access strategies have a key role to play, and understanding how older people prefer to access information will be key to their success. LinkAge Plus and the Stratford EIP worked to help local authorities and their partners develop a range of operational strategies to help older people in this regard, with a 'no wrong door' approach – but, of course, the door has to be accessible and has to be found in the first place.

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