

An Exploration of Older's People People's Experiences of Participation in Community Lunch Clubs in Galway City

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**An explorative study of older people's experiences of participation in Community
Lunch Clubs in Galway City.**

By

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A minor dissertation submitted to the National University of Ireland in anticipation of the
Degree of Masters of Arts in Community Development

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Abstract

This study explores the experiences of older people's participation in two Community Lunch Clubs in Galway City. The value of participation, in terms of the social, economic and nutritional benefits it provides was explored, consulting with Lunch Club members and coordinators. Literature relating to various aspects of older peoples' lives including social networks, social exclusion, participation and community supports is also presented.

A mixed method approach was applied to this research. Qualitative and quantitative methods were utilised to best meet the research aim and objectives. Interviews, Focus Groups and Participant Observation were undertaken with the Lunch Club co-ordinators and members. Questionnaires were also administered to the members to achieve a social profile.

The research findings indicate a high level of active involvement in the social activities among all members, especially male participants. Despite evidence that, on a planning level, the participation of members is strongly valued by the service providers the research findings suggest that members remain unaware of their valued input. The research also indicates the social benefits in relation to increasing social contact and strengthening existing networks. The research shows that the Lunch Clubs are predominantly valued by members for the social interaction and participation they facilitate, while also providing an affordable and nutritious meal that catered for their dietary needs.

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Abbreviations

NCAOP	National Council of Ageing and Older People
HSE	Health Service Executive
IFSA	Irish Food Safety Authority
UN	United Nations
WHO	World Health Organisation
EU	European Union
NALA	National Adult Learning Association
HCP	Home Care Packages
ARA	Active Retirement Association

CHAPTER 1

Introduction

CHAPTER 1 INTRODUCTION

1.1 Introduction

This chapter outlines the purpose and structure of the current research undertaken as part of this dissertation. Section 1.2 presents a background for the study providing contextual and policy issues relating to older people in the community. Section 1.3 follows detailing the research problem. This is followed by section 1.4 which outlines the aim and objectives of the study. The concluding section, section 1.5 presents the structural content of each chapter in the dissertation.

1.2 Background of the Study

According to the recent CSO figures, the population of Ireland is aging. In particular there is an increase in the number of people aged 65 years and older. This age group currently accounts for 11% of the total population. It is estimated that this number will increase to 25% within the next 30 years (CSO, 2007). Over the past couple of decades, the development of policy regarding older people has focused on the provision of care in the community. These policy developments are aimed at promoting independent living among older community members and increasing their social contact and participation within the community. Developments such as these have had a significant impact on the lives of older people in Ireland. Recent statistics have shown the amount of older people aged 65 and over living alone has increased to 28% (CSO, 2011).

There are many challenges facing older people in Ireland which result in social exclusion, with one of the biggest resulting problems being loneliness (Walsh and Harvey, 2011). In response to these problems community initiatives work to increase older people's participation in the community in an attempt to combat loneliness. Within Ireland Community care services are provided predominantly by the Health Service Executive (HSE) and by various voluntary organisations. These community provisions include day services, 'Meals on Wheels' and respite care. The social and nutritional needs of older people are catered for by way of these services, as research has proven that as people get older they are liable to experience social exclusion and a decline in physical health. According to the NCAOP (2001) a range of factors can be identified among older people which result in a reduced interest in food. The factors responsible include such things as the loss of a partner, social isolation or reduced mobility. Relative to the amount

of research conducted in other areas, investigation into the nutrition of Ireland's older people is lacking. However, a study conducted by the Food Safety Authority of Ireland (FSAI) in 2000 showed that older people in both rural and urban areas had an inadequate diet (FSAI, 2000).

1.3 Research Problem

In recent years there has been an increase in the number of Lunch Clubs catering for older people. These Lunch Clubs serve a dual purpose in providing a hot nutritious meal, as well as increasing social contact among members, thus reducing levels of social isolation and loneliness. Through qualitative methods, the research here explores the experiences of older people in Community Lunch Clubs regarding their participation within the clubs. The perspective of the service providers will also be examined in order to explore the communication between service users and service providers in the community organisations. The following section discusses the aims and objectives of this study.

1.4 Aim and Objectives

This study is designed with a research aim consisting of five research objectives which were developed to achieve the following identified aim.

1.4.1 Aim:

The aim of this research was to explore older people's experiences of participation in Community Lunch Clubs in Galway City. To achieve this aim the following objectives were devised:

1.4.2 Objectives:

- To analyse and present literature in relation to the challenges facing older people in the community and their experiences in Day Centres and Lunch Clubs.
- To analyse and present literature relating to policy responses to older people and statistics regarding older people.
- To build a social profile of participants involved in this study who attend the Lunch Clubs.
- To gather and analyse the responses from the Lunch Club members regarding

their experiences of participation within the Lunch Clubs.

- To gather and analyse background information on the running of the Lunch Clubs from the Lunch Club co-ordinators.

1.5 Central Research Question and Sub-questions

The question at the centre of the research was: What are the experiences of participation for older people in Community Lunch Clubs in Galway City?

From this, the following research sub-questions were developed:

- 1) What is the profile of the participants involved in this study who attend the Lunch Clubs?
- 2) What led to the participants to join the Lunch Clubs?
- 3) What benefits do the participants get from participating in the Lunch Clubs?

1.6 Structure of Dissertation

The section outlines the structure of the thesis and gives a brief overview of the content of each chapter in the study.

1.6.1 Chapter Two Literature Review

Chapter Two comprises the literature review presenting topics relevant to the challenges and experiences of older people living in the community. These topics include the composition of older people's social networks and their experiences of social exclusion. The chapter will also explore the varying levels of participation regarding older people with specific reference to older men. The chapter will conclude by examining the responses of the community to the challenges faced by older people. Included in these responses is the provision of Day Centres and Lunch Clubs for older people.

1.6.2 Chapter Three Context

This chapter presents the international, national and local policies designed to promote healthy ageing among the older population. A social profile of older people in Ireland is presented as it illustrates various statistics including age, living arrangements and forms of care for older people. International policies reflect the global response to an ageing population followed by the national policy framework in Ireland which describes the shift from institutional care to care within the community. The chapter concludes with

statistics from the locality within which the research was conducted (Galway), and the voluntary and statutory services available to older people within the specified community.

1.6.3 Chapter Four Methodology

This chapter discusses the methodological processes involved when carrying out the study. This includes the rationale for the study and the aim and objectives of the research accompanied by the sub-questions that are used to present the research findings in further chapters. The research design and approach will be discussed along with the various methods used to gather the data from the participants. Information regarding the sampling method used will be presented and details of the pilot study that was carried out. The limitations and ethical considerations involved in the study will then be outlined.

1.6.4 Chapter Five Findings

This chapter presents the main findings of the research with regard to sub-questions which address the main research question. The profile of the participants is presented in this chapter, along with their experiences in relation to the planning, running and their active involvement in the Lunch Club. Chapter Five also investigates the participants' views on various aspects of the club in terms of the economic, nutritional and social benefits which they experience through attending the Lunch Clubs. The perspectives of the service providers are also presented in this chapter.

1.6.5 Chapter Six Discussion

The discussion chapter presents the findings with respect to the relevant literature used throughout the research. It relates the findings to previous research and discusses the similarities and differences between the research findings and the referenced literature.

1.6.6 Chapter Seven Conclusion and Recommendations

This chapter concludes the research by utilising the research findings and literature. It also provides recommendations for service providers as well as suggesting further study in this particular field of research.

1.6.7 References

The reference section consists of an alphabetical list referring to the literature used in the

study.

1.6.8 Appendices

This section is a compilation of the various materials used throughout the study, for example, consent forms and the schedule of questions used in focus groups conducted as part of the research.

1.7 Summary

- Older people represent 11% of the total population of Ireland, a figure which is set to increase in the future.
- The move towards care in the community has greatly improved the experiences of the high percentage of older people living independently.
- The identified research aim is to explore the older peoples' experiences of participation in Community Lunch Clubs in Galway City.
- The research will be presented in six further chapters; Literature Review, Context, Methodology, Findings, Discussion, and Conclusion and Recommendations.

1.8 Conclusion

This chapter outlined the relevant background to the study by providing statistics on older people. Highlighted factors were those that impact negatively on the health and social wellbeing of older people within the community. The research problem was outlined concerning the participation of older people in Community Lunch Clubs. The research aim and objectives were addressed, along with the central research question and sub-questions. The following chapter will discuss the various challenges experienced by older people and the community responses to these challenges.

CHAPTER 2

Literature Review

CHAPTER 2 LITERATURE REVIEW

2.1 Introduction

The introductory chapter stated the aim and objectives of the study. This chapter deals with the first objective of the research which is identified as:

- To analyse and present literature in relation to the challenges facing older people in the community and their experiences in Day Centres and Lunch Clubs.

This chapter is organised into four sections. Section 2.2 examines the composition of the social networks of older people and the supports available within these networks. Section 2.3 details the experiences of older people with respect to social exclusion resulting from the loss of partner and mobile deprivation. Section 2.4 discusses participation among older people by applying Arnstein's (1967) ladder of participation with specific focus on older men's participation in voluntary organisations. Finally, Section 2.6 outlines the challenges faced by older people and the relevant community responses, such as Day Centres and Lunch Clubs.

2.2 Social Networks and Older People

The key aspects of community are the people and the social relationships which are created within the community settings. These social relationships are made up of networks which provide various forms of support. The impact of social networks on the older community will now be examined. Social networks may be defined as:

“Contacts and group memberships which through the accumulation of exchanges, obligations and shared identities, provide actual or potential support and access to valued resources” Morrow (2001, p41).

This definition explains how a person can benefit from others within a network by means of support and resources. A report issued by the Commission of the Aged highlighted the importance of informal supports for older people including family, friends and voluntary organisations (Scharf and Bartlem, 2006). The findings of the study showed that older people claimed to have a high quality of life as a consequence of their membership in a social network. The research concluded that the support the older people received from

their social networks contributed to an increase in their quality of life, despite limited resources. *The Living in Ireland Survey 1994* drew similar conclusions as this research showed that 94% of older people had regular contact with neighbours and family members once or twice a week (NCAOP, 2005). In a recent study carried out by Gallagher (2008) in two communities in Ireland, the results showed that 85% of older people received a weekly visit from their children, followed by 48% from their neighbours. This shows that older people's social networks are mainly comprised of family members and neighbours.

2.2.1 Informal Support

Gallagher (2008) discusses the role of the family in providing a social network based on support rather than companionship. In noting this, one must consider the composition and the varying types of support that older people have available to them in their social networks. Informal networks such as friends, family members and voluntary organisations are important in the lives of older people in providing support. An Australian study carried out among older people demonstrated this point as 80% of the respondents were involved in voluntary groups including community and social groups as part of their weekly activities (Stone, 2003). These social outlets benefited them in terms of social contact and improved their health and wellbeing. However, this type of opportunity is not available for all older members of a community which can result in social exclusion. Social exclusion is considered a complex term as it covers a wide spectrum of an individual's ability to engage in social, economic and political activities (Scharf et al. 2001).

2.3 Social Exclusion and Older People

Many factors contribute to social exclusion among older people within communities. Such factors may include loss of a spouse, transport issues, limited mobility, mental health difficulties and poverty. The European Union has defined social exclusion in terms of access to power and opportunities available to individuals to participate fully in society:

“Social exclusion is a process whereby certain individuals are pushed to the edge of society and prevented from participating fully by virtue of their poverty, or lack of basic competences and lifelong learning opportunities, or as a result

of discrimination. This distances them from job, income and education opportunities as well as social and community networks and activities. They have little access to power and decision making bodies and thus often feel powerless and unable to take control the decisions that affect their day-to-day lives". (European Commission, 2004)

Within this section social exclusion among the older community will be examined in relation to bereavement and transport. Victor et al. (2005) address the experiences of loneliness as a marker of social exclusion among older people. Loneliness has range of definitions as it can be considered to have both a social and emotional level for an individual. Gray (2008, p10) defines loneliness as a subjective feeling resulting from a lack of social support and reduced contact with friends and family. The most common factor resulting in emotional loneliness is the death of a partner. As a result of this, many widowed people become socially excluded from their personal networks. However, this is most common among widowed men as women are seen to have more links with the wider community (Davidson et al. 2003).

Decreased mobility coincides with the ageing process for many older people, and as a result they are at increased risk of social exclusion. Studies have shown within rural communities older people suffer from mobility deprivation as there is a lack of suitable transport systems available (O' Mahoney, 1986). Consequently, older people are dependent on their social networks such as family and neighbours in order to fully interact within the community. Nocon and Pearson (2000) note how social changes have occurred in recent years as different housing and employment arrangements have resulted in a decline in people visiting and providing support to their older neighbours. Thus there has been an increase in the number of older people who are socially excluded from the wider community. Older people tend to contribute less to their communities as a result of this decline. Community development supports have been put in place to enable those experiencing social exclusion to contribute positively in their communities.

2.4 Community Development Approach

Community Development assists people who are marginalised in society due to poverty, poor education or being part of an ethnic minority. The main aspects in community development are empowerment and increasing participation among people who have less

access to power, as noted by Motherway (2006). By giving people the opportunity to participate it is thought to be an enabling force that gives “voice to the voiceless” (Lee, 2006). Community development organisations work to bring about collective social change. When considering older people in community development organisations, there are barriers to their participation as they may feel helpless and undervalued. These feelings are often brought about through negative stereotypes created within the community regarding the inability of older people to contribute to society (Kam, 1996). The collective action involved in community development work decreases social exclusions among older members and their participation helps to increase sense of self-worth. Participation is a complex term which will be examined in the following section.

2.5 Participation and Older People

Community participation concerns peoples’ commitment to and involvement in community initiatives, or to the devolution of power to those who require it within the community. Reid (2000, p3) refers to participation as “the heart that pumps the community’s life blood”; this gives a sense of the importance of participation in communities. Participation can be seen as the driving force behind community development, without it, community development would not exist. Participation is comprised of various levels including Nonparticipation, Tokenism and Citizen Power (See Figure 2.1). A combination of the various levels is proven to be the most effective model of participation (Arnstein, 1967). This section deals with the devolution of power to people within the community, with emphasis on older members of the community. When considering older people, the process of participation must be viewed from many perspectives. As older people are not a homogenous group, there are many different needs and capabilities to be considered (NCAOP, 2004).

Cornwall (2008) explores the term participation and draws particular attention to Arnstein’s Ladder of Participation. This ladder is the most commonly referenced typology of participation and like many others it illustrates participation in terms of a ‘bad to good’ scale. This ladder takes the perspective of the receiver of power. At the bottom of the ladder Arnstein (1967) places Nonparticipation which includes Therapy and Manipulation. At this stage it can be argued that the individuals are lead to believe they are being enabled through a process of education on how to use their power (Arnstein, 1967).

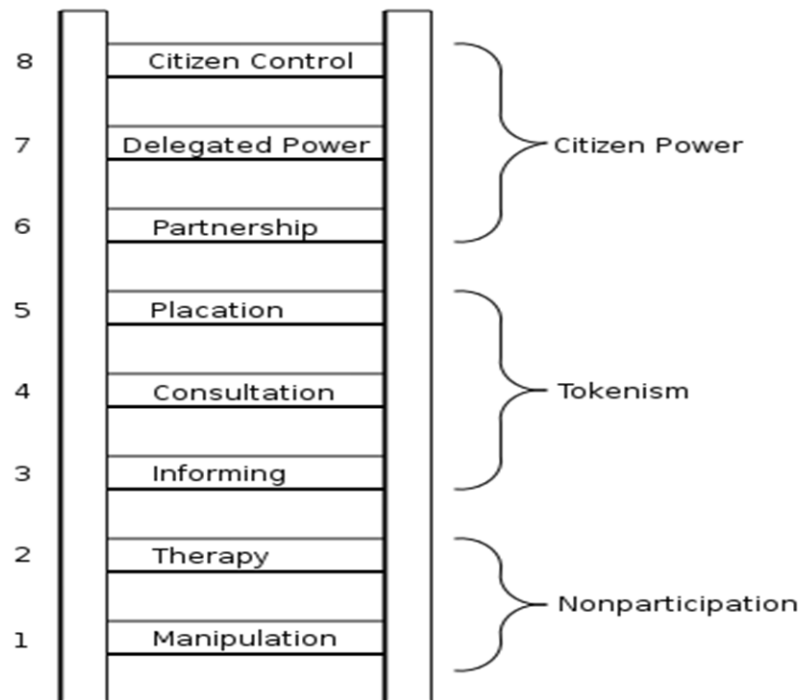
Tokenism is located in the middle of the ladder. When it is critically examined it is evident that Tokenism can merely be seen as discussing issues that have already been decided by a higher power (Cornwall, 2008). This level of tokenistic participation is particularly evident in relation to the discussion of issues concerning older people which have previously been decided on their behalf (Brownlea, 1987). It often occurs that older people do not desire a high level of involvement in matters such as decision making and would prefer to leave it to others they trust such as health care professionals or family members:

‘I left it entirely to them. They ask you what you want... and I said ‘Well you know more about it than I do’. Female (72) Lives alone (Robertson, 2002, p.416).

A study conducted with regards to the participation of older people relating to discharge from hospitals revealed that a high percentage had felt involved in their discharge (Brownlea, 1987). Their participation reflected high levels of consultation along with Partnership. According to Arnstein (1969) combining levels of participation ensures an effective process of participation.

Citizen Power is situated at the top of the ladder. This refers to the decentralisation of power such that citizens have control over decisions which affect them (Arnstein, 1967). This proves to be a difficult stage to accomplish as it relies on the capability of the citizens to take control. Fung (2006) discusses the limitation to Arnstein’s ladder as some issues which arise within the public arena (e.g. policy areas) are more suited to consultation rather than citizen control. When considering older people, Citizen Power is often a difficult stage to reach. However, within the social and health services, an increased awareness of the potential benefits of including service users in the planning, delivery and evaluation of services is evident.

Figure 2.1: Arnstein's Ladder of Citizen Participation



Source: Arnstein (1967)

2.5.1 Service User Involvement

Within the social and health services in Ireland, service user involvement has become increasingly topical. The Department of Health and Children (2004) has defined service user involvement as the following:

‘A process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change. (Department of Health and Children, 2004, p.4)

In recent years, there has been a focused attempt to include older people in decision making as their lay experiences prove to be valuable in conjunction with professional opinions (Barnes, 2005; Fung, 2006). The process of participation often takes a variety of forms when working with older people. When designing policies for older people, Barnes (2005) discusses the advantages of deliberative democracy which demonstrates the

importance of partnership among citizens, politicians and experts. In a study conducted by Robertson (2002) the prevalence of partnership was noted among the service providers and service users in health care services which demonstrates a high level of service user involvement.

The experiential knowledge of the service users as mentioned above proves to be an increasingly effective way to improve the provision of services. Tritter and Mc Callum (2006) critique Arnstein's Ladder in relation to health care services. Their research identifies various shortfalls within the model of participation. These shortfalls include the lack of recognition of different levels of knowledge among service users and providers and the undermining of the potential involvement of the service user. For an effective process of participation, communication among service providers and users is necessary to enable them to work in Partnership, which is placed at the top of Arnstein's ladder.

2.6 Older Men and Participation

Participation can be viewed in relation to the level of involvement of individuals, as discussed in the previous section and in terms of the category of people who involve themselves. Cornwall (2008) discusses the width and breadth of participation. An ideal model of participation would be deep as it would involve individuals across all the stages of decision making, while also being wide as it would encompass a variety of people. However, in reality this can be a difficult task to accomplish. In taking a gendered approach to participation, many studies have shown that there is a low level of participation of older men in community organisations (Davidson et al. 2003; Dwyer and Hardill, 2011). There are many contributing factors presented by research including the gendered roles men experience throughout their lives. Dwyer and Hardill (2011) explore the gendered role among males as 'family provider', and the resulting tendency to feel that participating in activities such as Lunch Clubs and social clubs are not appropriate to them and are instead more suited to women.

Davidson et al. (2003) highlight the lack of involvement of older widowed, divorced and single men in social organisations that are specifically designed for older people such as Day Centres and Lunch Clubs. Research has shown that these organisations and activities are seen as passive pursuits by older men and they would prefer to be involved in 'meaningful activities' that involved work such as volunteering (Davidson et al. 2003).

The increased need to design male friendly environments in organisations for older people is a growing concern regarding the participation of older men. Among older men living alone, their level of participation in such organisations is comparatively low compared to that of women. Voluntary organisations provide a variety of services for men and women which will be examined in the following section.

2.7 Initiatives for Older People- Day Centres and Lunch Clubs

As the population of Ireland ages, the increased need for community supports is evident. These supports are provided mainly by the HSE and voluntary organisations and include community supports such as meal services, respite care, Day Centres and Lunch Clubs. This section will explore the experiences of older men and women in Day Centres and Lunch Clubs as they are relevant to the current study.

2.7.1 Day Centres

As noted in a report by NCAOP (2001) the provision of Day Centres for older people in Ireland is inadequate for the rising number of older people within the community. The report showed that only 2% of people who attended Day Centres did so for social benefits as the majority used day care centres for medical reasons. Day Centres offer a range of advocacy services, midday meals and showering facilities for the older community (NCAOP, 2005). These services have expanded over the past number of years to include Lunch Clubs and social outings. However, research has indicated there is a negative stereotype among the older community towards such initiatives:

“Yes, well that Day Centre isn’t for me. I’m afraid it’s for dear old ladies.

Certainly I wouldn’t choose to go there at all...No looking in the window is enough for me!” (Davidson *et al.* 2003, p.86).

This demonstrates the stigma that is often attached to day services, especially among men who associate the centres with women and therefore feel it is not suited to their needs. Day Centres often experience challenges which impact on the availability of services. These have been identified as reduction of staff levels, lack of transport for clients, and the stigma attached to attending Day Centres. Research has highlighted the negative attitude that exists among older people who perceive the use of Day Centres as “giving up” (NCAOP, 2005, p.11). These physical and personal barriers are often difficult to

overcome for service providers. Lunch Clubs for older people are currently on the rise and will be examined in the following section.

2.7.2 Lunch Clubs

Corcoran *et al.* (2010) conducted a study of Lunch Clubs which explored the benefits that Lunch Clubs provide for older people who attend them. These benefits include social and economic benefits to Lunch Club members and the wider community. The provision of a low cost nutritious meal for older people can contribute in part to keeping this person in their home for longer rather than moving into expensive residential care. When considering the economic benefits it can be said that as a result of promoting independent living among older people the provision of services such as Lunch Clubs helps to reduce the need for costly residential care (Corcoran et al. 2010). The social benefits include reducing social isolation among older members. The experience of loneliness among the members of the Lunch Clubs as examined in the study by Dwyer and Hardill (2011), illustrates how many of the members lived alone and spent a lot of time by themselves:

“When you live by yourself you spend much time alone...I spend hours and hours sitting by myself. I’ve got two sons that visit me from time to time but I spend a lot of time by myself and I find coming here and chatting to people, having a nice meal...I manage to cook in between times for myself. But I must admit I look forward to Tuesdays and Thursdays” (2011, p.253).

When evaluating the experiences of the members of Lunch Clubs, research indicates that the most enjoyable part for members was social contact while they had their meal; “Eating is not important-the club’s about meeting other people” (Wallace and Wiggin, 2007, p.25). The social value experienced by older people who attend Community Lunch Clubs is clearly noted here.

As discussed earlier, there are marked differences between the experiences of older men and women and so it is important in research to take a gendered approach when exploring their experiences. Dwyer and Hardill (2011) draw attention to the difference in reasons among men and women for attending Lunch Clubs:

"I come because the wife comes...too many women...I've got to come"
(Dwyer and Hardill, 2011, p 257).

The apparent reliance on a spouse indicated above illustrates a tendency among older men to depend on the networks of their spouse, which can result in low uptake of services by older men who may be single or widowed.

2.8 Summary

- Research has shown that older people are dependent on social networks for support which are mainly comprised of family members and neighbours.
- Social exclusion among older people evolves from a variety of factors (e.g. bereavement, transport issues), which can result in social isolation.
- Community development organisations aim to enable older people to participate in their communities.
- Research has shown that the process of participation is complex, comprising various levels from Manipulation to Citizen Power. The most effective type includes a combination of levels.
- Studies have shown older men are not well represented in community organisations as they feel the services do not meet their needs.
- Community initiatives such as Day Centres and Lunch Clubs often have a negative stereotype attached to them.
- Lunch Clubs provide many benefits for their members both socially and economically.

2.9 Conclusion

The literature presented in this chapter aided the analysis of the experiences and challenges faced by the older community in Ireland. This chapter highlighted the dependency of older people on informal supports such as family members. As participation is central to Community Development, the literature focused on the importance of participation among older members of the community. It was shown that an increased awareness of older people's experiential knowledge was valuable in the improved provision of services catering for older people. Challenges faced by community supports were addressed, such as the stigma and negative stereotypes

attached to these supports. The economic and social benefits of these organisations were also discussed. The following chapter will outline the international, national and local policies relating to older people.

CHAPTER 3

Context

CHAPTER 3 CONTEXT

3.1 Introduction

The research so far has reviewed relevant studies relating to the experiences of older people in the community and within community organisations. This chapter explores the policy developments regarding older people by drawing on international, national and local policy. Section 3.2 builds a social profile of older people in Ireland. Section 3.3 discusses the ageing process in an international context while drawing on global statistics and European programmes of ageing. Section 3.4 details the national framework in relation to policy development and older people in Ireland that focuses on community care and service user involvement. Section 3.5 outlines the service provisions available by the voluntary and statutory organisations in Galway for older people.

3.2 A Profile of Older People in Ireland

In Ireland, people aged 65 years and older represent almost 11 per cent of the population. This proportion is comparatively low in relation to other European countries such as Italy (20%) and Sweden (18%) (Eurostat, 2010). Since 2006, the number of people aged 65 years and older has increased by 14.4%. Within this there is a narrowing gap between men and women as the life expectancy of men is increasing (CSO, 2011). As a result, there is an increased need for supports for older people in the community. The most common form of care among the older community in Ireland is identified as informal care, which represents 23% of care provided in Ireland (Gannon and Davin, 2009). Informal care is typically provided by the family or voluntary organisations.

As the Irish population increases there is a significant increase in the amount of older people living alone. The most recent statistics shown below in Table 3.1 demonstrate a steady increase in the number of older people living alone.

Table 3.1 Age group by percentage increase of people living alone in Ireland

<u>Age Group</u>	<u>% Increase</u>
65+	28%
75+	37%
85+	44%

Source: Central Statistics Office (2011)

In a recent study carried out on the experiences of older people living in Ireland, loneliness was identified as the biggest problem facing the older population (Walsh and Harvey, 2011). Emotional loneliness was the form of loneliness most frequently identified by older people most often due to the loss of a partner (Gallagher, 2008). Research carried out concerning older people's perception of their health revealed that 75% of the participants considered their health to be excellent and they had a positive outlook for the future (NCAOP, 2005). This research reflects positively on the general health and level of independence among the older community in Ireland. Research has revealed that only 25.8% of older Irish people live alone which is comparably lower than the EU average of 40% (O' Neill and O' Keeffe, 2003). The tendency of policy makers to portray older people as being dependant on and a burden to the state in policy proves to be an inaccurate portrayal.

3.3 International Policy Context

As stated above, the population of Ireland is ageing and this has resulted in a greater need for supports to cater for the increased numbers of older people. Global statistics issued by the United Nation (UN) (2007) indicate that the population aged 60 and over is the fastest growing age cohort in the world. This trend can be attributed to factors such as improved health care, better education and a decline in fertility rates (UN, 2007). This global demographic transition requires policy developments to focus on older people and the specific needs which arise in old age such as access to healthcare, economic restraints and increased social needs. The World Health Organisation (WHO) takes a lifecycle approach to older people as they identify risk factors that may reduce life expectancy. In

response to these risks, health promotion and active ageing is a central focus when developing policies relating to the older population.

Active ageing is defined as follows:

‘The process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. (WHO, 2002, p.12)

The European Union adopts a similar approach when developing policies for older people. The European Commission (2007) identifies the key policy areas that are advocated in policy making such as promotion and prevention in health measures in order to improve the quality of life in later years. Various policy areas such as promotion of independent living in communities will be discussed at a national level in the following section.

3.4 National Policy Context - Ireland

The development of policies for older people in Ireland has been criticised for its ad-hoc approach (Brennan, 2008). The reactive responses to issues that arise among the older community such as social isolation and ill health result in policies which reinforce a negative stereotype which surrounds older people. Research has shown that this has given rise to ageism in policy making in Ireland (Brennan 2008, O’Loughlin, 1999). Ageism refers to discriminating against an individual as a result of a negative stereotype regarding their age (Brennan, 2008). This approach dates back to when the Poor Relief Law 1838 was passed in Ireland. This law was introduced in response to the need for shelter for the rising number of poor people in Ireland.

The institutional model of care was the predominant model for older people until the establishment of the Inter-Departmental Committee for the Care of the Aged in 1968 (O’Loughlin, 1999). This resulted in a shift towards care within the community for older people. The *Care of the Aged Report 1968* marked a turning point in policy development that aimed “to enable old persons to live at home as long as possible” (Inter-Departmental Committee on the Care of the Aged, 1968). The report was designed to provide care for older people in their homes and the community. However, the economic circumstances in which the policies were being implemented were affected by the

economic downturn of the late 1980's. This led to a weak attempt to introduce new measures outlined in the report (Ruddle et al. 1998).

Pierce (1998) noted how the *Care of the Aged Report* was criticised for having a negative approach to ageing; wherein it described the needs of the older population as an enormous problem for the community:

“The total number of people (of persons aged 65 and over) is so great that the provision of services for the proportion in need of help still presents the community with an enormous and a growing problem to which there is no ready or simple solution” (1968, p.13).

This gives a sense of how the process of ageing was viewed negatively resulting in the inadequate resourcing of services for the older community. In the years following this report, the then Minister for Health appointed the Working Party on Services for the Elderly. This group published a report called *The Years Ahead – A Policy for the Elderly 1988*. This report had a similar focus to the *Care of the Aged Report 1968*, it aimed to enable older people to stay in their own homes and encouraged support within the community from family, neighbours and the voluntary sector (Ruddle et al. 1998). A common challenge noted among the older community is poverty. Ireland's income poverty among the over 65's is noted as being considerably higher than the EU average. Prunty (2007) refers to Eurostat statistics from 2003 which state the average EU rate of income poverty among the over 65's was 18%, whereas Ireland was 40%. It is clear that certain supports must be put in place to reduce the incidences of income poverty among the older population of Ireland. Among the recommendations made was to improve and expand community care services for older people by way of informal supports in order to reduce instances of admission to expensive institutional care (Layte et al. 1999).

In 1994, a new health strategy was published entitled *Shaping a Healthier Future* which focused on promoting healthy ageing among older people. Two objectives identified in the strategy were to firstly increase awareness that health and social services required evaluation in relation to social and health gain among service users. Secondly, to increase the participation of service users in planning of the services along with the accountability from service providers (Gallagher, 2008). The increased focus on ageing as a healthy and

positive process was evident in further policy documents such as *Adding Years to Life and Life to Years 1998*, and *Quality and Fairness- a Health System for You 2001*. These policy documents marked a change in the approach to how policies were developed for older people. The *Quality and Fairness* report was noted for taking a ‘person-centred’ approach to health care services in order to increase the participation of the service users in the planning and delivery of services (Mc Evoy et al. 2008). From this the rise of service user involvement is noted and will be discussed in the following section.

3.4.1 Service User Involvement

The commitment of the Health Service Executive to increasing the involvement of service users in the planning and evaluation in healthcare and social services is evident in the Corporate Plan for the HSE within Objective 4 as it states:

“We will develop the HSE as a dynamic, effective and learning organisation in partnership with service users, patients, staff, not-for profit/voluntary/community sector and other stakeholders. This means that we are committed to listening to and learning from the experience of our service users, partner service providers, staff and other stakeholders, We will actively consult around the planning , delivery and evaluation of our services” (HSE, 2005, p.34).

This demonstrates the inclusive approach taken by the HSE to work in partnership with the relevant stakeholders who use health and social services. Further to this plan, the HSE developed a *National Strategy for Service User Involvement in the Irish Health Service 2008-2013*. This strategy provides a systematic and consistent approach based on three levels of involvement, comprised of individual, community and national levels (HSE, 2008). As was noted in the previous section, the move away from ageist policies in Ireland is resulting in increased participation of older people in the planning and delivery of services involving them. The following section examines the various supports available to older people in Galway.

3.5 Statutory and Voluntary Provision of Care in the Community - Galway

Statistical information showed that the population aged 65 years and over in Galway City stood at 5,600 in 2006 (Lally and Mortimer, 2009). It is evident from this figure that community services for older people were required within Galway City. Many policy

documents have highlighted the need for the development of such services to further enable older people to stay in their homes for as long as possible. It has been noted that the uptake of personal social services in Ireland is very low (NCAOP, 2005). The following section provides a brief overview of supports available to older people concerning statutory and voluntary provision of support for older people in the community.

3.5.1 Statutory Service Provision

This section presents the services which are provided by the state within the community setting for older people in Galway City.

3.5.2 Community Social Work Service with Older People

This service provides information and practical supports for older people in Galway City who require extra support while living in the community. The Social Work Team provide support for the families of individuals to improve their quality of life and to enable them to remain living independently in the community. The team consists of three social workers who work in collaboration with the HSE and voluntary and community organisations in Galway City and County. In addition, the team investigate allegations of elder abuse and neglect (Lally and Mortimer, 2009).

3.5.3 Psychiatry of Later Life Team

This team of mental health professionals specialise in psychiatric care for older people experiencing mental health difficulties. The team work with GP's, hospitals and other local health care services. The team provide specialist care for people aged 65 years and over (HSE, 2012).

3.5.4 Special Housing Aid for the Elderly Scheme

This scheme is operated by the HSE and helps improve living conditions for older people in the community. The scheme requires the completion of an application form to identify the level of need for the applicant. (HSE, 2007).

3.5.5 Home Care Packages (HCP)

Home Care Packages are available from the HSE for older people who require assistance when returning home from hospital or residential care. The individual's needs are assessed and the appropriate supports are provided which can include home help, nursing or respite care (Health Promotion Services et al. 2010).

3.6 Voluntary Sector Provision

This section outlines various supports for older people in Galway which offer information and practical support for older people living in the community.

3.6.1 COPE Galway Senior Support Service

COPE Galway is a registered charity that has provided family support services in the Galway community for the past forty years. The aim of the charity is to work with men, women and children who find themselves in vulnerable positions. The services offered include; Homeless Services, Domestic Violence Services and Senior Support Services. The Senior Support Services promote healthy ageing through community based supports by providing information and advice for older people in relation to health, welfare and housing issues. Services include a day centre for older people, offering a variety of activities such as yoga, exercises and cooking classes. COPE also offers an Outreach Worker for Galway City who provides support for older people living in the community, as well as Community Catering which delivers hot meals to older people in their homes throughout the year. (COPE Galway, 2012).

3.6.2 Galway Contact

Galway Contact is a voluntary organisation recruiting volunteers to visit older people within the community who may be experiencing loneliness and isolation. The volunteers visit older people once a week where they may run errands for them, bring them to hospital appointments or simply spend time with them. The organisation also organises day trips and social events which bring the older people and volunteers together (Lally and Mortimer, 2009).

3.6.3 Active Retirement Association (ARA)

Active Retirement Ireland was set up as a national organisation in 1978 and currently has a member base of approximately 24,000. At present Galway City has 13 affiliated

groups which run a variety of activities ranging from formal meetings and minute taking, to art, music, drama classes or social outings. (Lally and Mortimer, 2009).

3.6.4 Age Action

Age Action is a voluntary organisation operating on a national level. Age Action West provides a drop-in centre for older people which informs them of their rights and entitlements. The service also provides education and training for older people including computer and language classes (Health Promotion Services, 2010).

3.6.5 Croi Na Gallimh

Formally known as St. Vincent De Paul, Croi Na Gallimh Resource Centre operates as a meeting point for older people within Galway City. The centre runs a variety of classes such as computer training, painting and intergenerational programmes on a weekly basis. The main aim is to promote community networks among people experiencing difficulties such as older people and people with social and learning disabilities (Croi Na Gallimh Resource Centre, 2012).

3.7 Summary

- Ireland's profile of older people differs from that of other countries as research shows a comparatively lower number living alone.
- International policies are increasingly focused on preventive and promotional aspects in policy development for older people.
- Historically, Ireland's health care policies followed an institutional model that viewed ageing as a negative process. However, the 1960's marked a change as policies were focused on providing care in the community.
- The process of ageing is now viewed as a positively and independent living in the community is the focus of healthcare policies in Ireland.
- Service user involvement is currently being rolled out in health and social services as policies are shaped around involving service users in the planning, delivery and evaluation of services.
- Within Galway a variety of services are provided by statutory and community services.

3.8 Conclusion

The statistics in this chapter presented the longer life expectancies for both men and women, as well as the increasing number of older people living independently in the community. These figures reflected positively on Ireland when compared with other European countries. When considering the international perspective on ageing, policy development concerning older people was shown to promote healthy ageing by shaping policies around preventative measures and health promotion. Ireland's national policies regarding older people were then examined. The origins of ageist policies in Ireland was presented with particular focus on the *Care of the Aged Report*. This report marked a move from institutional care towards care within the community for older people. Service user involvement in social and health services was explored in relation to the value of service users' contribution to the planning, delivery and evaluation of services. The final section detailed supports available to older people in Galway comprising voluntary and statutory services. The following chapter will outline the methodological processes involved in gathering the data for the study.

CHAPTER 4

Methodology

CHAPTER 4 METHODOLOGY

4.1 Introduction

The research so far explored literature relating to the experiences of older people within the community and policy responses developed as a result. This section outlines the methodological process that was applied to the research. Section 4.2 outlines the rationale for the study and Section 4.3 states the aim and objectives that the study planned to achieve. Section 4.4 states the central research question and outlines the sub-questions that were developed to present the research findings. Section 4.5 details the research design and the approach taken by the researcher while carrying out the research. Section 4.6 presents the research methods used in the study, followed by Section 4.7 which examines the sampling method used to identify the participants for the study. Section 4.8 provides details of the pilot study, with Section 4.9 identifying the ethical considerations encountered when carrying out the research. Section 4.10 states limitations involved in the study. Finally, Section 4.11 outlines the stages of data analyses used in the research.

4.2 Rationale for Study

As part of a student placement, the researcher attended a community Lunch Club for older people as a volunteer. Throughout the duration of the placement, observations were noted about the interactions and experiences of Lunch Club members. Through discussions among other organisations that ran Lunch Clubs in the area, a study was designed to explore the experiences of older people who attend two Lunch Clubs in Galway City.

4.3 Research Aim and Objectives

The following section outlines the aim and objectives of the study.

4.3.1 Aim:

The aim of this research was to explore older people's experiences of participation in Community Lunch Clubs in Galway City. In order to achieve this in an insightful and comprehensive way, the research had a number of additional objectives.

4.3.2 Objectives:

- To analyse and present literature in relation to the challenges facing older people in the community and their experiences in Day Centres and Lunch Clubs.
- To analyse and present literature relating to policy responses to older people and statistics regarding older people.
- To build a social profile of participants involved in this study who attend the Lunch Clubs.
- To gather and analyse the responses from the Lunch Club members regarding their experiences of participation within the Lunch Clubs.
- To gather and analyse background information on the running of the Lunch Clubs from the Lunch Club co-ordinators.

4.4 Central Research Question and Sub-questions

The question at the centre of the research was: What are the experiences of participation for older people in Community Lunch Clubs in Galway City?

Subsequently, the following sub-research questions were developed:

- 1) What is the profile of the participants involved in this study who attend the Lunch Clubs?
- 2) What led the participants to join the Lunch Clubs?
- 3) What benefits do the participants get from participating in the Lunch Clubs?

The research findings are presented and discussed in chapter 5 and 6 respectively in relation to these three research questions.

4.5 Research Design and Approach

The study focused on the experiences of participation among older people who attend Community Lunch Clubs. Robson (2002) identifies key characteristics associated with exploratory research which include seeking new insights, asking new questions and generating ideas for further research. Therefore, as the specific focus of this research has not been researched previously and hence explores a new social phenomenon, exploratory research methods were chosen as providing the most insightful data.

An interpretative approach was used for the purpose of the research. Within social research, this approach sets out to explore the meanings that individuals attach to situations being studied (Creswell, 2009). These meanings are noted to be constructed through interactions among others resulting from their historical and social context. Robson (2002) notes how interpretative research is carried out whereby the participant's reality is constructed by both the researcher and participants. Thus human meaning systems and human objectivity were central to the approach. In light of this approach, open-ended questions were drawn upon relating to the participants experiences within the Community Lunch Clubs.

Quantitative approaches were also utilised in order to obtain a social profile of the research participants. This involved constructing a set of predetermined questions and possible answers to facilitate the gathering of this information.

4.6 Research Methods

Methodological triangulation was chosen to conduct this research. Methodological triangulation involves combining quantitative and qualitative approaches and enhances 'the rigour of the research' (Robson, 2002, p.174). Quantitative research involves the data being collected and being predetermined, for the most part, by the researcher and presented in the form of numbers. Conversely, qualitative research is 'a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem' (Creswell, 2009, p.4). As this study explores the experiences of older people who attend Lunch Clubs, this method can be applied to gather their personal experiences. Triangulation provided the research with depth, increasing the reliability and validity of findings. The data collection methods which were utilised included, semi-structured interviews, focus groups, participant observation and questionnaires. It should be noted that this research is predominantly qualitative in nature, with quantitative approaches only applied in relation to obtaining a social profile of the research participants. The following sections outline the research methods used.

4.6.1 Qualitative Methods of Data Collection

This section details the qualitative methods used to gather the data for the study.

4.6.2 Literature Review

The researcher gathered information on various topics which were relevant to the study. These areas included social networks and older people, participation and older men, service user involvement and community initiatives for older people. These topics reflect the common themes that arise through research based on the research question formulated for the study. The data was sourced from various locations such as books, online journals, websites and policy documents. The literature gathered was then analysed and presented in relation to specific themes. The literature reviewed informed the research aims and objectives, and provided the researcher with a knowledge base relevant to the area during the initial stages of the research.

4.6.3 Focus Groups

Two focus groups were held in two Community Lunch Clubs for older people between the 26th March 2012 and 2nd April 2012. The benefits associated with this research method include, a deeper thought process triggered through the interaction with others, allowing the researcher to study the collective responses of individuals concerning a social phenomenon (Bryman, 2012). Both focus groups were held in the same location as the Lunch Clubs. This proved to be particularly beneficial for insightful data collection as it provided a familiar and comfortable environment for the participants. The first focus group was held on a day separate to the Lunch Club to accommodate those who did not want to participate in the study. A flyer was distributed to the members of the Lunch Club a week previous to holding the focus group as a reminder for those who wanted to attend (Appendix 1). On the morning of the focus group, members who could be reached via telephone were contacted. A sample of five attended the focus group. The composition of the focus group was four men and one woman. The second focus group was held on the day the Lunch Club was running as it suited the organisation and participants. This resulted in greater attendance. The focus group consisted of two men and five women. At the end of the focus group a questionnaire was distributed among the Lunch Club members. These short questionnaires aimed to build a demographic profile of the members (Appendix 2).

4.6.4 Semi-Structured Interviews

Two semi-structured interviews were held with the Lunch Club co-ordinators between 30th March 2012 and 2nd April 2012. These interviews provided background knowledge

of the running and planning involved within the respective clubs from the service providers point of view. An interview schedule was developed which consisted of a mixture of open ended and close ended questions (Appendix 3). Semi-structured interviews are typically carried out by an interviewer with a series of questions which can be adapted in order to deduce the most insightful data from the interviews (Bryman, 2012). The interviewee signed a consent form (Appendix 4) and agreed for the interview to be recorded. The interviews were then transcribed, maintaining anonymity and grouped into common themes and issues which arose. All information collected was stored in a safe place in which only the researcher had access to.

4.6.5 Participant Observation

Over the course of a four month placement from September 2011 to December 2011, the researcher attended one of the Lunch Clubs on a weekly base. A diary of observations was recorded throughout these four months. The researcher was present as a student volunteer and so the participant observation was carried out in a covert manner. Participant observation can be carried out either in an overt or covert manner. Overt participant observation is assumed by a researcher who enters group or organisation in which their intentions are known to the group (Day, 2011). Covert participant observation on the other hand, is carried out without the people being aware of observations being made on their activity (Schutt, 2008). Day (2011) identifies that people are more likely to act as they normally would in their social environment when they are unaware of observations being noted. In relation to this study, the researcher noted a variety of common observation such as the composition of the Lunch Club with regard to the male female ratio and membership of other groups.

4.6.6 Quantitative Method

One quantitative method was used within the research involving gathering quantifiable data on the research participants. This is outlined in the section that follows.

4.6.7 Questionnaires

A questionnaire is 'a document containing questions and other types of items designed to solicit information appropriate for analysis' (Babbie, 2010, p.69). The questionnaire designed for this study was specifically related to obtaining a social profile of the

research participants. Twelve questionnaires were administered at the end of the focus groups, with ten being completed and returned. As discussed further in Section 4.8 the questionnaire was designed in accordance with national guidelines, as suggested by the Health Service Executive and the National Adult Literacy Agency (NALA) and (2010).

4.7 Sampling

There are many forms of sampling approaches that can be applied in social research such as random, snowball, purposive and stratified sampling. For the purpose of this research, the sampling method used was purposive sampling. Babbie (2010, p.193) define purposive sampling as ‘a type of nonprobability sampling in which the units to be observed are selected on the basis of the researcher’s judgement about which ones will be the most useful or representative’. As the population in this research was clearly identified as older people who attended Community Lunch Clubs in Galway City, the participants originated from the appropriate Lunch Clubs. In addition, the input of lunch club co-ordinators was also sought to complement the service users perspectives and thus reap insightful and in-depth data collection. Interviewing co-ordinators allowed for knowledge about the planning and running of the Lunch Clubs to be obtained.

4.7.1 Service Providers Lunch Clubs

Information was gathered regarding the different Lunch Clubs for older people that ran in the large urban centre where the study was being carried out. This involved meeting the managers of the Lunch Clubs and discussing the aims and objectives of the Lunch Clubs. Purposive sampling was used as Lunch Clubs with similar objectives were selected. These aims included:

- To provide a nutritious and affordable hot meal.
- To provide a relaxed space where older people can meet and socialise, thus helping to reduce social isolation.
- To empower older people by giving them opportunities to participate in decision-making processes and assisting more vulnerable members.
- To provide talks around health issues, security issues and any topic that might be pertinent to them.

4.7.2 Service Users Lunch Club Members

The two Lunch Clubs were consulted in mid-December regarding the purpose of the study. Information sheets were distributed to the members to request their participation in the study (Appendix 5). This facilitated purposive sampling as the members were chosen as they were members of a particular Lunch Club.

4.8 Pilot Interview

The researcher organised a pilot interview with an older person who attended one of the appropriate participating Lunch Clubs. The purpose of the pilot study was to clarify the schedule of questions for the focus groups (Appendix 6) and suitability of the questionnaires for the particular population being researched. Robson (2002) discusses the value of using a pilot study in the initial stages of social research when gathering data, as it assists the researcher in identifying weaknesses in the research design. When considering vulnerable older people, the researcher was mindful of the wording of questions and presentation of the questionnaires used in the research. Questionnaire guidelines were consulted from the HSE and NALA *Plain Language Style Guide for Documents* Report (2010) when preparing the questionnaires. This report provides guidelines to improve the presentation of information within healthcare documents to ensure widespread understanding. Thus the specific font and paragraph settings outlined for older people were adopted (HSE and NALA, 2010). This pilot interview resulted in the questionnaires being revisited as the participant experienced difficulties with the way in which it was structured.

4.9 Ethical Considerations

When conducting social research, various ethical considerations must be considered by the researcher with regard to the research participants and site selection to ensure no harm is caused as a result of the research. The ethical considerations which emerged when carrying out the research are discussed below.

4.9.1 Accessing Research Population

The research population for this study were members of specific Community Lunch Clubs in Galway City. Silverman (2005) outlines the role of gatekeepers when accessing a research population who are in a closed setting such as organisations, these have the ability ‘to grant or refuse access to the field’ (2005, p.378). As the identified gatekeepers,

the managers of the organisations running the clubs were contacted. They were issued with consent forms which agreed for the research, both focus groups and interviews, to be carried out (Appendix 7). As the population in the study were considered a vulnerable population, it was important for the researcher to build trust among the participants. The researcher visited the Lunch Clubs before carrying out the research to establish a connection with the participants. Kirby et al. (2006) highlight the importance of building trust among the research participants as it facilitates the removal of personal barriers which may exist when engaging in research.

4.9.2 Research Site Permission

In collaborations with the managers of the Lunch Clubs, it was decided that the focus groups be held in the same location as the Lunch Clubs. Under the instruction of the management of one of the organisations involved in the study, one focus group was held on a day separate to the Lunch Club at a time that suited the organisation, participants and researcher. The owner of the hall was consulted to see if the hall location was free on the day. This consideration accommodated the Lunch Club members who did not wish to participate in the study.

4.9.3 Informed Consent

Research participation was voluntary and consented to in an informed manner. Thus, it was ensured, in so far as was possible, that participants were fully aware of what their participation would involve, and that they were aware of any possible risks it might present to them (Babbie, 2010). In relation to participant observation, no consent was sought because the dual role as a volunteer and researcher ensured no additional intrusiveness when observing the day to day activities of the Lunch Club. The researcher was mindful that there were a number of ethical issues which arise as a result of covert observations, namely the inability for people to consent to research participation (Bryman, 2012). However, in the case of this study, utilising this method allowed for fruitful and insightful data to be collected, and thus increased the validity and reliability of the research. Additionally, supervision was provided as part of the student placement, within which any observations relevant to the research topic were discussed. This ensured that comprehensive data was recorded and any potential harm that could be caused as a result was avoided.

Using guidelines presented by Robson (2002) consent forms for the Lunch Club members were designed to include information regarding the purpose of the study, anonymity, confidentiality and recording issues (Appendix 8).

4.9.4 Voluntary Participation

At the initial phase of the focus groups all participants were briefed on the purpose of the study and the content of the consent forms to ensure that all participants were fully informed about the research. Babbie (2010) highlights the importance of voluntary participation in social research as participants must be aware that they are free to leave the study at any time.

4.9.5 Anonymity

Anonymity ensures that ‘the readers of the findings cannot identify a given response with a given respondent’ (Babbie, 2010, p.67). Therefore the participants’ names and location of the Lunch Clubs did not appear in the research write up in order to ensure anonymity in so far as was possible. Anonymity is a central concern within social research as it ensures the privacy of the participants is respected, and thus reduces harm. With the agreement of all the participants, the conversations were recorded using a Dictaphone that only the researcher had access to. In order to code the data, pseudonyms were used.

4.9.6 Confidentiality

Schutt (2006, p.6) defines confidentiality as ‘identifying information that could be used to link respondents to their responses is available only to the researcher for specific research needs.’ In keeping with this all recorded and written data was kept safe in a protected folder in which only the researcher had access to until the study was completed. It was subsequently deleted on completion of the research. For the purpose of clarity and in case of the recording equipment failing a note taker was present during the first focus group. The note taker signed a confidentiality form which stated that no information gathered during the focus group would be shared with anyone outside the study (Appendix 9). Through using these techniques the researcher ensured that no information was shared with any person not involved in the research. .

4.9.7 Child Protection

At the start of the focus groups, the participants were briefed the various commitments of the researcher relating to childcare legislation (Government of Ireland, 1991). This involved informing the participants that if there were any disclosures relating to child protection and safety, either past or present; it was the researchers duty of care to report it to the head of the appropriate department in the University.

4.10 Research Limitations

The primary limitation to this study is the inability to generalise the findings to the wider community of older people in Galway, the West of Ireland or Ireland in general as the sample size is relatively small (Chambliss and Schutt, 2010). As the study was overt in relation to the focus groups and interviews, it had the potential to result in bias opinions and answers being expressed in order to please the researcher and/or those thought to be appropriate for the purpose of the study.

In addition, given that the study is interpretive in nature, the potential for researcher bias was a continuing issue throughout the research. However, the researcher remained mindful of this and thus attempted to ensure as much objectivity as was possible at all stages of the research (Babbie, 2010).

4.11 Qualitative Data Analysis

Qualitative data analyses was carried on the data collected from interviews and focus groups for the study. Bryman (2008) discusses the four stages involved in data analysis which the researcher applied accordingly. These stages were as follows:

4.11.1 Familiarisation

The focus groups and interviews were transcribed verbatim, while ensuring anonymity, and read several times by the researcher to familiarise themselves with the data that was collected. The participant observation diary was also read and familiarised by the researcher.

4.11.2 Labelling

The next stage involved making notes on reoccurring themes that were evident in the transcripts of the interviews and focus groups and observations made during the participant observations. This involved the codes being labelled accordingly.

4.11.3 Coding

The data was then reduced to only include the relevant data for the purpose of the research. This was done by grouping common themes together and eliminating repetition.

4.11.4 Interpreting

The final stage of data analyses involved relating the themes to theoretical ideas. Thus, the data was interpreted by the researcher. As mentioned in Section 4.5, the approach taken by the researcher was an interpretative one, so the researcher considered the personal experiences in relation to the social and historical context wherein they occurred.

The data was then presented in relation to the sub-questions which were developed to best meet the research aims and objectives.

4.12 Quantitative Data Analysis

Given the relatively small number of questionnaires distributed and completed (n=10), data analysis was carried out manually by the researcher. This involved analysing and calculating the appropriate information obtained by the predetermined questions within the questionnaire, in order to achieve a comprehensive social profile. The findings were then presented in the form of a table.

4.13 Summary

- Triangulation was used to gather information, from service users and service providers for the two Community Lunch Clubs, involving both qualitative and quantitative methods. These methods included focus groups, semi-structured interviews, participant observation and distributing questionnaires

- The research design is exploratory in nature, using methodological triangulation. An interpretive approach was applied in relation to qualitative data collection and analysis.
- Several limitations existed within the study including difficulty in generalizing the findings and the possible influence of bias throughout the research. Nonetheless, the methods utilised for the purpose of the study provide relevant and insightful data relating to the research topic.
- The necessary ethical considerations within the study include confidentiality, anonymity and ensuring all participants were fully informed about the purpose of the study.
- When the data was collected the researcher analysed the data using four stages of data analysis, these being labelling, familiarisation, coding and interpreting.

4.14 Conclusion

This chapter has outlined the methods utilised to best meet the research aim and objectives. The rationale for the research has been discussed and the research aim and objectives presented. The research design, research methods and sampling strategies applied have also been addressed. Following this the ethical considerations and research limitations were identified and discussed. The chapter concludes by detailing the methods of data analysis that were used following data collection. The following chapter discusses the research findings in relation to the aforementioned sub-research questions.

CHAPTER 5

Findings

CHAPTER 5 FINDINGS

5.1 Introduction

The previous chapter discussed the methodological processes involved in gathering the data from participants of the study. This chapter presents the findings gathered from the fieldwork in relation to the sub-questions developed from the central research question, outlined in the introductory chapter. The following objectives were identified within the study:

5.2 Objectives

- To analyse and present literature in relation to the challenges facing older people in the community and their experiences in Day Centres and Lunch Clubs.
- To analyse and present literature relating to policy responses to older people and statistics regarding older people.
- To build a social profile of participants involved in this study who attend the Lunch Clubs.
- To gather and analyse the responses from the Lunch Club members regarding their experiences of participation within the Lunch Clubs.
- To gather and analyse background information on the running of the Lunch Clubs from the Lunch Club co-ordinators

The first two objectives were dealt with in chapters 2 and 3 as they relate to gathering and analysing the literature relevant to the research problem. The remaining objectives are dealt with in this chapter as they refer to the collection of data in the study. The findings are presented under the sub-questions developed from the central research question.

5.3 Central Research Question and Sub-questions

The question at the centre of the research was: What are the experiences of participation for older people in Community Lunch Clubs in Galway City?

From this the following research sub-questions were developed:

- 1) What is the profile of the participants involved in this study who attend the Lunch Clubs?

- 2) What led to the participants joining the Lunch Clubs?
- 3) What were the benefits resulting from participants experiences of participation in the Lunch Clubs?

The common themes that arose through data analysis are presented under each question. These themes are identified as: composition of social networks, accessing older people, planning of the Lunch Club, running of activities in the Lunch Club, level of participation in activities, level of service user involvement, nutritional value, economic value, reduction of social exclusion and loneliness. The first section outlines the profile of the participants involved in the study.

5.4 What is the profile of the participants involved in this study who attend the Lunch Clubs?

This section compiles the profile of the 14 participants included in the study; of which 12 were Lunch Club members and 2 were Lunch Club co-ordinators. The data relating to the profile of the participants was collected by administering questionnaires to Lunch Club members at the end of focus groups conducted in the research. Two female participants chose to not fill out the questionnaire due to literacy difficulties. All participants in the study were long-standing members of the Lunch Clubs, having attended every week since the Lunch Clubs were set up, with the exception of one participant from Lunch Club A, who had started attending within the last 6 months. Lunch Club A was set up in November 2010, whereas Lunch Club B established in January 2010. None of the participants were members of other Lunch Clubs.

Focus Group 1 was composed mainly of males, whereas focus group 2 consisted of a majority of women. The participants' ages ranged from 60 to 83 years of age, with focus group 2 having the oldest participants. There was variation between the two groups concerning the marital status of the participants. In focus group 1, an even split was noted between those married and widowed, with one participant who was single. In Focus Group 2 the majority of the participants were widowed, 2 were single. As regards living arrangements, 3 out of 5 participants from Focus Group 1 lived alone, whereas the remaining two lived with a spouse. In reference to Focus Group 2, the majority of the participants lived alone, with only 1 member living with family. None of the members of the Lunch Clubs received 'Meals on Wheels'. Table 5.1 summaries these findings.

Table 5.1 Profile of Participants in Focus Groups

Category	Focus Group 1	Focus Group 2
Male	4	2
Female	1	5
60-65	0	2
66-71	1	1
72-77	1	0
78-83	3	2
Widowed	2	3
Married	2	0
Single	1	2

The second research question relates to information gathered by the researcher which examines how members initially got involved in the Lunch Clubs, while discussing the role played by the participants' social networks.

5.5 What led the participants to join the Lunch Clubs?

This section presents the findings in relation to the participants' responses regarding how they initially got involved in the Lunch Clubs. The first section presents the composition of their networks, followed by the participants' opinions on how older people experiencing isolation may be accessed for referral to community services.

5.5.1 Social Networks

At the beginning of the focus groups, the participants were asked where they had heard about the respective Lunch Club. The responses from the two groups showed a high reliance on word of mouth information from family members and day services they

availed of. The main networks of communication were female rather than male. Two members of Lunch Club B recounted their experiences of hearing about the Lunch Club through a female family member:

“My sister who is very much involved with this building came here, she was always down here so she asked me to come down and see it and give me a tour and I was going to do a computer course so I came down and she said stay for the dinner so I stayed and I thought it was beautiful”. Mary (Focus Group 2) ¹

“My sister told me about it so I came down here”. George (FG 2)

In Lunch Club A, the majority of the participants had heard about the Lunch Clubs through the days services they attended, with the exception of one man who attended the Lunch Club due to his wife hearing about it through an Active Retirement Association:

“My wife is big into, I won’t say old age...active retirement and we were lost when we came up here and they were singing and dancing and we joined in.” Joseph (FG 1)

“We heard about it over the road in (name of day service).” Robert (FG 1)

In Lunch Club B the participants spoke of their involvement in various classes that were run by the day services which led them to become members of the Lunch Club:

“I first came with Mary that day and I think there was a festival or something, I think it was a fundraiser for here. We were told about the classes and there were computer classes, sewing, knitting and painting. So originally I did the drawing classes and after that the computer classes and then we had a lovely class here when we used do mediation classes” Maureen (FG 2)

One member spoke of how she had heard about the club as a result of a chance meeting with the Lunch Club organiser while abroad:

¹ Focus Group will now be referred to as FG for the remainder of the research.

“Well the funny thing is I heard about it in Kennedy Airport in New York. I was walking along and this lady said hello and sat down as there was an empty chair there so I got talking to Kate; she mentioned to me about (name of organisation) and asked me did I join any clubs and I said no because I had been busy going back and forth to babysit in New York. So she gave me the number and her number and she said she would call me and she would arrange to meet me so we met the following Monday and I came here and I joined it and I really enjoy it. I have never looked back.” Anne (FG 2)

These quotes demonstrate the dominance of family and professional networks in the member’s connections with the Lunch Clubs.

5.5.2 Accessing Older People

The two groups were asked their opinions on how to inform hard-to-reach older people of community services such as the Lunch Clubs. The majority of the responses cited word of mouth as the main way of accessing older people:

“Well I think word of mouth is the only way really. You can’t really tell someone to go, but you could suggest it sometimes.” Mary (FG 2).

In focus group 1, the main source of communication mentioned was local radio stations, parish newsletters and fundraising events as these modes of communication had proved effective in the past.

“The music project was a good help to get the Lunch Club known to more people. More events like this would help”. Peter (FG 1)

These findings reflect participants’ experiences of hearing about the Lunch Clubs, suggesting the potential effectiveness of using these means to reach older isolated people.

The third research question examines the members’ experiences of participation, the varying levels of participation within both Lunch Clubs as well as the benefits to

members resulting from their participation. The level of service user involvement from the perspective of service users and providers is also presented in this section.

5.6 What benefits do the participants get from participating in the Lunch Clubs?

This section presents the varying levels of participation evident from the research in relation to participants' involvement in the planning and running of Lunch Club activities. As participation levels mirrored the level of service user involvement, this was also examined. This section also details the social, economic and nutritional benefits resulting from members' participation in the clubs.

5.6.1 Planning of the Lunch Clubs

The participants of both Lunch Clubs expressed feelings of a low level of participation in the planning of the Lunch Club. They felt it was the role of the Lunch Club co-ordinator to make decisions regarding the planning such as location and time. As members of the club, they did not see the need to be involved in the planning aspect of the club.

“No we don't really, there is no need”. Robert (FG 1)

“No, that wouldn't come under my remit at all. That would be under (name of co-ordinator) department”. Mary (FG 2)

The participants were satisfied with the current structure of the planning as one member stated “We take what we get and we are grateful for it” Anne (FG 2). Both groups were asked if they would like to be more involved in the planning of the Lunch Clubs, for example, contributing to the menu. However, the groups expressed no interest in doing so:

“No not really, we would have too much say then.” Peter (FG 1).

“No that would be presumptuous on our part.” Mary (FG 2).

5.6.2 Running of Activities in the Lunch Club

In relation to participating in the running of Lunch Club activities, participants from Lunch Club B stated how the activities were already set up and spoke of how they enjoyed them:

“No that was all prearranged. We play the boccia, and Sarah is great at that. That is played with the balls on the floor. There are two teams red and blue. We had the exercise as well with Patricia remember, that was great. And we have the music the first Friday of every month and the lads come in and play a bit of music and do a bit of dancing.” Anne (FG 2).

In focus group 1, a male member felt he had a contributory role in the running of musical activities in the club by providing musical equipment for the club:

“I don’t think I would be coming if it wasn’t for the music. I feel that I am kind of a help and an addition as I have provided instruments.” Peter (FG 1)

The participants discussed various activities run by the clubs such as music and dancing in Lunch Club A, and Bingo and boccia in Lunch Club B. The majority of participants from both clubs discussed these activities from a participative perspective, as opposed to running the activity. This will be discussed in the following section in more detail.

5.6.3 Level of Participation in Activities

The majority of participants demonstrated a high level of participation in the activities of each Lunch Club. Lunch Club A ran a variety of activities to increase the level of participation among members. A prime example of this increased involvement was seen in a music project undertaken by all members:

“We all contributed to it even the people that didn’t sing at all.” Joseph (FG 1)

Over the course of student placement, the researcher made observations relating to participation in Lunch Club A. The high level of male participation was noted in dancing and singing activities run by the club. There was also a high attendance rate among male members. In focus group 1, a male member commented that he felt more support was needed with regard to attendance:

“Is the Lunch Club being supported? Sometimes there is hardly anyone here. I would like to see more support for the Lunch Club.” Andy (FG 1).

In Lunch Club B a variety of activities were played after lunch such as Bingo, boccia and exercises. One participant commented:

“He wins in the Bingo he is very lucky. Audrey is a resident next door and so she comes in to us all the time and she is a great boccia player”. Anne (FG 2)

These activities demonstrate a high level of physical participation in the clubs which can be said to be beneficial for older people’s health.

5.6.4 Level of Service User Involvement

In interviews carried out with Lunch Club co-ordinators the question of service user involvement was addressed. Both co-ordinators responded that a high level of involvement was in evidence regarding the planning and running of the Lunch Clubs. A common theme arising from these interviews indicated that consultation was the main method of involvement among the Lunch Club members.

“I do think so yes. We initially started the club in (name of day service) and we asked them where did they thought would be a suitable location for a bigger group and so they were involved in the decision making. They can say what they like and what they don’t like on the menu. They are happy to meet at 1 o clock and they all seem to like the music and they are asked do they enjoy the music and feel conformable on a regular basis.” Lunch Club Co-ordinator A.

“Yes they do, we have an advisory committee set up by the manager that consists of staff, volunteers and members of the Lunch Club and they would make a contribution as to what they like and I would review that with them and they just love bingo they would not like that to change.” Lunch Club Co-ordinator B.

In Lunch Club B, the establishment of an advisory committee coincided with a higher level of participation, representing a move towards partnership in relation to decision making in activities and running of the Lunch Club.

5.7 Social Benefits

This section details the social benefits members experience by participating in the Lunch Clubs. These benefits include the reduction of social exclusion as members felt less

isolated due to an increase in their social interaction. There was evidence to suggest that loneliness was experienced by some members, however Lunch Clubs were recognised as providing a friendly environment for people from all social backgrounds.

5.7.1 Reducing Social Exclusion

The two Lunch Clubs spoke positively about the social benefits resulting from participation in the Lunch Clubs. However, feelings of social exclusion were evident in focus group B, as many members commented that as they were getting older their social networks were decreasing in size as a result of deaths among friends and family. Members of Lunch Club B considered the day services and twice-weekly Lunch Club to be an important social outlet for them to meet with people:

“We know on Monday, Tuesday and Wednesday we have some place to get up to go to. As you get older your friends disappear and die and you only have a few left. People are not calling to one another anymore, there is none of that.” Mary (FG 2)

Some members used the analogy of ‘being mice in a house’ to illustrate their feelings of social exclusion:

“You go in to your little box.” Anne (FG 2)

“We are like little mice going to our boxes.” Mary (FG 2)

“With our own little television box.” George (FG 2)

These statements reflect the feelings of social exclusion from the wider community present among older people who noted the lack of neighbourliness nowadays. When the participants of each focus group were asked if they knew the other members prior to attending the Lunch Club, the majority knew each other as they were neighbours or friends:

“I know this fella for forty years and I went to school with this fella”. Joseph (FG1).

“Yes, we are neighbours”. Mary (FG2).

As many of the participants already knew each other from outside the Lunch Club they remarked that it was a suitable place for “meeting friends, old and new”, Steve (FG 1). The Lunch Club is regarded by them as a weekly meeting place:

“We go in to town shopping and we might not meet anyone but when we come here we meet everyone” Joseph (FG 1).

As a lack of transport is often a problem for older people which may lead to social exclusion, the accessibility of the Lunch Clubs was examined. In focus group 1, all the members lived close to the Lunch Club location:

“I am just across the road.” Steve (FG 1)

“I’m only 5 miles down the road, it’s fine.” Peter (FG 1)

The co-ordinator of Lunch Club B stated how the Lunch Club is run on Mondays and Wednesdays. The current study was conducted with the Monday group; however, the Wednesday group was larger in size as a volunteer taxi driver provided free transport:

“There is a very small group on a Monday but some people go both days. Wednesday we have a volunteer taxi driver on board who is able to help people further regions of the city.” Lunch Club Co-ordinator B

5.7.2 Loneliness

A number of members involved in the study experienced feelings of loneliness. One participant, Mary, from focus group 2 spoke of how in the past she cooked for her family. As family members grew up and left home she became less interested in preparing food:

“The meal is great in so far as in my case there would have been a time that I cooked for up to 9 or 11 so it came to the stage that I was on my own and I didn’t

bother cooking at all, you lose interest and you don't have the appetite. You lose so much energy but it is nice to get the meal here and friends here and then we have the activities afterwards.” Mary (FG 2).

The above example demonstrates how the Lunch Club provides a comfortable environment for people who may be experiencing difficulty in cooking for themselves. In focus group 1, a member spoke of his awareness of the challenges faced by other members attending the Lunch Club, and stated how it caters to the different needs of these members:

“You have to look at it, there are some creatures that come in there and it looks to me they don't have any one to give them a hot meal. It is this idea that they have come from their surroundings and come in here and it turns out they have a great chat and meet new people.” (Joseph FG 1)

The Lunch Club can be regarded as social meeting ground for members in a variety of circumstances, including those who are lonely or those who enjoy socialising with old friends. The Lunch Club is thought of by members as a “welcoming and friendly” environment, one which encourages people to attend. As previously noted in this study, many participants had experienced the loss of partners and friends and they felt that the friendship network in the Lunch Club was an important aspect of their lives:

“It's meeting people, and if they are missing you worry about them. You become concerned about them if they are not there, they might be sick so we try and keep in touch with them.” Anne (FG 2)

5.8 Economic Benefits

The economic benefits were noted by members of both Lunch Clubs. They felt the Lunch Clubs were good value for money as the cost covered a hot meal as well as after-lunch entertainment.

“Well the €6.50 covers your dinner, desert, tea, biscuits and the entertainment”.
Mary (FG 2)

In focus group 2, the participants compared the price of a meal elsewhere and they all agreed the Lunch Club provides better value for money as well as companionship.

“You wouldn’t get that anywhere else. If you went in to a coffee shop you would be paying 8 or 10 euro or more.” George (FG 2)

“You wouldn’t have the camaraderie.” Anne (FG 2)

“...Or the bingo.” Mary (FG 2)

Members of both Lunch Clubs placed a high importance on the nutritional value of the meals they received, as well as the cost effectiveness of these meals. This will be discussed further in the following section.

5.9 Nutritional Benefits

The quality of the food served at the Lunch Club was considered “first class” by both groups. Food for both clubs was sourced from the same catering company. In focus group B, the participants commented that the meals were in keeping with their dietary needs:

“The food is good; it helps me stick to my diet as it keeps me on track. I can’t eat too much red meat.” George (FG 2).

“They cater for people with special dietary needs; I am a coeliac and if there is anyone that is diabetic they cater for them too.” Maureen (FG 2).

The participants spoke highly regarding the quality of the food and the accommodations that were made to cater for special dietary requirements among members. There was agreement among Lunch Club participants that the types of meals offered suited their tastes.

“I think it is first class, in our type of food, it is not like going to a restaurant, and it is not overly spicy” Mary (FG 2).

The participants in both groups were given the opportunity to make recommendations about the food served at the Lunch Club. After some discussion focus group 1 suggested:

“Perhaps there could be a bit of a change, perhaps some chicken as there was a time there that we had bacon and cabbage for a while” Steve (FG 1).

5.10 Summary

- Variation exists in relation to gender and age demonstrating Lunch Clubs cater to different needs.
- The majority of participants initially got involved in the Lunch Clubs by way of information passed on through their social networks. Day services also played a role in informing members. The main mode of communication within these networks was by word of mouth.
- Participation within the Lunch Clubs varied greatly in relation to:
 - **Planning** - Members of both Lunch Clubs felt it was the responsibility of the coordinators to plan the timing and location of the club.
 - **Running** - The participants expressed enjoyment of the activities but did not contribute to their organisation.
 - **Participation** – Members of both Lunch Clubs demonstrated a high level of participation in Lunch Club activities, especially male members of Lunch Club A.
 - **Service User Involvement** - There was a difference of opinion among service users and providers. Service users felt they were not involved in the planning or running of the services, whereas service providers noted various areas in which service users were involved.
- The social benefits of participation in the Lunch Clubs included an increase in social contact with neighbours and friends, although feelings of loneliness were experienced by some members of Lunch Club B
- The economic and nutritional benefits resulting from involvement in the Lunch Clubs was of high importance to the members.

5.11 Conclusion

This chapter presented the findings gathered from the study in relation to the sub-questions that were developed to achieve the research objectives. The themes that arose through the data analysis were identified and discussed. The findings presented included a profile of the participants, followed by an examination of the social networks and modes of communication among the Lunch Club members. The experiences of the members' participation in relation to the planning, running and their involvement in the Lunch Club was then presented. Service user involvement was explored from the perspective of both the service users and service providers. The social benefits of attending the clubs included reducing social isolation and loneliness. The economic and nutritional benefits of participation in the Lunch Clubs was also analysed. The following chapter will discuss these findings in relation to the relevant literature from chapters two and three.

CHAPTER 6

Discussion

CHAPTER 6 DISCUSSION

6.1 Introduction

This chapter discusses the findings presented in the previous chapter pertaining to the relevant literature as presented in chapters 2 and 3. The discussion is presented as before using the sub-questions that were developed to achieve the research objectives. Section 6.2 details the profile of Lunch Club members regarding the social profile of older people in Ireland. Section 6.3 deals with the composition of participants' social networks, demonstrating the similarities between members' social networks and those identified in previous research. Section 6.4 shows the varying levels of participation of Lunch Club members and highlights the use of consultation as a mode of participation between members and service providers, corresponding with the literature on participation. This section also identifies a lack of communication between service users and service providers regarding service user involvement strategies. Section 6.5 discusses the social benefits of attending the Lunch Clubs concerned, and highlights the experiences of loneliness and social exclusion of members evident in the study and supported by the literature. Section 6.6 considers participants' attitudes towards the economic and nutritional benefits of the lunches in light of previous research. For purposes of the discussion, the objectives of one of the Lunch Clubs will be referenced:

- To provide a nutritious and affordable hot meal.
- To provide a relaxed space where older people can meet and socialise, thus helping to reduce social isolation.
- Empowering older people by giving them opportunities to participate in decision-making processes and assisting more vulnerable members.
- Providing talks on health issues, security issues and any topic that might be pertinent to them.

6.2 What is the profile of the participants involved in this study who attend the Lunch Clubs?

The present study examined two Community Lunch Clubs for older people in Galway City. There was a variation in demographics among participants from each Lunch Club. As the researcher took an interpretative approach within the study; the profile of the

members was important in providing a social profile of the participants. Current CSO statistics illustrate the growing number of older people living alone (CSO, 2011). Within the sample of Lunch Club members, 7 out of 10 participants who completed questionnaires lived alone. This figure is representative of the high number of service users living alone. The following two sections will discuss the differences in needs present within the Lunch Clubs relating to the male and female participants while reflecting the relevant literature.

6.2.1 Male Participants

When considering the Lunch Clubs separately, Lunch Club A consisted mainly of men. These findings are surprising as they go against previous research carried out by Davidson et al. (2003) which investigated the male uptake of voluntary services. The study suggested the reason for this low uptake of services resulted from a focus on passive activities within these services, as research showed men prefer to engage in practical activities. The research findings show that one male participant stated that his only reason for attending the Lunch Club was he felt he had an active contributory role in a music project. In contrast to the findings of Davidson et al. (2003), male members of Lunch Club B demonstrated that they were content to contribute to the Lunch Club simply by attending and receiving a meal. They did not express any desire to have an active contributory role within the club. This can also be seen in Gallagher's (2008) study which examined the attendance of men at Day Centres who received a hot meal and then left. These findings are relevant to service providers as they address the current problem of the low uptake of voluntary services by older men.

6.2.2 Female Participants

Findings from Lunch Club B showed the majority of the participants were widowed women. This corresponds with research carried out by Wallace and Wiggin (2007) which concluded older women most vulnerable to loneliness tend to use voluntary services such as Lunch Clubs to increase their social contact. Davidson et al. (2003) noted that availing of day services is often associated with a negative female stereotype, particularly among older men who feel that the services only cater for the needs of "dear old ladies". This is a common misconception surrounding community services, especially Day Centres. As noted by NCAOP (2004), it is of great importance for the effective running of services that gender stereotypes are eliminated and older people are not regarded as a

homogenous group in development of activities catering for their needs. The composition of the two lunch club samples showed variation in relation the numbers of male and females. The total sample group had an even representation of male and females as there were 6 male and 6 female participants. This data proves useful for service providers as the needs of older people vary in relation to their age and gender

6.3 What led the participants to join the Lunch Clubs?

This section discusses the various sources from which Lunch Club members learned of the service, while reflecting the relevant literature relating to social networks and older people. This section also considers how the participants' membership in the Lunch Club affects their connectedness with the wider community.

6.3.1 Social Networks

Social networks are an important factor in the quality of life of older people (Scharf and Bartlem 2006). The present study did not explicitly examine the social networks of the participants. However, by asking members how they heard of the Lunch Club they attended, this allowed the researcher to examine which supports were available to them. The research showed that many of the participants had heard about the particular Lunch Club through family members or co-ordinators of the Lunch Clubs. As noted by Gallagher (2008) many older people are dependent on informal supports within their networks, most commonly comprised of family members and neighbours. The findings from this study are reflected in previous research where participants spoke mainly about family members in relation to the informational support provided when they were referred to the respective Lunch Clubs. Many of the members from Lunch Club A had been referred through day services.

6.3.2 Gender and Social Networks

When examining social networks it is important to take a gendered approach to analysing their composition. Throughout the research the vast majority of those recommending the Lunch Clubs were female. Davidson et al. (2003) make reference to the larger networks of older females, compared to the networks of their male counterparts. Members of both clubs also commented on the wider social networks of female participants. Concerning the researcher's sample, male and female participants were equally represented, demonstrating a gender balance within the voluntary services being examined. However,

research would benefit from further investigation of the gender balance of all Lunch Clubs run in Galway City.

6.3.3 Connectedness with the wider community

The research showed that the participants of the clubs were not members of other Lunch Clubs. In Lunch Club B there was a strong connection with day services where the Lunch Club members attended classes and tea dances run by the same organisation as the Lunch Club. In both groups many of the participants were members of the Active Retirement Associations (ARA) and frequently went on day trips with these groups. As noted by Gallagher (2008), membership of social clubs and community organisations demonstrates connectedness to the wider community through these social networks. Stone's (2003) study outlines how older people are often involved in a wide variety of activities on a weekly basis especially those who are members of voluntary and community groups. This research shows that the social networks of older people are often interlinked with many voluntary organisations and can lead to wider social networks.

The findings of this study show a strong connection between Lunch Club members and the wider community as many were linked in with other organisations. However, as noted by Gallagher (2008) many older people can be excluded from these networks as a result of the loss of a partner; especially a female spouse or as a result of mobility deprivation. Within the research sample, a considerable number of participants were widowed, demonstrating the effectiveness of the services at reaching those at risk of social exclusion.

6.4 What benefits do the participants get from participating in the Lunch Clubs?

This section discusses the varying levels of participation evident in the planning and running of the Lunch Clubs while drawing on literature relating to older people and participation. The social benefits resulting from members' participation in the Lunch Clubs are also detailed in this section. These included economic and nutritional benefits which enhanced their standard of living as members of the community.

6.4.1 Planning and running of the Lunch Clubs

The research findings showed that the service users felt they had a low level of participation regarding their input in the planning and running of the Lunch Clubs. The role of planning was associated with the co-ordinators which demonstrated a passive role they felt they had with regard to planning. This is a common conclusion that is drawn when researching older people and decision making. The Robertson (2002) study highlighted how older people, when accessing health services are more inclined to leave decision making with health care professionals and family members. This can be applied to the study at hand as participants did not express any desire to be involved in decision making regarding the structural planning of the Lunch Clubs. Many older people prefer to be in the background, as noted in the study when a member remarked “We take what we get and are grateful for it”. However, it is interesting to note the different perspectives taken within the research between the service users and providers regarding the levels of participation of the older people.

When considering the levels of participation within Lunch Clubs, Arnstein’s ladder acts a valuable template to measure the level of involvement of the service users. In both Lunch Clubs the co-ordinators felt there was a high level of service user involvement as regards the planning of the club. When applying Arnstein’s Ladder of Participation, it was evident that consultation was the most common form of participation used, supported by the Brownlea (1987) study. The co-ordinators drew on previous consultation experiences regarding members thoughts on suitable locations for the Lunch Club and also when expressing food preferences.

In Lunch Club B, there was a higher level of participation identified when interviewing the service provider. It was noted that some Lunch Club members along with volunteers and members of staff were on an advisory committee. This demonstrates a partnership between service providers and users and as such it is placed at the top level of Arnstein’s Ladder of Participation, Citizen Power. However, a shortfall can be identified as the service users were unaware of their contribution to planning within Lunch Clubs. This can be attributed to the levels of communication between the service users and providers. This considered, it is imperative for service providers to take a community development approach which involves empowering older people to enable them to participate in decisions which affect them.

As noted in the objectives of Lunch Club B, enabling members to participate is identified as an aim within the organisation:

- Empowering older people by giving them opportunities to participate in decision-making process and assisting more vulnerable members.

In Wallace and Wiggin's (2007) study, the role of Lunch Club members was examined with respect to the planning of activities, with consultation being the dominant mode of participation. The structure of the Lunch Clubs in their study were similar to those detailed in the research, as they provided a meal followed by activities which were beneficial for the participants either by way of physical interaction or informational support. Concerning Lunch Club A and Lunch Club B in Galway City, both co-ordinators referred to speakers who gave talks on topics that were of interest to the members, such as health and personal security. Wallace and Wiggin (2007) highlighted the value of the activities for the members as they were instrumental in promoting independent living and improving self-confidence.

Regarding social and health services in Ireland, a need has been identified to involve older people in decision making (Department of Health and Children, 2004). The study at hand highlights the need for improved awareness among Lunch Club members and service providers in relation to the roles they play in planning and running activities. Communication between service providers and service users is highlighted in Barnes (2005) study concerning deliberative democracy as the opinion of both provider and user is important for successful participation in decision making.

6.4.2 Participation in Activities

Research findings showed a high level of active participation among members of the Lunch Clubs as there was a high level of involvement in social activities coupled with high attendance rates. In both Lunch Clubs the participants spoke of how they enjoyed various elements of the activities such as singing and dancing. They associated such experiences with their youth. For service providers, this study highlights the importance of conscious input from the members as it will provide them with an increased feeling of independence and self-worth. The activities that were noted in the Lunch Clubs varied from fun activities for example bingo and dancing to educational activities such as talks

on personal health and security. This variety of activities are the most commonly discussed activities within research on Lunch Clubs as they are identified as promoting independence among the older people who attend them (Dwyer and Hardill, 2011).

6.5 Social Benefits

This study demonstrates the positive impact participation in the Lunch Club had on the participants' social wellbeing. One of the objectives of Lunch Club B included:

- To provide a relaxed space where older people can meet and socialise, thus helping to reduce social isolation.

All participants in the study expressed enjoyment associated with participating in the Lunch Clubs on a weekly basis as it provided them with a purpose and social outlet. Research in the UK has proved that the establishment of Lunch Clubs provides an invaluable resource for people experiencing loneliness and social exclusion (Wallace and Wiggin, 2007). The following section outlines the role Lunch Clubs play in providing a social environment that encourages social contact and gives members an opportunity to socialise with old and new friends.

6.5.1 Meeting New and Old Friends

As noted by the NCAOP (2005) older people tend to rely on family members for their social connection with the wider community. This is evident within the research as participants referred to the support they receive from their families in addition to the camaraderie at the Lunch Clubs. The study showed that some members of the Lunch Club perceived other members as having less support available to them. However, all members were in agreement that the clubs were welcoming and encouraged new members from all social backgrounds. In research conducted by Wallace and Wiggin (2007) the social aspect of the Lunch Clubs was considered more important than the meal itself. This sentiment is echoed in the findings of this research.

6.5.2 Reducing Loneliness

Throughout the study of the Lunch Clubs, experiences of loneliness were evident. As noted by Walsh and Harvey (2011) loneliness is the most common problem facing older people in Ireland. Emotional loneliness was cited in particular, often resulting from the

loss of a partner. Participants in Lunch Club B expressed similar feelings of loneliness due to shrinking social networks and a lack of neighbourliness. These findings are similar to those of a study conducted by Dwyer and Hardill (2011) which identified loneliness as a problem among Lunch Club members living alone. Nocon and Pearson (2000) accredited this problem to changes in housing and employment arrangements in recent years. These changes have resulted in a decline in neighbours visiting and providing support to older members of the community. For the participants of the study, participation in the Lunch Clubs was beneficial as it provided them with a meeting place. This helped to reduce the experience of loneliness on a weekly basis.

6.6 Economic Benefits

The economic benefits of the Lunch Club will be discussed in relation to the individual's financial circumstances and by considering the national framework of policies related to the promotion of independent living among older people. The findings from this study show that participants considered the Lunch Club to be within their financial means. Research carried out by Prunty (2007) indicated high levels of income poverty among people in Ireland aged 65 years and over. As a result of income poverty older people are at an increased risk of ill health and social exclusion. The research presented here indicates that the sample participants felt the price of their meal was suitable as it included 2 courses, followed by activities. This reflects positively on the two Lunch Clubs concerned as affordability is a stated objective of both.

A move towards independent living in national policy for older people has resulted in various elements within such policies which aim to enable older people to remain in their own homes for longer (Ruddle et al. 1998). The findings of this research were in keeping with CSO (2011) statistics relating to the increasing number of older people living alone, as the majority of the participants lived on their own. A key area dealt with by Lunch Clubs for older people is the promotion of independent living with a focus on reducing reliance on costly residential care.

6.7 Nutritional Benefit

The findings in the study revealed the high nutritional value of the food as considered by participants. The main aspects which were identified among the group in relation to nutritional benefits were the menu and how it met special dietary needs and specific

tastes of members. Similar findings were also noted in the Corcoran et al. (2010) study on Community Lunch Clubs for older people. One of the objectives of the Lunch Clubs is to provide a nutritious and affordable hot meal. The participants offered suggestions as regards varying the meals on offer. It is central to the delivery of the service that the members are provided with the opportunity to provide feedback on a regular basis. As the service providers of both Lunch Clubs felt they were already providing in this respect it is vital that the opportunity is communicated clearly to all members.

6.8 Summary

- The research findings illustrate that there are variations among male and female participation. Findings here indicate that male participation is influenced by preconceptions of day services and activities on offer, whereas female participation was influenced by factors such as loneliness.
- The social networks of participants are a key factor in participants' initial involvement with the Lunch Clubs. The networks are mainly comprised of family members. The current research reflects the literature as strong links with the community existed resulting from membership in other voluntary organisations.
- Research noted a low level of participation regarding the planning and running of activities in Lunch Clubs. This is reflected in the research on older people concerning decision making, as a reluctance to be involved in such processes has been identified among older people here as well as in the literature.
- Consultation is the most common form of participation utilised by service providers when dealing with older service users.
- Research identifies service user involvement as an effective means of improving service delivery. However, this study also identified a lack of recognition among service users regarding their involvement in the planning of the clubs.
- The social benefits of participating in the Lunch Clubs included meeting old and new friends in a welcoming environment.
- The noted economic and nutritional benefits proved to be similar to those obtained in previous research concerning the provision of an affordable meal that catered for specific dietary needs.

6.9 Conclusion

This chapter discussed the research findings while drawing on the literature presented in chapters 2 and 3. The different factors affecting the experiences of male and female members in the Lunch Clubs were analysed in relation to the pertinent literature. This chapter highlighted the importance of taking these variations into consideration when planning services. Similar to previous research, the social networks of older people proved to be composed mainly of family members. As in the literature, consultation was identified in the findings as being the primary mode of participation among service users and service providers. The study detailed members' lack of recognition concerning their involvement in the planning of the club. A high level of connectedness with the wider community was demonstrated among members, as many were involved in other voluntary services outside the Lunch Club. Despite the objectives outlined by both clubs concerned, a certain degree of loneliness was still prevalent among some members. However this chapter described the many benefits associated with membership in the Lunch Clubs. The following chapter will present the conclusions drawn from the research, in addition to recommendations for service providers and further research.

CHAPTER 7

Conclusion and Recommendations

CHAPTER 7 CONCLUSION

7.1 Introduction

The previous chapter discussed the study findings in relation to the relevant literature. This chapter discusses the conclusions which were drawn from the research while reflecting on the literature used. Section 7.2 details the main findings resulting from the research under common themes which arose throughout. This is followed by Section 7.3 which presents the recommendations for further research and service providers.

7.2 Main Research Findings

The research explores the experiences of older people in Community Lunch Clubs. The experiences of their participation and the social, economic and nutritional benefits were examined in depth. The research was carried out in two Community Lunch Clubs in Galway City. Both the service users and service providers were included in the study. The main research findings will be presented in relation to the following headings: Social Profile, Social Networks, Participation, and Service User involvement, Economic and Nutritional Benefits and Social Benefits.

7.2.1 Social Profile

The research findings showed that the participants in each of the Lunch Clubs demonstrated similar characteristics, which is expected when reflecting on previous research concerning the ageing trends and living arrangements of older people in Ireland. The majority of the participants were aged over 65 years old and living alone. Current CSO (2011) statistics reflect these demographic trends. The sample also showed an overall equal representation of men and women, however, this varied between Lunch Clubs as men made up the majority of members of Lunch Club A, whereas the majority of members in Lunch Club B were women. This goes against previous research by Davidson et al. (2007) and Dwyer and Hardill (2011), which highlighted the lack of male participation in voluntary organisations for older people. Research has shown that the reason for this can be attributed to the stigma which is often attached to organisations for older people, as many older men do not believe these organisations cater to their. The NCAOP (2004) emphasises the need to acknowledge the reality that older people are not an homogenous group and so their needs must be identified clearly with respect to their age and gender.

7.2.2 Social networks

The study suggests that older peoples' social networks consist mainly of family members as these were the networks most commonly referred throughout the course of the research. The majority of the members knew one another before joining the Lunch Club, and so this indicates that Lunch Clubs build on existing networks. Research suggests that as people get older their networks are reduced due to deaths of family and friends as well as a loss of mobility. However, Lunch Clubs enable older people to remain in contact with networks and benefit socially from this contact. The members of the Lunch Clubs being examined in this study showed a strong connection with the wider community resulting from membership in various organisations such as Active Retirement Groups and Day Services. Social networks are noted for providing various forms of support; the family network most notably for initiating involvement with the Lunch Clubs, whereas the friendship networks provided companionship. An interesting finding was noted as the networks showed a high reliance on females which corresponds with previous research. Women are believed to have a stronger connection with the wider community.

7.2.3 Participation and Service User Involvement

As noted in the study, participation is a complex term and is most commonly viewed in relation to varying levels. Arnstein (1967) suggests the use of more than one level is the most effective mode of participation. The research carried out here shows high level of consultation among the Lunch Clubs as the members were asked frequently about various aspects of the planning of the club in relation to structural planning and meal planning. This level of participation was favoured by the members as they did not wish to be more involved in the organisation of the Lunch Clubs. However, in Lunch Club B, there were various forms of participation evident from the research as the setting up of an Advisory Committee had led to consultation and partnership between service users and service providers. In both clubs, the members were not aware of their participation which demonstrates a lack of empowerment among the members. This highlights the need for an improved community development approach to be adopted within Lunch Clubs to better empower members.

7.2.4 Social Benefits

The research highlighted various benefits the members noted from participating in the Lunch Clubs. This includes increasing their social contact among old and new friends

which helped reduce feelings of isolation. The members expressed how the Lunch Club was a friendly social space where they interacted with people on a weekly basis. Research showed that loneliness is one of the biggest problems facing older people in Ireland. Some members felt excluded from their community, noting a lack of neighbourliness which contrasts with previous research which noted the presence of neighbours in the social networks of older people. Various factors have been identified as causing this move from neighbourliness, such as changes in transport and employment trends.

7.2.5 Economic and Nutritional Benefits

The participants placed a high importance on the economic and nutritional value of the food as they regarded it to be of 'first class standard'. The research showed that the food in each of the Lunch Clubs was sourced from the same provider, and catered for their dietary needs and specific tastes. There were a few recommendations suggested by the members to improve the meals which are outlined in the recommendations section. As national policy in Ireland is increasingly moving towards independent living within the community, community services are being developed to better enable older people to remain in their own homes for longer. The Lunch Clubs proved to provide an affordable and nutritious meal for older people living alone which effectively promote healthy eating and social contact within the community.

7.3 Recommendations

The current study has highlighted various aspects of the Lunch Clubs that are important to the older people in attendance. The following recommendations were compiled to assist community organisations in the improvement of service delivery:

- To increase in number of public events to raise awareness and support for the Community Lunch Clubs.
- To improve communication among service users and service providers in relation to their contribution to the planning of the Lunch Clubs.
- To introduce variety in weekly menus.

- To further the research among the Lunch Clubs in Galway City, as this study had a small sample size and therefore research findings cannot be generalized to apply to the wider community.

7.4 Summary

- Research was carried out in two Community Lunch Clubs for older people with the service users and service providers in relation to their various aspects of the clubs
- The concluding remarks were presented using headings that related to the research questions.
- Recommendations were highlighted to suggest improved service delivery in the Lunch Clubs.

7.5 Conclusion

This chapter focused on the conclusions drawn from the research undertaken in two Community Lunch Clubs in Galway City. These conclusions were presented in relation to various themes which reflected those of the research sub-questions. The research conclusions indicated the importance of factors such as age and gender in the development and design of services. The social networks of members and their connections to the wider community were also detailed in the research; the conclusions drawn reflected the literature on the respective subject. The research conclusions regarding participation patterns of both Lunch Clubs noted varying forms and levels of participation between the two. Conclusions drawn regarding the social benefits of participation in the Lunch Clubs mirrored the previous research. The conclusions detailed in this chapter with respect to the social benefits of the Lunch Clubs highlighted the economic and nutritional benefits to be gained by older people who avail of such services. This chapter concluded by identifying recommendations for service providers, as well as areas of further research.

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Appendices

Appendix 1
Poster for Lunch Club A

Attention (Name of Lunch Club)

Laura will be holding the group meeting for the Lunch Club members in (location) on 26th March 2012, Monday at 2pm.

This will be a chat about your thoughts and experiences in the Lunch Club. It may take up to one hour.

Refreshments will be provided.

Thank You! ☺



Appendix 2

Questionnaires for Lunch Club Members

Please answer the questions below to help us build a profile of the Lunch Club members.



What age are you?

60-65 ☐

66-71 ☐

72-77 ☐

78-83 ☐

Over 84 ☐

Are you?

Male ☐ Female ☐

Are you?

Married ☐ Widowed ☐ Single ☐

Do you live?



With your spouse ☐ On your own ☐ With Family ☐

PLEASE TURN OVER →

Where did you hear about the Lunch Club?

A friend ☐

Name of Day Services ☐

Mass ☐

Newspaper/Radio ☐

Other ☐

Please state _____



How long have you attended this Lunch Club?

How often do you attend the Lunch Club?

Every Week ☐

Whenever I can afford it ☐

Twice a month ☐

Rarely ☐

Are you a member of any other Lunch Club?

Yes ☐

No ☐

Do you receive meals from 'Meals on Wheels'?

Yes ☐

No ☐



THANK YOU FOR YOUR TIME.

Appendix 3

**Interview Schedule for Lunch Club Co-
Ordinators**

Interview Questions for Co-ordinators

- When did the Lunch Club start?
- What lead to the Lunch Club being set up?
- How is the Lunch Club funded?
- What are the primary aims that you wish to achieve by running the Lunch Club?
- How many members attend the Lunch Club?
- How often does the Lunch Club meet?
- Do you get referrals to the Lunch Club If yes, From who?
- Do you run activities at the Lunch Club?
- Where do you source the food from?
- How much do the dinners cost?
- Do you experience any difficulties when running the club?
- Do you think the members are involved in the planning and running of the Lunch Club?

Appendix 4

Consent form for Lunch Club Co-Ordinators

Consent Form

Dear Co-Ordinator,

Thank you for agreeing to take part in my research project on Lunch Clubs. The interview may take up to one hour and with your permission I would like to record it and a copy will be made available to you if you wish. There are no risks involved in this research and the interview does not constitute any type of counselling or treatment.

All of the interview information will be kept confidential. I will store the tapes/notes of our conversation safely. Your identity will be kept confidential, neither your name nor private information will appear in the final research project if you would prefer it not to.

Your participation is voluntary. You are free to refuse to take part, and you may refuse to answer any questions or may stop at any time. You may also withdraw at any time up until the work is completed.

If you have any questions about the research, you may contact me at 0877637479

“I have read the description above and consent to participate.”

Signed _____

Date _____

Appendix 5

Information Sheets for Lunch Club Members

Dear Member,

My name is Laura Martin and I am a student studying a master's degree in Community Development in NUI Galway. As part of my course, I am doing work experience in the (Name of Day Services) and also attend the (name) Lunch Club weekly.

I will be doing my research on the experiences older people have in Community Lunch Clubs. This will involve a group interview in the New Year with your Lunch Club. If you would like to be involved in the study please tick the 'yes' box below.

Yes ☐ No ☐

Thank You for your time.

Laura Martin

Appendix 6

Focus Group Questions

Group Interview Questions

I will firstly start by asking you how you heard about this Lunch Club?

(How they heard about the club?)

We will start of by getting your responses on how you heard about this Lunch Club? For example through a friend, through the media?

Would you recommend this Lunch Club to a friend?

In this next section I will ask you a few questions about your favourite activities and any changes you might like to make to the Lunch Club.

(Favourite and Least Favourite part)

As a group, what is your favourite part of the Lunch Club? For example meeting new people/entertainment?

Is there any part of the club that you would like to change? Why?

Are there any activities that you have taken part in somewhere else that you would like to do here?

Would you be interested in doing different activities such as films/talks/ games afternoon?

In this section I will ask you about your role and what you do in the Lunch Club.

(Service User Involvement)

Could you tell me if you have any involvement in the planning of the Lunch Club for example the location, day/time of the club?

Do you feel you have contributed to the organisation of the activities after the lunch takes place (entertainment)?

Are there any ways which you think older people in (location) could be told about the club that would be hard to reach for example those not using this service?

Is there any part of the club which you would like to be involved in for example assisting volunteers?

The final part of our discussion today will focus on your feelings on the quality and value of Lunch Club for you.

(Quality and Economic Value of Lunch Club)

Could you describe the quality of the food that is available at the Lunch Club?

Do the meals cater for your dietary needs?

How would you feel about being involved in the preparing of the menus?

How do you feel about the price of the Lunch Club?

Distribute the questionnaires.

Appendix 7

Consent form for Organisations (Gatekeepers)

Dear _____

My name is Laura Martin and I am currently in my second year of a Master's Degree in Community Development in NUI Galway. As part of my course I am required to complete a minor dissertation. For this piece of research I have proposed to explore the topic of Lunch Clubs among the older community in Galway. The title of my proposed research is as follows:

An explorative study of older people's experiences of participation in Community Lunch Clubs in Galway City'.

The purpose of this study is to explore the relatively new phenomenon of Lunch Clubs for older people in Galway. This research will involve asking the Lunch Club members about different aspects of the Lunch Club; such as what part they enjoy the most, their involvement in the planning of the club and recommendation's they might have.

I propose to conduct a group interview that may take up to one hour and with the permission of the participants and I would like to record the conversation. A copy of the interview tape will be made available to the participants afterwards.

There are no risks involved in this research and the interview does not constitute any type of counselling or treatment.

The benefit of participating in the research is that you will have access to the research when it is finished. This may prove helpful in the future as evidence based research can prove effective in funding applications. It will also provide the opportunity to get feedback on the Lunch Club.

All of the interview information will be kept in a confidential folder that only I will have access to. I will store the tapes/notes of the conversation safely. The participant's identity and the identity of Lunch Club will be kept confidential. If you wish I will use a pseudonym to identify the interview data. Neither your name nor private information regarding the Lunch Club/organisation will appear in the final research project if you would prefer it not to.

Your participation and participation of the members is voluntary. The participants are free to refuse to take part, and may refuse to answer any questions or may stop at any time. The participants may also withdraw at any time up until the work is completed.

If you have any questions about the research, you may contact me at 0877637479

“I have read the description above and consent to participate.”

Signed _____

Date _____

Appendix 8

Consent Form for Lunch Club Members

Consent Form

Dear Lunch Club Member,

Thank you for agreeing to take part in my research project on Lunch Clubs.

The group interview may take up to one hour and with your permission I would like to record it and a copy will be made available to you if you wish. There are no risks involved in this research and the interview does not constitute any type of counselling or treatment.

All of the interview information will be kept confidential. I will store the tapes/notes of our conversation safely. Your identity will be kept confidential, neither your name nor private information will appear in the final research project if you would prefer it not to.

Your participation is voluntary. You are free to refuse to take part, and you may refuse to answer any questions or may stop at any time. You may also withdraw at any time up until the work is completed.

If you have any questions about the research, you may contact me at 0877637479

If you have any inquiries please do not hesitate to contact (Name and Number of Day Services).

“I have read the description above and consent to participate.”

Signed _____

Date _____

Appendix 9

Confidentiality Form for Note taker

Consent Form Note taker

I _____ agree to take on the role of note take in the present study on Lunch Clubs. I understand that all information obtained from the study is confidential and must not be passed on to a third party. All materials used for note taking must be returned to the researcher on completion of group interview